

Application for PEDICAB LICENSE

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

Contact Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_ Number of Years in Business \_\_\_\_\_

Number of Vehicles \_\_\_\_\_

Color Scheme/Insignia of Cab(s) (if any) \_\_\_\_\_

Make, Model, Type, and Seating Capacity \_\_\_\_\_

\_\_\_\_\_

Email \_\_\_\_\_

**Requirements:** Prior to the issuance of any license or the operation of any pedicab, submission of background check, proof of insurance, proof of ownership, and vehicle inspection shall be provided to the City Clerk as required by Sections 13-2001 and 13-2010 of the City of Norman Code of Ordinances.

Pursuant to Chapter 13, of the Code of the City of Norman, Oklahoma, I do hereby certify that I meet all requirements necessary for the above-stated license.

\_\_\_\_\_  
Applicant's Signature

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(Office Use Only)

Date issued \_\_\_\_\_

License No(s). \_\_\_\_\_

\$30.00 per operator (Company)

\$15 per pedicab