



City of Minneapolis
Licenses and Consumer Services
 350 South 5th Street – Room 1C
 Minneapolis, MN 55415-1391
 Phone: 612-673-2080
 Fax: 612-673-3399 - TTY: 612-673-2157
www.minneapolismn.gov/business-licensing

License Application Guidelines and Checklist

For Office Use Only
DBA:
Expiration: May 1
License Code: 55
Rev Code: 311008
MCO : 305
Adm Issuance: Yes
LICENSE ID #
CSR:

License Type: Pedicab Company

DEFINITIONS:

Pedicab Business: The business of operating one or more pedicabs for the recreational or physical transportation of the general population for profit, not-for-profit, or as a free service. Every Pedicab Driver and every Pedicab Vehicle operating in Minneapolis must be licensed with a Pedicab Company.

Pedicab Driver: Any person who operates, drives, or propels a pedicab. A Minneapolis Pedicab Driver License is required. Drivers must be at least 18 years old. [Applications](#) are available on our website.

Pedicab Trailer: A two-wheeled vehicle no wider than 55 inches and capable of carrying a maximum of three passengers and securely attached and locked to the pedicab.

Pedicab Vehicle: A non-motorized bicycle that transports or is capable of transporting passengers on attached seats. Pedicabs are not power assisted nor can they exceed 120 inches in length or 66 inches in width. An annual inspection is required for license eligibility.

Staff Initials	Application Checklist
	<input type="checkbox"/> 1. License Application (Form #1)
	<input type="checkbox"/> 2. Zoning Addendum (Form #2)
	<input type="checkbox"/> 3. Certificate of Liability Insurance with a minimum coverage amount of \$2,000,000. This must be furnished by your Insurance Agent. (Sample Form #3)
	<input type="checkbox"/> 4. Vehicle Information Form (Form #4)
	<input type="checkbox"/> 5. Vehicle Color Scheme and Insignia <input type="checkbox"/> Attach an accurate and detailed description, including name, inscriptions, and monogram. <input type="checkbox"/> Attach a photograph.
	<input type="checkbox"/> 6. Ownership Information <input type="checkbox"/> Sole Proprietorship: Provide a copy of certificate of assumed trade name. <input type="checkbox"/> Partnership or Shareholder: Provide a copy of the signed and executed partnership agreement. <input type="checkbox"/> Corporation: Provide a copy of the Certificate of Incorporation, Articles of Incorporation, by-laws and Certificate of Authority if a foreign corporation.
	<input type="checkbox"/> 7. Fee per vehicle: _____ plus New License Surcharge : _____

ADDITIONAL INFORMATION

Pedicab Drivers' Licenses - Any person operating a pedicab Minneapolis must obtain a license. Applications are located on the last page of this packet. Upon approval of the Pedicab Company license, drivers may submit this application. (Form #5) Additional [copies](#) are available on our website.

Your License Application

- Incomplete applications will be returned.
- All applications must be signed by an owner, partner or principal.
- No license will be issued for a period longer than one year.
- Licenses are not transferable.
- Make a duplicate copy of this packet for your personal records before submitting.
- [Minnesota Sales Tax ID Number](#) or 651-296-6181.
- If you are applying for multiple licenses, applications may be combined. Talk to License Staff at 300 Public Service Center.

Information in Other Languages: Yog xav paub tshaj nos ntxiv, hu 612-673-2800. Macluumaad dheeri ah, kala soo xiriir 612-673-3500. Para mas información llame al 612-673-2700.



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FOR OFFICE USE ONLY:
LICENSE ID #:
LICENSE CLERK:
FEE: \$
DATE:

Pedicab Company License Application

BACKGROUND INFORMATION

Name of Applicant, Minnesota Sales Tax ID Number, Social Security Number or Individual Tax ID Number, Legal/Corporate Name, Trade Name (DBA), Business Address/Location, Business Telephone Number, Mailing Address (if different than Business Address), Fax Number, E-Mail Address, Cell Phone Number, Type of Ownership, Date of Incorporation, State of Incorporation

Is this business publicly traded? YES NO

LIST ALL PARTNERS, OWNERS AND CORPORATE MEMBERS (Attach additional sheets if necessary.)

Table with 4 columns: Full Name: First, Middle, Last; Title/% of Ownership; Telephone; Date of Birth; Home Address; City; State; Zip Code. Repeated for three entries.

