



CITY OF PORTLAND
Permitting and Inspections Department
BICYCLE CAB COMPANY
APPLICATION INSTRUCTIONS

Please include all items on the checklist below. Incomplete applications will delay the review process. Contact 874-8557 with questions.

BICYCLE CAB COMPANY LICENSE CHECKLIST

- Answer all questions on the application.
- Provide a current insurance certificate showing the City of Portland listed as an additional insured. Please follow the Insurance minimums set by the State of Maine.
- Provide a detailed description of the bicycle, including a photograph of bicycle.
- Provide a map of the set route in which the Bicycle Cabs will follow.
- Bicycle inspection report*
- Payment of \$150 (New) or \$140 (Renewal) for 1 bicycle. Add \$10 for each additional bicycle.
- \$21 each administrative person not applying for a bicycle driver's license (e.g. owner/manager).

BICYCLE CAB DRIVER LICENSE CHECKLIST

- Answer all the questions on the application.
- Provide **two** 2"x2" full face color photos meeting the requirements listed on the application. No hats or sunglasses.
- Payment of \$87 (New) or \$77 (Renewal).

***Bicycle Inspections**-Please contact 207-756-8365 to set up an appointment.

Applications may be mailed or delivered to:
Business Licensing
389 Congress Street Room, Rm 307
Portland, ME 04101

We accept cash, checks, and money orders payable to the City of Portland. We also accept credit cards. Outstanding debts must be paid prior to a license being issued.



CITY OF PORTLAND
Permitting and Inspections Department
Bicycle Company
Business License Application

License expires April 30th.

<input type="checkbox"/> New Application Fee: \$45.00	<input type="checkbox"/> Renewal Application Fee: \$35.00	<input type="checkbox"/> Background check per owner x \$21.00 = _____
<input type="checkbox"/> License Fee 1 st Bicycle: \$105.00	<input type="checkbox"/> License Fee for Additional Bicycle x \$10.00 each = _____	

Enclose a Photograph of Each Tour Vehicle

Business Information			
Business Name:		Phone:	
Business Mailing Address:			Zip:
Owner Name:		Phone:	
Driver's License #:		Date of Birth:	
Owner Home Address:			Zip:
Manager Name:		Phone:	
Bicycle Storage Address:			Zip:
Email Address:			

2. Do you own the premise where bicycles will be stored/parked? Yes / No

If no, please list the owner's name and mailing address: _____

3. Will the award of this license benefit any City employee? Yes / No

If yes, please list the name(s) and department(s) _____



CITY OF PORTLAND

Permitting and Inspections Department

List of Operators associated with the company. Each operator must be licensed with the City of Portland:

Name:

Date of Birth:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

CERTIFICATION OF INFORMATION

Please read carefully before signing.

I hereby authorize the release of any State of Maine criminal history record information to the City of Portland or licensing authority. History from other jurisdictions must be obtained by the applicant for a minimum of 10 years. I hereby waive any rights to privacy with respect hereto. I hereby acknowledge that I have read and understand Portland’s Vehicles for Hire Ordinance and agree to abide by the same. I hereby certify that all statements made in this application are true and I agree and understand that any misstatements of material facts will result in refusal of license or revocation of license if one has been granted or the Corporation represented herein.

Signature of Owner: _____

Date: _____

**Any outstanding debts to the City must be paid prior to issuing this license.
Application fees are non-refundable.**

For Administrative Use Only

Amount: _____

Date Paid: _____

CC ____ CA ____ CK ____