



CITY OF NEWPORT, RHODE ISLAND

APPLICATION FOR A PEDICAB OPERATOR LICENSE

DATE: _____

Applicant (Please print): _____

Address: _____

Signature of Applicant: _____

Telephone #: _____

Date of Birth: _____ Driver's License State/No. _____

PEDICAB COMPANY _____

THE FOLLOWING INFORMATION MUST BE ATTACHED TO APPLICATION:

1. Copy of Valid Driver's License (Applicant must be at least 18 years of age)
2. Two Passport-sized photographs
3. BCI results from the RI Attorney General and
4. BCI results from the Attorney General of home state if not a permanent or long-term resident of Rhode Island

***** For Office Use Only *****

\$20.00 Filing Fee paid: _____ \$50.00 License Fee paid: _____
(Date) (Date)

Motor Vehicle Operator Check Results Rec'd _____

Chief of Police Approval: _____

Copy of Chapter 5.97 of the Codified Ordinances provided to Applicant: _____
(to be initialed by Applicant)

Date License Issued: _____ By: _____

PEDICAB OPERATOR LICENSE IS VALID FOR ONE YEAR FROM DATE OF ISSUE.