Have any of the individuals above been convicted of a crime? YES NO

If Yes, Please provide (or attach) dates and conviction specifics.

Have you had a business license denied/revoked by Minneapolis or another government entity? Yes No

If Yes, list the Date of Denial/Revocation, Government Agency, and Reason for Denial or Revocation.

List any licenses currently or previously held in Minneapolis (Business or Individual):

COMPANY OPERATIONS

Address of Dispatch Center **City** **State Zip Code**

List the address/location(s) where pedicab vehicles will be parked when not in use.

List the address/location(s) where drivers will pick-up and drop-off pedicab vehicles at shift change.

List the address/location(s) where drivers' will park their personal vehicles during assigned shifts.

WORKER'S COMPENSATION

Workers Compensation Company	Policy Number	Coverage Dates
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-----Or-----

I certify that I am not required to carry worker's compensation insurance because: I am self insured. I am the sole proprietor and I have no employees. I have no employees who are covered by worker's compensation law. Only employees who are specifically exempted by statute are not covered by the worker's compensation law. These include: Spouse, parents, and children regardless of age. All other workers whose work is controllable by the employer must be covered.

VERIFICATION

The data which you furnish on this application will be used by the City of Minneapolis to assess your qualifications for licensure. Disclosure of this information is voluntary. You are not legally required to provide this data, however if you fail to do so, the City of Minneapolis may be unable to process this application. Disclosure of your Minnesota Tax ID Number, Social Security Number, or Individual Tax ID Number is required by Minnesota Statutes 270C.72 and your Social Security number may be requested by and released to the Minnesota Commissioner of Revenue. After issuance of a license, all information contained in this application, except your Social Security Number, will be public information pursuant to Minnesota Statutes, Chapter 13.

A SIGNATURE IS REQUIRED IN ORDER TO PROCESS THIS APPLICATION

I, (print name) _____, certify or declare under penalty of perjury under the laws of the State of Minnesota that the foregoing is true and correct. All information given is subject to verification by the State of Minnesota. I understand that false information may result in the denial, suspension or revocation of my business license.

SIGNATURE OF APPLICANT **TITLE** **DATE**



City of Minneapolis
Community Planning & Economic Development
Planning Division
250 South 4th St. Room 300
Minneapolis MN 55415-1316
Telephone 612-673-3000 or 311 Fax 612-673-2526

#2

Zoning Addendum

Applicants requesting a business license must be in compliance with all zoning regulations before a license can be approved. Bring this form to the **Development Review Customer Service Center at the above address, or call (612) 673-3000 or 311 to schedule an appointment** for a City Planner to complete the remainder of this application. Approval from the Development Services Division and/or City Planning Commission may be required *before* the Business Licensing Division will accept your application.

===== **THIS SECTION IS TO BE COMPLETED BY THE APPLICANT** =====

1. Legal Corporate Name of Business _____ Trade Name (DBA) _____
2. Proposed Business Address _____
3. Contact Person _____ Telephone _____
4. Entertainment: Check and describe all categories of entertainment you are planning to provide on your premises.
 - No entertainment.**
 - Limited Entertainment:** Limited to literary readings, storytelling, live solo comedians, electronically reproduced music (TV radio), karaoke, jukebox, amplified or non-amplified music by five or fewer musicians, and group singing participated in by patrons of the establishment. No patron dancing. Describe below.
 - General Entertainment:** Other forms of entertainment which do not meet the definition above. Examples include two or more comedians, bands with amplified musical instruments, patrons dancing, plays, shows, contests, etc. Describe below.
 - Adult Entertainment:** Persons who are unclothed or in attire/costume which exposes any portion of female breasts and/or male or female genitals (nude or semi-nude). Describe below.

===== **THIS SECTION IS TO BE COMPLETED BY CITY PLANNER** =====

5. Zoning district: _____ Proposed land use(s): _____
6. Are there any existing land use approvals for this address which affect this license application? YES NO
 If Yes, provide a brief description of any land use history relevant to the proposed licensure.

