



TWO RIVERS WISCONSIN

Commercial Quadricycle (Pedal Pub)

License Annual Application

Municipal Code Chapter 6-14

Date: _____ Receipt #: _____

Expiration Date: December 31, 20_____

BUSINESS INFORMATION:

BUSINESS NAME: _____

ADDRESS: _____
Street Address _____ City _____ State _____ Zip _____

NAME OF OWNER: _____
First _____ Middle _____ Last _____

PHONE: _____

QUADRICYCLE INFORMATION:

SERIAL NUMBER: _____

NUMBER OF PERSONS DESIGNED TO CARRY: _____

LOCATION OF WHERE THE QUADRICYCLE WILL BE PARKED: _____

LOCATION OF WHERE THE PASSENGERS WILL BE PICKED UP AND DROPPED OFF: _____

REQUIRED ITEMS TO BE SUBMITTED WITH APPLICATION:

- Detailed Description of proposed route with map
- Photograph of Commercial Quadricycle
- Certificate of liability insurance

I agree to meet with the Two Rivers Police Department and allow for the inspection of the Commercial Quadricycle.

I understand that no license shall be issued unless the application is filled out with all the required documentation and a certificate of insurance is filed with the City Clerk with the required limits as described in Municipal Code Section 6-14

I understand that if any statement(s) contained in this application are found to be false, the waiver resulting from this application may be revoked and I may be prosecuted for false swearing in violation of Wisconsin Statute 946.32.

I solemnly swear that the statements made in this application are true and acknowledge that I have made these statements under pains and penalties of law. I understand that any the Commercial Quadricycle shall comply with all provisions of the Two Rivers Municipal Code. I understand that licenses may be revoked if requirements of Two Rivers Municipal Code Chapter 6-14 are not in compliance and license fees will not be reimbursed.

APPLICANT SIGNATURE: _____ **DATE:** _____

REMIT APPLICATION, FEES, AND REQUIRED DOCUMENTATION TO:
TWO RIVERS CITY CLERK, PO BOX 87, TWO RIVERS, WI 54241

FOR OFFICE USE ONLY

DATE RECEIVED: _____

DATE TO POLICE DEPT. FOR INSPECTION: _____

REQUIRED MATERIALS RECEIVED? YES NO

POLICE DEPT APPROVED? YES NO DATE: _____

CLERK ISSUANCE DATE: _____

REASON FOR DENIAL: _____

LICENSE EXPIRATION DATE: _____