

Permit Application: Pedicab Driver

Definition: The operator of a pedicab.

A pedicab is a three-wheel bicycle, with or without electric assist, used to carry passengers.

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

1. Incomplete applications may be returned.
2. No permit will be issued for longer than one year.
3. You cannot transfer your license to any other person.
4. For reasonable accommodations or alternative formats, please call us at 612-673-2080 or send us an email at businesslicenses@minneapolismn.gov. Individuals who are deaf or hard of hearing can use a relay service to call 311 at 612-673-3000.
5. 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

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"/> Pedicab Driver	<input type="checkbox"/> Pedal Car Driver	<input type="checkbox"/> Tow Truck Driver
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"/> Driver, Company Transfer
Old Company Name of Company: _____ Name of Company Representative: _____ Company Representative Signature: _____ Date: _____
New Company <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: _____