



Pedicab Registration Form

Permit good for one year _____ to _____

Request For:

Permit ID Number <i>Issued by CSO</i>

Initial Registration	Reinspection
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Pedicab Information

Pedicab Business Name: _____

Mailing Address: _____

Terminal Address: _____

Telephone Number: _____ Contact: _____

Pedicab Serial Number: _____ Pedicab Color: _____

List names and addresses for: () Corporation officers & stockholders () Partnership () Sole Proprietorship

Include a schedule of rates [Sec. 138-4a (9)]

Include applicant's past business experience [Sec. 138-4a (11)]

Include a description of the proposed insignia & color scheme [Sec.138-4a(12)]

Include a certificate of occupancy for the terminal [Sec. 138-11]

Emergency (24 hr) Phone Number: _____ Pedicab Max Occupant Load: _____

Description of pedicab, including make, model, body style, horsepower, license plate number, and VIN or factory number for each vehicle:

Any changes made to the information contained in this form must be reported in writing to the City Secretary's Office within three (3) business days.

Statements

Neither the applicant nor any of the company drivers have been convicted of any felony or other offense involving moral turpitude which adversely affects the applicant's ability to provide safe and reliable passenger transportation. The City of New Braunfels is authorized to check the driving record and criminal history, if any, of the applicant and the company's drivers. The Police Department shall have the authority to investigate the facts in the application, as necessary.

All information provided in the application is true and correct.

[Sec. 138-4b]

Applicant's Name

Date

State of Texas §

County of _____ §

This instrument was acknowledged before me on this _____ day of _____, 20_____, by

_____.

Seal

Notary Public, State of Texas

Printed/Typed Name of Notary

My Commission expires: _____

Receipt of Permit Fees

Number of Vehicles: _____

Amount: \$ _____

Receipt #: _____

Date: _____

Each application shall be accompanied by a non-refundable permit fee of \$150, plus \$50 fee per pedicab inspection and \$10 per driver background check.

Proof of Insurance

Please submit a Certificate of Insurance reflecting the issuance of a policy for Public Liability Insurance, executed by an insurance company duly authorized to do business in this state and performable in this county, insuring the public against any loss or damage that may result to any person or property from the operation of such vehicle(s). In case of multiple vehicles, include a schedule of vehicle covered by the policy. Such insurance coverage shall not be less than the following minimum requirements:

- General liability insurance in the amount of combined single limit of \$500,000 per occurrence with any aggregate amount of \$1,000,000 covering property damage, bodily injury and personal liability; and
- Automobile insurance in the minimum amounts of \$30,000 due to bodily injury or death to any one person in any one accident, \$60,000 due to such damages or two or more people per accident, and \$25,000 because of property damage of others in any one accident. And personal injury property coverage in the amount of \$5,000 or the maximum amount available through state assigned risk pool.

The insurance policy must contain a provision that the City of New Braunfels must be notified at least thirty (30) days in advance of any cancellation or material change of the insurance coverage. Passenger liability exclusions are expressly prohibited.

Insurance Company Name: _____

Contact: _____ **Phone #** _____

[Sec. 138-6]

Pedicab Driver Operator Information

[Sec. 138-4a (8)]

Application for a pedicab permit, filed with the city secretary, shall be submitted by the person who will own, control or operate the proposed taxicab or pedicab service. The pedicab operation is also required to provide a 3A driving record of each pedicab driver as well as driver information detailing the following:

Pedicab Operator Information: Driver 1

First Name: _____	Last Name: _____	Middle Initial _____	
Applicant Date of Birth: _____	/	_____/	_____
	MM	DD	YYYY
Applicant Residential Address: _____	Apt/Unit: _____		
City/Town: _____	State: _____	Zip Code: _____	
Permanent Mailing Address (If Different from Above): _____			
City/Town: _____	State: _____	Zip Code: _____	
Applicant Telephone Number: _____	Applicant Email: _____		

Pedicab Operator Driver's License Information: Driver 1

Driver's License Number: _____ Driver's License Expiration Date: _____ / _____ / _____
MM DD YYYY

State Issuing License: _____ How long have you held the above license? _____

Does the above residential address match the address on your license? YES _____ NO _____

Please list any restrictions on your license: _____

Pedicab Operator Information: Driver 2

First Name: _____ Last Name: _____ Middle Initial _____

Applicant Date of Birth: _____ / _____ / _____
MM DD YYYY

Applicant Residential Address: _____ Apt/Unit: _____

City/Town: _____ State: _____ Zip Code: _____

Permanent Mailing Address (If Different from Above): _____

City/Town: _____ State: _____ Zip Code: _____

Applicant Telephone Number: _____ Applicant Email: _____

Pedicab Operator Driver's License Information: Driver 2

Driver's License Number: _____ Driver's License Expiration Date: _____ / _____ / _____
MM DD YYYY

State Issuing License: _____ How long have you held the above license? _____

Does the above residential address match the address on your license? YES _____ NO _____

Please list any restrictions on your license: _____

Pedicab Operator Information: Driver 3

First Name: _____ Last Name: _____ Middle Initial _____

Applicant Date of Birth: _____ / _____ / _____
MM DD YYYY

Applicant Residential Address: _____ Apt/Unit: _____

City/Town: _____ State: _____ Zip Code: _____

Permanent Mailing Address (If Different from Above): _____

City/Town: _____ State: _____ Zip Code: _____

Applicant Telephone Number: _____ Applicant Email: _____

Pedicab Operator Driver's License Information: Driver 3

Driver's License Number: _____ Driver's License Expiration Date: _____ / _____ / _____
MM DD YYYY

State Issuing License: _____ How long have you held the above license? _____

Does the above residential address match the address on your license? YES _____ NO _____

Please list any restrictions on your license: _____

Pedicab Operator Information: Driver 4

First Name: _____ Last Name: _____ Middle Initial _____

Applicant Date of Birth: _____ / _____ / _____
MM DD YYYY

Applicant Residential Address: _____ Apt/Unit: _____

City/Town: _____ State: _____ Zip Code: _____

Permanent Mailing Address (If Different from Above): _____

City/Town: _____ State: _____ Zip Code: _____

Applicant Telephone Number: _____ Applicant Email: _____

Pedicab Operator Driver's License Information: Driver 4

Driver's License Number: _____ Driver's License Expiration Date: _____ / _____ / _____
MM DD YYYY

State Issuing License: _____ How long have you held the above license? _____

Does the above residential address match the address on your license? YES _____ NO _____

Please list any restrictions on your license: _____



Pedicab Vehicle Inspection Form

<i>Pedicab Vehicle Requirement</i>	<i>Pass</i>	<i>Fail</i> <i>(Reason for Non-Compliance)</i>
Pedicab Vehicle Permit Number displayed		
Three (3) or more wheels		
Rear & Side Reflectors present		
Operational brake system: hydraulic, mechanical disc, or drum brake system, or other		
Operational turn signals present		
Operational headlights present		
Operational tail lights present		
Operational horn		
Operational rear view mirror		
Reflective vest worn by operator		
Visible safety flag on vehicle		
Slow moving emblem installed		
Posted fare rates visible		
Vehicle information posted: NAME OF COMPANY, TELEPHONE NO., and MAXIMUM OCCUPANT LOAD		

Inspection Determination:

Pass _____ Fail _____

Inspector's Name

Date