

# Pedal Cab Operator License Application

Pursuant to Madison General Ordinance 11.06

Fee: \$200/two years (\$125/initial year) +  
\$30/vehicle/year

Renewal Fee: \$100/two years +  
\$30/vehicle/year

- Applicant Name Max Pretasky E-Mail Address Mgunner@live.com Home Phone # 608-304-3713  
Home Address 505 Conklin Pl. #18 Madison, WI 53703
- Company Name Pedal Fast Pedicab  
Business Address \_\_\_\_\_  
Business Telephone Number 608-304-3713
- Indicate method type of fare or gratuity collection (select or explain how customers are charged for trip):  
Gratuity/Tip X  
Gratuity with Minimal Charge ~~\_\_\_\_\_~~  
Per hour charge \_\_\_\_\_  
Per mile charge \_\_\_\_\_  
Per Block \_\_\_\_\_  
Other- explain \_\_\_\_\_
- Describe the pedal cab vehicle (Make, model, type, age).  
Pedal Tek manufactured trailer style connected to  
mountain bike. Two years old
- Name of Insurance Company Fleis Insurance Agency Inc.  
Name of Insurance Agent Steve Fleis  
Business Address PO box 537 1824 E. Main St, Onalaska WI 54650  
Business Telephone Number 608-783-5206  
E-Mail Address bhanme@fleisinsurance.com

8. Is applicant a corporation? \_\_\_\_\_ Yes  No

If yes, give names and addresses of board of directors, and address of corporation:

Name	Address

9. Is applicant a partnership? \_\_\_\_\_ Yes  No

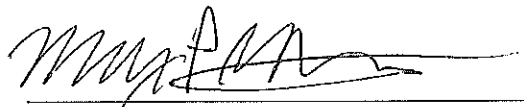
If yes, give names and address of all partners:

Name	Address

Does the applicant agree that he/she has read and is thoroughly familiar with the ordinances of the City of Madison pertaining to the licensing and regulating of pedal cabs in the City of Madison, and agrees to abide by these and all other ordinances of the City and laws of the State of Wisconsin?

Yes \_\_\_\_\_ No

Subscribed and sworn before me  
this 24 day of May, 20  .

  
Applicant's Signature

Notary Public  
My Commission Expires \_\_\_\_\_.

# Pedal Cab Filing Affidavit

State of Wisconsin )  
                                  )  
County of Dane )

\_\_\_\_\_, being first duly sworn on oath, deposes and says:

1. That the affiant owns , operates , or manages \_\_\_\_\_ a pedal cab business in the City of Madison, doing business as Pedal Fast Pedicab.
2. That as of the date of this Affidavit, (Company Name) Pedal Fast Pedicab, (Address) 505 Conklin Pl #, Madison, Wisconsin, doing business as Pedal Fast Pedicab, was the owner of the vehicles listed on Schedule A shown on the reverse side of this Affidavit and incorporated herein.
3. That the schedule of fares to be charged in the operation of each of the vehicles as pedal cab is: (check boxes to indicate which pedal cab rates, gratuities, or minimum charges are applicable)  
 Gratuity only  
 Gratuity with minimal charge (list amount) \_\_\_\_\_  
 Per hour charge \_\_\_\_\_  
 Per Mile charge \_\_\_\_\_  
 Per trip charge \_\_\_\_\_
4. a) That attached to this Affidavit for deposit with the City Clerk is a Policy or Certificate of Liability Insurance specifying insurance coverage of the types and amounts required by Section 11.06(8) (b) of the Madison General Ordinances, and specifically indicating that said insurance coverage is applicable to the vehicle identified on the said Schedule A; and  
b) That also attached to said Policy or Certificate of Liability Insurance is a Certificate of Compliance from the State of Wisconsin Office of the Commissioner of Insurance showing the insurance company is licensed and authorized to transact pedal cab insurance coverage in the State of Wisconsin; and  
c) That said insurance policy contains a provision that the same may not be cancelled before the expiration of its term except upon thirty days' written notice to the City of Madison.
5. That this Filing Affidavit is made to comply with the provisions of Section 11.06 of the Madison General Ordinances described herein.

Subscribed and sworn before me

this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Signature of person signing Affidavit under oath

\_\_\_\_\_  
Notary Public

My Commission Expires \_\_\_\_\_.



---

**Office Use Only:**

Rate allowed by operating license: Meter Zone Flat Limousine

Submission Date: \_\_\_\_\_ Last Rate Change Submitted: \_\_\_\_\_

**Distribution:**

† City Division of Traffic Engineering

† City Police Department

License # _____
403 Para-Transit Operating
405 Public Passenger Vehicle/Pedal Cab
406 Horse-Drawn Vehicle
408 Pedal Cab Service

DRAFT



