



**CITY OF MILWAUKEE
OFFICE OF THE CITY CLERK**

Tuesday, May 02, 2023

COMMITTEE MEETING NOTICE

AD 12

COLLINS, Derek D, Agent
Milwaukee Pedal Tavern LLC
820 S Water St
Milwaukee, WI 53204

You are requested to attend a hearing which is to be held in Room 301-B, Third Floor, City Hall:

Wednesday, May 17, 2023 at 09:30 AM

Regarding: Your Pedicab Owner's License Applications as agent for "Milwaukee Pedal Tavern LLC" for "Milwaukee Pedal Tavern" at 820 S Water St.

There is a possibility that your application may be denied because the operation contributes to a disturbance of the peace, public drunkenness, loud noise, excessive littering, or other factors which reasonably relate to the public health, safety, or welfare. See attached correspondence.

Notice for applicants with warrants or unpaid fines: Proof of warrant satisfaction or payment of fines must be submitted at the hearing on the above date and time. Failure to comply with this requirement may result in a delay of the granting/denial of your application.

Failure to appear at this meeting may result in the denial of your license. Individual applicants must appear only in person or by an attorney. Corporate or Limited Liability applicants must appear only by the agent designated on the application or by an attorney. Partnership applicants must appear by a partner listed on the application or by an attorney. If you wish to do so and at your own expense, you may be accompanied by an attorney of your choosing to represent you at this hearing.

You will be given an opportunity to speak on behalf of the application and to respond and challenge any charges or reasons given for the denial. No petitions can be accepted by the committee, unless the people who signed the petition are present at the committee hearing and willing to testify. You may present witnesses under oath and you may also confront and cross-examine opposing witnesses under oath. If you have difficulty with the English language, you should bring an interpreter with you, at your expense, so that you can answer questions and participate in your hearing.

You may examine the application file at this office during regular business hours prior to the hearing date. Inquiries regarding this matter may be directed to the person whose signature appears below.

Limited parking for persons attending meetings in City Hall is available at reduced rates (5 hour limit) at the Milwaukee Center on the southwest corner of East Kilbourn and North Water Street. Parking tickets must be validated in the first floor information booth in City Hall.

PLEASE NOTE: Upon reasonable notice, efforts will be made to accommodate the needs of disabled individuals through sign language interpreters or other auxiliary aids. For additional information or to request this service, contact the Council Services Division ADA Coordinator at (414) 286-2998, Fax - (414) 286-3456, TDD - (414) 286-2025.

JIM OWCZARSKI, CITY CLERK

BY: _____

Jim Cooney
License Division Manager

If you have questions regarding this notice, please contact the License Division at (414) 286-2238.



**CITY OF MILWAUKEE
OFFICE OF THE CITY CLERK**

Tuesday, May 02, 2023

COMMITTEE MEETING NOTICE

AD 12

COLLINS, Derek D, Agent
Milwaukee Pedal Tavern LLC
1623 ALTA VISTA AV
Wauwatos , WI 53213

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Wednesday, May 17, 2023 at 09:30 AM

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JIM OWCZARSKI, CITY CLERK

BY: _____

Jim Cooney
License Division Manager

If you have questions regarding this notice, please contact the License Division at (414) 286-2238.

Roman, Carmen

From: Cooney, Jim
Sent: Tuesday, May 25, 2021 12:32 PM
To: Roman, Carmen
Cc: Becker, Keren
Subject: FW: Pedal Taverns

REDACTED RECORD

Can you add as an objection?

From: License <LICENSE@milwaukee.gov>
Sent: Monday, May 24, 2021 10:05 AM
To: Cooney, Jim <Jim.Cooney@milwaukee.gov>; Byrd, Yashica <Yashica.Byrd@milwaukee.gov>
Cc: Martin, Faviola <Faviola.Martin@milwaukee.gov>
Subject: FW: Pedal Taverns

Please see below

Keren Becker
License Specialist III
City Clerk – License Division
O: (414) 286-2238
License@Milwaukee.gov
www.Milwaukee.gov/license



From: Murillo, Maribel
Sent: Monday, May 24, 2021 8:56 AM
To: License
Cc: Coordinator, License
Subject: FW: Pedal Taverns

Who would I send this to in the Health Dept. on behalf of Ald. Perez?

Denise Holloway, Auxiliary Assistant, on behalf of
Maribel Murillo, Legislative Assistant
Alderman Jose Perez, 12th District
200 East Wells Street, #205
Milwaukee, WI 53202
414-286-2861 phone
414-286-3456 fax
Maribel.Murillo@milwaukee.gov

From: Perez, Jose <JoseG.Perez@milwaukee.gov>
Sent: Sunday, May 23, 2021 2:59 PM
To:

Cc: Murillo, Maribel <Maribel.Murillo@milwaukee.gov>

Subject: Re: Pedal Taverns

Thank you for the email. I will forward your email to the health department and license division. There are protocols and regulations they must follow.

Regards,

Ald. Perez

REDACTED RECORD

Sent from my iPad

On May 22, 2021, at 6:48 PM,

Jose,

I am wondering what can be done to stop pedal taverns.

Today I was near a serious car accident as a plethora of drunk women screaming on one of these pedal taverns ran a red light at the intersection of 2nd and national.

I am not sure what purpose these "bikes" have aside from being a nuisance and causing obstruction of traffic.

What is also concerning to me, in the midst of a pandemic, there is no social distancing or other precautions on these rides. Which I question considering places like McDonald's haven't even re-opened their dining rooms.

If a van had intoxicated passengers drinking alcohol and screaming out windows and disobeyed traffic laws, this would not be legal.

If a person on a motorcycle had an intoxicated passenger screaming and violating traffic laws, or even a double bike this would not be legal either.

I'm not sure how are why these bikes are able to be.

Bars are fine for recreation, becoming intoxicated, and becoming out of control, but even bars have limitations as to conduct, and so too this type of behavior is contained to the establishment.

I do not see how pedal taverns are at all necessary, and only create chaos on our streets.

Thanks,

Sent from my iPhone

Richardson, Tonja

From: Derek Collins <derekdcollins@gmail.com>
Sent: Tuesday, April 4, 2023 12:50 PM
To: Richardson, Tonja
Subject: Fwd: Order Confirmation

Hi Tonja,

I just paid this in full. Should be good to go now.

