



# CITY OF PHILADELPHIA

## TOUR, TOUR BUS, ZONE AND PEDICAB LICENSE /PERMIT APPLICATION

CITY OF PHILADELPHIA  
DEPARTMENT OF STREETS  
TRAFFIC ENGINEERING  
980 MUNICIPAL SERVICES BLDG.  
PHILADELPHIA, PA 19102-1676

Date: \_\_/\_\_/\_\_\_\_

Company Name:

Address:

City/State/ZIP Code:

via email:

Dear Sir;

This packet consist of 2 sections:

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

Please email completed application packet to [Kasim.Ali@Phila.gov](mailto:Kasim.Ali@Phila.gov).

Permits/license will be issued for the 20\_\_ Tour season.

All applicants submitting request for Pedicab License must use application indicated for **Pedicabs ONLY**.

Segway, Running and Bicycle tours must in addition to Streets Dept Application get full authorization from Fairmount Park Commission, if park trails and paths, etc. are to be used.

All Operators must abide by all applicable City Codes.

Any questions, please call 215-686-5572

Thank you

Kasim Ali, PE, Act. Chief Traffic Engineer

CLEAN AND SAFE STREETS



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## TOUR, TOUR BUS AND ZONE LICENSE/PERMIT APPLICATION

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

Fill out form and attach worksheets (see page 2)

Date: \_\_\_\_\_

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

Name of Licensee \_\_\_\_\_ Business Name \_\_\_\_\_

Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_ Email Address \_\_\_\_\_

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

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

Type of Vehicle (Bus or Amphibious) or Tour \_\_\_\_\_ Number of Veh. in Fleet \_\_\_\_\_ Proposed Activity Start and End Date \_\_\_\_\_

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

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

### FEE SCHEDULE

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

Total Fees \_\_\_\_\_

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_



# CITY OF PHILADELPHIA

## PEDICAB LICENSE/PERMIT APPLICATION

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

Fill out form and attach worksheets (see page 2)

Date: \_\_\_\_\_

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

Name of Licensee \_\_\_\_\_ Business Name \_\_\_\_\_

Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_ Email Address \_\_\_\_\_

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

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

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

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

### FEE SCHEDULE

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

Total Fees \_\_\_\_\_

Map and restricted boundaries can be found on the Streets Department website: <http://www.philadelphiastreet.com/pedicab/>

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

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

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

**CHECKLIST**

**DOCUMENT SUBMISSION**

Please complete all forms where applicable and attach supporting documentation

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

Pedicab License/Permit Application

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

Vehicle Roster

Operator's Roster w/ copies of legible valid state driver's, CDL license  
& US Coast Guard certificates  
(For Pedicabs-copy of Training Certificate)

Current Schedule of Rates

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

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













# APPENDIX

TOUR, TOUR PASSENGER CARRIER & PEDICAB REPORTING

INSTRUCTIONS AND SUBMITTED REPORTS

SAFETY DATA SUMMARY TEMPLATE

**TOUR, TOUR PASSENGER CARRIER & PEDICAB**  
**SAFETY RECORD SUBMISSION**

**CHECKLIST**

**SAFETY RECORD SCHEDULES AND SUPPORTING DOCUMENTATION**

Please complete all forms where applicable and attach supporting documentation

Traffic Violations w/ copy of Violations

Accident History w/ copy of Accident Reports

Injury History w/ copy of Injury Reports

Other Violations w/ copy of Citations

Safety Data Summary Template-Enter data for each category

## Safety Reports Required for Issuance of License and Permits

### **Instructions:**

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

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

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











## Safety Summary of Tour, Tour Passenger Carrier & Pedicab Operation

Safety Data Operational Year- \_\_\_\_\_

Company Name: \_\_\_\_\_

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