A business seeking to acquire a Pedicab License within the City of Des Moines is required to submit an application to the City Traffic Engineer on the form provided by the City. A Pedicab Business means “the business of operating one or more pedicabs for the recreational or physical transportation of the general public for profit, not-for-profit, or as a free service accepting tips or displaying advertising”.

The application must be accompanied by non-refundable application fee of $100.00 and the calculated annual license fee. The Pedicab License shall be valid and effective from January 1st to December 31st of the year approved. However, pedicab licenses approved in 2016 will be valid from the approval date to December 31, 2017.

All applicants must meet the requirements outlined in Chapter 114, Article XIV. Bicycles and Pedicabs of the Municipal Code.

**Application Instructions**

The following items are required to be submitted as part of the application (Sec. 114-698). Applications will not be considered unless all items are complete.

1. **Completed application with appropriate signature page:**
   - All applicable sections of the application must be completed.
   - Complete the appropriate signature page for the type of company (ex. corporation, manager-managed LLC, or member-managed LLC)

2. **Copy of an insurance certificate** meeting the requirements in Section 114-698(b). Attachment A lists those requirements.

3. **Copy of Applicant’s Driver’s License.**

**Fees**

A non-refundable application fee of $100.00 is required for all applications. A fee of $10 per pedicab to be operated will also be assessed. Fees are paid once a year and cannot be prorated.

Complete applications must be submitted to:

City of Des Moines
Traffic and Transportation Division
MAILING: 400 Robert D Ray Drive
IN PERSON: 400 E Court Avenue, Suite 200
Des Moines, Iowa 50309
Attn: Jennifer McCoy
APPLICATION INSTRUCTIONS AND PEDICAB LICENSE REQUIREMENTS

Additional information and copies of forms are available at www.dmgov.org.

Questions may directed to the Traffic and Transportation Division at 515-283-4973.

License Required

Every pedicab in operation shall have affixed to the back of the pedicab a current City of Des Moines pedicab license sticker, which is clearly visible to others using the roadway.

Driver Identification

It is the responsibility of the applicant to ensure that each of its operators has valid personal identification.

Pedicap Operation Requirements

Sec. 114-696. Compliance with Division I. Bicycles.

Every operator of a pedicab shall comply with all provisions of Division I. Bicycles, except Section 114-684, Improper Riding.

Sec. 114-696. Prohibitions.

(a) No person under the age of sixteen (16) shall operate a pedicab.
(b) No person shall operate a pedicab without a pedicab license.
(c) No person shall operate a pedicab which is not solely operated by human power.
(d) No person shall operate a pedicab on a street with a posted speed limit of 35 miles per hour or greater, except for the purpose of crossing the street.
(e) No person, while operating a pedicab, shall stop on a street with a posted speed limit of 35 miles per hour or greater in order to pick up or drop off passengers.
ATTACHMENT A - INSURANCE REQUIREMENTS

For purposes of this Attachment, the term “City” shall mean the City of Des Moines, Iowa, including its elected and appointed officials, employees, agents, volunteers, boards, commissions and others working on its behalf.

I. GENERAL PROVISIONS

- License Holder shall purchase and maintain insurance, as required below, throughout the duration of this license (Section 114-698(b)).
- City shall receive the following notifications:
  - 30 days written notification of cancellation of insurance.
  - 45 days written notification of non-renewal of insurance.
  - 10 days written notification of cancellation of insurance due to non payment.
- Cancellation or termination of the insurance policy will automatically revoke and terminate the pedicab license.

II. INSURANCE REQUIREMENTS

A. Commercial General Liability Insurance

- Coverage – Bodily Injury, Death and Property Damage.
- Limits – No less than a $1,000,000 per occurrence and aggregate CSL.
APPLICATION FOR PEDICAB LICENSE

This form is to be used to request a Pedicab License for operation of a pedicab in the City of Des Moines. A pedicab means “a device having up to four wheels that transports or is capable of transporting passengers on attached seats”.