Derek

~~~~~  
Derek D Collins  
[derekDcollins@gmail.com](mailto:derekDcollins@gmail.com)  
414-793-5733  
[www.ThingsToDoInMKE.com](http://www.ThingsToDoInMKE.com)  
[www.CooperageMKE.com](http://www.CooperageMKE.com)

----- Forwarded message -----

**From:** MILWAUKEE MUNICIPAL COURT <[noreply@elavon.com](mailto:noreply@elavon.com)>  
**Date:** Tue, Apr 4, 2023 at 12:48 PM  
**Subject:** Order Confirmation  
**To:** <[derekDcollins@gmail.com](mailto:derekDcollins@gmail.com)>

\$124.00 USD

04/04/2023 12:48:36 PM

MILWAUKEE MUNICIPAL COURT

Your payment has been approved

Payment

VISA 46\*\*\*\*\*8525

Transaction ID

040423C1A-FED37560-F3E6-4956-BAFB-35C57CF32DAD

Approval Code

004438

ECI

This is your receipt. Keep this email as proof of your payment.

Transactions posted before 7:00 am Monday - Friday will be processed the same business day.

Those posted after 7:00 am will be processed the next business day.

Please allow 1-2 business days for your payment to be reflected online.

If you are making a partial payment please check the due date(s) on the case(s) you are paying. They will not change as a result of your payment.

---

|       |              |
|-------|--------------|
| Total | \$124.00 USD |
|-------|--------------|

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MILWAUKEE MUNICIPAL COURT

951 N JAMES LOVELL ST MILWAUKEE WI 53233 | 414-286-2878

The information contained in this e-mail and in any attachments is intended only for the person or entity to which it is addressed and may contain confidential and/or privileged material. Any review, retransmission, dissemination or other use of, or taking of any action in reliance upon, this information by persons or entities other than the intended recipient is prohibited. This message has been scanned for known computer viruses.

# MILWAUKEE POLICE DEPARTMENT LICENSING

## CRIMINAL RECORD/ORDINANCE VIOLATION/INCIDENTS SYNOPSIS

**DATE:** 03/31/23

**LICENSE TYPE:** PEDICAB OWNERS

**NEW:**

**RENEWAL:**

**No. 349545**

**Application Date:**

**License Location:** 820 S Water

**Business Name:** Milwaukee Pedal Tavern

**Licensee/Applicant:** Collins, Derek D  
(Last Name, First Name, MI)

**Date of Birth:** 12/16/81

**Home Address:** 1623 Alta Vista Av

**City:** Wauwatosa

**State:** WI **Zip Code:** 53213

**Home Phone:**

This report is written by Police Officer Penny Monreal, assigned to the License Investigation Unit, Days.

The Milwaukee Police Department's investigation regarding this application revealed the following:

1. On 06/11/21, the applicant was cited at N. Commerce St., for a Boating Violation.

**Charge:** Boating Violation

**Finding:** \*\*\*warrant status\*\*\*

**Sentence:**

**Date:**

**Case:** 21040602



Tuesday, May 02, 2023



# Notice of Public Hearing

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COLLINS, Derek D, Agent  
Milwaukee Pedal Tavern at 820 S Water St  
Pedicab Owner's License Applications

**Wednesday, May 17, 2023 at 9:30 AM**

To whom it may concern:

The above application has been made by the above named applicant(s). This requires approval from the Public Works and the Common Council of the City of Milwaukee. The hearing before the Public Works will take place on 5/17/2023 at 9:30 AM in Room 301-B, Third Floor, City Hall. This is a public hearing. Those wishing to view the proceeding are able to do so via the City Channel – Channel 25 on Spectrum Cable – or on the Internet at <http://city.milwaukee.gov/citychannel>. Those wishing to provide oral testimony via phone or internet are asked to contact the staff assistant, Yadira Melendez at (414) 286-2775 or [stasst5@milwaukee.gov](mailto:stasst5@milwaukee.gov) for necessary information. Please make such requests no later than one business day prior to the start of the meeting. You are not required to attend the hearing, but please see the information below if you would like to provide testimony. Once the Public Works makes its recommendation, this recommendation is forwarded to the full Common Council for approval at its next regularly scheduled hearing.

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## Important details for those wishing to provide information for the Public Works to consider when making its recommendation:

1. The license application is scheduled to be heard at the above time. Due to other hearings running longer than scheduled, you may have to wait some time to provide your testimony.
2. You must appear in person and testify as to matters that you have personally experienced or seen. (You cannot provide testimony for your neighbor, parent or anyone else; this is considered hearsay and cannot be considered by the committee.)
3. No letters or petitions can be accepted by the committee (unless the person who wrote the letter or the persons who signed the petition are present at the committee hearing and willing to testify).
4. Persons opposed to the license application are given the opportunity to testify first; supporters may testify after the opponents have finished.
5. When you are called to testify, you will be sworn in and asked to give your name, and address. (If your first and/or last names are uncommon please spell them.)
6. You may then provide testimony.
  - a. Include only information relating to the above license application.
  - b. Include only information you have personally witnessed or seen.
  - c. Provide concise and relevant information detailing how this business has affected or may affect the peaceful enjoyment of your neighborhood.
  - d. If by the time you have the opportunity to testify, the information you wish to share has already been provided to the committee, you may state that you agree with the previous testimony. Redundant or repetitive testimony will not assist the committee in making its recommendation.
7. After giving your testimony, the members of the Licenses Committee and the licensee may ask questions regarding the testimony you have given or other factors relating to the license application.
8. Business Competition is not a valid basis for denial or non-renewal of a license.  
**Please Note: If you have submitted an objection to the above application your objection cannot be considered by the committee unless you personally testify at the hearing.**





|                  |                         |                          |
|------------------|-------------------------|--------------------------|
| CURRENT OCCUPANT | 120 E NATIONAL AVE# 304 | MILWAUKEE, WI 53204-1896 |
| CURRENT OCCUPANT | 120 E NATIONAL AVE# 305 | MILWAUKEE, WI 53204-1896 |
| CURRENT OCCUPANT | 120 E NATIONAL AVE# 306 | MILWAUKEE, WI 53204-1896 |
| CURRENT OCCUPANT | 120 E NATIONAL AVE# 307 | MILWAUKEE, WI 53204-1896 |
| CURRENT OCCUPANT | 120 E NATIONAL AVE# 308 | MILWAUKEE, WI 53204-1896 |
| CURRENT OCCUPANT | 120 E NATIONAL AVE# 309 | MILWAUKEE, WI 53204-1896 |
| CURRENT OCCUPANT | 120 E NATIONAL AVE# 311 | MILWAUKEE, WI 53204-1896 |
| CURRENT OCCUPANT | 120 E NATIONAL AVE# 312 | MILWAUKEE, WI 53204-1897 |
| CURRENT OCCUPANT | 120 E NATIONAL AVE# 313 | MILWAUKEE, WI 53204-1897 |
| CURRENT OCCUPANT | 120 E NATIONAL AVE# 314 | MILWAUKEE, WI 53204-1896 |
| CURRENT OCCUPANT | 120 E NATIONAL AVE# 315 | MILWAUKEE, WI 53204-1896 |
| CURRENT OCCUPANT | 120 E NATIONAL AVE# 316 | MILWAUKEE, WI 53204-1896 |
| CURRENT OCCUPANT | 120 E NATIONAL AVE# 317 | MILWAUKEE, WI 53204-1896 |
| CURRENT OCCUPANT | 120 E NATIONAL AVE# 319 | MILWAUKEE, WI 53204-1896 |
| CURRENT OCCUPANT | 120 E NATIONAL AVE# 322 | MILWAUKEE, WI 53204-1896 |
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| CURRENT OCCUPANT | 120 E NATIONAL AVE# 330 | MILWAUKEE, WI 53204-1896 |
| CURRENT OCCUPANT | 120 E NATIONAL AVE# 331 | MILWAUKEE, WI 53204-1896 |
| CURRENT OCCUPANT | 120 E NATIONAL AVE# 332 | MILWAUKEE, WI 53204-1896 |
| CURRENT OCCUPANT | 120 E NATIONAL AVE# 333 | MILWAUKEE, WI 53204-1896 |
| CURRENT OCCUPANT | 120 E NATIONAL AVE# 337 | MILWAUKEE, WI 53204-1896 |
| CURRENT OCCUPANT | 120 E NATIONAL AVE# 339 | MILWAUKEE, WI 53204-1896 |
| CURRENT OCCUPANT | 120 E NATIONAL AVE# 341 | MILWAUKEE, WI 53204-1896 |
| CURRENT OCCUPANT | 200 E WASHINGTON ST     | MILWAUKEE, WI 53204-2435 |
| CURRENT OCCUPANT | 224A E WASHINGTON ST    | MILWAUKEE, WI 53204-2435 |
| CURRENT OCCUPANT | 354 E NATIONAL AVE      | MILWAUKEE, WI 53204-1852 |
| CURRENT OCCUPANT | 805 S BARCLAY ST        | MILWAUKEE, WI 53204-1835 |
| CURRENT OCCUPANT | 822 S WATER ST          | MILWAUKEE, WI 53204-1652 |

Blank Notice

Total Records: 78

Radius 1,000 feet and Center of the Circle: 820 S Water St



**PUBLIC PASSENGER VEHICLE (OWNER)  
PERMIT SUPPLEMENTAL APPLICATION**

ccl-ppvapp 12/12/17

OFFICE OF THE CITY CLERK LICENSE DIVISION  
200 E. WELLS ST. ROOM 105, MILWAUKEE, WI 53202  
(414) 286-2238 E-MAIL: [license@milwaukee.gov](mailto:license@milwaukee.gov) [www.milwaukee.gov/license](http://www.milwaukee.gov/license)

Submit with Business License Application

|                                                                                                                                                                                                                                                                                                           |                                                                  |                                                                                                                             |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|
| <b>TYPE OF VEHICLE (CHECK ONE)</b>                                                                                                                                                                                                                                                                        |                                                                  |                                                                                                                             |
| <input type="checkbox"/> Limousine (Pre-Reserved or Contract Service Basis)                                                                                                                                                                                                                               | <input type="checkbox"/> Motorcycle (Used for Tours)             |                                                                                                                             |
| <input type="checkbox"/> Taxicab Metered Fare Vehicle: Name of Dispatch Service:<br><hr/> (Service Upon Demand)                                                                                                                                                                                           | <input type="checkbox"/> Shuttle-Group Travel/Pre-reserved Basis |                                                                                                                             |
| <input type="checkbox"/> Horse & Surrey Livery                                                                                                                                                                                                                                                            | <input type="checkbox"/> Pedicab                                 | <input type="checkbox"/> Shuttle-Shared Ride/Fixed Route - Submit a copy of the fixed route schedule with this application. |
| <input checked="" type="checkbox"/> Pedicab, Commercial Quadricycle - Will you be allowing the possession and consumption of fermented malt beverages?<br><input type="checkbox"/> No <input checked="" type="checkbox"/> Yes - If yes, a Pedicab Plan of Operation (ccl-ppvpedi) must also be submitted. |                                                                  |                                                                                                                             |
| <b>VEHICLE INFORMATION</b>                                                                                                                                                                                                                                                                                |                                                                  |                                                                                                                             |
| Year: <u>2011</u>                                                                                                                                                                                                                                                                                         | Make: <u>Riets Cafe</u>                                          | Model: _____ Color of Vehicle Body: <u>yellow</u>                                                                           |
| Serial or Vehicle Identification # (VIN): _____                                                                                                                                                                                                                                                           | License Plate #: _____                                           | Passenger-Carrying Capacity: (excluding driver) <u>17</u>                                                                   |
| Body style (Check one):                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> 4-door Sedan                            | <input type="checkbox"/> Stretch Limousine                                                                                  |
|                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Van                                     | <input type="checkbox"/> Wagon                                                                                              |
|                                                                                                                                                                                                                                                                                                           | <input checked="" type="checkbox"/> Other: _____                 |                                                                                                                             |
| Will vehicle be stored at the premise address? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                        |                                                                  |                                                                                                                             |
| If No, provide storage address (include City, State, Zip code):<br><u>412 S. Water St.</u>                                                                                                                                                                                                                |                                                                  |                                                                                                                             |
| Are you leasing the vehicle? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, a copy of the lease is required.<br>Lease must meet all requirements in MCO 100-50-12b.                                                                                                          |                                                                  |                                                                                                                             |
| <b>APPLICANT INFORMATION</b>                                                                                                                                                                                                                                                                              |                                                                  |                                                                                                                             |
| Do you have experience operating a public passenger vehicle? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <u>Yes</u>                                                                                                                                                               |                                                                  |                                                                                                                             |
| If yes, when and in which municipalities? <u>Milwaukee 2010-2023</u>                                                                                                                                                                                                                                      |                                                                  |                                                                                                                             |
| Do you currently hold any public passenger vehicle permits? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes, how many? <u>8</u>                                                                                                                                                |                                                                  |                                                                                                                             |
| What type(s) of vehicles? <u>Commercial Quadricycles</u> In which municipalities? <u>Milwaukee</u>                                                                                                                                                                                                        |                                                                  |                                                                                                                             |
| <b>PLAN OF OPERATION</b>                                                                                                                                                                                                                                                                                  |                                                                  |                                                                                                                             |
| <b>HOURS OF OPERATION</b>                                                                                                                                                                                                                                                                                 | <b>Earliest Starting Time (include AM or PM)</b>                 | <b>Latest Ending Time (include AM or PM)</b>                                                                                |
| Monday                                                                                                                                                                                                                                                                                                    | <u>8:00 AM</u>                                                   | <u>10:30 PM</u>                                                                                                             |
| Tuesday                                                                                                                                                                                                                                                                                                   | ↓                                                                | ↓                                                                                                                           |
| Wednesday                                                                                                                                                                                                                                                                                                 |                                                                  |                                                                                                                             |
| Thursday                                                                                                                                                                                                                                                                                                  |                                                                  |                                                                                                                             |
| Friday                                                                                                                                                                                                                                                                                                    |                                                                  |                                                                                                                             |
| Saturday                                                                                                                                                                                                                                                                                                  |                                                                  |                                                                                                                             |
| Sunday                                                                                                                                                                                                                                                                                                    |                                                                  |                                                                                                                             |
| Proposed Area(s) of Operation:<br><input checked="" type="checkbox"/> Downtown <input checked="" type="checkbox"/> South Side <input type="checkbox"/> North Side <input type="checkbox"/> East Side <input type="checkbox"/> West Side <input type="checkbox"/> Airport                                  |                                                                  |                                                                                                                             |

What routine maintenance will be done?

Inspect:  tires  battery  engine  headlights, tail lights, turn signals  horn  wipers  Conduct routine oil changes  Check all fluid levels  
Where?  At Business Address  At Garage  
How often?  Daily  Weekly  Monthly  Yearly

Who will be operating the vehicle?  Owner  Employee  Lessee  Other: \_\_\_\_\_

Provide a statement (or attach a copy) of written policies for drivers to maintain a clean, professional and orderly appearance, including any dress or uniform requirements:

Uniform required  
 Wearing the following clothing is prohibited:  shorts  jeans  flip flops  Other: \_\_\_\_\_  
 Clothing must be neat and clean without holes or tears  
 Driver must be well groomed at all times while on duty  
 Hair shall be neatly trimmed and combed  
 Statement of written policies is attached  
 Other: \_\_\_\_\_

What are your plans to promote and ensure driver and passenger security?

Confirm that all drivers hold valid Public Passenger Vehicle Licenses  
 Require all drivers to undergo the following training: \_\_\_\_\_  
