SANTA MONICA BUSINESS LICENSE
PEDICAB APPLICATION CHECKLIST

City of Santa Monica®

Planning and Community Development Department
Mobility Division
1685 Main Street, Room 115
P.O. Box 2200, Santa Monica, CA 90407-2200
Phone: 310-458-2224• Fax 310-576-9170
Email: taxi@smgov.net

2019-2020 Pedicab Operator/Company Permit

- Pedicab Operators must complete a business license application and include the following:

	Pedicab operator permit application		Pedicab vehicle permit application
	Copy of accord form, providing proof of required insurance - ($1 million)		Copy of rate/fare sheet to be posted in vehicle
	Image of trade mark and color scheme		Business license fee
	Routes that will be traveled in either a map or narrative format		Permit fees (see fee schedule below)

After an application is received, the Pedicab Operator will be contacted to schedule a pedicab vehicle inspection. The completed Pedicab Operator permit applications will be forwarded to the City Traffic Engineer for review and approval within 48 hours of a completed application being submitted. (NOTE: Incomplete applications will not be accepted, and may be returned. An application is not complete until which time all required information is provided). Once the City Traffic Engineer has provided a signed approval, a business license will be issued. A Pedicab Operator may not begin operations until such time that the business license has been issued and then may only operate pedicabs that have been sealed with the Pedicab Vehicle Decal.

Pedicab Driver Permit

- Pedicab drivers must be **1)** 18 years of age or older, **2)** possess a valid California Driver's License, **3)** pass a Santa Monica Police Department background check, and **4)** be sponsored by a Pedicab Operator that is licensed by the City of Santa Monica.
- Pedicab Driver applicant must complete a business license application* and include the following:

	Pedicab Driver Permit supplemental application		Copy of California Driver's License
	Original K6 issued within the last 30 days from the California DMV		Business License Fee*
	Bicycle Safety Training Certificate of Completion that meets TS101 standards		Permit Fees (see Fee Schedule Below)
	Two passport size (2" x 2") photos. *These must show the applicant's face from the neck up and free from obstructions such as sunglasses or hats and be less than two (2) years old.*		

After a completed Pedicab Driver Permit application is received, the Pedicab Driver's H6 report will be forwarded to the Santa Monica Police Department for review and approval. (NOTE: Incomplete applications will not be accepted, and may be returned. An application is not complete until which time all required information is provided). After the Police Department has provided a signed approval, a Pedicab Driver permit and business license will be issued. A Pedicab driver may not begin driving a pedicab in Santa Monica until such time that the business license and Pedicab Driver's permit have been issued and then may only operate pedicabs that have been sealed with the Pedicab Vehicle Decal for the sponsoring Pedicab company.

**A business license is not required for drivers that are employees, as defined by California state law, of the Pedicab operator.*

Fee Schedule

Fee Description	Operator	Driver	Vehicle Permit
New Permit	$245.53	$119.61	$141.02
Renewal	$245.53	$119.61	$64.20
Transfer	N/A	$78.06	$141.02
Replacement	N/A	$35.25	$45.32
Re-Inspection	N/A	N/A	$35.25

CITY OF SANTA MONICA PEDICAB PERMIT APPLICATION INFORMATION

City of
Santa Monica®

SANTA MONICA BUSINESS LICENSE
19-20 PEDICAB DRIVER APPLICATION

Planning and Community Development Department
Mobility Division
1685 Main Street, Room 115
P. O. Box 2200, Santa Monica, CA 90407-2200
Phone 310-458-2224· Fax 310-576-9170
Email: taxi@smgov.net

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BL #	

Fees Paid: $_____

Paid By:
☐ Ca. ☐ Ck ☐ AMEX ☐ Visa
☐ Discover ☐ MasterCard

Date Paid: _____

Applicant Information

Applicant's name:
(As it appears on DMV Records) First Middle Last

Applicant's Physical Address:
Number Street Unit/Suite # City State Zip

Phone: ( ) —	Cell Phone: ( ) —	Fax: ( ) —
Email:		DOB:
Driver's License Number:	Exp. Date:	State Issued:

Criminal Record

Have you been arrested for a crime in the last seven years, which resulted in conviction or plea of nolo contendere (no contest)? ☐ Yes ☐ No

