



City of Rockford – Customer Service Center
1st floor, City Hall, 425 E. State Street, Rockford, IL 61104
779-348-7300 CustomerService@rockfordil.gov

PEDAL BUS LICENSE APPLICATION

LICENSE FEE: \$50

Applicant Name: _____ Applicant Address: _____

Applicant Phone: _____ Email: _____

Business Name: _____ Business Tax ID # _____

Business Address: _____

Type of Business Organization: Individual Partnership DBA Corporation

*If Corporation, list officer(s) / owner(s) / agent name and addresses:

Number of Pedal Buses: _____ *Provide pictures of all four sides of each unit to be operated.

Year: _____ Make: _____ Model: _____ Seating Capacity: _____ Color: _____

Year: _____ Make: _____ Model: _____ Seating Capacity: _____ Color: _____

Year: _____ Make: _____ Model: _____ Seating Capacity: _____ Color: _____

Certificate of Insurance including general liability in the amount of \$1,000,000 per person, \$2,000,000 per incident, and \$100,000 for property damage Attached: YES / NO Expiration date: _____ *Must list the City of Rockford as a certificate holder and additional insured.

Copy of all driver's licenses of each Pedal Bus operator Attached: YES/NO

Proposed Route Attached: YES/NO

Are you intending to allow consumption of alcohol in the pedal bus? YES/NO If yes, please complete Supplemental Pedal Bus BYOB license application

I, the undersigned, thoroughly understand that this is solely an application to operate a business, and is not a permission to operate a business until all applicable ordinances of the City of Rockford have been fully complied with, and this application properly signed by the departments listed below, and an official license issued by the Finance Department. I swear (or affirm) that I will not violate any of the ordinances/codes of the City of Rockford or the laws of the State of Illinois or the laws of the United States of America, in the conduct of the place of business described herein. In addition, the undersigned hereby states under oath that the information contained in this application is true to the best of his/her knowledge and that all statements set forth are of his/her own free will. The undersigned applicant agrees to pay any and all expenses, including compensation for damages and the undersigned will indemnify and hold harmless the City, its officers, boards, commissions, agents and employees from and against any action, proceeding, and claim of liability resulting from the issuance of this license.

STATE OF ILLINOIS) SS.
COUNTY OF WINNEBAGO)

Subscribed and sworn to before me this _____ day of _____, A.D. 20_____

Notary Public

Signature of Applicant

Printed Name

FOR OFFICE USE ONLY:

Date application received: _____ Received By: _____ License fee attached: YES / NO

Police: Approved/Denied By: _____ Date: _____ **PD Inspection Completed:** YES/NO **Passed:** YES/NO

Legal: Approved/Denied By: _____ Date: _____

Finance: Approved/Denied By: _____ Date: _____