 Vehicle is equipped with airbags  
 Regularly inspect seat belts for unusual wear or malfunctioning parts  
 Vehicle is equipped with a spare tire, jack and emergency equipment  
 Follow suggested vehicle maintenance schedule  
 Written safe driving policy given to all drivers  
 Regularly inspect brake lights and emergency flashers  
 Other: \_\_\_\_\_

What is your process for resolving complaints, including retention of complaint records and reporting to the City Clerk?

Gather all complaint information  
 Ask customer how they would like issue to be addressed  
 Provide resolution to the customer's satisfaction  
 Keep written records of complaints and resolutions: For how long? 1 year  
 Keep computer records of complaints and resolutions: For how long? 1 year  
 Other: \_\_\_\_\_

In what manner will all accident reports or citations be retained and made available to the City Clerk?

Keep written records of all accident reports and citations: For how long? 3 years  
 Keep computer records of all accident reports and citations: For how long? 3 years  
 Other: \_\_\_\_\_

Describe all vehicle markings, body color(s), signs or stickers:  
Signs on Front, Back, and sides

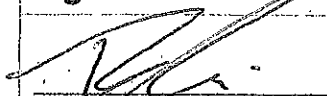
Provide your rates of fare (ex: \$25 per hour, \$10 per trip, etc.) (Does not apply to Metered Fare Taxicabs)

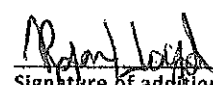
DNA

Horse & Surrey Livery Services Only: Provide Name, Address, and Phone Number of Licensed Veterinarian:

Taxicab Applicants Only: I understand the vehicle must not be more than 10 model years old and must provide passenger leg room of not less than 32 inches measured from the back of the seated passenger forward.  
Initial to confirm your understanding: \_\_\_\_\_

**Signatures**

  
Signature of Sole Proprietor, Partner, or 20% or more Shareholder  
(If there are no 20% or more shareholders, Corporate Officer-print name/title and sign)

  
Signature of additional partner or 20% or more shareholder

Office Use Only: Permit # \_\_\_\_\_  Insurance  Registration

# PROVISIONAL PUBLIC PASSENGER VEHICLE PERMIT APPLICATION

Complete this section only if applying for a Provisional Public Passenger Vehicle Permit at this time

By initialing each line I/we confirm each of the following statements are true:

- I/we understand the \$15 provisional license fee is nonrefundable.
- A true and correct copy of the current vehicle registration has been submitted.
- A certificate of insurance in compliance with the Milwaukee Code of Ordinances has been submitted.
- I, as an individual applicant, all partners of a partnership, or the agent of a Corporation/LLC currently hold(s) valid motor vehicle driver's license(s) with the State of Wisconsin.
- I/we understand the driver(s) of the vehicle must be licensed as a Public Passenger Vehicle Driver(s).
- No one listed on this application has any open warrants or unpaid fines.
- No one listed on this application is on probation or parole.
- Within 2 years of the date of this application, no one listed on this application has been convicted of any felony or misdemeanor offense related to a violent offense.
- Within 2 years of the date of this application, no one listed on this application has been convicted of 3 or more moving violations, as defined in s. 343.01(2)(cg), Wisconsin Statutes, arising out of separate incidents or occurrences.
- Within 2 years of the date of application, no one listed on this application has been convicted of any offense related to operating a motor vehicle while intoxicated.
- I/we are not subject to disqualification due to a previous application being withdrawn, denied, non-renewed, revoked, or surrendered (MCO 85-13).

I understand that providing false, misleading or fraudulent information shall be subject to the penalties provided in s. MCO 85-34 and that the City Clerk may revoke the provisional license without further Common Council action if it is determined that false information was provided on the application or upon denial of the Common Council of a regular license.

Derek Collins  
Print Name

[Signature]  
Signature

Office Use Only:  \$15 provisional fee paid  
PPPV# \_\_\_\_\_

Regular license fee paid  
WDL exp date: \_\_\_\_\_

Veh Reg

Ins Cert



# PEDICAB PLAN OF OPERATION

ccl-ppvpedi 2/24/17

OFFICE OF THE CITY CLERK LICENSE DIVISION  
200 E. WELLS ST. ROOM 105, MILWAUKEE, WI 53202  
(414) 286-2238 E-MAIL ADDRESS: [LICENSE@MILWAUKEE.GOV](mailto:LICENSE@MILWAUKEE.GOV)  
[WWW.MILWAUKEE.GOV/LICENSE](http://WWW.MILWAUKEE.GOV/LICENSE)

## HOURS OF OPERATION

| Day of the week | Earliest Start Time<br>(include AM / PM) | Latest End Time *<br>(include AM / PM) |
|-----------------|------------------------------------------|----------------------------------------|
| Monday          | 6:00 AM                                  | 10:30 PM                               |
| Tuesday         | ↓                                        | ↓                                      |
| Wednesday       |                                          |                                        |
| Thursday        |                                          |                                        |
| Friday          |                                          |                                        |
| Saturday        |                                          |                                        |
| Sunday          |                                          |                                        |

\* The "Latest End Time" can be no later than 10:30 PM

## ROUTES

Attach a map which identifies the streets where the pedicab will routinely operate.  
\*No changes in routes shall take place until approved by the Common Council.

Describe your procedure for notifying police or other authorities when anticipated operation deviates from customary routes: In our 13 years of operation, we only had to notify police one time when we had a random act of violence against us. For all future incidents (if any) we will contact District 2 as soon as possible

## ALCOHOL BEVERAGE REGULATIONS (COMMERICAL QUADRICYCLES ONLY)

Before operating, what type of inventory of the types and amounts of fermented malt beverages will be taken?  
All guests open their cooler and we ensure there is no glass/hard alcohol

What are your plans to ensure no other alcohol beverage including intoxicating liquor is carried upon or consumed on the pedicab?  
Website, texts, emails, and signs all say "No hard alcohol allowed"

What are your plans to ensure amounts in excess of that allowed by law (36 ounces per person) will not be brought on the pedicab?  
We count all beverages in a cooler

What are your plans to ensure amounts in excess of that allowed by law (36 ounces person person) will not be consumed by any one individual on the pedicab?  
The 36oz per person rule explains itself

What are your plans to ensure glass beverage containers will not be carried upon the pedicab?  
We inspect all coolers for glass

What are your plans to ensure no underage persons are on the pedicab when fermented malt beverages are present?  
Every rider gets a wristband after we check their ID to ensure they are 21+

How will disorderly and/or intoxicated patrons being addressed?

If anyone gets out of hand, they will be asked to leave the Pedal Tavern and another person will stay with them.

How will patrons be notified of the restrictions on alcohol beverages?

Conspicuous posting of a notice of restrictions  Other: Email, texts, signs

What types of beverage carrying containers will be allowed on the pedicab?  Cans  Plastic Bottles

Where will the patrons store their fermented malt beverages?

In a cooler in middle of Pedal Tavern.

**LITTER & NOISE**

How will excess noise be prevented?

1) We only play music while moving  
2) We take routes to avoid quiet areas.

How will excess noise be addressed?

If someone complains, we will address it as needed

Will there be an amplified sound system?  No  Yes If yes, describe:

Radio & speakers

What are your plans to prevent litter?

We have garbage on board and if something does fall, we will stop and grab it.

What are your plans to address littering by patrons?

See above

**LICENSED PEDICAB DRIVERS**

What are your plans to ensure all drivers hold a valid Public Passenger Vehicle Driver license with the City of Milwaukee at all times while operating?

We scan licenses and make sure everyone is valid

Names of all currently employed drivers (attach additional sheets as needed):

Ethan Hettlefinger, Corey Baerman, Derek Collins, Joey Shetz, Pat

**NOTARIZED SIGNATURE**

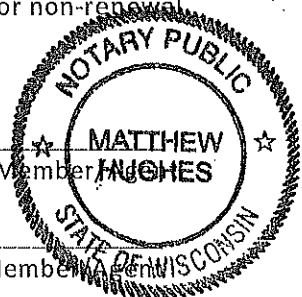
Failure of a licensee to comply with the approved plan of operation shall constitute grounds for non-renewal, suspension or revocation.

SUBSCRIBED AND SWORN TO BEFORE ME THIS

24 day of March, 20 23

Derek Collins  
Print Name of Individual/Partner/Officer/Member

[Signature]  
Signature of Individual/Partner/Officer/Member



[Signature]  
Notary Public, State of Wisconsin

My commission expires 11/13/2025

Notary seal must be affixed



**PUBLIC PASSENGER VEHICLE (OWNER)  
PERMIT SUPPLEMENTAL APPLICATION**

ccl-ppvapp 12/12/17

OFFICE OF THE CITY CLERK LICENSE DIVISION  
200 E. WELLS ST. ROOM 105, MILWAUKEE, WI 53202  
(414) 286-2238 E-MAIL: [license@milwaukee.gov](mailto:license@milwaukee.gov) [www.milwaukee.gov/license](http://www.milwaukee.gov/license)

Submit with Business License Application

|                                                                                                                                                                                                                                                                                                           |                                                      |                                                                                                                             |                                                  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|
| <b>TYPE OF VEHICLE (CHECK ONE)</b>                                                                                                                                                                                                                                                                        |                                                      |                                                                                                                             |                                                  |
| <input type="checkbox"/> Limousine (Pre-Reserved or Contract Service Basis)                                                                                                                                                                                                                               |                                                      | <input type="checkbox"/> Motorcycle (Used for Tours)                                                                        |                                                  |
| <input type="checkbox"/> Taxicab Metered Fare Vehicle: Name of Dispatch Service:<br><hr/> (Service Upon Demand)                                                                                                                                                                                           |                                                      | <input type="checkbox"/> Shuttle-Group Travel/Pre-reserved Basis                                                            |                                                  |
| <input type="checkbox"/> Horse & Surrey Livery                                                                                                                                                                                                                                                            | <input type="checkbox"/> Pedicab                     | <input type="checkbox"/> Shuttle-Shared Ride/Fixed Route - Submit a copy of the fixed route schedule with this application. |                                                  |
| <input checked="" type="checkbox"/> Pedicab, Commercial Quadricycle - Will you be allowing the possession and consumption of fermented malt beverages?<br><input type="checkbox"/> No <input checked="" type="checkbox"/> Yes - If yes, a Pedicab Plan of Operation (ccl-ppvpedi) must also be submitted. |                                                      |                                                                                                                             |                                                  |
| <b>VEHICLE INFORMATION</b>                                                                                                                                                                                                                                                                                |                                                      |                                                                                                                             |                                                  |
| Year: <u>2010</u>                                                                                                                                                                                                                                                                                         | Make: <u>Fret Cafe</u>                               | Model:                                                                                                                      | Color of Vehicle Body: <u>Yellow</u>             |
| Serial or Vehicle Identification # (VIN):                                                                                                                                                                                                                                                                 | License Plate #:                                     | Passenger-Carrying Capacity:<br>(excluding driver)                                                                          |                                                  |
| Body style (Check one):                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> 4-door Sedan                | <input type="checkbox"/> Stretch Limousine                                                                                  | <input type="checkbox"/> Sports Utility          |
|                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Van                         | <input type="checkbox"/> Wagon                                                                                              | <input checked="" type="checkbox"/> Other: _____ |
| Will vehicle be stored at the premise address? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If No, provide storage address (include City, State, Zip code):<br><u>412 S. Weber St.</u>                                                                                          |                                                      |                                                                                                                             |                                                  |
| Are you leasing the vehicle? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - If yes, a copy of the lease is required:<br>Lease must meet all requirements in MCO 100-50-12b.                                                                                                        |                                                      |                                                                                                                             |                                                  |
| <b>APPLICANT INFORMATION</b>                                                                                                                                                                                                                                                                              |                                                      |                                                                                                                             |                                                  |
| Do you have experience operating a public passenger vehicle? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes<br>If yes, when and in which municipalities? <u>Milwaukee 2010-2013</u>                                                                                                  |                                                      |                                                                                                                             |                                                  |
| Do you currently hold any public passenger vehicle permits? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes if yes, how many? <u>8</u><br>What type(s) of vehicles? <u>Commercial Quadricycle</u> In which municipalities? <u>Milwaukee</u>                                           |                                                      |                                                                                                                             |                                                  |
| <b>PLAN OF OPERATION</b>                                                                                                                                                                                                                                                                                  |                                                      |                                                                                                                             |                                                  |
| <b>HOURS OF OPERATION</b>                                                                                                                                                                                                                                                                                 | <b>Earliest Starting Time<br/>(include AM or PM)</b> | <b>Latest Ending Time<br/>(include AM or PM)</b>                                                                            |                                                  |
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| Tuesday                                                                                                                                                                                                                                                                                                   | ↓                                                    | ↓                                                                                                                           |                                                  |
| Wednesday                                                                                                                                                                                                                                                                                                 |                                                      |                                                                                                                             |                                                  |
| Thursday                                                                                                                                                                                                                                                                                                  |                                                      |                                                                                                                             |                                                  |
| Friday                                                                                                                                                                                                                                                                                                    |                                                      |                                                                                                                             |                                                  |
| Saturday                                                                                                                                                                                                                                                                                                  |                                                      |                                                                                                                             |                                                  |
| Sunday                                                                                                                                                                                                                                                                                                    |                                                      |                                                                                                                             |                                                  |
| Proposed Area(s) of Operation:<br><input checked="" type="checkbox"/> Downtown <input checked="" type="checkbox"/> South Side <input type="checkbox"/> North Side <input type="checkbox"/> East Side <input type="checkbox"/> West Side <input type="checkbox"/> Airport                                  |                                                      |                                                                                                                             |                                                  |



What routine maintenance will be done?

Inspect:  tires  battery  engine  headlights, tail lights, turn-signals  horn  wipers  Conduct routine oil changes  Check all fluid levels  
Where?  At Business Address  At Garage  
How often?  Daily  Weekly  Monthly  Yearly

Who will be operating the vehicle?  Owner  Employee  Lessee  Other: \_\_\_\_\_

Provide a statement (or attach a copy) of written policies for drivers to maintain a clean, professional and orderly appearance, including any dress or uniform requirements:

Uniform required  
 Wearing the following clothing is prohibited:  shorts  jeans  flip flops  Other: \_\_\_\_\_  
 Clothing must be neat and clean without holes or tears  
 Driver must be well groomed at all times while on duty  
 Hair shall be neatly trimmed and combed  
 Statement of written policies is attached  
 Other: \_\_\_\_\_

What are your plans to promote and ensure driver and passenger security?

Confirm that all drivers hold valid Public Passenger Vehicle Licenses  
 Require all drivers to undergo the following training: \_\_\_\_\_  
 Vehicle is equipped with airbags  
 Regularly inspect seat belts for unusual wear or malfunctioning parts  
 Vehicle is equipped with a spare tire, jack and emergency equipment  
 Follow suggested vehicle maintenance schedule  
 Written safe driving policy given to all drivers  
 Regularly inspect brake lights and emergency flashers  
 Other: \_\_\_\_\_

What is your process for resolving complaints, including retention of complaint records and reporting to the City Clerk?

Gather all complaint information  
 Ask customer how they would like issue to be addressed  
 Provide resolution to the customer's satisfaction  
 Keep written records of complaints and resolutions: For how long? 1 year  
