Metro Transportation Licensing Commission Pedicab/Pedal Carriage Company

Renewal Application

Certificate of Public Convenience and Necessity

The making of any false statement in this renewal application may subject the offender to the penalty prescribed by the law. Detection of such false statements may result in suspension or revocation of the certificate. The applicant must properly and legibly complete the following application and all questions must be answered and attested to by the applicant.

I (we) hereby complete this renewal application for a Certificate of Public Convenience and Necessity to conduct and operate a pedicab or peddle carriage business in Metropolitan Nashville-Davidson County.

1.	Company Name		
2.	Address(Mailing address, if different)		
3.	Telephone	Fax	
4.	E-Mail	Website:	
5.	Classification of service to be provided (Pedicab or Pedal Carriage):		
6.	Type of Company (solely-owned, partnership, or corporation/association)		
7.	List names and addresses of all applicants (If sole proprietor, list owner. If partnership, list partners, if corporation or association, list all officers, directors, and members). Provide proof of U.S. citizenship or legal residency and a completed background check form for each person listed.		
8.	List Name(s) of primary contact of the company including cell and email information: Attach evidence of required company liability insurance and vehicle insurance, listing the Metropolitan Government as an additional insured.		
9.			
10.	Has any owner, partner, officer, director, or member of the company violated any portion of Chapter 6.75 of the Metropolitan Code within five years immediately preceding the date of this application?		
	If yes, explain		
12.	How many vehicle permits are being requ	ested?	
13.	Attach a list of all drivers including name, date of birth and driver's license number.		
15.	Attach a list of all vehicles including make, model, year, color, VIN and license plate number with proof of ownership		
part of vehice the M require	of this renewal application is true and correct les meet the appropriate sections of 6.75 of t	to the best of my knowle he Metropolitan Code of perate the assigned vehi	anly swear (or affirm) that the information filed as a edge and belief. I certify that ALL drivers and f Law as well as any pertinent rules promulgated by cle. Further, I certify that all insurance coverage as mpany is in operations within Metropolitan
		Signature of Applicant	 t
C		e of \$ 250 must accompany	this application at the time of filing
	ity of Davidson of the State of Tennessee		
Swor	n to me and subscribed before me, this	day of	, 20
Notary Public		My Commission Expires	

Fee: __

Revised: March 1, 2016

By: __

Date received: ____