



**City of Rockford – Customer Service Center**  
**1st floor, City Hall, 425 E. State Street, Rockford, IL 61104**  
**779-348-7300 [CustomerService@rockfordil.gov](mailto:CustomerService@rockfordil.gov)**

**PEDAL BUS LICENSE APPLICATION**

**LICENSE FEE: \$50**

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

Applicant Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Business Name: \_\_\_\_\_ Business Tax ID # \_\_\_\_\_

Business Address: \_\_\_\_\_

Type of Business Organization:  Individual  Partnership  DBA  Corporation

\*If Corporation, list officer(s) / owner(s) / agent name and addresses:

Number of Pedal Buses: \_\_\_\_\_ \*Provide pictures of all four sides of each unit to be operated.

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Seating Capacity: \_\_\_\_\_ Color: \_\_\_\_\_

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Certificate of Insurance including general liability in the amount of \$1,000,000 per person, \$2,000,000 per incident, and \$100,000 for property damage Attached: YES / NO Expiration date: \_\_\_\_\_ \*Must list the City of Rockford as a certificate holder and additional insured.

Copy of all driver's licenses of each Pedal Bus operator Attached: YES/NO

Proposed Route Attached: YES/NO

Are you intending to allow consumption of alcohol in the pedal bus? YES/NO If yes, please complete Supplemental Pedal Bus BYOB license application

I, the undersigned, thoroughly understand that this is solely an application to operate a business, and is not a permission to operate a business until all applicable ordinances of the City of Rockford have been fully complied with, and this application properly signed by the departments listed below, and an official license issued by the Finance Department. I swear (or affirm) that I will not violate any of the ordinances/codes of the City of Rockford or the laws of the State of Illinois or the laws of the United States of America, in the conduct of the place of business described herein. In addition, the undersigned hereby states under oath that the information contained in this application is true to the best of his/her knowledge and that all statements set forth are of his/her own free will. The undersigned applicant agrees to pay any and all expenses, including compensation for damages and the undersigned will indemnify and hold harmless the City, its officers, boards, commissions, agents and employees from and against any action, proceeding, and claim of liability resulting from the issuance of this license.

**STATE OF ILLINOIS ) SS.**  
**COUNTY OF WINNEBAGO )**

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, A.D. 20\_\_\_\_\_

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Notary Public

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Signature of Applicant

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Printed Name

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**FOR OFFICE USE ONLY:**

Date application received: \_\_\_\_\_ Received By: \_\_\_\_\_ License fee attached: YES / NO

**Police:** Approved/Denied By: \_\_\_\_\_ Date: \_\_\_\_\_ **PD Inspection Completed:** YES/NO **Passed:** YES/NO

**Legal:** Approved/Denied By: \_\_\_\_\_ Date: \_\_\_\_\_

**Finance:** Approved/Denied By: \_\_\_\_\_ Date: \_\_\_\_\_