 Keep computer records of complaints and resolutions: For how long? 1 year  
 Other: \_\_\_\_\_

In what manner will all accident reports or citations be retained and made available to the City Clerk?

Keep written records of all accident reports and citations: For how long? 3 year  
 Keep computer records of all accident reports and citations: For how long? 3 year  
 Other: \_\_\_\_\_

Describe all vehicle markings, body color(s), signs or stickers:

Signs on front, back sides

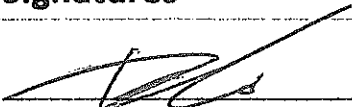
Provide your rates of fare (ex: \$25 per hour, \$10 per trip, etc.) (Does not apply to Metered Fare Taxicabs)

DNA

Horse & Surrey Livery Services Only: Provide Name, Address, and Phone Number of Licensed Veterinarian:

Taxicab Applicants Only: I understand the vehicle must not be more than 10 model years old and must provide passenger leg room of not less than 32 inches measured from the back of the seated passenger forward.  
Initial to confirm your understanding: \_\_\_\_\_

### Signatures

  
Signature of Sole Proprietor, Partner, or 20% or more Shareholder  
(If there are no 20% or more shareholders,  
Corporate Officer-print name/title and sign

  
Signature of additional partner or 20% or more shareholder

Office Use Only: Permit # \_\_\_\_\_  Insurance  Registration

# PROVISIONAL PUBLIC PASSENGER VEHICLE PERMIT APPLICATION

Complete this section only if applying for a Provisional Public Passenger Vehicle Permit at this time

By initialing each line I/we confirm each of the following statements are true:

- I/we understand the \$15 provisional license fee is nonrefundable.
- A true and correct copy of the current vehicle registration has been submitted.
- A certificate of insurance in compliance with the Milwaukee Code of Ordinances has been submitted.
- I, as an individual applicant, all partners of a partnership, or the agent of a Corporation/LLC currently hold(s) valid motor vehicle driver's license(s) with the State of Wisconsin.
- I/we understand the driver(s) of the vehicle must be licensed as a Public Passenger Vehicle Driver(s).
- No one listed on this application has any open warrants or unpaid fines.
- No one listed on this application is on probation or parole.
- Within 2 years of the date of this application, no one listed on this application has been convicted of any felony or misdemeanor offense related to a violent offense.
- Within 2 years of the date of this application, no one listed on this application has been convicted of 3 or more moving violations, as defined in s. 343.01(2)(cg), Wisconsin Statutes, arising out of separate incidents or occurrences.
- Within 2 years of the date of application, no one listed on this application has been convicted of any offense related to operating a motor vehicle while intoxicated.
- I/we are not subject to disqualification due to a previous application being withdrawn, denied, non-renewed, revoked, or surrendered (MCO 85-13).

I understand that providing false, misleading or fraudulent information shall be subject to the penalties provided in s. MCO 85-34 and that the City Clerk may revoke the provisional license without further Common Council action if it is determined that false information was provided on the application or upon denial of the Common Council of a regular license.

  
\_\_\_\_\_

Print Name

  
\_\_\_\_\_

Signature

Office Use Only:  \$15 provisional fee paid  
PPP# \_\_\_\_\_

Regular license fee paid  
WDL exp date: \_\_\_\_\_

Veh Reg

Ins Cert



# PEDICAB PLAN OF OPERATION

ccl-ppvpedi 2/24/17

OFFICE OF THE CITY CLERK LICENSE DIVISION  
 200 E. WELLS ST. ROOM 105, MILWAUKEE, WI 53202  
 (414) 286-2238 E-MAIL ADDRESS: [LICENSE@MILWAUKEE.GOV](mailto:LICENSE@MILWAUKEE.GOV)  
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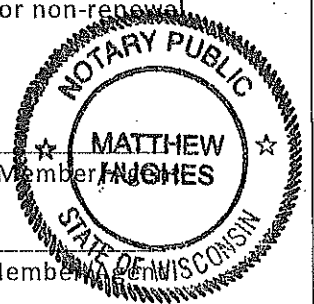
Failure of a licensee to comply with the approved plan of operation shall constitute grounds for non-renewal, suspension or revocation.

SUBSCRIBED AND SWORN TO BEFORE ME THIS

24 day of March, 2023

*Derek Collins*  
Print Name of Individual/Partner/Officer/Member

*[Signature]*  
Signature of Individual/Partner/Officer/Member



*[Signature]*  
Notary Public, State of Wisconsin

My commission expires 11/13/2025

Notary seal must be affixed



**PUBLIC PASSENGER VEHICLE (OWNER)  
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ccl-ppvapp 12/12/17

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Submit with Business License Application

**TYPE OF VEHICLE (CHECK ONE)**

Limousine (Pre-Reserved or Contract Service Basis)  Motorcycle (Used for Tours)

Taxicab Metered Fare Vehicle: Name of Dispatch Service: \_\_\_\_\_  Shuttle-Group Travel/Pre-reserved Basis

(Service Upon Demand)

Horse & Surrey Livery  Pedicab  Shuttle-Shared Ride/Fixed Route - Submit a copy of the fixed route schedule with this application.

Pedicab, Commercial Quadricycle - Will you be allowing the possession and consumption of fermented malt beverages?  
 No  Yes If yes, a Pedicab Plan of Operation (ccl-ppvpedi) must also be submitted.

**VEHICLE INFORMATION**

Year: 2012 Make: Fret Cafe Model: \_\_\_\_\_ Color of Vehicle Body: Yellow

Serial or Vehicle Identification # (VIN): \_\_\_\_\_ License Plate #: \_\_\_\_\_ Passenger-Carrying Capacity: \_\_\_\_\_ (excluding driver)

Body style (Check one):  4-door Sedan  Stretch Limousine  Sports Utility  Van  Wagon  Other: \_\_\_\_\_

Will vehicle be stored at the premise address?  Yes  No  
If No, provide storage address (include City, State, Zip code): 412 S. Water St.

Are you leasing the vehicle?  No  Yes. If yes, a copy of the lease is required.  
Lease must meet all requirements in MCO 100-50-12b.

**APPLICANT INFORMATION**

Do you have experience operating a public passenger vehicle?  No  Yes  
If yes, when and in which municipalities? Milwaukee 2010-2023

Do you currently hold any public passenger vehicle permits?  No  Yes If yes, how many? 8

What type(s) of vehicles? Commercial Quadricycle in which municipalities? Milwaukee

**PLAN OF OPERATION**

| HOURS OF OPERATION | Earliest Starting Time (include AM or PM) | Latest Ending Time (include AM or PM) |
|--------------------|-------------------------------------------|---------------------------------------|
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| Thursday           |                                           |                                       |
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| Sunday             |                                           |                                       |

Proposed Area(s) of Operation:  
 Downtown  South Side  North Side  East Side  West Side  Airport

What routine maintenance will be done?

Inspect:  tires  battery  engine  headlights, tail lights, turn signals  horn  wipers  Conduct routine oil changes  Check all fluid levels

Where?  At Business Address  At Garage

How often?  Daily  Weekly  Monthly  Yearly

Who will be operating the vehicle?  Owner  Employee  Lessee  Other: \_\_\_\_\_

Provide a statement (or attach a copy) of written policies for drivers to maintain a clean, professional and orderly appearance, including any dress or uniform requirements:

- Uniform required
- Wearing the following clothing is prohibited:  shorts  jeans  flip flops  Other: \_\_\_\_\_
- Clothing must be neat and clean without holes or tears
- Driver must be well groomed at all times while on duty
- Hair shall be neatly trimmed and combed
- Statement of written policies is attached
- Other: \_\_\_\_\_

What are your plans to promote and ensure driver and passenger security?

- Confirm that all drivers hold valid Public Passenger Vehicle Licenses
- Require all drivers to undergo the following training: \_\_\_\_\_
- Vehicle is equipped with airbags
- Regularly inspect seat belts for unusual wear or malfunctioning parts
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- Follow suggested vehicle maintenance schedule
- Written safe driving policy given to all drivers
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What is your process for resolving complaints, including retention of complaint records and reporting to the City Clerk?

- Gather all complaint information
- Ask customer how they would like issue to be addressed
- Provide resolution to the customer's satisfaction
- Keep written records of complaints and resolutions: For how long? 1 year
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In what manner will all accident reports or citations be retained and made available to the City Clerk?

- Keep written records of all accident reports and citations: For how long? 3 year
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- Other: \_\_\_\_\_

Describe all vehicle markings, body color(s), signs or stickers:

Signs on front back side

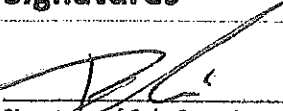
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Taxicab Applicants Only: I understand the vehicle must not be more than 10 model years old and must provide passenger leg room of not less than 32 inches measured from the back of the seated passenger forward. Initial to confirm your understanding: \_\_\_\_\_

### Signatures

  
Signature of Sole Proprietor, Partner, or 20% or more Shareholder  
(If there are no 20% or more shareholders,  
Corporate Officer-print name/title and sign

  
Signature of additional partner or 20% or more shareholder

Office Use Only: Permit # \_\_\_\_\_  Insurance  Registration

# PROVISIONAL PUBLIC PASSENGER VEHICLE PERMIT APPLICATION

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- I, as an individual applicant, all partners of a partnership, or the agent of a Corporation/LLC currently hold(s) valid motor vehicle driver's license(s) with the State of Wisconsin.
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- No one listed on this application has any open warrants or unpaid fines.
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Derek Collins  
Print Name  
[Signature]  
Signature

Office Use Only:  \$15 provisional fee paid  Regular license fee paid  Veh Reg  Ins Cert  
PPPV# \_\_\_\_\_ WDL exp date: \_\_\_\_\_



# PEDICAB PLAN OF OPERATION

cci-ppvpedi 2/24/17

OFFICE OF THE CITY CLERK LICENSE DIVISION  
 200 E. WELLS ST. ROOM 105, MILWAUKEE, WI 53202  
 (414) 286-2238 E-MAIL ADDRESS: [LICENSE@MILWAUKEE.GOV](mailto:LICENSE@MILWAUKEE.GOV)  
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What are your plans to ensure glass beverage containers will not be carried upon the pedicab?  
 We inspect all coolers for glass

What are your plans to ensure no underage persons are on the pedicab when fermented malt beverages are present?  
 Every rider gets a wristband after we check their ID to ensure they are 21+



How will disorderly and/or intoxicated patrons being addressed?

If anyone gets out of hand, they will be asked to leave the Pedal Tavern and another person will stay with them.

How will patrons be notified of the restrictions on alcohol beverages?

Conspicuous posting of a notice of restrictions  Other: Email, texts, signs

What types of beverage carrying containers will be allowed on the pedicab?  Cans  Plastic Bottles

Where will the patrons store their fermented malt beverages?

In a cooler in middle of Pedal Tavern.

**LITTER & NOISE**

How will excess noise be prevented?

1) We only play music while moving  
2) We take routes to avoid quiet areas.

How will excess noise be addressed?

If someone complains, we will address it as needed

Will there be an amplified sound system?  No  Yes If yes, describe:

Radio & speakers

What are your plans to prevent litter?

We have garbage on board and if something does fall, we will stop and grab it.

What are your plans to address littering by patrons?

See above

**LICENSED PEDICAB DRIVERS**

What are your plans to ensure all drivers hold a valid Public Passenger Vehicle Driver license with the City of Milwaukee at all times while operating?

We scan licenses and make sure everyone is valid

Names of all currently employed drivers (attach additional sheets as needed):

Ethan Hettlefinger, Corey Baerman, Derek Collins, Joey Shetz, Pat

**NOTARIZED SIGNATURE**

Failure of a licensee to comply with the approved plan of operation shall constitute grounds for non-renewal, suspension or revocation.

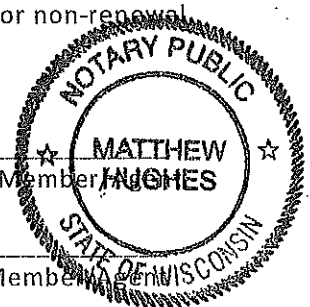
SUBSCRIBED AND SWORN TO BEFORE ME THIS

24 day of March, 20 23

*Matthew Jones*  
Notary Public, State of Wisconsin

*Derek Collins*  
Print Name of Individual/Partner/Officer/Member

*[Signature]*  
Signature of Individual/Partner/Officer/Member



My commission expires 11/13/2025

Notary seal must be affixed



**PUBLIC PASSENGER VEHICLE (OWNER)  
PERMIT SUPPLEMENTAL APPLICATION**

ccl-ppvapp 12/12/17

OFFICE OF THE CITY CLERK LICENSE DIVISION  
200 E. WELLS ST. ROOM 105, MILWAUKEE, WI 53202  
(414) 286-2238 E-MAIL: [license@milwaukee.gov](mailto:license@milwaukee.gov) [www.milwaukee.gov/license](http://www.milwaukee.gov/license)

Submit with Business License Application

|                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                          |                                                                                                                             |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|
| <b>TYPE OF VEHICLE (CHECK ONE)</b>                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                          |                                                                                                                             |
| <input type="checkbox"/> Limousine (Pre-Reserved or Contract Service Basis)                                                                                                                                                                                                                               | <input type="checkbox"/> Motorcycle (Used for Tours)                                                                                                                                                                                     |                                                                                                                             |
| <input type="checkbox"/> Taxicab Metered Fare Vehicle: Name of Dispatch Service: _____<br>(Service Upon Demand)                                                                                                                                                                                           | <input type="checkbox"/> Shuttle-Group Travel/Pre-reserved Basis                                                                                                                                                                         |                                                                                                                             |
| <input type="checkbox"/> Horse & Surrey Livery                                                                                                                                                                                                                                                            | <input type="checkbox"/> Pedicab                                                                                                                                                                                                         | <input type="checkbox"/> Shuttle-Shared Ride/Fixed Route - Submit a copy of the fixed route schedule with this application. |
| <input checked="" type="checkbox"/> Pedicab, Commercial Quadricycle - Will you be allowing the possession and consumption of fermented malt beverages?<br><input type="checkbox"/> No <input checked="" type="checkbox"/> Yes - If yes, a Pedicab Plan of Operation (ccl-ppvpedi) must also be submitted. |                                                                                                                                                                                                                                          |                                                                                                                             |
| <b>VEHICLE INFORMATION</b>                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                          |                                                                                                                             |
| Year: <u>2011</u>                                                                                                                                                                                                                                                                                         | Make: <u>Clauder Fabrications</u>                                                                                                                                                                                                        | Model: _____                                                                                                                |
| Serial or Vehicle Identification # (VIN): _____                                                                                                                                                                                                                                                           | License Plate #: _____                                                                                                                                                                                                                   | Color of Vehicle Body: <u>Green</u>                                                                                         |
| Passenger-Carrying Capacity: (excluding driver)                                                                                                                                                                                                                                                           | _____                                                                                                                                                                                                                                    |                                                                                                                             |
| Body style (Check one):                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> 4-door Sedan <input type="checkbox"/> Stretch Limousine <input type="checkbox"/> Sports Utility<br><input type="checkbox"/> Van <input type="checkbox"/> Wagon <input checked="" type="checkbox"/> Other: _____ |                                                                                                                             |
| Will vehicle be stored at the premise address? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If No, provide storage address (include City, State, Zip code):<br><u>412 S. Water St.</u>                                                                                          |                                                                                                                                                                                                                                          |                                                                                                                             |
| Are you leasing the vehicle? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, a copy of the lease is required.<br>Lease must meet all requirements in MCO 100-50-12b.                                                                                                          |                                                                                                                                                                                                                                          |                                                                                                                             |
| <b>APPLICANT INFORMATION</b>                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                          |                                                                                                                             |
| Do you have experience operating a public passenger vehicle? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes<br>If yes, when and in which municipalities? <u>Milwaukee 2010-2023</u>                                                                                                  |                                                                                                                                                                                                                                          |                                                                                                                             |
| Do you currently hold any public passenger vehicle permits? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes, how many? <u>8</u>                                                                                                                                                |                                                                                                                                                                                                                                          |                                                                                                                             |
| What type(s) of vehicles? <u>Commercial Quadricycle</u> In which municipalities? <u>Milwaukee</u>                                                                                                                                                                                                         |                                                                                                                                                                                                                                          |                                                                                                                             |
| <b>PLAN OF OPERATION</b>                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                          |                                                                                                                             |
| <b>HOURS OF OPERATION</b>                                                                                                                                                                                                                                                                                 | <b>Earliest Starting Time (include AM or PM)</b>                                                                                                                                                                                         | <b>Latest Ending Time (include AM or PM)</b>                                                                                |
| Monday                                                                                                                                                                                                                                                                                                    | <u>8:00 AM</u>                                                                                                                                                                                                                           | <u>10:30 PM</u>                                                                                                             |
