



City of Minneapolis
Licenses and Consumer Services
 350 South 5th Street – Room 1C
 Minneapolis, MN 55415–1391
 Phone: 612-673-2080
 Fax: 612-673-3399 - TTY: 612-673-2157
www.minneapolismn.gov/business-licensing

License Application Guidelines and Checklist

DBA:
Expiration: May 1
License Code: 55
Rev Code: 311008
<u>MCO</u> : 305
Adm Issuance: YES
LICENSE ID #
CSR:

License Type: Pedicab Company

DEFINITIONS:

Pedicab Business: The business of operating one or more pedicabs for the recreational or physical transportation of the general population for profit, not-for-profit, or as a free service. Every Pedicab Driver and every Pedicab Vehicle operating in Minneapolis must be licensed with a Pedicab Company.

Pedicab Driver: Any person who operates, drives, or propels a pedicab. A Minneapolis Pedicab Driver License is required and must be at least 18 years old. [Applications](#) are available on our website.

Pedicab Trailer: A two-wheeled vehicle no wider than 55 inches and capable of carrying a maximum of three passengers and securely attached and locked to the pedicab.

Pedicab Vehicle: A non-motorized bicycle that transports or is capable of transporting passengers on attached seats. Pedicabs are not power assisted nor can they exceed 120 inches in length or 66 inches in width. An annual inspection is required for license eligibility.

Staff Initials	Application Checklist
	<input type="checkbox"/> 1. License Application (Form #1)
	<input type="checkbox"/> 2. Zoning Addendum (Form #2) Take to 250 South 4 th Street, Room 300, Minneapolis, MN 55415 for approval.
	<input type="checkbox"/> 3. Source of Funds (Form #3)
	<input type="checkbox"/> 4. Business Plan (Form #4)
	<input type="checkbox"/> 6. Vehicle Information Form (Form #5)
	<input type="checkbox"/> 5. Certificate of General Liability Insurance in the minimum amount of \$1,000,000. (Sample Form #6)
	<input type="checkbox"/> 7. Vehicle Color Scheme and Insignia <input type="checkbox"/> Attach an accurate and detailed description, including name, inscriptions, and monograms. <input type="checkbox"/> Attach a photograph.
	<input type="checkbox"/> 8. Ownership Information <input type="checkbox"/> Sole Proprietorship: Provide a copy of certificate of assumed trade name. <input type="checkbox"/> Partnership or Shareholder: Provide a copy of the signed and executed partnership agreement. <input type="checkbox"/> Corporation: Provide a copy of the Certificate of Incorporation, Articles of Incorporation, by-laws and Certificate of Authority if a foreign corporation.
	<input type="checkbox"/> 9. Fee: _____ plus New License Surcharge : _____

Your License Application

- a. Incomplete applications will be returned.
- b. All applications must be signed by an owner, partner or principal.
- c. No license will be issued for a period longer than one year.
- d. Licenses are not transferable.
- e. Make a duplicate copy of this packet for your personal records before submitting.
- f. [Minnesota Sales Tax ID Number](#) or 651-296-6181.
- g. If you are applying for multiple licenses, applications may be combined. Talk to License Staff at 300 Public Service Center.

Information in Other Languages: Yog xav paub tshaj nos ntxiv, hu 612-673-2800. Macluumaad dheeri ah, kala soo xiriir 612-673-3500. Para mas información llame al 612-673-2700.



City of Minneapolis
Licenses and Consumer Services
350 South 5th Street – Room 1C
Minneapolis, MN 55415–1391
Phone: 612-673-3001
Fax: 612-673-3399 TTY: 612-673-2157
www.minneapolismn.JRY/business-licensing

FOR OFFICE USE ONLY:
LICENSE ID #:
LICENSE CLERK:
FEE: \$
DATE:

Pedicab Company License Application

BACKGROUND INFORMATION

Name of Applicant, Minnesota Sales Tax ID Number, Social Security Number or Individual Tax ID Number, Legal/Corporate Name, Trade Name (DBA), Business Address/Location, Business Telephone Number, Mailing Address (if different than Business Address), Fax Number, E-Mail Address, Cell Phone Number, Type of Ownership, Date of Incorporation, State of Incorporation

Is this business publicly traded? YES NO

LIST ALL PARTNERS, OWNERS AND CORPORATE MEMBERS (Attach additional sheets if necessary.)

Table with 4 columns: Full Name: First, Middle, Last; Title/% of Ownership; Telephone; Date of Birth; Home Address; City; State; Zip Code. Repeated for multiple entries.

Have any of the individuals above been convicted of a crime? YES NO
If Yes, Please provide (or attach) dates and conviction specifics.

Have you ever had a business license denied or revoked by Minneapolis or another government entity? YES NO
If Yes, Indicate the Date of Denial/Revocation, Government Agency, and Reason for Denial or Revocation.

List any licenses currently or previously held in Minneapolis (Business or Individual):

COMPANY OPERATIONS

Address of Dispatch Center **City** **State Zip Code**

List the address/location(s) where pedicab vehicles will be parked when not in use.

