



CITY OF PHILADELPHIA

DEPARTMENT OF STREETS
9th Floor - Municipal Services Building
1401 JFK Boulevard
Philadelphia, Pennsylvania 19102-1676

Carlton Williams
Streets Commissioner

LICENSE /PERMIT APPLICATION

Company Name: _____

Address: _____

City/State/Zip Code:

email:

Telephone (cellphone contact number):

Dear Sir;

This packet consist of 2 sections:

1. Tour, Tour Bus, Zone & Pedicab applications and document requirements
2. Appendix with Safety Records instructions & document requirements

Applicants submitting request for Pedicab License shall only use application specified for **Pedicabs ONLY**.

Segway, Running and Bicycle tours with routes that utilize Park roads or trails in addition to City streets, must secure written authorization from Philadelphia Parks & Recreation Dept., prior to the issuance of the permit.

All permitted operators shall fully comply with all applicable City Codes & shall only operate of the approved permitted route only at all permitted times. Failure to comply shall result in a warning & any subsequent violation/s will result in City canceling the permit/license.

Please email completed application packet to my attention.

Thank you

Kasim Ali, PE
Chief Traffic Engineer, City of Philadelphia
kasim.ali@phila.gov

CLEAN AND SAFE STREETS



CITY OF PHILADELPHIA

TOUR, TOUR BUS AND ZONE LICENSE/PERMIT APPLICATION

This form must be returned to the:
CITY OF PHILADELPHIA
DEPARTMENT OF STREETS
TRAFFIC ENGINEERING
980 MUNICIPAL SERVICES BLDG.
PHILADELPHIA, PA 19102-1676

Fill out form and attach worksheets (see page 2)

Date: _____

New Renewal Form to be submitted electronically with signed paper copy.

Name of Licensee	Business Name
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Telephone Number	Fax Number	Email Address
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Company Billing Address-(include city, state, zip code. If same as above, don't include)

Applicant's valid Pennsylvania sales tax identification number:	Applicant's valid Phila bus. privilege license number:
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Type of Vehicle (Bus or Amphibious) or Tour	Number of Veh. in Fleet	Proposed Activity Start and End Date
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Other Docs.Attached: Certificate of Ins. Workmans Compens. Exemption

I hereby request that the City of Philadelphia grant me License to establish a tour and/or tour bus operation with the principle stop at :

FEE SCHEDULE

Description	Date Received - Approved	Quantity	Fee	Total
Non- refundable Application Fee (not applicable to Segway, Running , Bicycling Tours)			\$100	
Tour Bus/Amphibious Vehicles (due after approval)			\$5,000	
Segway, Running & Bicycle Tours (due after approval)			\$40	

Total Fees _____

Signature	Print Name	Date
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CITY OF PHILADELPHIA

PEDICAB LICENSE/PERMIT APPLICATION

This form must be returned to the:
CITY OF PHILADELPHIA
DEPARTMENT OF STREETS
TRAFFIC ENGINEERING
980 MUNICIPAL SERVICES BLDG.
PHILADELPHIA, PA 19102-1676

Fill out form and attach worksheets (see page 2)

Date: _____

New Renewal Form to be submitted electronically with signed paper copy.

Name of Licensee Business Name

Telephone Number Fax Number Email Address

Company Billing Address-(include city, state, zip code. If same as above, don't include)

Applicant's valid Pennsylvania sales tax identification number: Applicant's valid Phila bus. privilege license number:

Licensee Federal /Social Security No. Number of Pedicabs in Fleet Proposed Activity Start and End Date

Other Docs.Attached: Certificate of Ins. Workmans Compens. Exemption Rate Sticker

FEE SCHEDULE

	Date Received - Approved	Quantity	Fee	Total
Non-refundable Application Fee			\$100	
License Fee(First Vehicle) due after approval			\$200	
License Fee (each add'l Vehicle) due after approval			\$100	

Total Fees _____

Map and restricted boundaries can be found on the Streets Department website:
http://www.phila.gov/streets/pdfs/PHILLY_PEDICAB_STREE.pdf

I agree that we will follow the regulations and policies contained on the Streets Department website.

Signature	Print Name	Date

**APPLICATION PROCESS FOR LICENSE/PERMIT TO OPERATE
TOUR, TOUR BUS, ZONE AND PEDICABS**

CHECK LIST

DOCUMENT SUBMISSION

Please complete all forms where applicable and attach supporting documentation

Tour, Tour Bus and Zone License/Permit Application with Insurance certificates

Pedicab License/Permit Application

Tour Routes w/ maps (*not applicable to Pedicabs*)

Vehicle Roster

Operator's Roster w/ copies of legible valid state driver's, cdl license & US Coast Guard certificates

Current Schedule of Rates

Check for \$100 application fee for Tour Carriers and Pedicabs

Check for \$40 for Segway, Running, Bicycling Tours

Operator (Company) Name	
Type of Operation	
Operation Year	
Vehicle Roster	

Renewal Date

Attach Photo & Specification (for Pedicabs Only)

Vehicle Ref #	Year	Make	Model	Lic Plate # & **Pedicab Tag #	Vehicle Reg. #	Max Seat Capacity	Start of Year Mileage	Annual Mileage	Annual Tour Trips

**Note: New Pedicab applicants will be assigned a Tag # to be fabricated and installed according to policy and regulations on Phila Streets Department website;<http://www.phila.gov/streets/Pedicab.html>

APPENDIX

TOUR, TOUR PASSENGER CARRIER & PEDICAB REPORTING

INSTRUCTIONS AND SUBMITTED REPORTS

SAFETY DATA SUMMARY TEMPLATE

TOUR, TOUR PASSENGER CARRIER & PEDICAB
SAFETY RECORD SUBMISSION

CHECK LIST

SAFETY RECORD SCHEDULES AND SUPPORTING DOCUMENTATION

Please complete all forms where applicable and attach supporting documentation

Traffic Violations w/ copy of Violations

Accident History w/ copy of Accident Reports

Injury History w/ copy of Injury Reports

Other Violations w/ copy of Citations

Safety Data Summary Template-Enter data for each category

Safety Reports Required for Issuance of License and Permits

Instructions:

One month prior to the issuance of the license and/or permit each Operator must provide the Department, safety data by filling in each field of the Summary Report as well as all supporting tables. Where indicated please attach supporting documentation.

According to Code and Regulations, the following information is needed:

- (.01) The number and nature of all traffic violations, if any, received by the operator, agent or employee acting on behalf of operation during the previous calendar year.
- (.02) All vehicular accident reports, including maritime reports, if any, that involved this operation.
- (.03) The number and nature of any injury received by a customer of this operation during the previous calendar year.
- (.04) All other violations issued to this operator or any agent or employee acting on behalf of this operation under City, Commonwealth or Federal statutes.
- (.05) The total number of vehicles operated by this operation during the previous calendar year.
- (.06) The total number of customers of this operation during the previous calendar year.

Safety Summary of Tour, Tour Passenger Carrier & Pedicab Operation

Safety Data Operational Year- _____

Company Name: _____

Report Year		
<i>Operation Year</i>		20 _____
		20 _____
	Vehicles	
	Passengers	
	Trips	
	Traffic Violations	
	Accidents	
	Other Violations	
	Injuries	
<i>Code 9-407 Reporting Ratios</i>		20 _____
	b.01-Ratio of number of violations to number of vehicles operated	
	b.02-Ratio of number of accidents to number of trips for number of vehicles operated	
	b.03-Ratio of number of injuries to number of total passengers	
	b.04-Ratio of number of all violations to number of vehicles operated	