| Tuesday                                                                                                                                                                                                                                                                                                   | ↓                                                                                                                                                                                                                                        | ↓                                                                                                                           |
| Wednesday                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                          |                                                                                                                             |
| Thursday                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                          |                                                                                                                             |
| Friday                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                          |                                                                                                                             |
| Saturday                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                          |                                                                                                                             |
| Sunday                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                          |                                                                                                                             |
| Proposed Area(s) of Operation:<br><input checked="" type="checkbox"/> Downtown <input checked="" type="checkbox"/> South Side <input type="checkbox"/> North Side <input type="checkbox"/> East Side <input type="checkbox"/> West Side <input type="checkbox"/> Airport                                  |                                                                                                                                                                                                                                          |                                                                                                                             |

What routine maintenance will be done?  
 Inspect:  tires  battery  engine  headlights, tail lights, turn signals  horn  wipers  Conduct routine oil changes  Check all fluid levels  
 Where?  At Business Address  At Garage  
 How often?  Daily  Weekly  Monthly  Yearly

Who will be operating the vehicle?  Owner  Employee  Lessee  Other: \_\_\_\_\_

Provide a statement (or attach a copy) of written policies for drivers to maintain a clean, professional and orderly appearance, including any dress or uniform requirements:  
 Uniform required  
 Wearing the following clothing is prohibited:  shorts  jeans  flip flops  Other: \_\_\_\_\_  
 Clothing must be neat and clean without holes or tears  
 Driver must be well groomed at all times while on duty  
 Hair shall be neatly trimmed and combed  
 Statement of written policies is attached  
 Other: \_\_\_\_\_

What are your plans to promote and ensure driver and passenger security?  
 Confirm that all drivers hold valid Public Passenger Vehicle Licenses  
 Require all drivers to undergo the following training: \_\_\_\_\_  
 Vehicle is equipped with airbags  
 Regularly inspect seat belts for unusual wear or malfunctioning parts  
 Vehicle is equipped with a spare tire, jack and emergency equipment  
 Follow suggested vehicle maintenance schedule  
 Written safe driving policy given to all drivers  
 Regularly inspect brake lights and emergency flashers  
 Other: \_\_\_\_\_

What is your process for resolving complaints, including retention of complaint records and reporting to the City Clerk?  
 Gather all complaint information  
 Ask customer how they would like issue to be addressed  
 Provide resolution to the customer's satisfaction  
 Keep written records of complaints and resolutions: For how long? 1 year  
 Keep computer records of complaints and resolutions: For how long? 1 year  
 Other: \_\_\_\_\_

In what manner will all accident reports or citations be retained and made available to the City Clerk?  
 Keep written records of all accident reports and citations: For how long? 3 year  
 Keep computer records of all accident reports and citations: For how long? 3 year  
 Other: \_\_\_\_\_

Describe all vehicle markings, body color(s), signs or stickers:  
Signs on front, back, side

Provide your rates of fare (ex: \$25 per hour, \$10 per trip, etc.) (Does not apply to Metered Fare Taxicabs)  
DNA

Horse & Surrey Livery Services Only: Provide Name, Address, and Phone Number of Licensed Veterinarian:

Taxicab Applicants Only: I understand the vehicle must not be more than 10 model years old and must provide passenger leg room of not less than 32 inches measured from the back of the seated passenger forward.  
 Initial to confirm your understanding: \_\_\_\_\_

**Signatures**  
 \_\_\_\_\_  
 Signature of Sole Proprietor, Partner, or 20% or more Shareholder  
 (If there are no 20% or more shareholders, Corporate Officer-print name/title and sign)  
 \_\_\_\_\_  
 Signature of additional partner or 20% or more shareholder

Office Use Only: Permit # \_\_\_\_\_  Insurance  Registration

# PROVISIONAL PUBLIC PASSENGER VEHICLE PERMIT APPLICATION

Complete this section only if applying for a Provisional Public Passenger Vehicle Permit at this time

By initialing each line I/we confirm each of the following statements are true:

- I/we understand the \$15 provisional license fee is nonrefundable.
- A true and correct copy of the current vehicle registration has been submitted.
- A certificate of insurance in compliance with the Milwaukee Code of Ordinances has been submitted.
- I, as an individual applicant, all partners of a partnership, or the agent of a Corporation/LLC currently hold(s) valid motor vehicle driver's license(s) with the State of Wisconsin.
- I/we understand the driver(s) of the vehicle must be licensed as a Public Passenger Vehicle Driver(s).
- No one listed on this application has any open warrants or unpaid fines.
- No one listed on this application is on probation or parole.
- Within 2 years of the date of this application, no one listed on this application has been convicted of any felony or misdemeanor offense related to a violent offense.
- Within 2 years of the date of this application, no one listed on this application has been convicted of 3 or more moving violations, as defined in s. 343.01(2)(cg), Wisconsin Statutes, arising out of separate incidents or occurrences.
- Within 2 years of the date of application, no one listed on this application has been convicted of any offense related to operating a motor vehicle while intoxicated.
- I/we are not subject to disqualification due to a previous application being withdrawn, denied, non-renewed, revoked, or surrendered (MCO 85-13).

I understand that providing false, misleading or fraudulent information shall be subject to the penalties provided in s. MCO 85-34 and that the City Clerk may revoke the provisional license without further Common Council action if it is determined that false information was provided on the application or upon denial of the Common Council of a regular license.

Derek Collins  
Print Name

[Signature]  
Signature

Office Use Only:  \$15 provisional fee paid  
PPPV# \_\_\_\_\_

Regular license fee paid     Veh Reg     Ins Cert  
WDL exp date: \_\_\_\_\_



# PEDICAB PLAN OF OPERATION

ccl-ppvpedi 2/24/17

OFFICE OF THE CITY CLERK LICENSE DIVISION  
 200 E. WELLS ST. ROOM 105, MILWAUKEE, WI 53202  
 (414) 286-2238 E-MAIL ADDRESS: [LICENSE@MILWAUKEE.GOV](mailto:LICENSE@MILWAUKEE.GOV)  
[WWW.MILWAUKEE.GOV/LICENSE](http://WWW.MILWAUKEE.GOV/LICENSE)

| HOURS OF OPERATION |                                          |                                        |
|--------------------|------------------------------------------|----------------------------------------|
| Day of the week    | Earliest Start Time<br>(include AM / PM) | Latest End Time *<br>(include AM / PM) |
| Monday             | 6:00 AM                                  | 10:30 PM                               |
| Tuesday            | ↓                                        | ↓                                      |
| Wednesday          |                                          |                                        |
| Thursday           |                                          |                                        |
| Friday             |                                          |                                        |
| Saturday           |                                          |                                        |
| Sunday             |                                          |                                        |

\* The "Latest End Time" can be no later than 10:30 PM

## ROUTES

Attach a map which identifies the streets where the pedicab will routinely operate.  
 \*No changes in routes shall take place until approved by the Common Council.

Describe your procedure for notifying police or other authorities when anticipated operation deviates from customary routes: In our 13 years of operation, we only had to notify police one time when we had a random act of violence against us. For all future incidents (if any) we will contact District 2 as soon as possible.

## ALCOHOL BEVERAGE REGULATIONS (COMMERCIAL QUADRICYCLES ONLY)

Before operating, what type of inventory of the types and amounts of fermented malt beverages will be taken?  
 All guests open their cooler and we ensure there is no glass/hard alcohol

What are your plans to ensure no other alcohol beverage including intoxicating liquor is carried upon or consumed on the pedicab?  
 Website, texts, emails, and signs all say "No hard alcohol allowed"

What are your plans to ensure amounts in excess of that allowed by law (36 ounces per person) will not be brought on the pedicab?  
 We count all beverages in a cooler

What are your plans to ensure amounts in excess of that allowed by law (36 ounces person person) will not be consumed by any one individual on the pedicab?  
 The 36oz per person rule explains itself

What are your plans to ensure glass beverage containers will not be carried upon the pedicab?  
 We inspect all coolers for glass

What are your plans to ensure no underage persons are on the pedicab when fermented malt beverages are present?  
 Every rider gets a wristband after we check their ID to ensure they are 21+

How will disorderly and/or intoxicated patrons being addressed?

If anyone gets out of hand, they will be asked to leave the Pedal Tavern and another person will stay with them.

How will patrons be notified of the restrictions on alcohol beverages?

Conspicuous posting of a notice of restrictions  Other: Email, texts, signs

What types of beverage carrying containers will be allowed on the pedicab?  Cans  Plastic Bottles

Where will the patrons store their fermented malt beverages?

In a cooler in middle of Pedal Tavern.

**LITTER & NOISE**

How will excess noise be prevented?

1) We only play music while moving  
2) We take routes to avoid quiet areas.

How will excess noise be addressed?

If someone complains, we will address it as needed

Will there be an amplified sound system?  No  Yes If yes, describe:

Radio & speakers

What are your plans to prevent litter?

We have garbage on board and if something does fall, we will stop and grab it.

What are your plans to address littering by patrons?

See above

**LICENSED PEDICAB DRIVERS**

What are your plans to ensure all drivers hold a valid Public Passenger Vehicle Driver license with the City of Milwaukee at all times while operating?

We scan licenses and make sure everyone is valid

Names of all currently employed drivers (attach additional sheets as needed):

Ethan Hettlinger, Corey Bauman, Derek Collins, Joey Shetz, Pat

**NOTARIZED SIGNATURE**

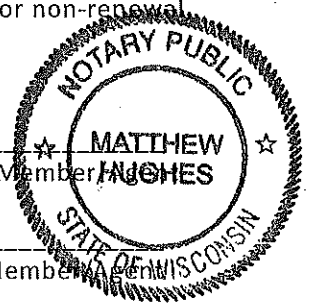
Failure of a licensee to comply with the approved plan of operation shall constitute grounds for non-renewal, suspension or revocation.

SUBSCRIBED AND SWORN TO BEFORE ME THIS

24 day of March, 2023

Derek Collins  
Print Name of Individual/Partner/Officer/Member

Signature of Individual/Partner/Officer/Member



Matthew Hughes  
Notary Public, State of Wisconsin

My commission expires 11/13/2025

Notary seal must be affixed



**PUBLIC PASSENGER VEHICLE (OWNER)  
 PERMIT SUPPLEMENTAL APPLICATION**  
 OFFICE OF THE CITY CLERK LICENSE DIVISION  
 200 E. WELLS ST. ROOM 105, MILWAUKEE, WI 53202  
 (414) 286-2238 E-MAIL: [license@milwaukee.gov](mailto:license@milwaukee.gov) [www.milwaukee.gov/license](http://www.milwaukee.gov/license)

ccl-ppvapp 12/12/17

Submit with Business License Application

|                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                          |                                                                                                                             |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|
| <b>TYPE OF VEHICLE (CHECK ONE)</b>                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                          |                                                                                                                             |
| <input type="checkbox"/> Limousine (Pre-Reserved or Contract Service Basis)                                                                                                                                                                                                                               | <input type="checkbox"/> Motorcycle (Used for Tours)                                                                                                                                                                                     |                                                                                                                             |
| <input type="checkbox"/> Taxicab Metered Fare Vehicle: Name of Dispatch Service:<br>(Service Upon Demand)                                                                                                                                                                                                 | <input type="checkbox"/> Shuttle-Group Travel/Pre-reserved Basis                                                                                                                                                                         |                                                                                                                             |
| <input type="checkbox"/> Horse & Surrey Livery                                                                                                                                                                                                                                                            | <input type="checkbox"/> Pedicab                                                                                                                                                                                                         | <input type="checkbox"/> Shuttle-Shared Ride/Fixed Route - Submit a copy of the fixed route schedule with this application. |
| <input checked="" type="checkbox"/> Pedicab, Commercial Quadricycle - Will you be allowing the possession and consumption of fermented malt beverages?<br><input type="checkbox"/> No <input checked="" type="checkbox"/> Yes - If yes, a Pedicab Plan of Operation (ccl-ppvpedi) must also be submitted. |                                                                                                                                                                                                                                          |                                                                                                                             |
| <b>VEHICLE INFORMATION</b>                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                          |                                                                                                                             |
| Year: <u>2011</u>                                                                                                                                                                                                                                                                                         | Make: <u>Crawler Fabrication</u>                                                                                                                                                                                                         | Model: _____ Color of Vehicle Body: <u>Red</u>                                                                              |
| Serial or Vehicle Identification # (VIN): _____                                                                                                                                                                                                                                                           | License Plate #: _____                                                                                                                                                                                                                   | Passenger-Carrying Capacity: (excluding driver) _____                                                                       |
| Body style (Check one):                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> 4-door Sedan <input type="checkbox"/> Stretch Limousine <input type="checkbox"/> Sports Utility<br><input type="checkbox"/> Van <input type="checkbox"/> Wagon <input checked="" type="checkbox"/> Other: _____ |                                                                                                                             |
| Will vehicle be stored at the premise address? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If No, provide storage address (include City, State, Zip code):<br><u>412 S. Water St.</u>                                                                                          |                                                                                                                                                                                                                                          |                                                                                                                             |
| Are you leasing the vehicle? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, a copy of the lease is required:<br>Lease must meet all requirements in MCO 100-50-12b.                                                                                                          |                                                                                                                                                                                                                                          |                                                                                                                             |
| <b>APPLICANT INFORMATION</b>                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                          |                                                                                                                             |
| Do you have experience operating a public passenger vehicle? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes<br>If yes, when and in which municipalities? <u>Milwaukee 2010-2023</u>                                                                                                  |                                                                                                                                                                                                                                          |                                                                                                                             |
| Do you currently hold any public passenger vehicle permits? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes, how many? <u>8</u>                                                                                                                                                |                                                                                                                                                                                                                                          |                                                                                                                             |
| What type(s) of vehicles? <u>Commercial Quadricycle</u> In which municipalities? <u>Milwaukee</u>                                                                                                                                                                                                         |                                                                                                                                                                                                                                          |                                                                                                                             |
| <b>PLAN OF OPERATION</b>                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                          |                                                                                                                             |
| <b>HOURS OF OPERATION</b>                                                                                                                                                                                                                                                                                 | <b>Earliest Starting Time (include AM or PM)</b>                                                                                                                                                                                         | <b>Latest Ending Time (include AM or PM)</b>                                                                                |
| Monday                                                                                                                                                                                                                                                                                                    | <u>8:00 AM</u>                                                                                                                                                                                                                           | <u>10:30 PM</u>                                                                                                             |
| Tuesday                                                                                                                                                                                                                                                                                                   | ↓                                                                                                                                                                                                                                        | ↓                                                                                                                           |
| Wednesday                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                          |                                                                                                                             |
