



I-DRIVE DISTRICT

— INTERNATIONAL DRIVE —

PEDICAB DRIVER'S PERMIT APPLICATION

NON-MOTORIZED VEHICLE-FOR-HIRE

New

Renewal

- **Application must be completely filled out upon arrival to appointment, or you will be asked to re-schedule**
 - **Background check may take up to 4 business days for approval**

Pedicab Driver's Permit Fee:

Applying January – March:\$55.00 each
 Applying April – June:\$41.25 each
 Applying July – September:\$27.50 each
 Applying October – December:\$13.75 each

*NOTICE: There is a **NON-REFUNDABLE** permit fee due and payable at the time this application is filed. Accepted payment methods are cashier's check, money order, debit or credit card. Cash will not be accepted. Pedicab Driver's Permits will expire on December 31st of the year issued.

APPLICANT INFORMATION

NAME: _____
(LAST) (FIRST) (M.I.)

HOME ADDRESS: _____
(Number & Street) (Apt #)

(City) (State) (Zip Code)

MAILING ADDRESS: _____
(Number & Street) (Apt #)

(City) (State) (Zip Code)

DATE OF BIRTH: _____ - _____ - _____ **SOCIAL SECURITY NUMBER:** _____

ANY ALIASES OR FORMAL LEGAL NAMES USED DURING THE PRECEDING FIVE (5) YEARS :

SEX: Male Female **HAIR COLOR:** _____ **EYE COLOR:** _____

HEIGHT: _____ ft. _____ in. **WEIGHT:** _____ lbs. **RACE or NATIONAL ORIGIN:** _____

PHONE #: _____ Home Work Cell

EMAIL ADDRESS: _____

STATE OF FLORIDA DRIVER LICENSE #: _____ - _____ - _____ - _____ - _____

EXPIRATION DATE: _____ - _____ - _____

NAME OF EXISTING EMPLOYER(S): _____

EXISTING EMPLOYER(S) ADDRESS(ES): _____

EXISTING EMPLOYER(S) TELEPHONE(S) #: _____

Are you at least 18 years of age?..... YES NO

Do you have a valid State of Florida Driver License?..... YES NO

Has your State of Florida Driver License ever been revoked or suspended?..... YES NO

Have you ever been issued a Pedicab Driver’s Permit by Orange County, Florida?..... YES NO

If yes, has your Pedicab Driver’s Permit ever been revoked or suspended?..... YES NO

NON-MOTORIZED VEHICLE-FOR-HIRE DECAL-HOLDER (PEDICAB COMPANY) INFORMATION

Name(s) of Decal Holder/Pedicab Company for which Applicant works or intends to work for: _____

Address(es): _____

Phone Number(s): _____



STOP HERE

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



SWORN AFFIDAVIT

*(TO BE COMPLETED AT THE I-DRIVE DISTRICT OFFICE
LOCATED AT 7081 GRAND NATIONAL DRIVE, SUITE 105, ORLANDO, FL 32819)*

1. I understand that my Pedicab Driver’s Permit may be subject to denial, suspension, or revocation by the International Drive Master, Transit & Improvement District (the “I-Drive District”) or 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 Driver’s Permit Application (the “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, driver license, employer, etc. while my Pedicab Driver’s Permit is valid, this information can be sent to the I-Drive District office via US Mail or email;
 - d. If my State of Florida Driver License is suspended or revoked;
 - e. If I refuse to authorize the I-Drive District to initiate the background check;
 - f. 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
 - g. If I fail to correct a violation no later than fifteen (15) 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 have not been convicted, within the past five (5) years, nor do I have any charges pending against me, for any of the following crimes:
 - a. Driving under the influence of drugs or alcohol;
 - b. Reckless driving;
 - c. Any crime designated as a felony in Florida, or any crime outside Florida which would be considered a felony in Florida;
 - d. Any crime involving the sale or possession of controlled substances as defined by section 893.03, Florida Statutes, or any crime involving drug paraphernalia as defined by section 893.145, Florida Statutes;

- e. The Florida RICO Act;
- f. Exposure of the sexual organs and any crime defined under Chapter 800, Florida Statutes; or
- g. Any crime defined as Prostitution under Chapter 796, Florida Statutes.

- 3. I consent to a FDLE and NCIC inquiry.
- 4. I have no outstanding debt owed to Orange County, Florida.
- 5. I am not a registrant in the National Sex Offender Registry database.
- 6. 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, certifications in this Application, and State of Florida motor vehicle and traffic laws, as well as, all ordinances of the County.
- 7. I understand that fines and/or penalties, as required by the Ordinance and other applicable laws may be imposed for each infraction.
- 8. I understand that there will be a \$10.00 replacement fee for a lost or stolen Pedicab Driver's Permit.

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 in this Application may constitute a violation of the Ordinance and may result in the denial, revocation, or suspension of a Pedicab Driver's Permit.

Any person having been denied a Pedicab Driver's Permit, may appeal said denial pursuant to section 33-283, Orange County Code.

Applicant's Signature: _____ Date: _____

I-DRIVE DISTRICT OFFICE USE ONLY

PERMIT ISSUED:

YES

ORIGINAL RENEWAL DUPLICATE

PERMIT #: _____ ISSUE DATE: ____/____/____ EXPIRATION DATE: ____/____/____

PROCESSED BY: _____

NO

APPLICATION DENIAL REASON: _____

DATE/NOTIFIED OF DENIAL: ____/____/____