

PEDAL BUS BUSINESS LICENSE **APPLICATION**

LICENSING PERIOD ______ TO _____

Please note: No pers first having secured a			, ,	us in the Cit	y without
PLEASE PRINT OR TYPE					
Applicant Name:					
Applicant Address:s	TREET	APT/SUITE	CITY	STATE	ZIP CODE
Applicant Phone Num	ber: HOME		MOBILE		
Applicant Email Addre	ess:				
Business Name:					
Business Address:	REET	APT/SUITE	CITY	STATE	ZIP CODE
Business Mailing Add	ress (if different):	STREET	CITY	STATE	ZIP CODE
Business Phone Num	ber:		Fax Number:		
Manager Name:		Phone Number:			
DWNER(S), PARTNERS, OR CORPOR	ATE OFFICERS				
NAME	TITLE	HOME ADDRESS(STREET, CITY, STATE, ZIP)		PHONE	
NAME	TITLE	HOME ADDRESS(STREET, CITY, STATE, ZIP)		PHONE	
NAME	TITLE	HOME ADDRESS(STRI	EET, CITY, STATE, ZIP)	PH	ONE

UNDER PENALTIES AS PROVIDED BY LAW, I DECLARE THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE INFORMATION ON THIS FORM IS TRUE, CORRECT, AND COMPLETE.

SIGNATURE OF APPLICANT	DATE

Please provide the following:

Proof of insurance:

- Certificate of insurance listing the City of Urbana, 400 S. Vine St., Urbana, IL 61801, as a certificate holder.
- Evidence of general liability insurance in the minimum amounts of \$1,000,000 per person, \$2,000,000 per incident and \$100,000 for property damage.

Certificate of inspection(s), photos and description:

- Submit a completed certificate of inspection for each pedal bus in operation (City will accept a copy of inspection report from the City of Champaign).
- Submit photos of each pedal bus in operation clearly depicting all four (4) sides of each unit in operation.
- Provide the seating capacity according to the trade rating, company assigned number, body style and color scheme for each pedal bus in operation below:

SEATING CAPACITY	COMPANY ASSIGNED #	BODY STYLE	COLOR(S)	
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ATTACH ADDITIONAL SHEET(S) IF NECESSARY				

Fees:

Pedal Bus Business License Fee (up to 2 pedal buses)	\$ 2	208.00
Pedal Bus Additional Registration Fee (per pedal bus).	\$	52.00
Late Filing Fee (plus ten dollars (\$10.00) per day after March 25th)	\$	26.00

Please return completed application, proof of insurance, certificate of inspection(s), photos and the appropriate fee to:	City of Urbana Finance Department 400 South Vine Street Urbana, IL 61803-0219
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FOR OFFICE USE ONLY				
REQUIRED DOCUMENTATION:	Insurance	Inspection(s)	Photos	
		Processed By:		