| Thursday                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                          |                                                                                                                             |
| Friday                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                          |                                                                                                                             |
| Saturday                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                          |                                                                                                                             |
| Sunday                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                          |                                                                                                                             |
| Proposed Area(s) of Operation:<br><input checked="" type="checkbox"/> Downtown <input checked="" type="checkbox"/> South Side <input type="checkbox"/> North Side <input type="checkbox"/> East Side <input type="checkbox"/> West Side <input type="checkbox"/> Airport                                  |                                                                                                                                                                                                                                          |                                                                                                                             |

What routine maintenance will be done?

Inspect:  tires  battery  engine  headlights, tail lights, turn signals  horn  wipers  Conduct routine oil changes  Check all fluid levels.

Where?  At Business Address  At Garage

How often?  Daily  Weekly  Monthly  Yearly

Who will be operating the vehicle?  Owner  Employee  Lessee  Other: \_\_\_\_\_

Provide a statement (or attach a copy) of written policies for drivers to maintain a clean, professional and orderly appearance, including any dress or uniform requirements:

- Uniform required
- Wearing the following clothing is prohibited:  shorts  jeans  flip flops  Other: \_\_\_\_\_
- Clothing must be neat and clean without holes or tears
- Driver must be well groomed at all times while on duty
- Hair shall be neatly trimmed and combed
- Statement of written policies is attached
- Other: \_\_\_\_\_

What are your plans to promote and ensure driver and passenger security?

- Confirm that all drivers hold valid Public Passenger Vehicle Licenses
- Require all drivers to undergo the following training: \_\_\_\_\_
- Vehicle is equipped with airbags
- Regularly inspect seat belts for unusual wear or malfunctioning parts
- Vehicle is equipped with a spare tire, jack and emergency equipment
- Follow suggested vehicle maintenance schedule
- Written safe driving policy given to all drivers
- Regularly inspect brake lights and emergency flashers
- Other: \_\_\_\_\_

What is your process for resolving complaints, including retention of complaint records and reporting to the City Clerk?

- Gather all complaint information
- Ask customer how they would like issue to be addressed
- Provide resolution to the customer's satisfaction
- Keep written records of complaints and resolutions: For how long? 1 year
- Keep computer records of complaints and resolutions: For how long? 1 year
- Other: \_\_\_\_\_

In what manner will all accident reports or citations be retained and made available to the City Clerk?

- Keep written records of all accident reports and citations: For how long? 3 year
- Keep computer records of all accident reports and citations: For how long? 3 year
- Other: \_\_\_\_\_

Describe all vehicle markings, body color(s), signs or stickers:

Signs on Front, Back, Side

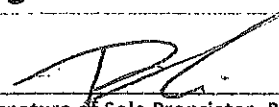
Provide your rates of fare (ex: \$25 per hour, \$10 per trip, etc.) (Does not apply to Metered Fare Taxicabs)

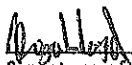
DNA

Horse & Surrey Livery Services Only: Provide Name, Address, and Phone Number of Licensed Veterinarian:

Taxicab Applicants Only: I understand the vehicle must not be more than 10 model years old and must provide passenger leg room of not less than 32 inches measured from the back of the seated passenger forward. Initial to confirm your understanding: \_\_\_\_\_

### Signatures

  
Signature of Sole Proprietor, Partner, or 20% or more Shareholder  
(If there are no 20% or more shareholders,  
Corporate Officer-print name/title and sign

  
Signature of additional partner or 20% or more shareholder

Office Use Only: Permit # \_\_\_\_\_  Insurance  Registration



# PROVISIONAL PUBLIC PASSENGER VEHICLE PERMIT APPLICATION

Complete this section only if applying for a Provisional Public Passenger Vehicle Permit at this time

By initialing each line I/we confirm each of the following statements are true:

- I/we understand the \$15 provisional license fee is nonrefundable.
- A true and correct copy of the current vehicle registration has been submitted.
- A certificate of insurance in compliance with the Milwaukee Code of Ordinances has been submitted.
- I, as an individual applicant, all partners of a partnership, or the agent of a Corporation/LLC currently hold(s) valid motor vehicle driver's license(s) with the State of Wisconsin.
- I/we understand the driver(s) of the vehicle must be licensed as a Public Passenger Vehicle Driver(s).
- No one listed on this application has any open warrants or unpaid fines.
- No one listed on this application is on probation or parole.
- Within 2 years of the date of this application, no one listed on this application has been convicted of any felony or misdemeanor offense related to a violent offense.
- Within 2 years of the date of this application, no one listed on this application has been convicted of 3 or more moving violations, as defined in s. 343.01(2)(cg), Wisconsin Statutes, arising out of separate incidents or occurrences.
- Within 2 years of the date of application, no one listed on this application has been convicted of any offense related to operating a motor vehicle while intoxicated.
- I/we are not subject to disqualification due to a previous application being withdrawn, denied, non-renewed, revoked, or surrendered (MCO 85-13).

I understand that providing false, misleading or fraudulent information shall be subject to the penalties provided in s. MCO 85-34 and that the City Clerk may revoke the provisional license without further Common Council action if it is determined that false information was provided on the application or upon denial of the Common Council of a regular license.

Derek Collins  
Print Name

[Signature]  
Signature

Office Use Only:  \$15 provisional fee paid  
PPPV# \_\_\_\_\_

Regular license fee paid  
WDL exp date: \_\_\_\_\_

Veh Reg

Ins Cert



# PEDICAB PLAN OF OPERATION

ccl-ppvpedi 2/24/17

OFFICE OF THE CITY CLERK LICENSE DIVISION  
 200 E. WELLS ST. ROOM 105, MILWAUKEE, WI 53202  
 (414) 286-2238 E-MAIL ADDRESS: [LICENSE@MILWAUKEE.GOV](mailto:LICENSE@MILWAUKEE.GOV)  
[WWW.MILWAUKEE.GOV/LICENSE](http://WWW.MILWAUKEE.GOV/LICENSE)

## HOURS OF OPERATION

| Day of the week | Earliest Start Time<br>(include AM / PM) | Latest End Time *<br>(include AM / PM) |
|-----------------|------------------------------------------|----------------------------------------|
| Monday          | 6:00 AM                                  | 10:30 PM                               |
| Tuesday         | ↓                                        | ↓                                      |
| Wednesday       |                                          |                                        |
| Thursday        |                                          |                                        |
| Friday          |                                          |                                        |
| Saturday        |                                          |                                        |
| Sunday          |                                          |                                        |

\* The "Latest End Time" can be no later than 10:30 PM

## ROUTES

Attach a map which identifies the streets where the pedicab will routinely operate.

\*No changes in routes shall take place until approved by the Common Council.

Describe your procedure for notifying police or other authorities when anticipated operation deviates from customary routes:

*In our 13 years of operation, we only had to notify police one time when we had a random act of violence against us. For all future incidents (if any) we will contact District 2 as soon as possible*

## ALCOHOL BEVERAGE REGULATIONS (COMMERICAL QUADRICYCLES ONLY)

Before operating, what type of inventory of the types and amounts of fermented malt beverages will be taken?

*All guests open their cooler and we ensure there is no glass/hard alcohol*

What are your plans to ensure no other alcohol beverage including intoxicating liquor is carried upon or consumed on the pedicab?

*Website, texts, emails, and signs all say "No hard alcohol allowed"*

What are your plans to ensure amounts in excess of that allowed by law (36 ounces per person) will not be brought on the pedicab?

*We count all beverages in a cooler*

What are your plans to ensure amounts in excess of that allowed by law (36 ounces person person) will not be consumed by any one individual on the pedicab?

*The 36oz per person rule explains itself*

What are your plans to ensure glass beverage containers will not be carried upon the pedicab?

*We inspect all coolers for glass*

What are your plans to ensure no underage persons are on the pedicab when fermented malt beverages are present?

*Every rider gets a wristband after we check their ID to ensure they are 21+*

How will disorderly and/or intoxicated patrons being addressed?

If anyone gets out of hand, they will be asked to leave the Pedal Tavern and another person will stay with them.

How will patrons be notified of the restrictions on alcohol beverages?

Conspicuous posting of a notice of restrictions  Other: Email, texts, signs

What types of beverage carrying containers will be allowed on the pedicab?  Cans  Plastic Bottles

Where will the patrons store their fermented malt beverages?

In a cooler in middle of Pedal Tavern.

**LITTER & NOISE**

How will excess noise be prevented?

1) We only play music while moving  
2) We take routes to avoid quiet areas.

How will excess noise be addressed?

If someone complains, we will address it as needed

Will there be an amplified sound system?  No  Yes If yes, describe:

Radio & speakers

What are your plans to prevent litter?

We have garbage on board and if something does fall, we will stop and grab it.

What are your plans to address littering by patrons?

See above

**LICENSED PEDICAB DRIVERS**

What are your plans to ensure all drivers hold a valid Public Passenger Vehicle Driver license with the City of Milwaukee at all times while operating?

We scan licenses and make sure everyone is valid

Names of all currently employed drivers (attach additional sheets as needed):

Ethan Hettlefinger, Corey Bauman, Derek Collins, Joey Shetz, Port

**NOTARIZED SIGNATURE**

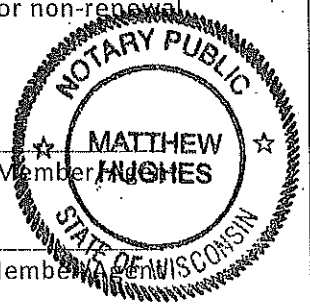
Failure of a licensee to comply with the approved plan of operation shall constitute grounds for non-renewal suspension or revocation.

SUBSCRIBED AND SWORN TO BEFORE ME THIS

24 day of March, 20 23

Derek Collins  
Print Name of Individual/Partner/Officer/Member

[Signature]  
Signature of Individual/Partner/Officer/Member



[Signature]  
Notary Public, State of Wisconsin

My commission expires 11/13/2025

Notary seal must be affixed



**PUBLIC PASSENGER VEHICLE (OWNER)  
PERMIT SUPPLEMENTAL APPLICATION**

ccl-ppvapp 12/12/17

OFFICE OF THE CITY CLERK LICENSE DIVISION

200 E. WELLS ST. ROOM 105, MILWAUKEE, WI 53202

(414) 286-2238 E-MAIL: [license@milwaukee.gov](mailto:license@milwaukee.gov) [www.milwaukee.gov/license](http://www.milwaukee.gov/license)

Submit with Business License Application

**TYPE OF VEHICLE (CHECK ONE)**

|                                                                                                                                                                                                                                                                                                         |                                                                                                                             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Limousine (Pre-Reserved or Contract Service Basis)                                                                                                                                                                                                                             | <input type="checkbox"/> Motorcycle (Used for Tours)                                                                        |
| <input type="checkbox"/> Taxicab Metered Fare Vehicle: Name of Dispatch Service: _____<br>(Service Upon Demand)                                                                                                                                                                                         | <input type="checkbox"/> Shuttle-Group Travel/Pre-reserved Basis                                                            |
| <input type="checkbox"/> Horse & Surrey Livery                                                                                                                                                                                                                                                          | <input type="checkbox"/> Shuttle-Shared Ride/Fixed Route - Submit a copy of the fixed route schedule with this application. |
| <input type="checkbox"/> Pedicab                                                                                                                                                                                                                                                                        |                                                                                                                             |
| <input checked="" type="checkbox"/> Pedicab, Commercial Quadricycle - Will you be allowing the possession and consumption of fermented malt beverages?<br><input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes, a Pedicab Plan of Operation (ccl-ppvpedi) must also be submitted. |                                                                                                                             |

**VEHICLE INFORMATION**

|                                                                                                                                                                                               |                                       |                                                       |                                                  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|-------------------------------------------------------|--------------------------------------------------|
| Year: <u>2004</u>                                                                                                                                                                             | Make: <u>Fiets Cafe</u>               | Model: _____                                          | Color of Vehicle Body: <u>White</u>              |
| Serial or Vehicle Identification # (VIN): _____                                                                                                                                               | License Plate #: _____                | Passenger-Carrying Capacity: (excluding driver) _____ |                                                  |
| Body style (Check one):                                                                                                                                                                       | <input type="checkbox"/> 4-door Sedan | <input type="checkbox"/> Stretch Limousine            | <input type="checkbox"/> Sports Utility          |
|                                                                                                                                                                                               | <input type="checkbox"/> Van          | <input type="checkbox"/> Wagon                        | <input checked="" type="checkbox"/> Other: _____ |
| Will vehicle be stored at the premise address? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                            |                                       |                                                       |                                                  |
| If No, provide storage address (include City, State, Zip code): <u>412 S. Water St.</u>                                                                                                       |                                       |                                                       |                                                  |
| Are you leasing the vehicle? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, a copy of the lease is required. Lease must meet all requirements in MCO 100-50-12b. |                                       |                                                       |                                                  |

**APPLICANT INFORMATION**

Do you have experience operating a public passenger vehicle?  No  Yes

If yes, when and in which municipalities? Milwaukee 2010-2013

Do you currently hold any public passenger vehicle permits?  No  Yes If yes, how many? 8

What type(s) of vehicles? Commercial Quadricycles In which municipalities? Milwaukee

**PLAN OF OPERATION**

| HOURS OF OPERATION | Earliest Starting Time (include AM or PM) | Latest Ending Time (include AM or PM) |
|--------------------|-------------------------------------------|---------------------------------------|
| Monday             | <u>8:00 AM</u>                            | <u>10:30 PM</u>                       |
| Tuesday            | ↓                                         | ↓                                     |
| Wednesday          |                                           |                                       |
| Thursday           |                                           |                                       |
| Friday             |                                           |                                       |
| Saturday           |                                           |                                       |
| Sunday             |                                           |                                       |

Proposed Area(s) of Operation:

Downtown  South Side  North Side  East Side  West Side  Airport

What routine maintenance will be done?  
 Inspect:  tires  battery  engine  headlights, tail lights, turn signals  horn  wipers  Conduct routine oil changes  Check all fluid levels  
 Where?  At Business Address  At Garage  
 How often?  Daily  Weekly  Monthly  Yearly

Who will be operating the vehicle?  Owner  Employee  Lessee  Other: \_\_\_\_\_

Provide a statement (or attach a copy) of written policies for drivers to maintain a clean, professional and orderly appearance, including any dress or uniform requirements:  
 Uniform required  
 Wearing the following clothing is prohibited:  shorts  jeans  flip flops  Other: \_\_\_\_\_  
 Clothing must be neat and clean without holes or tears  
 Driver must be well groomed at all times while on duty  
 Hair shall be neatly trimmed and combed  
 Statement of written policies is attached  
 Other: \_\_\_\_\_

What are your plans to promote and ensure driver and passenger security?  
 Confirm that all drivers hold valid Public Passenger Vehicle Licenses  
 Require all drivers to undergo the following training: \_\_\_\_\_  
 Vehicle is equipped with airbags  
 Regularly inspect seat belts for unusual wear or malfunctioning parts  
 Vehicle is equipped with a spare tire, jack and emergency equipment  
 Follow suggested vehicle maintenance schedule  
 Written safe driving policy given to all drivers  
 Regularly inspect brake lights and emergency flashers  
 Other: \_\_\_\_\_

What is your process for resolving complaints, including retention of complaint records and reporting to the City Clerk?  
 Gather all complaint information  
 Ask customer how they would like issue to be addressed  
 Provide resolution to the customer's satisfaction  
 Keep written records of complaints and resolutions: For how long? 1 year  
 Keep computer records of complaints and resolutions: For how long? 1 year  
 Other: \_\_\_\_\_

In what manner will all accident reports or citations be retained and made available to the City Clerk?  
 Keep written records of all accident reports and citations: For how long? 3 year  
 Keep computer records of all accident reports and citations: For how long? 3 year  
 Other: \_\_\_\_\_

Describe all vehicle markings, body color(s), signs or stickers:  
Signs on Back, Front, Sides

Provide your rates of fare (ex: \$25 per hour, \$10 per trip, etc.) (Does not apply to Metered Fare Taxicabs)  
DNA

Horse & Surrey Livery Services Only: Provide Name, Address, and Phone Number of Licensed Veterinarian:  
 \_\_\_\_\_

Taxicab Applicants Only: I understand the vehicle must not be more than 10 model years old and must provide passenger leg room of not less than 32 inches measured from the back of the seated passenger forward.  
 Initial to confirm your understanding: \_\_\_\_\_

**Signatures**  
 \_\_\_\_\_  
 Signature of Sole Proprietor, Partner, or 20% or more Shareholder  
 (If there are no 20% or more shareholders,  
 Corporate Officer-print name/title and sign  
 \_\_\_\_\_  
 Signature of additional partner or 20% or more shareholder

Office Use Only: Permit # \_\_\_\_\_  Insurance  Registration


# PROVISIONAL PUBLIC PASSENGER VEHICLE PERMIT APPLICATION

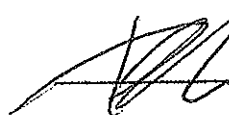
Complete this section only if applying for a Provisional Public Passenger Vehicle Permit at this time

By initialing each line I/we confirm each of the following statements are true:

- I/we understand the \$15 provisional license fee is nonrefundable.
- A true and correct copy of the current vehicle registration has been submitted.
- A certificate of insurance in compliance with the Milwaukee Code of Ordinances has been submitted.
- I, as an individual applicant, all partners of a partnership, or the agent of a Corporation/LLC currently hold(s) valid motor vehicle driver's license(s) with the State of Wisconsin.
- I/we understand the driver(s) of the vehicle must be licensed as a Public Passenger Vehicle Driver(s).
- No one listed on this application has any open warrants or unpaid fines.
- No one listed on this application is on probation or parole.
- Within 2 years of the date of this application, no one listed on this application has been convicted of any felony or misdemeanor offense related to a violent offense.
- Within 2 years of the date of this application, no one listed on this application has been convicted of 3 or more moving violations, as defined in s. 343.01(2)(cg), Wisconsin Statutes, arising out of separate incidents or occurrences.
- Within 2 years of the date of application, no one listed on this application has been convicted of any offense related to operating a motor vehicle while intoxicated.
- I/we are not subject to disqualification due to a previous application being withdrawn, denied, non-renewed, revoked, or surrendered (MCO 85-13).

I understand that providing false, misleading or fraudulent information shall be subject to the penalties provided in s. MCO 85-34 and that the City Clerk may revoke the provisional license without further Common Council action if it is determined that false information was provided on the application or upon denial of the Common Council of a regular license.

  
\_\_\_\_\_  
Print Name

  
\_\_\_\_\_  
Signature

Office Use Only:  \$15 provisional fee paid.  Regular license fee paid  Veh Reg  Ins Cert  
