



PEDICAB OWNER DECAL APPLICATION

NON-MOTORIZED VEHICLE-FOR-HIRE

- **Application must be completely filled out upon arrival to appointment, or you will be asked to re-schedule**
- **Bring a copy of your Certificate of Insurance and Orange County Business Tax Receipt**

Pedicab Owner Decal Fee:

Applying January – March:\$125.00 each
 Applying April – June:\$93.75 each
 Applying July – September:\$62.50 each
 Applying October – December:\$31.25 each

*NOTICE: There is a **NON-REFUNDABLE** decal 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. Decal(s) will expire on December 31st of year issued.

NUMBER OF DECALS REQUESTED: (_____) **NEW** **RENEWAL** **ADDITIONAL**

APPLICANT NAME: _____

EMAIL ADDRESS: _____ **PHONE #:** _____

HOME ADDRESS: _____

(Number & Street)

(Apt #)

(City)

(State)

(Zip Code)

BUSINESS NAME: _____ **PHONE #:** _____

BUSINESS ADDRESS: _____

(Number & Street)

(City)

(State)

(Zip Code)

MAILING ADDRESS (IF DIFFERENT THAN ABOVE): _____

(Number & Street)

(City)

(State)

(Zip Code)

LIABILITY INSURANCE INFORMATION:

COMPANY NAME: _____

ADDRESS: _____

(Number & Street)

(City)

(State)

(Zip Code)

PHONE #: _____ **FAX #:** _____

EFFECTIVE DATES: _____ **POLICY #:** _____

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 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 ONLY

INSURANCE CERTIFICATE RECEIVED: Yes ___ No ___ EXPIRES: ___/___/___

INSPECTION DATE: ___/___/___

AMOUNT PAID: \$ _____ INVOICE #: _____ DATE: _____

I-DRIVE District Comments: _____

Reviewed by: _____

Application Denial Reason: _____

APPROVED

DENIED

DATE

DISTRICT ADMINISTRATOR OR DESIGNEE