



City of Minneapolis  
Licenses and Consumer Services  
505 Fourth Ave. S., Room 220  
Minneapolis, MN 55415  
Telephone: 612-673-2080

[www.minneapolismn.gov/businesslicenses](http://www.minneapolismn.gov/businesslicenses)

**For Office Use Only**

Expiration: May 1  
AP: Mobile/PediCo  
MCO: 306  
Adm Issuance: Yes

## License Application: Pedal Car Company

### Definitions:

Commercial Pedal Car:

- four (or more) wheeled bicycle-like vehicle that is human powered
- transports passengers on bicycle-like seats and
- is propelled by five or more passengers not including the operator.

A pedal car is non-motorized and may not be power assisted.

Commercial Pedal Car Company: The business of operating one or more commercial pedal car vehicle(s) for profit or not-for-profit.

Commercial Pedal Car Driver: Any person who is responsible for the safe operation of a commercial pedal car. Must be at least 18 years old. A [Minneapolis Pedal Car Driver License](#) is required.

If you have questions, send an email to [businesslicenses@minneapolismn.gov](mailto:businesslicenses@minneapolismn.gov) or call 612-673-2080.

### 1. Application Requirements

1. Complete the application and include all the requirements listed below. Incomplete applications may be returned. You may send your application by email ([businesslicenses@minneapolismn.gov](mailto:businesslicenses@minneapolismn.gov)), US mail, or drop it off at our office.
2. There is a [fee](#) for each pedal car vehicle, plus a new license processing charge, for this application. You can pay by
  - ☐ **Cash:** Drop off your application at our office.
  - ☐ **Check:** Mail or drop off your application at our office.
  - ☐ **Credit Card:** Mail, drop off or email your application to [businesslicenses@minneapolismn.gov](mailto:businesslicenses@minneapolismn.gov).  
***Do not add your credit card information on this application.*** We will call you to securely charge your credit card.
3. ☐ Vehicle Information Form – Form #1
4. **Vehicle Description**
  - ☐ Attach a detailed description, including color, labels, and other features of your pedal car vehicles.
  - ☐ Attach a photograph.
5. ☐ **[Certificate of Liability Insurance](#)** (Sample Form #2) – Attach a copy from your Insurance Agent with a minimum coverage of \$2,000,000.
6. ☐ **Business Plan** - Attach a copy of your company business plan. Include staff training, emergency procedures, rates, and restrictions.
7. ☐ **Vehicle Drivers:** Attach a list of the names and addresses of all drivers.
8. ☐ **Customer Contract** - Attach a copy of your customer agreement, release and/or waiver.

**Continued on next page.**

9. ☐ Assembly Sites

☐ Attach an arial map of each Assembly Site location. Include address/location, customers' parking spots, pedal car parking spot, and restrooms.

☐ Attach signed and dated Parking and Restroom Agreements for each Assembly Site. These should include names of property owner and Pedal Car company, contact person and telephone number of property owner, site address/location, number of parking spots, and dates and times.

☐ Exception: Assembly sites located outside Downtown Business District B-4 do not require parking or restrooms.

## 2. Applicant Information

Legal Company Name	Business Name/DBA		
Name (Last, First, MI)	<input type="checkbox"/> Owner <input type="checkbox"/> Partner <input type="checkbox"/> On Site Manager		
Business Address	City	State	Zip Code
Mailing Address (if different than business address)	City	State	Zip Code
E-mail Address	Cell Phone Number	Business Telephone Number	
<b><u>Minnesota Sales Tax ID Number</u> Required</b>	<b><u>Social Security Number</u> Required</b>		
Type of Ownership: <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Non-Profit	Date of Incorporation	State of Incorporation	
Is this business publicly traded? <input type="checkbox"/> Yes <input type="checkbox"/> No	Proposed Opening Date:		

## 3. Owners

<b>List all owners and partners. Ownership must add up to 100%. Attach additional sheets if necessary.</b>			
Full Name: Last, First, Middle		Telephone	
Home Address	City	State	Zip
Title	Date of Birth	Ownership %	
Full Name: Last, First, Middle		Telephone	
Home Address	City	State	Zip
Title	Date of Birth	Ownership %	
Full Name: Last, First, Middle		Telephone	
Home Address	City	State	Zip
Title	Date of Birth	Ownership %	
<b>List any licenses you currently have or previously held in Minneapolis (business or individual).</b>			
<b>Have you ever had a business license denied or revoked by any government entity?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If Yes, Indicate the Date of Denial/Revocation, Government Agency, and Reason for Denial or Revocation.</b>			

#### 4. Workers Compensation

Workers' Compensation Company

Policy Number

Dates of Coverage

-----Or-----

I certify that I am not required to carry workers 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 workers compensation law. Only employees who are specifically exempted by statute are not covered by the workers compensation law. These include spouse, parents, and children regardless of age. All other workers whose work is controllable by the employer must be covered.

