



City of Hartford
Licenses and Inspections Division
Pedal Cab License Application



Pedal Cab Operator Application

Type of Ownership

You must have the following with you at the time of application:

Sole Ownership **a.**

Proof of Worker's Comp Insurance (must name City of Hartford as insured)

A complete set of fingerprints (\$20.00 fee @ HPD Tues & Thurs 10a.m-2p.m.)

Limited Liability Company **b. c.**

Letter signed by a physician, stating the physical capability of the applicant

Drivers License / State ID (including restrictions, driving history, license suspended or revoked etc.)

Partnership **b. c.**

Criminal background check(\$5.00 fee @ HPD)

Completed Application and \$25.00 fee

Corporation **b. c.**

Operator Information

Name	
Residential Address	
City ST ZIP Code	
Day-time Phone	
Night-time Phone	
Date of Birth	
Place of Birth	
Business Location:	
Drivers License Restrictions	

Sole Owner, Partners, LLC / if a corp. club, or association names of officers

Name		
Business Address		
City ST ZIP Code		
Day-time Phone		
State and date of Establishment Creation		
Certificate of legal existence		

Sole Owner, Partners, LLC, if a corp. club, or association names of officers

Name		
Business Address		
City ST ZIP Code		
Day-time Phone		
State and date of Establishment Creation		
Certificate of legal existence		

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am issued a registration, any false statements, omissions, or other misrepresentations made by me on this application may result in its immediate revocation.. Should any of the previously-referenced information provided by me, the applicant, become inaccurate or outdated, I shall promptly provide correct and accurate information to the Licenses and Inspections Division in the form of an amended application.

I state under oath that "I have read the provisions set forth in article IV of the Hartford Municipal Code; that I understand those provisions; and that I agree to abide by them at all times."

Name (printed)	
Signature	
Date	
Notary Public Signature	
Date	