



CITY OF FALCON HEIGHTS

2077 W Larpenteur Ave
Falcon Heights MN 55113
Phone 651-792-7600. Fax 651-792-7610
www.falconheights.org

FOR OFFICE USE ONLY

License Number: _____
Approval Date: _____
Amount Paid: _____
Receipt: _____
Inspection: _____

License Application: Pedicab Driver

Definition: The operator of a pedicab. A pedicab is a three-wheel bicycle, with or without electric assist, and with or without a trailer used to carry passengers.

1. Application Requirements

1. Complete the application below and attach all the required documents. Incomplete applications may be returned. You may send your application by email (mail@falconheights.org), US mail, or drop it off at our office. City of Falcon Heights - 2077 Larpenteur Ave. W., Falcon Heights, MN 55113

2. **There is a \$25 fee per driver for this license.**

☐ **Cash:** Drop off your application at our office.

☐ **Check:** Mail or drop off your application at our office.

☐ **Credit Card:** Mail, drop off or email your application to mail@falconheights.org.

Do not add your credit card information on this application. We will email you a link to pay by credit card. If you have any questions, please send us an email at mail@falconheights.org or call us at 651-792-7600. Paying by credit card incurs an approx. 2.95% service fee.

3. **Driver's License**

☐ Attach a copy of your driver's license.

4. **Driving Record**

☐ Attach driving records from each state you lived in for the past three years. Here is a list of all [state telephone numbers](#).

If you have only lived in Minnesota during the last three years, you may request this information from the Dept. of Public Safety either in person or by mail. [DPS Records Request Form](#)

You may not have more than three moving violations in the past three years or two moving violations in the past year. ***This report must be dated within 30 days of receipt of this application.***

5. **Signed Consent Form for Background Check**

☐ Attach a signed consent form, authorizing a background check. You may **not** have:
-Any careless driving, reckless driving or driving while impaired within the past 5 years
-Any felonies in the last 5 years

6. **Passing Pedicab Inspection**

☐ Either a copy of a passing inspection report from St. Paul or Minneapolis (valid for current calendar year). Or, photographs of license tags issued by either city on pedicabs to show satisfactorily passing inspection. If pedicab has not been inspected and passed by St. Paul or Minneapolis, Falcon Heights will require an inspection of its own.

2. Driver Information

Applicant Name (First, Middle, Last)		Name of pedicab company you will be driving for	
Date of Birth (mm/dd/yyyy) Must be 21+	Social Security Number	Email	Cell Phone

Three (3) Years of Residential History

Current Home Street Address	City	State	Zip	From	To
Previous Address(es) if at current address less than 3 years					

3. Data Privacy

The City of Falcon Heights uses the information on this application to determine qualifications for a license. You are not legally required to provide this information. If you refuse, we cannot approve your application. MN Statute 270C.72 requires your Minnesota Tax ID Number, Social Security Number, or Individual Tax ID Number. These may be given to the Minnesota Commissioner of Revenue if requested. After we approve your license, all information except your Social Security Number is public (MN Statutes, Chapter 13).

4. Verification

The City of Falcon Heights uses the information on this application to determine qualifications for a license. You are not legally required to provide this information. If you refuse, we cannot approve your application. After we approve your license, all information is public (MN Statutes, Chapter 13).

A signature is required.

I, (print name) _____, certify or declare under penalty of perjury under the laws of the State of Minnesota that the information on this application, checklist, and attached documents is true and correct. All information is subject to verification by the State of Minnesota. I understand that false information may result in the denial, suspension or revocation of my business license.

- ☐ I have read and understand the above Data Privacy Advisory.
- ☐ I have read and agree to the [Terms and Conditions](#) for electronic signatures, records and payment.

By typing your name, you are electronically signing this application.

Signature of Applicant _____ Title _____ Date _____

5. Additional Information

- Incomplete applications may be returned.
- Pedicab license is valid for the calendar year or remainder of a calendar year in which license is issued.
- You cannot transfer your license to any other person.

-For Office Use Only-

Has passed inspection in ☐ Saint Paul ☐ Minneapolis

If applicable, has passed inspection in Falcon Heights ☐

CITY OF FALCON HEIGHTS
2077 W LARPENTEUR
FALCON HEIGHTS, MN 55113

INFORMED CONSENT

Date: _____

The following named individual has made application with the City of Falcon Heights for Pedicab Licensure.

Last Name of Applicant (please print): _____

First Name (please print): _____

Middle Name (full) (please print): _____

Maiden, Alias or Former Name (please print): _____

Date of Birth: _____ Sex (M or F): _____ Race _____
Month/Day/Year

Drivers License or ID # _____ State _____

I authorize St. Anthony Police Department to disclose all criminal history record information, from the Bureau of Criminal Apprehension, to the City of Falcon Heights for the purpose of obtaining a pedicab license.

The expiration of this authorization shall be for a period no longer than one year from the date of my signature:

Signature of Applicant

Date