



**PEDICAB OWNER DECAL APPLICATION**  
**NON-MOTORIZED VEHICLE-FOR-HIRE**

**Pedicab 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 is not accepted.** Decal(s) will expire on December 31<sup>st</sup> of year issued.

**PLEASE ATTACH A COPY OF THE CERTIFICATE OF INSURANCE AND BUSINESS TAX RECEIPT.**

**NUMBER OF DECALS REQUESTED: ( \_\_\_\_\_ )     NEW     RENEWAL     ADDITIONAL**

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**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)

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**LIABILITY INSURANCE INFORMATION:**

**COMPANY NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_  
(Number & Street)  
 \_\_\_\_\_  
(City) (State) (Zip Code)

**PHONE #:** \_\_\_\_\_ **FAX #:** \_\_\_\_\_

**EFFECTIVE DATES:** \_\_\_\_\_ **POLICY #:** \_\_\_\_\_

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**DOES THE INSURANCE POLICY COMPLY WITH THE REQUIREMENTS OF ORANGE COUNTY ORDINANCE NO. 2017-17:**

- 1. Is the policy a commercial general liability and property damage insurance policy insuring the driver(s) and the non-motorized vehicle(s)-for-hire, in the amount of \$1,000,000 per occurrence and \$2,000,000 in the aggregate? YES  NO
- 2. Does the policy include a waiver by the insurer of all right of subrogation against Orange County, Florida? YES  NO
- 3. Was the policy issued by a company authorized to transact business in the State of Florida and rated A-VIII or higher by A.M. Best? YES  NO
- 4. Does the policy list the Orange County Board of County Commissioners as an additional insured on all liability policies via a CG 20 12 Additional Insured Endorsement or its equivalent? YES  NO
- 5. Is a certificate of insurance and the additional insured endorsement indicating the liability amounts and the policy period attached to this Application? YES  NO
- 6. Does each non-motorized vehicle-for-hire have a serial number affixed to it and is each serial number listed on the insurance certificate? YES  NO
- 7. Is the policy a primary, non-contributory policy, in full force and effect, and cover a minimum period of 12 months? YES  NO

**ALL OF THE FOREGOING QUESTIONS MUST BE MARKED "YES" PRIOR TO THE ISSUANCE OR RENEWAL OF ANY DECAL.**

**BUSINESS TAX RECEIPT ID #:** \_\_\_\_\_

Have you and/or the business listed above ever been issued a Pedicab Decal(s) by Orange County, Florida?..... YES  NO

If yes, has such decal(s) ever been revoked or suspended?..... YES  NO

If yes, please explain: \_\_\_\_\_

**PEDICAB SUPPLEMENTAL LISTING**

SERIAL #	COLOR SCHEME	UNIT #	DECAL # & EXPIRATION DATE (For I-Drive District Use Only)



**STOP HERE**  
 REMAINDER OF APPLICATION TO BE COMPLETED DURING APPOINTMENT AT THE I-DRIVE DISTRICT OFFICE



**CERTIFICATION**

*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