



**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: \_\_\_\_\_