Pedicab Operator License Application

City of Cambridge
License Commission

Prepared for the 2013 Pilot Program

831 Massachusetts Avenue
Cambridge, MA 02139

Phone: 617.349.6140
TTY/TTD: 617.349.6112
Facsimile: 617.349.6148
Email: license@cambridgema.gov
Web: www.cambridgema.gov/license

Pedicab Operator License Requirements

The following are required in order to successfully qualify for a Pedicab Operator's License:

- Be at least eighteen (18) years of age at the time of application submission;
- Hold a valid motor vehicle operator's license issued by the state of residence for at least one (1) year at the time of application submission, and be subject to a driving record review;
- Not exhibit any evidence of substance abuse (alcohol, narcotics or inhalants);
- Submit to a Criminal Record Check in the state of residence and the Commonwealth of Massachusetts;
- Must have no criminal record within the past seven (7) years from the date the criminal record check is authorized of any of the following:
    a. conviction of a felony;
    b. involvement in illegal lottery;
    c. violation of parole or probation;
    d. sex offense;
    e. assault and battery or disobeying directives of a police officer;
    f. narcotic or alcohol offense;
    g. illegal possession of firearms; and
    h. four (4) or more motor vehicle violations.
- Submit a letter from a current Pedicab Business Operating Permit verifying employment; and
- Submit a completed Pedicab Operator License Application Form and $10.00 application/renewal application fee. All checks shall be made payable to the City of Cambridge.

Application Evaluation (Including License Renewal)

The License Commission, in determining whether to approve or deny an applicant, shall review the application in its entirety for completeness, the results of a Criminal Record Check and the applicant's driving record history.

Applicant's Appeal Rights on Application Denial

Any applicant whose application is denied by the License Commission may submit an appeal to the Executive Director within seven (7) business days of the denial date. The Executive Director may grant admittance if the applicant presents clear and convincing evidence that her past crimes, accidents and/or violations do not constitute an inference that the applicant as a licensed pedicab operator will be a risk to public safety.

Questions?

For more information, contact Corey R. Pilz, at 617.349.6154. He can also be reached by email at cpilz@cambridgema.gov. For application appeal, contact Officer Benny Szeto, at 617.349.6146. He can also be reached by email at bszeto@cambridgema.gov.

CAMBRIDGE LICENSE COMMISSION

Hackney Carriage Division

Elizabeth Y. Lint, Esq.
Executive Director

831 Massachusetts Avenue, First Floor, Cambridge, Massachusetts 02139

City of Cambridge

Pedicab Operator License Application Form

Request For:

Initial License	License Renewal

License Commission Staff

License Number	Expiration Date
	_____/_____/_____ MM DD YYYY

Pedicab Operator Applicant Information

First Name: _____ Last Name: _____ Middle Initial ____

Applicant Social Security No.: _____-_____-_____ Applicant Date of Birth: _____/_____/_____ MM DD YYYY

Applicant Residential Address: _____ Apt/Unit: _____

City/Town: _____ State: _____ Zip Code: _____

Permanent Mailing Address (If Different from Above): _____

City/Town: _____ State: _____ Zip Code: _____

Applicant Telephone Number: _____ Applicant Email: _____

Pedicab Operator Applicant Driver's License Information

Driver's License Number: _____ Driver's License Expiration Date: _____/_____/_____ MM DD YYYY

State Issuing License: _____

How long have you held the above license? _____

Does the above residential address match the address on your license? YES NO

Please list any restrictions on your license: _____

Out-of-State Operator Applicant

You are required to submit a certified copy of your driving record and criminal background information, each from the proper issuing authority, from the state of licensure with this form. Your application will not be reviewed until both records are received. You will also be subject to a Criminal Record Check in the Commonwealth of Massachusetts.

Have you attached these records to this application? YES NO

If not, how do you plan to submit them? _____

Pedicab Operator Record Disclosure

Have you even been convicted of a felony or a misdemeanor under the laws of the Commonwealth of Massachusetts, any other state, or the United States? YES NO

Do you currently have any outstanding warrants? YES NO

Do you currently have any outstanding traffic violations? YES NO

Do you currently have any pending criminal cases? YES NO

If you answered yes to any of the above, please explain: _____

_____

_____

_____

For Renewal Application ONLY

Have you been convicted of any crimes or traffic violations since your last Pedicab Operator License was issued?

YES NO

If you answered yes to any of the above, please explain: _____

_____

Certification

I certify under the pains and penalties of perjury, to the best of my knowledge and belief, that the above statements are true and correct.

Signature: _____

Print Name: _____

Date: _____

Any changes made to the information contained in this form must be reported in writing to the License Commission within three (3) business days.

CAMBRIDGE LICENSE COMMISSION

Hackney Carriage Division

Elizabeth Y. Lint, Esq.
Executive Director

831 Massachusetts Avenue, First Floor, Cambridge, Massachusetts 02139

City of Cambridge

Pedicab Operator License Criminal Record Check Consent Form (MA)

Request For:

Initial License	License Renewal

License Commission Staff

License Number	Expiration Date
	_____/_____/_____ MM DD YYYY

Pedicab Operator Applicant Information

First Name: _____ Last Name: _____ Middle Initial ____

Applicant Social Security No.: _____-_____-_____ Gender: _____

Place of Birth: _____ Applicant Date of Birth: _____/_____/_____ MM DD YYYY

Applicant Residential Address: _____ Apt/Unit: _____

City/Town: _____ State: _____ Zip Code: _____

Permanent Mailing Address (If Different from Above): _____

City/Town: _____ State: _____ Zip Code: _____

Applicant Telephone Number: _____ Applicant Email: _____

Height: _____ ft. _____in. Weight: _____ Eye Color: _____

Mother's Maiden Name: _____ Father's Full Name: _____

Pedicab Operator Applicant Massachusetts Driver's License Information

Driver's License Number: _____ Driver's License Expiration Date: _____/_____/_____ MM DD YYYY

Certification

The Cambridge License Commission has been certified by the Criminal History Systems Board for access to conviction and pending criminal case data. As an applicant for a Pedicab Operator License, I understand that a criminal record check will be conducted for conviction and pending criminal case information only. I also understand that such information will not necessarily disqualify me from receiving a license. I certify under the pains and penalties of perjury, to the best of my knowledge and belief, that the above statements are true and correct.

Signature: _____ Print Name: _____

Date: _____