



**SANTA MONICA BUSINESS LICENSE
PEDICAB VEHICLE APPLICATION**

Community Development Department
Mobility Division
P.O. Box 2200, Santa Monica, CA 90407-2200
310-458-2224 phone • 310-576-9170 fax

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 (\$112 per vehicle) Transfer (\$112 per vehicle)* Renew (\$51 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.

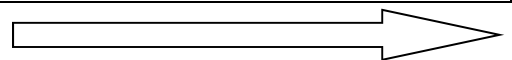
Signature Print Name Date

OFFICE USE ONLY

Inspection Date:	Inspector Initials:	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Decal #	Pedicab #	Re-inspection Date:
Notes:		

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See reverse to list more vehicles.



VEHICLE INFORMATION <i>(list of additional vehicles)</i>			
Vehicle Identification: _____			
<i>Make</i>	<i>Model</i>	<i>Year</i>	<i>Serial Number</i>
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: _____			
<i>Make</i>	<i>Model</i>	<i>Year</i>	<i>Serial Number</i>
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: _____			
<i>Make</i>	<i>Model</i>	<i>Year</i>	<i>Serial Number</i>
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: _____			
<i>Make</i>	<i>Model</i>	<i>Year</i>	<i>Serial Number</i>
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: _____			
<i>Make</i>	<i>Model</i>	<i>Year</i>	<i>Serial Number</i>
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: _____			
<i>Make</i>	<i>Model</i>	<i>Year</i>	<i>Serial Number</i>
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: _____			
<i>Make</i>	<i>Model</i>	<i>Year</i>	<i>Serial Number</i>
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:			



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Phone: 310-458-2224 · Fax 310-576-9170

Official Use Only

BL # _____

Business Information

If any corrections are needed to this pedicab's information, please check here and then make corrections below.

If Pedicab is a ***no show*** for the inspection please check here

Legal Business Name/DBA: _____

Vehicle Identification: _____

Make

Model

Year

Color

Serial Number

Equipment	Reference	Pass	Fail	Comments
Single Frame Design.	Rule VIII (a)			
Headlights.	Rule VII (b) (2)			
Taillights— Colored red and mounted on the right and left at the same level on the rear exterior of the passenger compartment. Visible within 500 feet to the rear of the pedicab.	Rule VIII (b) (2) and (b) (3)			
Turn signals—Visible from the front and the rear of the pedicab	Rule VIII (b) (4)			
Working Hydraulic or Mechanical Disc Brakes.	Rule VIII (b) (5)			
Spoke reflectors on each wheel and tape type reflectors showing the front and back width of the pedicab.	Rule VIII (b) (6)			
Seatbelts in working order. (include total number: _____)	Rule VIII (b) (1)			
Fare Schedule Posted—Easily readable with all applicable fares and phone numbers for company and City's Code Compliance office (310-458-4984) where a complaint can be filed.	SMMC 6.50.100, Rule X (h)			
Vehicle Condition— Clean and free of mechanical defects.				
Company trade name and phone number affixed permanently to pedicab and easily readable. (min 2" tall)	Rule IX			

Inspection Results

Approved

Denied

Conditional (see notes)

Assigned permanent Pedicab Number: _____

Pedicab Permit Number (sticker): _____

Inspector: _____

Signature: _____

Date: _____

Notes: _____

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