ORANGE COUNTY GOVERNMENT	Address: 7081 Grand National Drive, Suite 105, Orlando, FL	32819
	RIVE DISTRIC	
	NTERNATIONAL DRIVE	
PE	DICAB OWNER DECAL APPLICATION	
	NON-MOTORIZED VEHICLE-FOR-HIRE	
	pletely filled out upon arrival to appointment, or you will h f your Certificate of Insurance and Orange County Business	
Pedicab Owner Decal Fee:		
	ber:	
	ecal fee due and payable at the time this application is filed. Accepted pa credit card. Cash will <u>not</u> be accepted. Decal(s) will expire on December 3	
NUMBER OF DECALS REQUESTED: () 🛛 NEW 🔲 RENEWAL 🔲 ADDITIO	DNAL
BUSINESS NAME:	PHONE #:	
BUSINESS ADDRESS:	& Street)	
(Number	& Street)	
(City) OWNER/OPERATOR NAME:	(State)	(Zip Code)
EMAIL ADDRESS:	PHONE #:	
MAILING ADDRESS (IF DIFFERENT T	HAN ABOVE):	
	(Number & Street)	
(City)	(State)	(Zip Code)
LIABILITY INSURANCE INFORMATIO	DN:	
COMPANY NAME:		
ADDRESS:		
(Number & Stree	et)	
(City)	(State)	(Zip Code)
PHONE #:	FAX #:	
EFFECTIVE DATES:	POLICY #:	

DOES THE INSURANCE POLICY COMPLY WITH THE REQUIREMENTS OF ORANGE COUNTY ORDINANCE NO. 2017-17:

1.	Is the policy a commercial general liability and property damage insurance policy insuring		
	the driver(s) and the non-motorized vehicle(s)-for-hire, in the amount of \$1,000,000 per		
	occurrence and \$2,000,000 in the aggregate?	YES 🗖	NO 🗖
2.	Does the policy include a waiver by the insurer of all right of subrogation against Orange		
	County, Florida?	YES 🗖	NO 🗖
3.	Was the policy issued by a company authorized to transact business in the State of Florida		
	and rated A-VIII or higher by A.M. Best?	YES 🗖	NO 🗖
4.	Does the policy list the Orange County Board of County Commissioners as an additional		
	insured on all liability policies via a CG 20 12 Additional Insured Endorsement or its		
	equivalent?	YES 🗖	NO 🗖
5.	Is a certificate of insurance and the additional insured endorsement indicating the liability		
	amounts and the policy period attached to this Application?	YES 🗖	NO 🛛
6.	Does each non-motorized vehicle-for-hire have a serial number affixed to it and is each		
	serial number listed on the insurance certificate?	YES 🗖	NO 🛛
7.	Is the policy a primary, non-contributory policy, in full force and effect, and cover a		
	minimum period of 12 months?	YES 🗖	NO 🗖
		المعامد	

All of the forgoing questions must be marked "YES" <u>PRIOR</u> to the issuance or renewal of any decal.

BUSINESS TAX CERTIFICATE ID #: _____

Have you and/or the business listed above ever been issued a Pedicab Decal(s) by Orange County, Florida?	YES 🗖	NO	
If yes, has such decal(s) ever been revoked or suspended?	YES 🗖	NO	
If yes, please explain:			

PEDICAB SUPPLEMENTAL LISTING

Serial Number	Unit Number from	Passenger Limit	Decal Number	Expiration Date
	Company	Up to 4 pax	(IDD Office Use Only)	(IDD Office Use Only)

STOP HERE



REMAINDER OF APPLICATION TO BE COMPLETED DURING APPOINTMENT AT THE I-DRIVE DISTRICT OFFICE

- 1. I understand that my decal may be subject to denial, suspension, or revocation by the International Drive Master Transit and Improvement District (the "I-Drive District") or its designee under, but not limited to, the following conditions:
 - a. If I fail to comply with or willfully violate any of the applicable provisions of Orange County Ordinance No. 2017-17 (the "Ordinance") and/or any other applicable laws:
 - b. If any material fact was omitted, misrepresented or falsely stated in this Pedicab Owner Decal Application (this "Application");
 - c. If I fail to notify the I-Drive District, in writing, within ten (10) business days of any change in the information provided in this Application, including, but not limited to, name, address, phone number, etc., while my decal(s) is valid;
 - d. If I commit three (3) violations of Division 3 in Article VIII of Chapter 33, Orange County Code of Ordinances (the "Division") within a 12-month period; or
 - e. If I fail to correct a violation no later than ten (10) business days after receipt of a violation and/or fail to pay a civil penalty pursuant to the requirements of section 33-294 of the Division.
- 2. I acknowledge that I have read and understand the Ordinance and this Application. I understand that I must comply with all applicable regulations and rules in the Ordinance and certifications in this Application. I further understand that issuance of a decal(s) is a privilege to do business in the I-Drive District and does not convey a property right in said decal(s).
- 3. I understand that any non-motorized vehicle in violation of section 33-285 (1) or section 33-288(3) may be seized and impounded and any decal on the vehicle shall be removed and will be reissued only upon payment of the full fee for issuance pursuant to the Division and upon confirmation by the I-Drive District that the vehicle is in compliance with the requirements of section 33-288(3).
- 4. I understand that fines and/or penalties, as required by the Ordinance and other applicable laws may be imposed for each infraction.

I do hereby certify, swear, or affirm that the foregoing statements and information contained in this Application are true and correct to the best of my knowledge and belief. I understand and acknowledge that any false statements, omissions or misrepresentations of fact in this Application may constitute a violation of the Ordinance and may result in the denial, revocation, or suspension of my decal(s).

APPLICANT'S SIGNATURE:			DATE:	
I-DRIVE DISTRICT OFFICE USE ON	LY			
INSURANCE CERTIFICATE RECEIVI	ED: Yes No	EXPIRES	:://	
INSPECTION DATE://				
I-DRIVE District Comments:				
Reviewed by:				
APPROVED		DENIED	DATE	_
		IISTRATOR OR DESIGNEE		

Application Denial Reason: