City of Traverse City

Office of the City Clerk

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



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:

 \$75 Application Fee
Certificate of Insurance for Comprehensive General Liability in the amount of \$1 Million per occurrence, naming the City of Traverse City as additional insured;
Description of methods, procedures and equipment to be used;
A photograph of the pedicab;
List of the names, ages and addresses of drivers;
Map of the city showing locations of proposed routes including locations of proposed "stations," places to store pedicab, stands or pickup points;
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 tcclerk@traversecitymi.gov

Most Sincerely,

Benjamin Marentette, MMC City Clerk



CITY OF TRAVERSE CITY APPLICATION FOR PEDICAB LICENSE

(City Ordinance 867)

Business Name:				
Email Address:	Pł	Phone No:		
Address:				
Street	City	State	Zip	
Individual	Partnership	Corporation		
Emergency (24 hr) Phone No:				
Name of Authorized Representative				
Email Address:	Pł	Phone No:		
Address:				
Street	City	State	Zip	
Attach a description of metho		nent to be used.		
Attach a photograph of pedic	ab.			
Attach a list of the names, ag	es and addresses of drivers	8.		
Attach a map showing loc	cations of proposed route	es, pickup points ar	nd methods of	
operation.				
Attach Insurance Certificate	(Comprehensive General I	Liability Insurance in	the amount of	
\$1,000,000.00 listing the City	y of Traverse City as addit	ional 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.