



# CITY OF COLLEGE STATION

## Police Department

2611 Texas Avenue  
College Station, Texas 77840  
(979) 764-6277  
FAX (979) 764-3468



### Pedicab Permit Application

Name of Applicant: \_\_\_\_\_

Applicant Address: \_\_\_\_\_

Applicant Phone Number: \_\_\_\_\_

Applicant Operating License # (Texas DL): \_\_\_\_\_

Vehicle Owner (if different than Applicant): \_\_\_\_\_

If applicable, complete the following:

○ **Corporation**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Place of Incorporation: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

○ **Partnership**

Name of Partnership \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

**Pedicab Description/Inspection:**

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ PIN #: \_\_\_\_\_

Pedicab Primary Color: \_\_\_\_\_ Body Style: \_\_\_\_\_ M.R. Seating Capacity: \_\_\_\_\_

Texas License Plate #: \_\_\_\_\_ Pedicab Registration Expiration: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ (Copy of  
**Certificate of Liability Insurance must be attached- State Form TE0202A or ACORD 25)**

I hereby state that all information provided on this application is true and correct.

\_\_\_\_\_  
(Applicant's Signature)

Sworn and Subscribed on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public, State of Texas

\_\_\_\_\_  
Commission Expires



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**Below is for College Station Police Department Personnel Only**

A tricycle that is propelled by human power on which a person may ride and has **three** wheels in contact with the ground, any of which is more than sixteen (16) inches in diameter. YES or NO

Not wider than fifty-four (54) inches at its widest point and is specifically designed and manufactured to transport passengers. YES or NO

One (1) headlight capable of emitting a light at a distance of 500 feet or greater, as delegated by the Texas Transportation Code Sec. 551.004. YES or NO

Two (2) properly functioning and operating taillights and turn signals. YES or NO

Rear and side reflective devices. YES or NO

Properly functioning and operating braking system. YES or NO

Properly functioning and operating horn. YES or NO

One (1) rearview mirror. YES or NO

Sufficient rubber and treading on all wheels. YES or NO

A slow moving vehicle emblem. YES or NO

A copy of Proof of Insurance and a City of College Station Map. YES or NO

No exposed rust, ripped upholstery or fabric, visible chips or scratches on any painted service, exposed wood that is not painted and in good condition, or dirt or debris on any service accessible to passengers. PASS or FAIL

Seat Strap available for passenger use. YES or NO

Business Name with letters at least 2 ½” in height and 5/16” wide; must be of solid color and contrast with background. YES or NO

Pedicab Permit Number and telephone number (or web page address) displayed on the rear of the Pedicab with numerical at least 2 ½” in height and 5/16” wide. YES or NO

Rates and fares displayed on the inside and outside of Pedicab (including Complaint information). YES or NO

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Permit Fees - \$10.00                      If on or after June 30 - \$5.00

Replacement Fee for lost of damaged permits - \$5.00

Amount Collected: \_\_\_\_\_ Collected by: \_\_\_\_\_

Date Issued: \_\_\_\_\_ Issued by: \_\_\_\_\_