If yes, enter the information below; if you need more room please attach a separate sheet:

Date	City	Charge	Disposition
Date	City	Charge	Disposition
Date	City	Charge	Disposition

Pedicab Operator Information (*To be completed by the company that intends to hire you*)

Company Name:	Business License #:

Hire Status ☐ Independent Contractor (Business License Required) ☐ Employee

I certify that it is my intention to have the applicant named on this application operate as a Pedicab driver in the City of Santa Monica, and that to the best of my ability I have ensured that the applicant meets the requirements outlined in the Santa Monica Municipal Code and the Santa Monica Pedicab Rules. I understand the requirements of and, when applicable, will comply with J1 Visa requirements outlined in Title 22, Chapter I, Subchapter G, Subpart B, Section 62.32-Summer Work Travel issued by the Department of State.

Print Name *Title*

Signature of Authorized Pedicab Company Representative *Date*

Acknowledgment and Confirmation

PEDICAB DRIVER APPLICANT CERTIFICATION

☐ I certify that I am 18 years of age or older. _____(initials) ☐ I certify that possess a valid California Driver's License. _____(initials)

☐ I acknowledge that I have read, understand and will follow the Santa Monica Pedicab Rules and Santa Monica Municipal Code Section 6.50. _____(initials)

☐ I have attached an original K-6 form issued to me within the last 30 days by the California Department of Motor Vehicles. _____(initials)

I certify under penalty of perjury that all statements made in this application are, to the best of my knowledge, true and correct, and that I have completed this application. I authorize the City of Santa Monica to verify all statements and information provided on this application.

Signature *Title* *Date*

City of
Santa Monica®

SANTA MONICA BUSINESS LICENSE
19-20 PEDICAB OPERATOR APPLICATION

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Mobility Division
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Date Stamp

BUSINESS ENTITY INFORMATION

Legal Business Name/DBA:

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

Business Type: ☐ Sole Proprietor ☐ Partnership ☐ LLC ☐ Corporation ☐ Limited Partnership ☐ Trust

State of Incorporation	Date of Incorporation

Insurance Co.: | Policy Number: | ☐ ACCORD form attached.

OFFICER OR PARTNER INFORMATION *(If multiple owners/officers, please provide information for each on additional sheets.)*

Owner/Officer/Partner Name: | Company Title:

Owner/Officer/Partner Mailing Address:
Number *Street* *Unit/Suite #* *City* *State* *Zip*

Phone: ( ) — | Cell Phone: ( ) — | Fax: ( ) —

Email: | DOB:

Driver's License Number: | Exp. Date: | State Issued:

POLICE RECORD

Have you been arrested for a crime in the last seven years, which resulted in conviction or plea of nolo contendere (no contest)? ☐ Yes ☐ No

If yes, enter the information below; each owner/officer/partner must submit this information. If you need more space, please attach a separate sheet:

Date	City	Charge	Disposition

VEHICLE INFORMATION

☐ Attach a copy of the fare schedule which will be posted in each pedicab. | ☐ Attach a photo of pedicab and indicate logo or trademark.

☐ Attach a map or description of the intended routes. | Number of vehicles:

Please note the storage address:
Number *Street* *Unit/Suite #* *City* *State* *Zip*

Indicate the days and hours the pedicabs will operate:

ACKNOWLEDGEMENT & CONFIRMATION

PEDICAB OPERATOR APPLICANT CERTIFICATION

☐ I acknowledge that I have read, understood and will follow the Santa Monica Pedicab Rules and Santa Monica Municipal Code Section 6.50. _____(initials)

I declare, under penalty of making a false declaration, that I am authorized to make this statement and to the best of my knowledge and belief it is a true, correct and complete statement, made in good faith for the period stated.

Name/Signature | *Title* | *Date*

CITY OF SANTA MONICA BUSINESS LICENSE PEDICAB OPERATOR APPLICATION

City of Santa Monica®

SANTA MONICA BUSINESS LICENSE
19-20 PEDICAB VEHICLE APPLICATION

Planning and Community Development
Mobility Division
1685 Main Street, Room 115
P.O. Box 2200, Santa Monica, CA 90407-2200
Phone: 310-458-2224· Fax 310-576-9170
Email: taxi@smgov.net

OFFICE 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($135.34 per vehicle) ☐ Transfer($135.34 per vehicle)* ☐ Renew ($61.62 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 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 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 *Title* *Date*

OFFICE USE ONLY

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

See reverse to list more vehicles.

