

## Permit Application: Pedal Car Driver

**Definition:** The operator of a pedal car.

A pedal car is a nonmotorized vehicle that transports passengers on bicycle-like seats and is propelled by five or more passengers not including the operator.

1. Application Requirements	
1.	Complete the application below and attach all the required documents. Incomplete applications may be returned. You may send your application by email ( <a href="mailto:businesslicenses@minneapolismn.gov">businesslicenses@minneapolismn.gov</a> ), US mail, or drop it off at our office.
2.	There is a <a href="#">fee</a> for this license. <input type="checkbox"/> <b>Cash:</b> Drop off your application at our office. <input type="checkbox"/> <b>Check:</b> Mail or drop off your application at our office. <input type="checkbox"/> <b>Credit Card:</b> Mail, drop off or email your application to <a href="mailto:businesslicenses@minneapolismn.gov">businesslicenses@minneapolismn.gov</a> . <b>Do not add your credit card information on this application.</b> We will call you to securely charge your credit card. If you have any questions, please send us an email at <a href="mailto:businesslicenses@minneapolismn.gov">businesslicenses@minneapolismn.gov</a> or call us at 612-673-2080.
3.	<b>Driver's License</b> <input type="checkbox"/> Attach a copy of your driver's license.
4.	<b>Driving Record</b> <input type="checkbox"/> Attach reports from each state you lived in for the past three years. Here is a list of all <a href="#">state telephone numbers</a> . You may not have more than three moving violations in the past three years or two moving violations in the past year. <b>This report must be dated within 30 days of receipt of this application.</b>
5.	<b>Background Report</b> <input type="checkbox"/> Attach reports from each state you lived in for the past three years. <a href="#">Minnesota</a> (651-793-2400); <a href="#">Wisconsin</a> (608- 266-7314) or use this list of <a href="#">state telephone numbers</a> . You may not have a careless or reckless driving violation, driving while impaired, within the past three years. <b>This report must be dated within 30 days of receipt of this application.</b>
6.	<b>Photo</b> <input type="checkbox"/> Attach a clear, electronic, color image of your face. If you mail or drop off your application, we will call you with instructions on how to send it to us electronically. Photo must be taken within 30 days of receipt of this application.
7.	<b><a href="#">Service Company Authorization</a></b> <input type="checkbox"/> Attach a signed letter (Form #1) from your Service Company verifying your employment.

**2. Background Information**

Applicant Name (Last, First, Middle)		Social Security Number (Required)	
E-mail Address (Required)		Date of Birth (mm/dd/yyyy)	Cell Phone Number

**Three (3) Years of Residential History**

Home Street Address	City	State	Zip	From	To

**3. Data Privacy**

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, 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).

**4. 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. After we approve your license, all information is public (MN Statutes, Chapter 13).

A signature is required.

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.

- I have read and understand the above Data Privacy Advisory.
- I have read and agree to the [Terms and Conditions](#) for electronic signatures, records and payment.

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

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

**5. Additional Information**

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

-----For Office Use Only -----

- New  Renewal  Transfer  DVS  CH  ELMS  Approved  Denied

Inspector: \_\_\_\_\_ Date \_\_\_\_\_



**City of Minneapolis**  
**Licenses and Consumer Services**  
 505 Fourth Ave. S., Room 220  
 Minneapolis, MN 55415-1391  
 Telephone: 612-673-2080  
[www.minneapolismn.gov/businesslicenses](http://www.minneapolismn.gov/businesslicenses)

Form #1

## Tow Truck – Pedal Car – Pedicab Company License Authorization Form

Your signed authorization verifies driver employment/operation with your company. Please complete the following information and return it to the driver/applicant as part of their application form.

Name of Company: _____
Name of Company Representative: _____

<input type="checkbox"/> <b>Pedicab Driver</b>	<input type="checkbox"/> <b>Pedal Car Driver</b>	<input type="checkbox"/> <b>Tow Truck Driver</b>
Name of Driver: _____		
<input type="checkbox"/> I verify that the statements made in his/her application are true to the best of my knowledge.		
Company Representative Signature: _____ Date: _____		

<input type="checkbox"/> <b>Driver, Company Transfer</b>
<b>Old Company</b>
Name of Company: _____
Name of Company Representative: _____
Company Representative Signature: _____ Date: _____
<b>New Company</b>
<input type="checkbox"/> I verify that the statements made in his/her application are true to the best of my knowledge.
Name of Company: _____
Name of Company Representative: _____
New Company Representative Signature: _____ Date: _____