List the address/location(s) where drivers will pick-up and drop-off pedicab vehicles at shift change.

List the address/location(s) where drivers' will park their personal vehicles during assigned shifts.

WORKER'S COMPENSATION

Workers Compensation Company	Policy Number	Coverage Dates

-----Or-----

I certify that I am not required to carry worker's compensation insurance because: I am self insured. I am the sole proprietor and I have no employees. I have no employees who are covered by worker's compensation law. Only employees who are specifically exempted by statute are not covered by the worker's compensation law. These include: Spouse, parents, and children regardless of age. All other workers whose work is controllable by the employer must be covered.

VERIFICATION

The data which you furnish on this application will be used by the City of Minneapolis to assess your qualifications for licensure. Disclosure of this information is voluntary. You are not legally required to provide this data, however if you fail to do so, the City of Minneapolis may be unable to process this application. Disclosure of your Minnesota Tax ID Number, Social Security Number, or Individual Tax ID Number is required by Minnesota Statutes 270C.72 and your Social Security number may be requested by and released to the Minnesota Commissioner of Revenue. After issuance of a license, all information contained in this application, except your Social Security Number, will be public information pursuant to Minnesota Statutes, Chapter 13.

A SIGNATURE IS REQUIRED IN ORDER TO PROCESS THIS APPLICATION

I, (print name) _____, certify or declare under penalty of perjury under the laws of the State of Minnesota that the foregoing is true and correct. All information given 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.

SIGNATURE OF APPLICANT **TITLE** **DATE**



City of Minneapolis
Community Planning & Economic Development
Planning Division
250 South 4th St. Room 300
Minneapolis MN 55415-1316
612-673-3000 or 311 Fax 612-673-2526

#2

Zoning Addendum

Applicants requesting a business license must be in compliance with all zoning regulations before a license can be approved. Bring this form to the **Minneapolis Development Review Center at the above address, or call (612) 673-3000 or 311 to schedule an appointment** for a City Planner to complete the remainder of this application. Approval from the Planning Department and/or City Planning Commission is required before an official license will be approved by the Minneapolis City Council.

===== **THIS SECTION IS TO BE COMPLETED BY THE APPLICANT** =====

- 1. Name of Business: _____
- 2. Proposed Business Address: _____

===== **THIS SECTION IS TO BE COMPLETED BY CITY PLANNER** =====

- 3. Zoning district: _____ Proposed land use(s): _____
- 4. Are there any existing land use approvals for this address which affect this license application? YES NO

If Yes, provide a brief description of any land use history relevant to the proposed licensure. _____

5. Comments: _____

- 6. Is an inspection by Zoning Enforcement Staff required? YES NO

===== **THIS SECTION IS TO BE COMPLETED BY ZONING INSPECTOR** =====

- 7. Is the site in compliance with all existing Conditions of Approval? YES NO If No, List requirements for compliance:

8. Comments: _____

CPED Planning Staff Signature: _____ DATE _____ EXT _____

===== **AUTHORIZED HOURS TO BE COMPLETED BY LICENSE INSPECTOR** =====

- R, OR, C1, C2, C3S, C4, and I: Sun - Thurs, 6:00 am to 10:00 pm; Fri - Sat, 6:00 am to 11:00 pm.
- Downtown and C3A: Sun - Thurs, 6:00 am - 1:00 am; Fri - Sat, 6:00 am - 2:00 am.



SOURCE OF FUNDS STATEMENT APPLICANT'S INFORMATION SHEET

Documenting the source of funds and the anticipated costs for the business venture is one of the more critical aspects of completing a license application. It is important that all financial information related to the business start-up is completely documented and verifiable by the City of Minneapolis. Applications will not be processed without complete information about the costs and source of funds for your proposed business. Listed below are samples of acceptable documentation.

- Funds from Personal Savings/Investments** - Three months of bank/portfolio statements from savings accounts, retirement accounts, or stock accounts.
- Tax Records** - Two years 1040 federal tax forms for each applicant and individual providing funding for the business venture or corporate tax records.
- Loans from a Lending Institution** - A copy of the loan closing document and/or a copy of any Promissory Note. Individuals may be eligible for a loan but approval may be delayed until a license is granted. Attach a letter from the lending institution setting forth the amount of the loan. The final loan closing documentation must be submitted to Licenses Staff before a license is granted. A business cannot operate until this is completed and approved.
- Loans from Individuals** - If an applicant obtains personal loans from other individuals, attach a copy of the loan closing document(s) and/or a copy of any Promissory Note(s). If they are not the owner of the business, they need to provide a notarized statement regarding the terms of the loan and that they have no operational/financial interest in the business.
- Landlord Construction or other Credit/Financing** - The landlord must provide a copy of the loan closing document(s) and/or copies of any Promissory Note(s). Include a statement about payment terms.
- Anticipated Costs** – Complete the Costs Reporting Form below to account for **all** of your specific costs. Attach plans, leases, contracts, and other documentation you have to support the above figures. Attach additional sheets if necessary.

