City of Santa Monica

SANTA MONICA BUSINESS LICENSE PEDICAB VEHICLE APPLICATION

SAMODOT
Mobility Division
P.O. Box 2200, Santa Monica, CA 90407-2200
Phone: 310-458-8291

OFFICIAL USE ONLY	
BL #:	
Date:	
Inspector approval:	
Decal #:	

BUSINESS ENTITY INFORMATION

Legal Business Name/DBA:

Business Physical Address: _____
Number | Street | Unit/Suite # | City | State | Zip

Application Type: ☐ New/Transfer ($156.80 per vehicle)* ☐ Renew ($71.38 per vehicle) ☐ Replacement ($50.39 per vehicle) | # of Vehicles:

**If Transfer, provide SM Vehicle Permit No. of Pedicab Being Replaced:*

Reason for Vehicle Replacement:

VEHICLE INFORMATION *(list additional vehicles on back)*

1st Vehicle Identification: _____ _____ _____ _____
Make | *Model* | *Year* | *Serial Number*

How many passengers will the pedicab safely carry? | Color of Pedicab:

Please list below any other jurisdictions in which the vehicle is permitted to operate:

2nd Vehicle Identification: _____ _____ _____ _____
Make | *Model* | *Year* | *Serial Number*

How many passengers will the pedicab safely carry? | Color of Pedicab:

Please list below any other jurisdictions in which the vehicle is permitted to operate:

ACKNOWLEDGEMENT & CONFIRMATION

I certify that it is my intention to have the pedicab identified in this application operate as a pedicab in the City of Santa Monica; I have ensured that the vehicle meets the requirements outlined in Chapter 6.50 of the Santa Monica Municipal Code and the Santa Monica Pedicab Rules, and I will ensure that the pedicab continues to comply with all applicable regulations.

_____ _____ _____
Signature | *Print Name* | *Date*

OFFICE USE ONLY

Inspection Date:	Inspector Initials:	☐ Pass ☐ Fail
Decal #	Pedicab #	Re-inspection Date:
Notes:		

See reverse to list more vehicles.

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VEHICLE INFORMATION *(list of additional vehicles)*

Vehicle Identification: _____ _____ _____ _____
Make *Model* *Year* *Serial Number*

How many passengers will the pedicab safely carry? | Color of Pedicab:

Please list below any other jurisdictions in which the vehicle is permitted to operate:

Vehicle Identification: _____ _____ _____ _____
Make *Model* *Year* *Serial Number*

How many passengers will the pedicab safely carry? | Color of Pedicab:

Please list below any other jurisdictions in which the vehicle is permitted to operate:

Vehicle Identification: _____ _____ _____ _____
Make *Model* *Year* *Serial Number*

How many passengers will the pedicab safely carry? | Color of Pedicab:

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Make *Model* *Year* *Serial Number*

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Vehicle Identification: _____ _____ _____ _____
Make *Model* *Year* *Serial Number*

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Vehicle Identification: _____ _____ _____ _____
Make *Model* *Year* *Serial Number*

How many passengers will the pedicab safely carry? | Color of Pedicab:

Please list below any other jurisdictions in which the vehicle is permitted to operate:

Vehicle Identification: _____ _____ _____ _____
Make *Model* *Year* *Serial Number*

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