

**CITY OF CEDAR RAPIDS, IOWA
APPLICATION FOR PEDICAB VEHICLE LICENSE**

New _____

For City Clerk's Office to fill out
License # _____

Renewal _____

R# _____
License Expires _____

Name _____

Home Address _____ City _____

Home phone _____ Cell phone _____ Email _____

Company Pedicab will be licensed with _____

Unit # _____

Vehicle Make _____

VIN # (if applicable) _____

SUBMIT CERTIFICATE OF LIABILITY INSURANCE

BRING IN STATE REGISTRATION OF PEDICAB