



CITY OF URBANA

PEDAL BUS BUSINESS LICENSE APPLICATION

LICENSING PERIOD _____ TO _____

Please note: No person shall engage in the business of operating a pedal bus in the City without first having secured a Class PB-1 (pedal buses) liquor license.

PLEASE PRINT OR TYPE

Applicant Name: _____

Applicant Address: _____
STREET APT/SUITE CITY STATE ZIP CODE

Applicant Phone Number: _____
HOME MOBILE

Applicant Email Address: _____

Business Name: _____

Business Address: _____
STREET APT/SUITE CITY STATE ZIP CODE

Business Mailing Address (if different): _____
STREET CITY STATE ZIP CODE

Business Phone Number: _____ Fax Number: _____

Manager Name: _____ Phone Number: _____

OWNER(S), PARTNERS, OR CORPORATE OFFICERS			
NAME	TITLE	HOME ADDRESS(STREET, CITY, STATE, ZIP)	PHONE

ATTACH ADDITIONAL SHEET(S) IF NECESSARY

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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Fees:

Pedal Bus Business License Fee (up to 2 pedal buses).....\$ 200.00
 Pedal Bus Additional Registration Fee (per pedal bus).. \$ 50.00
 Late Filing Fee (plus ten dollars (\$10.00) per day after March 25th) \$ 25.00

Please return completed application, proof of insurance, certificate of inspection(s), photos and the appropriate fee to:



**City of Urbana
 Finance Department
 P.O. Box 219
 Urbana, IL 61803-0219**

FOR OFFICE USE ONLY

REQUIRED DOCUMENTATION: Insurance ____ Inspection(s) ____ Photos ____

Business Number: _____ Amount Paid: _____

License Number: _____ Processed By: _____

Next Renewal Date: _____ Approval Date: _____