APPLICANT'S NAME: _____		BUSINESS NAME: _____	
Building Expenses (lease, equipment purchases, down payments, asset agreement, etc.)			
\$ _____	for _____	Sub Total \$	_____
Construction Expenses (upgrading cooking equipment, installation, remodeling, etc.)			
\$ _____	for _____	Sub Total \$	_____
Professional Expenses (attorney fees, architect fees, consultant fees, etc.)			
\$ _____	for _____	Sub Total \$	_____
Start Up Costs (insurance, license fees, inventory, etc.)			
\$ _____	for _____	Sub Total \$	_____
Other Expenses (payroll, insurance, SAC Charges, other)			
\$ _____	for _____	Sub Total \$	_____
TOTAL COSTS for pursuing this License:			\$ _____

I (printed name) _____ understand that city staff have the right to request other documentation they feel is necessary to properly verify the source of funds for the business venture. Failure to document costs or the source of funds for expenses will result in the denial of this license application. Any errors detected after the issuance of the license may be grounds for license revocation. After approval by the City Council, documentation in this license file becomes public data and is open for review by anyone upon request. Public data includes, but is not limited to, financial statements, tax records and other personal records contained in the license file. Public data will not include Social Security numbers and account numbers.

Signature _____ Title _____ Date _____

Business Plan Requirements

Complete the following questions which set forth, in detail, the manner in which the licensed business will be operated. Applications will not be processed without a satisfactory business plan.

1. **Pedicab Business Experience:** Describe your prior experience in the pedicab business. If you do not have pedicab familiarity, list other qualifications or business knowledge indicating likely success in delivering quality pedicab services.
2. **Pedicab Services:** List the type, level, and quality of pedicab services you have provided in the past and intend to provide if a license is granted.
3. **Dispatch Operations:** List the qualifications of dispatchers and your prior record of compliance with local pedicab ordinances including complaints and disciplinary actions.
4. **Hours of Operation** for every day of the week
5. **Drivers:** List the qualifications of drivers and your prior record of compliance with local pedicab ordinances including complaints and disciplinary actions against both drivers and vehicle owners.
6. **Equipment:** Detail the equipment you intend to acquire for operations.
7. **Neighborhood Services:** Identify your proposed business model and previous experience for providing neighborhood services.
8. **Marketing:** Include your proposed marketing strategies and/or service innovations.
9. **Training:** Attach your company policies related to drivers' and dispatchers' training requirements.
10. **Policies:** Enclose your company policy manual.

ACKNOWLEDGEMENT AND AGREEMENT

I, (print name) _____, an authorized corporate officer, partner or owner, hereby acknowledge and agree to the following:

- The attached Business Plan is a true and correct reflection of the undersigned's intentions; and
- Any material change in the Business Plan must be submitted to and approved by the Minneapolis City Council prior to implementation; and

Violation of this Business Plan may result in suspension, revocation, or refusal to renew the license or in a civil fine as determined by the Minneapolis City Council.

Signature _____ Title _____ Date _____

City of Minneapolis Requirements for Insurance Certificates

#6

CERTIFICATE OF LIABILITY INSURANCE

Certificate cannot be pending, binder or TBA.

The Legal/Corporate Name must match exactly (word for word) to the Approved Licensee Name (including Inc, or LLC), Trade Name (DBA) and address of premises.

PRODUCER Agency Address City, State, Zip	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. _____ INSURERS AFFORDING COVERAGE INSURER A: _____ INSURER B: _____ INSURER C: _____ INSURER D: _____ INSURER E: _____
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COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> _____ <input type="checkbox"/> _____ GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ _____ FIRE DAMAGE (Any one fire) \$ _____ MED EXP (Any one person) \$ _____ _____ & ADV \$ _____ _____ \$ _____ _____ \$ _____ COM- \$ _____
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED A <input type="checkbox"/> SCHEDULED A <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON - OWNED <input type="checkbox"/> _____ <input type="checkbox"/> _____				COMBINED SINGLE LIMIT (Ea accident) \$ _____ BODILY INJURY (Per person) \$ _____ BODILY INJURY (Per accident) \$ _____ PROPERTY DAMAGE (Per accident) \$ _____
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> _____				AUTO ONLY - (Ea Accident) \$ _____ OTHER THAN AUTO ONLY: EA ACC \$ _____ AGG \$ _____
	EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION				EACH OCCURRENCE \$ _____ AGGREGATE \$ _____ \$ _____ \$ _____ \$ _____
A	WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY				X/WC STATUTORY LIMITS / OTHER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT
	OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS:

ADDITIONAL INSURED; INSURER LETTER

Original signature or stamp of Agent.

CERTIFICATE HOLDER City of Minneapolis Licenses and Consumer Services 1-C City Hall 350 South 5th Street Minneapolis, MN 55415	AUTHORIZED REPRESENTATIVE _____
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Applications will be returned if requirements are not complete.