PPPV# \_\_\_\_\_ WDL exp date: \_\_\_\_\_



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Names of all currently employed drivers (attach additional sheets as needed):

Ethan Hettlefinger, Corey Baerman, Derek Collins, Joey Shutz, Port

**NOTARIZED SIGNATURE**

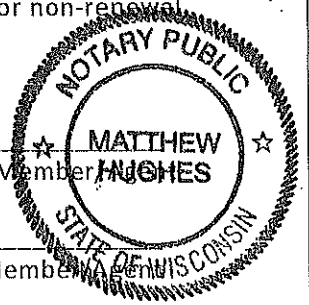
Failure of a licensee to comply with the approved plan of operation shall constitute grounds for non-renewal, suspension or revocation.

SUBSCRIBED AND SWORN TO BEFORE ME THIS

24 day of March, 20 23

Derek Collins  
Print Name of Individual/Partner/Officer/Member

Signature of Individual/Partner/Officer/Member



Notary Public, State of Wisconsin

My commission expires 11/13/2025

Notary seal must be affixed





**PUBLIC PASSENGER VEHICLE (OWNER)  
PERMIT SUPPLEMENTAL APPLICATION**

ccl-ppvapp 12/12/17

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Submit with Business License Application

|                                                                                                                                                                                                                                                                                                         |                                                      |                                                                                                                             |                                                    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|
| <b>TYPE OF VEHICLE (CHECK ONE)</b>                                                                                                                                                                                                                                                                      |                                                      |                                                                                                                             |                                                    |
| <input type="checkbox"/> Limousine (Pre-Reserved or Contract Service Basis)                                                                                                                                                                                                                             |                                                      | <input type="checkbox"/> Motorcycle (Used for Tours)                                                                        |                                                    |
| <input type="checkbox"/> Taxicab Metered Fare Vehicle: Name of Dispatch Service:<br><hr/> (Service Upon Demand)                                                                                                                                                                                         |                                                      | <input type="checkbox"/> Shuttle-Group Travel/Pre-reserved Basis                                                            |                                                    |
| <input type="checkbox"/> Horse & Surrey Livery                                                                                                                                                                                                                                                          | <input type="checkbox"/> Pedicab                     | <input type="checkbox"/> Shuttle-Shared Ride/Fixed Route - Submit a copy of the fixed route schedule with this application. |                                                    |
| <input checked="" type="checkbox"/> Pedicab, Commercial Quadricycle - Will you be allowing the possession and consumption of fermented malt beverages?<br><input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes, a Pedicab Plan of Operation (ccl-ppvpedf) must also be submitted. |                                                      |                                                                                                                             |                                                    |
| <b>VEHICLE INFORMATION</b>                                                                                                                                                                                                                                                                              |                                                      |                                                                                                                             |                                                    |
| Year: <u>2008</u>                                                                                                                                                                                                                                                                                       | Make: <u>Fiets Life</u>                              | Model:                                                                                                                      | Color of Vehicle Body: <u>Yellow</u>               |
| Serial or Vehicle Identification # (VIN):                                                                                                                                                                                                                                                               |                                                      | License Plate #:                                                                                                            | Passenger-Carrying Capacity:<br>(excluding driver) |
| Body style (Check one):<br><input type="checkbox"/> 4-door Sedan <input type="checkbox"/> Stretch Limousine <input type="checkbox"/> Sports Utility<br><input type="checkbox"/> Van <input type="checkbox"/> Wagon <input checked="" type="checkbox"/> Other: _____                                     |                                                      |                                                                                                                             |                                                    |
| Will vehicle be stored at the premise address? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If No, provide storage address (include City, State, Zip code):<br><u>412 S. Water St.</u>                                                                                        |                                                      |                                                                                                                             |                                                    |
| Are you leasing the vehicle? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, a copy of the lease is required.<br>Lease must meet all requirements in MCO 100-50-12b.                                                                                                        |                                                      |                                                                                                                             |                                                    |
| <b>APPLICANT INFORMATION</b>                                                                                                                                                                                                                                                                            |                                                      |                                                                                                                             |                                                    |
| Do you have experience operating a public passenger vehicle? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes<br>If yes, when and in which municipalities? <u>Milwaukee 2010-2023</u>                                                                                                |                                                      |                                                                                                                             |                                                    |
| Do you currently hold any public passenger vehicle permits? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes, how many? <u>8</u>                                                                                                                                              |                                                      |                                                                                                                             |                                                    |
| What type(s) of vehicles? <u>Commercial Quadricycle</u> In which municipalities? <u>Milwaukee</u>                                                                                                                                                                                                       |                                                      |                                                                                                                             |                                                    |
| <b>PLAN OF OPERATION</b>                                                                                                                                                                                                                                                                                |                                                      |                                                                                                                             |                                                    |
| <b>HOURS OF OPERATION</b>                                                                                                                                                                                                                                                                               | <b>Earliest Starting Time<br/>(include AM or PM)</b> | <b>Latest Ending Time<br/>(include AM or PM)</b>                                                                            |                                                    |
| Monday                                                                                                                                                                                                                                                                                                  | <u>6:00 AM</u>                                       | <u>10:30 PM</u>                                                                                                             |                                                    |
| Tuesday                                                                                                                                                                                                                                                                                                 | ↓                                                    | ↓                                                                                                                           |                                                    |
| Wednesday                                                                                                                                                                                                                                                                                               |                                                      |                                                                                                                             |                                                    |
| Thursday                                                                                                                                                                                                                                                                                                |                                                      |                                                                                                                             |                                                    |
| Friday                                                                                                                                                                                                                                                                                                  |                                                      |                                                                                                                             |                                                    |
| Saturday                                                                                                                                                                                                                                                                                                |                                                      |                                                                                                                             |                                                    |
| Sunday                                                                                                                                                                                                                                                                                                  |                                                      |                                                                                                                             |                                                    |
| Proposed Area(s) of Operation:<br><input checked="" type="checkbox"/> Downtown <input checked="" type="checkbox"/> South Side <input type="checkbox"/> North Side <input type="checkbox"/> East Side <input type="checkbox"/> West Side <input type="checkbox"/> Airport                                |                                                      |                                                                                                                             |                                                    |

What routine maintenance will be done?

Inspect:  tires  battery  engine  headlights, tail lights, turn signals  horn  wipers  Conduct routine oil changes  Check all fluid levels

Where?  At Business Address  At Garage

How often?  Daily  Weekly  Monthly  Yearly

Who will be operating the vehicle?  Owner  Employee  Lessee  Other: \_\_\_\_\_

Provide a statement (or attach a copy) of written policies for drivers to maintain a clean, professional and orderly appearance, including any dress or uniform requirements:

- Uniform required
- Wearing the following clothing is prohibited:  shorts  jeans  flip flops  Other: \_\_\_\_\_
- Clothing must be neat and clean without holes or tears
- Driver must be well groomed at all times while on duty
- Hair shall be neatly trimmed and combed
- Statement of written policies is attached
- Other: \_\_\_\_\_

What are your plans to promote and ensure driver and passenger security?

- Confirm that all drivers hold valid Public Passenger Vehicle Licenses
- Require all drivers to undergo the following training: \_\_\_\_\_
- Vehicle is equipped with airbags
- Regularly inspect seat belts for unusual wear or malfunctioning parts
- Vehicle is equipped with a spare tire, jack and emergency equipment
- Follow suggested vehicle maintenance schedule
- Written safe driving policy given to all drivers
- Regularly inspect brake lights and emergency flashers
- Other: \_\_\_\_\_

What is your process for resolving complaints, including retention of complaint records and reporting to the City Clerk?

- Gather all complaint information
- Ask customer how they would like issue to be addressed
- Provide resolution to the customer's satisfaction
- Keep written records of complaints and resolutions: For how long? 1 year
- Keep computer records of complaints and resolutions: For how long? 1 year
- Other: \_\_\_\_\_

In what manner will all accident reports or citations be retained and made available to the City Clerk?

- Keep written records of all accident reports and citations: For how long? 3 year
- Keep computer records of all accident reports and citations: For how long? 3 year
- Other: \_\_\_\_\_

Describe all vehicle markings, body color(s), signs or stickers:

Signs ON Front, Back, Side


Provide your rates of fare (ex: \$25 per hour, \$10 per trip, etc.) (Does not apply to Metered Fare Taxicabs)

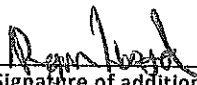
DNA

Horse & Surrey Livery Services Only: Provide Name, Address, and Phone-Number of Licensed Veterinarian:

Taxicab Applicants Only: I understand the vehicle must not be more than 10 model years old and must provide passenger leg room of not less than 32 inches measured from the back of the seated passenger forward. Initial to confirm your understanding: \_\_\_\_\_

**Signatures**

  
Signature of Sole Proprietor, Partner, or 20% or more Shareholder  
(If there are no 20% or more shareholders,  
Corporate Officer-print name/title and sign

  
Signature of additional partner or 20% or more shareholder

Office Use Only: Permit # \_\_\_\_\_  Insurance  Registration

# PROVISIONAL PUBLIC PASSENGER VEHICLE PERMIT APPLICATION

Complete this section only if applying for a Provisional Public Passenger Vehicle Permit at this time

By initialing each line I/we confirm each of the following statements are true:

- I/we understand the \$15 provisional license fee is nonrefundable.
- A true and correct copy of the current vehicle registration has been submitted.
- A certificate of insurance in compliance with the Milwaukee Code of Ordinances has been submitted.
- I, as an individual applicant, all partners of a partnership, or the agent of a Corporation/LLC currently hold(s) valid motor vehicle driver's license(s) with the State of Wisconsin.
- I/we understand the driver(s) of the vehicle must be licensed as a Public Passenger Vehicle Driver(s).
- No one listed on this application has any open warrants or unpaid fines.
- No one listed on this application is on probation or parole.
- Within 2 years of the date of this application, no one listed on this application has been convicted of any felony or misdemeanor offense related to a violent offense.
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- I/we are not subject to disqualification due to a previous application being withdrawn, denied, non-renewed, revoked, or surrendered (MCO 85-13).

I understand that providing false, misleading or fraudulent information shall be subject to the penalties provided in s. MCO 85-34 and that the City Clerk may revoke the provisional license without further Common Council action if it is determined that false information was provided on the application or upon denial of the Common Council of a regular license.

Derek Collins  
Print Name

[Signature]  
Signature

Office Use Only:  \$15 provisional fee paid  
PPP# \_\_\_\_\_

Regular license fee paid  
WDL exp date: \_\_\_\_\_

Veh Reg

Ins Cert



**PEDICAB PLAN OF OPERATION**

ccl-ppvpedi 2/24/17

OFFICE OF THE CITY CLERK LICENSE DIVISION  
 200 E. WELLS ST. ROOM 105, MILWAUKEE, WI 53202  
 (414) 286-2238 E-MAIL ADDRESS: [LICENSE@MILWAUKEE.GOV](mailto:LICENSE@MILWAUKEE.GOV)  
[WWW.MILWAUKEE.GOV/LICENSE](http://WWW.MILWAUKEE.GOV/LICENSE)

| HOURS OF OPERATION |                                          |                                        |
|--------------------|------------------------------------------|----------------------------------------|
| Day of the week    | Earliest Start Time<br>(include AM / PM) | Latest End Time *<br>(include AM / PM) |
| Monday             | 6:00 AM                                  | 10:30 PM                               |
| Tuesday            | ↓                                        | ↓                                      |
| Wednesday          |                                          |                                        |
| Thursday           |                                          |                                        |
| Friday             |                                          |                                        |
| Saturday           |                                          |                                        |
| Sunday             |                                          |                                        |

\* The "Latest End Time" can be no later than 10:30 PM

**ROUTES**

Attach a map which identifies the streets where the pedicab will routinely operate.  
 \*No changes in routes shall take place until approved by the Common Council.

Describe your procedure for notifying police or other authorities when anticipated operation deviates from customary routes: *In our 13 years of operation, we only had to notify police one time when we had a random act of violence against us. For all future incidents (if any) we will contact District 2 as soon as possible*

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We scan licenses and make sure everyone is valid

Names of all currently employed drivers (attach additional sheets as needed):

Ethan Hettlefinger, Corey Baerman, Derek Collins, Joey Shetz, Pat

**NOTARIZED SIGNATURE**

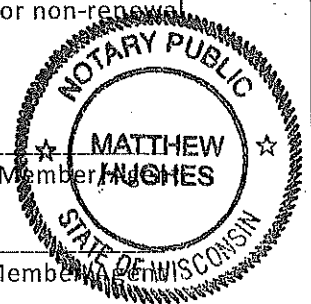
Failure of a licensee to comply with the approved plan of operation shall constitute grounds for non-renewal suspension or revocation.

SUBSCRIBED AND SWORN TO BEFORE ME THIS

24 day of March, 20 23

Derek Collins  
Print Name of Individual/Partner/Officer/Member

Signature of Individual/Partner/Officer/Member



Notary Public, State of Wisconsin

My commission expires 11/13/2025

Notary seal must be affixed



**PUBLIC PASSENGER VEHICLE (OWNER)  
PERMIT SUPPLEMENTAL APPLICATION**

ccl-ppvapp 12/12/17

OFFICE OF THE CITY CLERK LICENSE DIVISION  
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(414) 286-2238 E-MAIL: [license@milwaukee.gov](mailto:license@milwaukee.gov) [www.milwaukee.gov/license](http://www.milwaukee.gov/license)

Submit with Business License Application

|                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                          |                                                                                                                             |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|
| <b>TYPE OF VEHICLE (CHECK ONE)</b>                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                          |                                                                                                                             |
| <input type="checkbox"/> Limousine (Pre-Reserved or Contract Service Basis)                                                                                                                                                                                                                               | <input type="checkbox"/> Motorcycle (Used for Tours)                                                                                                                                                                                     |                                                                                                                             |
