



OFFICE OF THE CITY CLERK  
BUSINESS LICENSE APPLICATION

**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**

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: <input type="checkbox"/> New License <input type="checkbox"/> License Renewal	
Pursuant to City Code, the Applicant/Licensee has complaint insurance coverage limits of BI/PD 100/300/500 via the following:  <input type="checkbox"/> Applicant is covered by own policy <input type="checkbox"/> 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: <input type="checkbox"/> License Number: _____ <input type="checkbox"/> Issue Date: _____ <input type="checkbox"/> 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:

30 South Nevada Avenue, Suite 101 • TEL 719-385-5901 • FAX 719-385-5114  
Mailing Address: Post Office Box 1575, Mail Code 110 • Colorado Springs, Colorado 80901-1575

[BusinessLicense@coloradosprings.gov](mailto:BusinessLicense@coloradosprings.gov)  
[coloradosprings.gov/business-licensinglicense](http://coloradosprings.gov/business-licensinglicense)  
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