APPLICANT INFORMATION (company requesting Pedicab License)

<table>
<thead>
<tr>
<th>Applicant Name (corporation, partnership, or association)</th>
<th>Principal Business Name</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Applicant Street Address</th>
<th>Principal Business Street Address</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>City/State/Zip</th>
<th>City/State/Zip</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Applicant Email</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Applicant Phone Number</th>
<th>Business Phone Number</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Driver’s License Number</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Primary Contact</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Primary Contact Street Address (if different than applicant)</th>
<th>City/State/Zip</th>
</tr>
</thead>
</table>

**Corporation** – If your business is a corporation complete the information below.

<table>
<thead>
<tr>
<th>Registered Agent Name</th>
<th>Registered Agent Phone Number</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Registered Agent Street Address</th>
<th>City/State/Zip</th>
</tr>
</thead>
</table>
Corporation Continued – additional sheets may be attached if needed.

Corporate Officers Full Name

________________________________________

________________________________________

________________________________________

Partnership – If your business is a partnership complete the information below
Provide the following information for each general and limited partners. Additional sheets may
be attached if needed.

Partners Full Name

________________________________________

________________________________________

________________________________________

________________________________________

________________________________________

________________________________________

Association – If your business is an association complete the information below for all
transportation service vehicle owners in the association.

Primary Association Member
(authorized to accept correspondence)

________________________________________

Member Street Address, City/State/Zip
**APPLICATION FOR PEDICAB LICENSE**

**Association continued** – Additional sheets may be attached if needed.

__________________________
Association Member

__________________________
Member Street Address, City/State/Zip

__________________________
Association Member

__________________________
Member Street Address, City/State/Zip

---

**Fees:**

<table>
<thead>
<tr>
<th>Description</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Application Fee:</td>
<td>$100.00</td>
</tr>
</tbody>
</table>

**Annual License Fee:**

Number of pedicabs
to be operated: $\times$ $10 per pedicab = $

**TOTAL FEE ENCLOSED:** $

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Page 3
Checklist of Items Required to be Submitted with Application

*Please see Application Instructions for more information on attachments*

- [ ] 1 Completed application including appropriate signature page
- [ ] 1 Payment for all required fees
- [ ] 1 Original Insurance Certificate meeting the requirements of 114-698(b)

**NOTE:** ALL items above MUST be checked and the appropriate signature page must be signed and notarized. ALL required items must be included with Application or Application will not be processed.

Complete applications must be submitted to:

City of Des Moines
Traffic and Transportation Division
MAILING: 400 Robert D Ray Drive
IN PERSON: 400 E Court Avenue, Suite 200
Des Moines, Iowa 50309
Attn: Jennifer McCoy
APPLICATION FOR PEDICAB LICENSE

Company/Corporation Signature Page

LICENSE HOLDER’S ACCEPTANCE OF LICENSE REQUIREMENTS:

________________________________________________________, by virtue of its execution of this application, and by virtue of its exercise of the privileges herein extended to it, does hereby accept and agree to abide by the terms and provisions as outlined in the City of Des Moines Municipal Code.

LICENSE HOLDER

__________________________
(company name)

By: ____________________________ Date: ____________, 20__.

Its: President

By: ____________________________ Date: ____________, 20__.

Its:

STATE OF ________
)
COUNTY OF ________
)

On this _____ day of __________, 20__, before me, the undersigned, a Notary Public in and for the State of __________, personally appeared __________________________ and __________________________, respectively, of the corporation executing the foregoing instrument; that (no seal has been procured by) (the seal affixed thereto is the seal of) the corporation; that the instrument was signed (and sealed) on behalf of the corporation by authority of its Board of Directors; that and __________________________ acknowledged the execution of the instrument to be the voluntary act and deed of the corporation and of the fiduciary, by it, by them and as the fiduciary voluntarily executed.

Notary Public in the State of _________________
APPLICATION FOR PEDICAB LICENSE

Sole Proprietor Signature Page

LICENSE HOLDER’S ACCEPTANCE OF LICENSE REQUIREMENTS:

__________________________________________

, by virtue of its execution of this application, and by virtue of its exercise of the privileges herein extended to it, does hereby accept and agree to abide by the terms and provisions as outlined in the City of Des Moines Municipal Code.

LICENSE HOLDER

__________________________________________

(company name)

By: ___________________________ Date: ____________, 20___.

Its: Owner

By: ___________________________ Date: ____________, 20___.