CITY OF SANTA MONICA BUSINESS LICENSE PEDICAB VEHICLE APPLICATION

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

SANTA MONICA BUSINESS LICENSE
PEDICAB OPERATOR PERMIT INSURANCE REQUIREMENTS

City of Santa Monica®

Planning and Community Development Department
Mobility Division
1685 Main Street, Room 115
P.O. Box 2200, Santa Monica, CA 90407-2200
Phone: 310-458-2224 · Fax 310-576-9170
Email: taxi@smgov.net

Requirement Details

Permittee shall procure and maintain insurance against claims for injuries to persons or damages to property which may arise in connection with the performance of the services set out in Pedicab Operator permit. The costs of such insurance shall be borne by Permittee.

Minimum Scope and Limits of Insurance

Commercial General Liability (CGL): Insurance Services Office Form CG 00 01 covering GCL on an "occurrence" basis, for bodily injury, personal injury or property damage caused by the operation of the pedicab, with limits of no less than $1,000,000 per occurrence.

If the Permittee maintains higher limits than the minimums shown above, the City of Santa Monica requires and shall be entitled to coverage for the higher limits maintained by the Permittee.

Other Insurance Provisions

The insurance policy will contain, or be endorsed to contain, the following provisions:

Additional Insured Status: The City of Santa Monica, its officers, officials, employees and volunteers are to be covered as additional insureds on the CGL policy with respect to liability arising out of work or operations performed by or on behalf of Permittee.

Primary Coverage: For any claims related to this permit, the Permittee's insurance shall be primary as respects the City of Santa Monica, its officers, officials, employees and volunteers. Any insurance or self-insurance maintained by the City of Santa Monica, its officers, officials, employees or volunteers shall be in excess of the Permittee's insurance and shall not contribute with it.

Notice of Cancellation: The policy shall state that coverage shall not be cancelled, except after 30 days prior written notice (10 days for non-payment) has been given to the City of Santa Monica.

Waiver of Subrogation: Permittee hereby grants to the City of Santa Monica a waiver of any right of subrogation which any insurer of said Permittee may acquire against the City of Santa Monica by virtue of payment of any loss. Permittee agrees to obtain any endorsement that may be necessary to effect this waiver of subrogation, but this provision applies regardless of whether or not the City of Santa Monica has received the a waiver of subrogation endorsement from the insurer.

Deductibles and Self-Insured Retentions

Any deductibles or self-insured retentions must be declared to and approved by the City of Santa Monica.
The City of Santa Monica may require the Permittee to reduce or eliminate the deductible or retention applicable to the contracted work or provide satisfactory proof of ability to pay losses and related investigations, claim administration, and defense expenses within the retention.

Acceptability of Insurers

Insurance is to be placed with insurers with a current a current A.M. Best rating of no less than A:VII, unless otherwise acceptable to the City of Santa Monica.

Verification of Coverage

Permittee shall furnish the City of Santa Monica with original certificates and amendatory endorsements or copies of the applicable policy language providing the insurance coverage required herein. All certificates and endorsements are to be received and approved by the City of Santa Monica before work commences. However, failure to obtain required documents prior to the work beginning shall not waive the Permittee's obligation to provide them. The City of Santa Monica reserves the right to require complete, certified copies of all required insurance policies, including the endorsements required herein, at any time.

SANTA MONICA BUSINESS LICENSE PEDICAB OPERATOR PERMIT INSURANCE REQUIREMENTS

City of
Santa Monica®

SANTA MONICA BUSINESS LICENSE PEDICAB VEHICLE INSPECTION FORM

Planning and Community Development Department
Mobility Division
1685 Main Street, Room 115
P. O. Box, Santa Monica, CA 90407-2220
Phone: 310-458-2224 · Fax 310-576-9170
Email: taxi@smgov.net

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:		

CITY OF SANTA MONICA BUSINESS LICENSE PEDICAB VEHICLE INSPECTION FORM