7. Comments: _____

8. Is an inspection by Zoning Enforcement Staff required? YES NO

===== **THIS SECTION IS TO BE COMPLETED BY ZONING INSPECTOR** =====

9. Is the site in compliance with all existing Conditions of Approval? YES NO If No, List requirements for compliance:

10. Comments: _____

CPED Planning Staff Signature _____ DATE _____ EXT _____

===== **AUTHORIZED HOURS TO BE COMPLETED BY LICENSE INSPECTOR** =====

- R, OR, C1, C2, C3S, C4, and I: Sun - Thurs, 6:00 am to 10:00 pm; Fri - Sat, 6:00 am to 11:00 pm.
- Downtown and C3A: Sun - Thurs, 6:00 am - 1:00 am; Fri - Sat, 6:00 am - 2:00 am.

City of Minneapolis Requirements for Insurance Certificates

#3

CERTIFICATE OF LIABILITY INSURANCE

Certificate cannot be pending, binder or TBA.

The Legal/Corporate Name must match exactly (word for word) to the Approved Licensee Name (including Inc, or LLC), Trade Name (DBA) and address of premises.

PRODUCER Agency Address City, State, Zip	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. _____ INSURERS AFFORDING COVERAGE INSURER A: _____ INSURER B: _____ INSURER C: _____ INSURER D: _____ INSURER E: _____
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COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> _____ <input type="checkbox"/> _____ GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ _____ FIRE DAMAGE (Any one fire) \$ _____ MED EXP (Any one person) \$ _____ _____ & ADV \$ _____ _____ \$ _____ _____ \$ _____ COM... \$ _____
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED A <input type="checkbox"/> SCHEDULED A <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED A <input type="checkbox"/> _____ <input type="checkbox"/> _____				COMBINED SINGLE LIMIT (Ea accident) \$ _____ BODILY INJURY (Per person) \$ _____ BODILY INJURY (Per accident) \$ _____ PROPERTY DAMAGE (Per accident) \$ _____
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> _____				AUTO ONLY - (Ea Accident) \$ _____ OTHER THAN AUTO ONLY: EA ACC \$ _____ AGG \$ _____
	EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION				EACH OCCURRENCE \$ _____ AGGREGATE \$ _____ \$ _____ \$ _____ \$ _____
A	WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY				XWC STATUTORY LIMITS / OTHER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT
	OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS:

ADDITIONAL INSURED; INSURER LETTER

Original signature or stamp of Agent.

CERTIFICATE HOLDER City of Minneapolis Licenses and Consumer Services 1-C City Hall 350 South 5th Street Minneapolis, MN 55415	AUTHORIZED REPRESENTATIVE _____
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Applications will be returned if requirements are not complete.



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For Office Use Only
Date:
License #: 319
CSR:
Fee:

Pedicab Driver License Application

BACKGROUND INFORMATION

Name of Driver (Last, First, MI) Cell Phone Number
Email Address Social Security Number

FIVE (5) YEAR RESIDENTIAL HISTORY

Table with 5 columns: Home Address, City, State, Zip Code, From: to. Contains 5 rows for residential history.

Have you ever been convicted of any crime except driving violations? Yes No
If yes, give details (date, conviction, etc.) False or incomplete information is cause for denial of this application.

Attach a copy of your Driver's License. Is this a Minnesota Driver's license? Yes No
If no, attach a certified copy of your three year Criminal History Report AND three year Driving History Report from your home state.

DATA PRIVACY ADVISORY

The Minnesota Data Practices Act requires that you be advised of the following information: As an applicant for a Minneapolis business license, you are asked to provide private and/or confidential information about yourself that will be used to check driving history, criminal history, arrest records, warrant information, and other relevant records.

I have read and understand the above Data Practices Advisory. Signature Date

VERIFICATION

I, (print name), certify or declare under penalty of perjury under the laws of the State of Minnesota that the foregoing is true and correct. All information given is subject to verification by the State of Minnesota. I understand that false information may result in the denial, suspension or revocation of my business license. Signature Date

THIS SECTION TO BE COMPLETED BY SERVICE COMPANY

I verify that the provisions of Section 305.11 of the Minneapolis Code of Ordinances have been complied with and the statements made by the applicant in this application are true to the best of my knowledge and belief. Printed Name Name of Pedicab Company Signature Date

EXPIRATION: All licenses expire on May 1st. If you leave employment with any licensed pedicab company, for any reason, your license expires and you are required to return it to the Licenses Office.

----For Office Use Only ----

License Fee: New Renewal Transfer DVS CH KIVA Approved Denied
Inspector: Date