Its:

STATE OF )

) ss:

COUNTY OF )

On this _____ day of __________, 20___, before me, the undersigned, a Notary Public in and for the State of __________, personally appeared ________________________, who first being duly sworn, states that the information in the attached Application for Pedicab License is true and correct.

Notary Public in the State of _________________
APPLICATION FOR PEDICAB LICENSE

Partnership Signature Page

LICENSE HOLDER’S ACCEPTANCE OF LICENSE REQUIREMENTS:
____________________________________________________, by virtue of its execution of this application, and by virtue of its exercise of the privileges herein extended to it, does hereby accept and agree to abide by the terms and provisions as outlined in the City of Des Moines Municipal Code.

LICENSE HOLDER

__________________________________________
(company name)

By: ___________________________ Date: ____________, 20___.

Its: Partner

By: ___________________________ Date: ____________, 20___.

Its:

STATE OF )
 ) ss:
COUNTY OF )

On this _____ day of ____________, 20___, before me, the undersigned, a Notary Public in and for the State of ____________, personally appeared ____________________________, who first being duly sworn, states that the information in the attached Application for Pedicab License is true and correct and he/she is a partner of the partnership and is authorized to sign the foregoing application on behalf of the partnership.

Notary Public in the State of ________________
APPLICATION FOR PEDICAB LICENSE

Association Signature Page

LICENSE HOLDER’S ACCEPTANCE OF LICENSE REQUIREMENTS:

__________________________________________, by virtue of its execution of this application, and by virtue of its exercise of the privileges herein extended to it, does hereby accept and agree to abide by the terms and provisions as outlined in the City of Des Moines Municipal Code.

LICENSE HOLDER

__________________________________________
(company name)

By: __________________________  Date: ____________, 20__.  

Its: Authorized Signatory

By: __________________________  Date: ____________, 20__.  

Its:

STATE OF )
    ) ss:
COUNTY OF )

On this _____ day of __________, 20__, before me, the undersigned, a Notary Public in and for the State of __________, personally appeared ____________________________, who first being duly sworn, states that the information in the attached Application for Pedicab License is true and correct and he/she is duly authorized by the association to sign the foregoing application on behalf of the association.

Notary Public in the State of __________
APPLICATION FOR PEDICAB LICENSE

Manager-Managed Limited Liability Company Signature Page

LICENSE HOLDER’S ACCEPTANCE OF LICENSE REQUIREMENTS:

__________________________________________, by virtue of its execution of this application, and by virtue of its exercise of the privileges herein extended to it, does hereby accept and agree to abide by the terms and provisions as outlined in the City of Des Moines Municipal Code.

LICENSE HOLDER

__________________________________________, LLC, a ___________________ limited liability company

By: ____________________________

_____________________, Manager

STATE OF )
) ss:
COUNTY OF )

On this ___ day of _______, 20___, before me, the undersigned, a Notary Public in the State of ____________, personally appeared ____________________, who, being by me duly sworn, did state that he is a Manager of ____________________, LLC, a manager-managed ________________ limited liability company; that the foregoing instrument was signed on behalf of the company; and that he, as manager, acknowledged the execution of the instrument to be the voluntary act and deed of the company.

Notary Public in the State of ____________
APPLICATION FOR PEDICAB LICENSE

Member-Managed Limited Liability Company Signature Page

LICENSE HOLDER'S ACCEPTANCE OF LICENSE REQUIREMENTS:

_______________________________, LLC, a __________________ limited liability company, by virtue of its execution of this application, and by virtue of its exercise of the privileges herein extended to it, does hereby accept and agree to abide by the terms and provisions as outlined in the City of Des Moines Municipal Code.

LICENSEE

_______________________________, LLC, a __________________ limited liability company

By: ____________________________

_____________________, Member

STATE OF _________________
)
) ss:
COUNTY OF ______________
)

On this ___ day of ______, 20___, before me, the undersigned, a Notary Public in the State of ______________, personally appeared ________________, who, being by me duly sworn, did state that he is a Member of _________________, LLC, a member-managed _________________ limited liability company; that the foregoing instrument was signed on behalf of the company; and that he, as a member, acknowledged the execution of the instrument to be the voluntary act and deed of the company.

Notary Public in the State of ______________