| <input type="checkbox"/> Taxicab Metered Fare Vehicle: Name of Dispatch Service:<br><hr/> (Service Upon Demand)                                                                                                                                                                                           | <input type="checkbox"/> Shuttle-Group Travel/Pre-reserved Basis                                                                                                                                                                         |                                                                                                                             |
| <input type="checkbox"/> Horse & Surrey Livery                                                                                                                                                                                                                                                            | <input type="checkbox"/> Pedicab                                                                                                                                                                                                         | <input type="checkbox"/> Shuttle-Shared Ride/Fixed Route - Submit a copy of the fixed route schedule with this application. |
| <input checked="" type="checkbox"/> Pedicab, Commercial Quadricycle - Will you be allowing the possession and consumption of fermented malt beverages?<br><input type="checkbox"/> No <input checked="" type="checkbox"/> Yes - If yes, a Pedicab Plan of Operation (ccl-ppvpedi) must also be submitted. |                                                                                                                                                                                                                                          |                                                                                                                             |
| <b>VEHICLE INFORMATION</b>                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                          |                                                                                                                             |
| Year: <u>2008</u>                                                                                                                                                                                                                                                                                         | Make: <u>Fiets Cafe</u>                                                                                                                                                                                                                  | Model: _____                                                                                                                |
| Color of Vehicle Body: <u>yellow</u>                                                                                                                                                                                                                                                                      | Serial or Vehicle Identification # (VIN): _____                                                                                                                                                                                          |                                                                                                                             |
| License Plate #: _____                                                                                                                                                                                                                                                                                    | Passenger-Carrying Capacity: (excluding driver) _____                                                                                                                                                                                    |                                                                                                                             |
| Body style (Check one):                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> 4-door Sedan <input type="checkbox"/> Stretch Limousine <input type="checkbox"/> Sports Utility<br><input type="checkbox"/> Van <input type="checkbox"/> Wagon <input checked="" type="checkbox"/> Other: _____ |                                                                                                                             |
| Will vehicle be stored at the premise address? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If No, provide storage address (include City, State, Zip code):<br><u>412 S. Water St.</u>                                                                                          |                                                                                                                                                                                                                                          |                                                                                                                             |
| Are you leasing the vehicle? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, a copy of the lease is required.<br>Lease must meet all requirements in MCO 100-50-12b.                                                                                                          |                                                                                                                                                                                                                                          |                                                                                                                             |
| <b>APPLICANT INFORMATION</b>                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                          |                                                                                                                             |
| Do you have experience operating a public passenger vehicle? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <u>Yes</u><br>If yes, when and in which municipalities? <u>Milwaukee 2010-2023</u>                                                                                       |                                                                                                                                                                                                                                          |                                                                                                                             |
| Do you currently hold any public passenger vehicle permits? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes, how many? <u>8</u><br>What type(s) of vehicles? <u>Commercial Quadricycle</u> In which municipalities? <u>Milwaukee</u>                                           |                                                                                                                                                                                                                                          |                                                                                                                             |
| <b>PLAN OF OPERATION</b>                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                          |                                                                                                                             |
| <b>HOURS OF OPERATION</b>                                                                                                                                                                                                                                                                                 | <b>Earliest Starting Time (include AM or PM)</b>                                                                                                                                                                                         | <b>Latest Ending Time (include AM or PM)</b>                                                                                |
| Monday                                                                                                                                                                                                                                                                                                    | <u>8:00AM</u>                                                                                                                                                                                                                            | <u>10:30pm</u>                                                                                                              |
| Tuesday                                                                                                                                                                                                                                                                                                   | ↓                                                                                                                                                                                                                                        | ↓                                                                                                                           |
| Wednesday                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                          |                                                                                                                             |
| Thursday                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                          |                                                                                                                             |
| Friday                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                          |                                                                                                                             |
| Saturday                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                          |                                                                                                                             |
| Sunday                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                          |                                                                                                                             |
| Proposed Area(s) of Operation:<br><input checked="" type="checkbox"/> Downtown <input checked="" type="checkbox"/> South Side <input type="checkbox"/> North Side <input type="checkbox"/> East Side <input type="checkbox"/> West Side <input type="checkbox"/> Airport                                  |                                                                                                                                                                                                                                          |                                                                                                                             |

What routine maintenance will be done?

Inspect:  tires  battery  engine  headlights, tail lights, turn signals  horn  wipers  Conduct routine oil changes  Check all fluid levels  
Where?  At Business Address  At Garage  
How often?  Daily  Weekly  Monthly  Yearly

Who will be operating the vehicle?  Owner  Employee  Lessee  Other: \_\_\_\_\_

Provide a statement (or attach a copy) of written policies for drivers to maintain a clean, professional and orderly appearance, including any dress or uniform requirements:

Uniform required  
 Wearing the following clothing is prohibited:  shorts  jeans  flip flops  Other: \_\_\_\_\_  
 Clothing must be neat and clean without holes or tears  
 Driver must be well groomed at all times while on duty  
 Hair shall be neatly trimmed and combed  
 Statement of written policies is attached  
 Other: \_\_\_\_\_

What are your plans to promote and ensure driver and passenger security?

Confirm that all drivers hold valid Public Passenger Vehicle Licenses  
 Require all drivers to undergo the following training: \_\_\_\_\_  
 Vehicle is equipped with airbags  
 Regularly inspect seat belts for unusual wear or malfunctioning parts  
 Vehicle is equipped with a spare tire, jack and emergency equipment  
 Follow suggested vehicle maintenance schedule  
 Written safe driving policy given to all drivers  
 Regularly inspect brake lights and emergency flashers  
 Other: \_\_\_\_\_

What is your process for resolving complaints, including retention of complaint records and reporting to the City Clerk?

Gather all complaint information  
 Ask customer how they would like issue to be addressed  
 Provide resolution to the customer's satisfaction  
 Keep written records of complaints and resolutions: For how long? 1 year  
 Keep computer records of complaints and resolutions: For how long? 1 year  
 Other: \_\_\_\_\_

In what manner will all accident reports or citations be retained and made available to the City Clerk?

Keep written records of all accident reports and citations: For how long? 3 year  
 Keep computer records of all accident reports and citations: For how long? 3 year  
 Other: \_\_\_\_\_

Describe all vehicle markings, body color(s), signs or stickers:

Signs on Front, Back, Sides

Provide your rates of fare (ex: \$25 per hour, \$10 per trip, etc.) (Does not apply to Metered Fare Taxicabs)

DNA

Horse & Surrey Livery Services Only: Provide Name, Address, and Phone Number of Licensed Veterinarian:

Taxicab Applicants Only: I understand the vehicle must not be more than 10 model years old and must provide passenger leg room of not less than 32 inches measured from the back of the seated passenger forward.  
Initial to confirm your understanding: \_\_\_\_\_

**Signatures**

Signature of Sole Proprietor, Partner, or 20% or more Shareholder  
(If there are no 20% or more shareholders,  
Corporate Officer-print name/title and sign

Signature of additional partner or 20% or more shareholder

Office Use Only: Permit # \_\_\_\_\_  Insurance  Registration

# PROVISIONAL PUBLIC PASSENGER VEHICLE PERMIT APPLICATION

Complete this section only if applying for a Provisional Public Passenger Vehicle Permit at this time

By initialling each line I/we confirm each of the following statements are true:

- I/we understand the \$15 provisional license fee is nonrefundable.
- A true and correct copy of the current vehicle registration has been submitted.
- A certificate of insurance in compliance with the Milwaukee Code of Ordinances has been submitted.
- I, as an individual applicant, all partners of a partnership, or the agent of a Corporation/LLC currently hold(s) valid motor vehicle driver's license(s) with the State of Wisconsin.
- I/we understand the driver(s) of the vehicle must be licensed as a Public Passenger Vehicle Driver(s).
- No one listed on this application has any open warrants or unpaid fines.
- No one listed on this application is on probation or parole.
- Within 2 years of the date of this application, no one listed on this application has been convicted of any felony or misdemeanor offense related to a violent offense.
- Within 2 years of the date of this application, no one listed on this application has been convicted of 3 or more moving violations, as defined in s. 343.01(2)(cg), Wisconsin Statutes, arising out of separate incidents or occurrences.
- Within 2 years of the date of application, no one listed on this application has been convicted of any offense related to operating a motor vehicle while intoxicated.
- I/we are not subject to disqualification due to a previous application being withdrawn, denied, non-renewed, revoked, or surrendered (MCO 85-13).

I understand that providing false, misleading or fraudulent information shall be subject to the penalties provided in s. MCO 85-34 and that the City Clerk may revoke the provisional license without further Common Council action if it is determined that false information was provided on the application or upon denial of the Common Council of a regular license.

Derek Collins  
Print Name  
[Signature]  
Signature

Office Use Only:  \$15 provisional fee paid  Regular license fee paid  Veh Reg  Ins Cert  
PPP# \_\_\_\_\_ WDL exp date: \_\_\_\_\_





# PEDICAB PLAN OF OPERATION

ccl-ppvpedi 2/24/17

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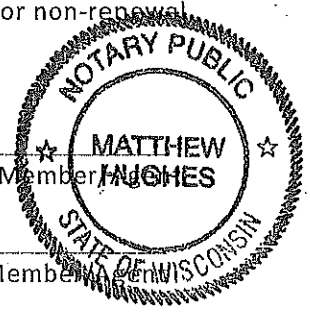
**NOTARIZED SIGNATURE**

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SUBSCRIBED AND SWORN TO BEFORE ME THIS  
24 day of March, 2023

*Matthew Jones*  
Notary Public, State of Wisconsin

*Derek Collins*  
Print Name of Individual/Partner/Officer/Member  
*Derek Collins*  
Signature of Individual/Partner/Officer/Member



My commission expires 11/13/2025

Notary seal must be affixed



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
03/23/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

|                                                                                                                                                                                                                        |                                                                                |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|--|
| <b>PRODUCER</b><br><b>FL DEAN JE</b><br><b>6900 DANIELS PKWY STE 29-303</b><br><b>FORT MYERS, FL 33912-7513</b><br><b>8007452409</b>                                                                                   | <b>CONTACT NAME:</b><br>PHONE (A/C, No, Ext): <b>8007452409</b> FAX (A/C, No): |  |
|                                                                                                                                                                                                                        | <b>E-MAIL ADDRESS:</b>                                                         |  |
| <b>INSURED</b> SPORTS AND RECREATION PROVIDERS ASSOCIATION (PURCHASING GROUP) AND ITS PARTICIPATING MEMBERS:<br><br><b>Milwaukee Pedal Tavern LLC</b><br><b>6650 W State St Unit 288</b><br><b>Milwaukee, WI 53213</b> | <b>INSURER(S) AFFORDING COVERAGE</b> NAIC #                                    |  |
|                                                                                                                                                                                                                        | <b>INSURER A:</b> Underwriters at Lloyd's, London      37540                   |  |
|                                                                                                                                                                                                                        | <b>INSURER B:</b> Great American Insurance Company      16691                  |  |
|                                                                                                                                                                                                                        | <b>INSURER C:</b>                                                              |  |
|                                                                                                                                                                                                                        | <b>INSURER D:</b>                                                              |  |
|                                                                                                                                                                                                                        | <b>INSURER E:</b>                                                              |  |

**COVERAGES**      **CERTIFICATE NUMBER: ZISMB2261**      **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE                                                                                                                                                                                                                                                                                                                           | ADDL INSR | SUBR WVD | POLICY NUMBER  | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS                                                                                                                                                                                                                                                           |
|----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|----------------|-------------------------|-------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| A        | <b>GENERAL LIABILITY</b><br><input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b><br><input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR<br><br>GENL AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | X         |          | ZISMB2261      | 03/06/2023<br>12:01 AM  | 03/06/2024<br>12:01 AM  | GENERAL AGGREGATE      \$2,000,000.00<br>PRODUCTS - COM/POP AGG      \$2,000,000.00<br>PERSONAL & ADV INJURY      \$1,000,000.00<br>EACH OCCURRENCE      \$1,000,000.00<br>DAMAGE TO RENTED PREMESIS      \$300,000.00<br>MED EXP (Any one person)      EXCLUDED |
|          | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTO <input type="checkbox"/> NON-OWNED AUTOS                                                                                                       |           |          |                |                         |                         | COMBINED SINGLE LIMIT (Ea accident)      \$<br>BODILY INJURY (Per person)      \$<br>BODILY INJURY (Per accident)      \$<br>PROPERTY DAMAGE (Per accident)      \$                                                                                              |
| B        | <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR<br><b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE<br>DED      RETENTION \$                                                                                                                                                                                                     |           |          | BSR-E886137-00 | 03/06/2023<br>12:01 AM  | 03/06/2024<br>12:01 AM  | EACH OCCURRENCE      \$<br>AGGREGATE      \$                                                                                                                                                                                                                     |
|          | <b>ACCIDENT MEDICAL COVERAGE</b>                                                                                                                                                                                                                                                                                                            |           |          |                |                         |                         | EACH OCCURRENCE      \$25,000.00<br>DEDUCTIBLE      \$100.00                                                                                                                                                                                                     |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Certificate Holder is added as an additional insured but only with respect to liability arising out of the named insured during the policy period.

Vehicles: 2004 Fiets Cafe, 2008 Fiets Cafe (2), 2010 Fiets Cafe, 2011 Fiets Cafe, 2011 Crawler Fabrications (2), 2012 Fiets Cafe

### CERTIFICATE HOLDER

### CANCELLATION

City Of Milwaukee  
 200 E Wells St # 105,  
 Milwaukee, WI 53202

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Francis L. Dean

# Milwaukee

Wisconsin, USA

1. Harley-Davidson Museum
2. Milwaukee Art Museum
3. The Shops of Grand Avenue
4. North Point Lighthouse
5. Milwaukee City Hall
6. Hoan Bridge
7. Pabst Mansion
8. Miller Park
9. Lakefront Brewery
10. Historic Third Ward

