



_____ New
 _____ Renewal
 _____ License #
 _____ Receipt #

APPLICATION FOR PEDICAB BUSINESS LICENSE

Full Name of Business _____

Address of Business _____ Business Phone _____

The information requested below must be provided by the applicant and every person who, directly or indirectly, has any right to participate in the management or control of the business to be conducted at the premises of the proposed establishment. Such information should be provided on separate sheets and attached to this application.

Name of Owner _____

List all additional last names ever used (alias names, maiden names, previous married names)

Home Address of Owner _____

Home Phone _____ Cell Phone _____ Email Address _____

Have you ever been convicted of a felony? _____ If so, when and for what? _____

State the type of business entity which will be operating the proposed establishment (e.g., sole proprietorship, partnership, corporation, etc.) _____

If this is a corporation or partnership, the following must be completed.

CORPORATION NAME _____

	NAME OF PARTNERS (general and limited) OR OFFICERS OF CORPORATION	TITLE	RESIDENCE
A.	_____	_____	_____
B.	_____	_____	_____
C.	_____	_____	_____

Owner of Property or Holder of Title of Property where business will be operated _____

Do you fully understand that any falsifications made hereinbefore will constitute grounds for revocation of your license? _____

I authorize the City Clerk's Office and Cedar Rapids Police Department to examine any and all criminal history records and driving records held by the State of Iowa and FBI as necessary.

Signature of Applicant

Date

ATTACHMENTS: The following must accompany new applications:

1. Zoning Certificate received from the Building Department.
2. Copy of lease and/or rental agreement, if applicable.

If application is made by a corporation, the following must be signed by each officer of that corporation. If the application is made by a partnership, the following must be signed by each partner, including limited partners:

I, (or we) _____

_____ being first duly sworn, upon oath depose and say that I (or we) am (or are) the proponent(s) of the foregoing information, and that the statements made and answers given above are true. I (or we) further swear that the applicant(s) is (or are) of good moral character.

Subscribed and sworn to before me this _____ day of _____, 20_____.

Notary Public in and for Linn County, Iowa

POLICE DEPARTMENT

Police Commander

Date

ZONING CERTIFICATE ATTACHED_____

LEASE/RENTAL AGREEMENT ATTACHED_____

RATE CARD SUBMITTED_____