#### 5. Verification

The City of Minneapolis uses the information on this application to determine qualifications for a license. You are not legally required to provide this information. If you refuse, we cannot approve your application. MN Statute 270C.72 requires your Minnesota Tax ID Number and either a Social Security Number or Individual Tax ID Number. These may be given to the Minnesota Commissioner of Revenue if requested. After we approve your license, all information except your Social Security Number is public (MN Statutes, Chapter 13).

A signature is required.

☐ I have read and agree to the [Terms and Conditions](#) for electronic signatures, records and payment.

I, (print name) \_\_\_\_\_, certify or declare under penalty of perjury under the laws of the State of Minnesota that the information on this application, checklist, and attached documents is true and correct. All information 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.

By typing your name, you are electronically signing this application.

Signature of Applicant \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

#### 6. Additional Information

1. No license will be issued for longer than one year.
2. You cannot transfer your license to any other person or location.
3. For reasonable accommodations or alternative formats, please call us at 612-673-2080 or send an email to [businesslicenses@minneapolismn.gov](mailto:businesslicenses@minneapolismn.gov). Individuals who are deaf or hard of hearing can use a relay service by calling 311 at 612-673-3000.
4. Information in other languages: Para asistencia 612-673-2700. Rau kev pab 612-673-2800. Hadii aad Caawimaad u baahantahay 612-673-3500.

Pedal Car Vehicle Form

#1

Company Name \_\_\_\_\_

Manufacturer	Serial # or VIN	Legal Holder of Title	Maximum Passenger Limit	Length of Vehicle	Width of Vehicle	Office Use Only Vehicle #

# City of Minneapolis

## Requirements for Insurance Certificates

### 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.

<b>PRODUCER</b> 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.
<b>INSURED</b>	<b>INSURERS AFFORDING COVERAGE</b>  INSURER A: INSURER B: INSURER C: INSURER D: INSURER E:

#### 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
	<b>GENERAL LIABILITY</b>  <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY  <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR  <input type="checkbox"/> _____  <input type="checkbox"/> _____				EACH OCCURRENCE \$ _____  FIRE DAMAGE (Any one fire) \$ _____  MED EXP (Any one person) \$ _____  PERSONAL & ADV INJURY \$ _____  GENERAL AGGREGATE \$ _____
	GEN'L AGGREGATE LIMIT APPLIES PER:  <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS				PRODUCTS – COMPO/AGG \$ _____  COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY \$ _____  (Per person) BODILY INJURY (Per accident) \$ _____  PROPERTY DAMAGE \$ _____  (Per accident) \$ _____  AUTO ONLY – (Ea Accident) \$ _____  OTHER THAN AUTO ACC \$ _____  ONLY: AGG \$ _____
	<input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON – OWNED AUTOS <input type="checkbox"/> _____				(Per person) BODILY INJURY (Per accident) \$ _____  PROPERTY DAMAGE \$ _____  (Per accident) \$ _____  AUTO ONLY – (Ea Accident) \$ _____  OTHER THAN AUTO ACC \$ _____  ONLY: AGG \$ _____
	<input type="checkbox"/> GARAGE LIABILITY  <input type="checkbox"/> ANY AUTO <input type="checkbox"/> _____				(Per person) BODILY INJURY (Per accident) \$ _____  PROPERTY DAMAGE \$ _____  (Per accident) \$ _____  AUTO ONLY – (Ea Accident) \$ _____  OTHER THAN AUTO ACC \$ _____  ONLY: AGG \$ _____
	<b>EXCESS LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE  <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION				EACH OCCURRENCE \$ _____ AGGREGATE \$ _____ \$ _____ \$ _____
	<b>WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY</b>				W/C STATUTORY LIMITS / OTHER E.L. EACH ACCIDENT E.L. DISEASE – EA EMPLOYEE E.L. DISEASE – POLICY LIMIT
	<b>OTHER</b>				

Original signature or stamp of agent

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS:  
 ADDITIONAL INSURED; INSURER LETTER  
 CERTIFICATE HOLDER  
 City of Minneapolis  
 Licenses and Consumer Services  
 505 Fourth Ave. S., Room 220  
 Minneapolis, MN 55415  
 AUTHORIZED REPRESENTATIVE

**Applications will be returned if requirements are not complete.**