

NEW APPLICANT
RENEWAL APPLICANT

To the Police Commissioner for the City of Boston: the undersigned respectfully petitions for a Pedicab Operators License.

NAME:									
	LAST			FIRST				MI	
ADDRESS:			STREET						
	NO		STREET	A	APT. #	CIT	Y /STATE /	ZIP	
GENDER:	MALE	1	FEMALE						
HOME TELEPHONE #: () CELL PHONE #: ()									
MOTOR VEI	MOTOR VEHICLE LICENSE NUMBER:STATE:								
SOCIAL SE	CURITY	NUME	BER:						
DATE OF BIRTH: PLACE OF BIRTH:									
NAME OF PEDICAB COMPANY I AM ASSOCIATED WITH:									
COMPANY	ADDRE	SS:							
		Ī	NO	STREET		APT. #	CITY /STA	TE /	ZIP
COMPANY TELEPHONE #: ()									
fully that m	ny licens	se to	Rules and R operate a Pe or his designe	dicab may	be susper	nded or re	voked for ca	use by t	he

Police Commissioners Special Order # 07-062.

APPLICANT'S SIGNATURE: _____

			, 20
MONTH	/	DAY	YEAR