City of Traverse City

Office of the City Clerk

GOVERNMENTAL CENTER
400 Boardman Avenue
Traverse City, MI 49684
(231) 922-4480
tcclerk@traversecitymi.gov

CITY of
TRAVERSE CITY

Dear Applicant:

Subject: Application for a Pedicab License

Enclosed is an Application for a Pedicab License which must be completed in its entirety prior to submission. Please familiarize yourself and adhere to the Traverse City Code of Ordinances Chapter 867 *Pedicab Public Transportation* which can be viewed in its entirety at: https://library.municode.com/mi/traverse_city/codes/code_of_ordinances?nodeId=PTEIGHTBU RETACO_TITTWOBURE_CH867PEPUTR.

When submitting your application, please include the following:

    1). $75 Application Fee
    2). Certificate of Insurance for Comprehensive General Liability in the amount of $2 Million per occurrence, naming the City of Traverse City as additional insured;
    3). Description of methods, procedures and equipment to be used;
    4). A photograph of the pedicab;
    5). List of the names, ages and addresses of drivers;
    6). Map of the city showing locations of proposed routes including locations of proposed "stations," places to store pedicab, stands or pickup points;
    7). List of principal officers of the corporation OR names and addresses of trustees of owners.

Once your application and required documents have been received, the City Clerk's Office will obtain approvals from the appropriate departments and agencies to determine conditions related to the health, safety and welfare of the city. Once all departments have approved your request, the City Clerk's Office will issue you a formal ***Pedicab License.***

Please note that all Pedicab Licenses will expire on December 31 of each year.

We hope this information is helpful! The City of Traverse City looks forward to working with you to compliment the living experience in Traverse City! Should you have any questions, please feel free to contact anyone in the City Clerk's Office at (231) 922-4480 or contact Kim Lautner, Registration/Licensing Clerk at klautner@traversecitymi.gov.

Most Sincerely,

Benjamin Marentette, MMC
City Clerk

CITY OF TRAVERSE CITY
APPLICATION FOR PEDICAB LICENSE
(City Ordinance 867)

Business Name: _____

Email Address: _____ Phone No: _____

Address: _____
　　　　　　　Street　　　　　　　　　City　　　　　　State　　　　Zip

_____ Individual　　　　_____ Partnership　　　　_____ Corporation

Emergency (24 hr) Phone No: _____

Name of Authorized Representative: _____

Email Address: _____ Phone No: _____

Address: _____
　　　　　　　Street　　　　　　　　　City　　　　　　State　　　　Zip

_____ Attach a description of methods, procedures and equipment to be used.
_____ Attach a photograph of pedicab.
_____ Attach a list of the names, ages and addresses of drivers.
_____ Attach a map showing locations of proposed routes, pickup points and methods of operation.
_____ Attach Insurance Certificate (Comprehensive General Liability Insurance in the amount of $2,000,000.00 listing the City of Traverse City as additional insured.)
_____ Application Fee ($75)

The undersigned declares he/she wishes to be permitted to perform the operation, service or act stated hereon and the statements made above are true and correct to the best of his/her knowledge and belief. The undersigned will comply with all provisions of the ordinances of the City of Traverse City relative to the operation, service or act for which the License is requested, and agrees to hold the City of Traverse City free and harmless from all liability which may be imposed upon it; and further, to reimburse the City of Traverse City for all expenses of litigation in connection with the defense of claims as such liability and claims may arise because of negligence in the performance of the work or act for which the License was issued.

The applicant acknowledges that the City may be required from time to time to release records in its possession. The applicant hereby gives permission to the City to release any records or materials received by the City from the applicant as it may be requested to do so as permitted by the Freedom of Information Act, MCL 15.231 et seq.

_____　　　　_____
Date　　　　　　　　　　　　　Signature of Authorized Representative