**REQUEST FOR ISSUANCE OF PEDAL-CAB DRIVER LICENSE OR FOR RENEWAL OF PEDAL-CAB DRIVER LICENSE**

**TO BE COMPLETED BY EMPLOYER ONLY - RETURN TO THE CITY CLERK’S OFFICE**

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| Date: | Name of Employee/Applicant/Licensee: | |
| This letter serves as authorization for the City of Colorado Springs to issue or renew a Pedal-Cab Driver License to the above named applicant/licensee and that the application of the above named individual has been examined and it is believed that the information contained herein is true, correct and acceptable to  Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ License Number: \_\_\_\_\_\_\_\_\_\_\_\_ | | |
| Request for:   * New License License Renewal | | |
| Pursuant to City Code, the Applicant/Licensee has complaint insurance coverage limits of BI/PD 100/300/500 via the following:   * Applicant is covered by own policy * Applicant is covered by Pedal-Cab Agency’s policy | | |
| NOTE: The licensee shall be responsible for any and all damage to property or injury to persons arising out of the exercise of the license. The licensee shall indemnify and save harmless the City and its officers, agents and employees from all suits, actions or claims of injuries received or sustained by any person or persons or property on account of any act or omission of the licensee, its agents or employees, or due to the failure of the licensee to observe the provisions of this section. | | |
| Applicant’s driver license information:   * License Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * Issue Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * Expiration Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| The below listed employer holds the City of Colorado Springs harmless and agrees to indemnify the City in any action or claim for damages arising from the actions or employment of the temporary permit Applicant/Licensee. | | |
| Company Name: | | Company Agent: |
| Company Address: | | Signature: |
| Company Telephone: | | Title: |