



**SAN DIEGO POLICE DEPARTMENT - PERMITS AND LICENSING**  
**TRADITIONAL/SPECIALIZED PEDICAB BUSINESS (DECAL OWNER)**



San Diego Municipal Code, Section 33.0101(c), states you must have a valid police permit to operate a business designated as police regulated. You are responsible for being familiar with and complying with the rules and regulations related to Pedicab Operators & Pedicab Decal Owners. Copies of the Pedicab Operators Ordinance and General Divisions for police regulated activities may be obtained from the City Clerk's office located at 202 C Street, 2nd Floor, Telephone # (619) 533-4000 or via the City's website: <http://www.sandiego.gov> (Department, City Clerk, Documents, Municipal Code), [SDMC Chapter 3, Article 3, Division 46](#) & [Chapter 8, Article 3, Division 1](#).

***Traditional Pedicab Operator (3-Wheel Pedicab)*** - means any person who owns a pedicab as defined in section 467.5(a) & (b) of the California Vehicle Code.

***Specialized Pedicab Operator (4-Wheel Pedicab)*** - means any person who owns a pedicab as defined in section 467.5(c) of the California Vehicle Code.

New applications may be submitted in person at the Office of the City Treasurer located at:  
**1200 Third Avenue, Suite 100, San Diego, CA 92101**

Mailing Address: **SDPD Permits, P.O. Box 122289, San Diego, CA 92112-228**

For questions, contact the Business Tax Program at (619) 615-1500.

**Note:** Regulation and enforcement will continue to be performed by SDPD.

**YOU MUST PROVIDE THE FOLLOWING WHEN APPLYING FOR THE ABOVE MENTIONED POLICE PERMITS**

**INCOMPLETE APPLICATION PACKETS WILL NOT BE ACCEPTED**

- **POLICE PERMIT APPLICATION** - Fill out the application completely. Indicate the Permit Type (Traditional or Specialized. Review definitions above. A thirty (30) day investigation period begins at the time the application is submitted. A criminal records check will be made on each applicant.
- **BUSINESS ADDENDUM** - Each additional corporate officer or partner is deemed an applicant and must complete the Business Addendum application. An applicant who is a corporation or partnership shall designate one of its officers or general partners to act as its responsible managing officer. The responsible managing officer may complete, sign, and submit all applications on behalf of the corporate officers and partners. A criminal records check will be made on each applicant. A 30-day investigation period begins at the time the complete application package is submitted.
- **LIVE SCAN FINGERPRINTS** - **Required** for all new applicants. The San Diego Municipal Code states Fingerprints must be taken by a Governmental Agency. See attached list of locations. Fill out the attached "Request for Live Scan Service" form and bring it with you to a Live Scan agency. Return your completed application to the Office of the City Treasurer so your application can be processed. **The completed "Request for Live Scan Service" form is valid for only thirty (30) days from the date your fingerprints were taken. After thirty (30) days you will be required to re-do your Live Scan fingerprints.**
- **BUSINESS TAX CERTIFICATE** - City of San Diego Business Tax Certificates can be obtained from the City Treasurer's Office located at 1200 Third Avenue, 1st floor, San Diego, CA 92101 - Phone: (619) 615-1500.

- [IDENTIFICATION](#) - A current government issued photo identification card (Driver's license, state ID or military ID).
- [TRADITIONAL/SPECIALIZED PEDICAB DECAL APPLICATION](#) - Fill out the applicable (General or Restricted Zone) form, indicate the Decal Type (Traditional or Specialized), and provide to the authorized SDPD Vice Permits & Licensing Officer at time of inspection.
- [PEDICAB SAFETY & IDENTIFICATION INSPECTION](#) - An inspection is required per SDMC 33.4618 & 33.4619. An authorized SDPD Vice Permits & Licensing Officer must perform the inspection. To obtain an appointment for a pedicab inspection, call (619) 531-2241.
- [INSURANCE REQUIREMENTS](#) - Required per SDMC 33.4620. Insurance policy needs to be presented to the authorized SDPD Vice Permits & Licensing Officer at time of inspection.
- [FEES](#) - Cash, checks, and credit cards are accepted. Please make checks, money orders, and cashier's checks payable to the **City Treasurer**.

In addition to the annual PD Regulatory fee, all permits are assessed a non-refundable \*Application Fee. The application fee consists of a \$20 investigative fee (background review) for one Owner/Officer and a \$54 application fee for new permits (\$50 at time of renewal).

**\$203.00** - Regulatory Permit Fee / Traditional Decal  
**\$74.00** - \*Application Fee  
**\$277.00** - Total

**\$194.00** - Regulatory Permit Fee / Specialized Decal  
**\$74.00** - \*Application Fee  
**\$268.00** - Total



# POLICE PERMIT APPLICATION

SUBMIT FORM IN PERSON AT:  
OFFICE OF THE CITY TREASURER  
1200 THIRD AVE SUITE 100, SAN DIEGO, CA 92101  
(619) 615-1500



PERMIT TYPE: \_\_\_\_\_ BUSINESS TAX CERTIFICATE #: \_\_\_\_\_

Ownership Type

☐ Sole Proprietor ☐ Partnership ☐ Corporation ☐ LLC ☐ Other \_\_\_\_\_

*Applicable to Entertainment Industry Only*

**LIVE ENTERTAINMENT:**

AGE GROUP EXPECTED ATTENDANCE \_\_\_\_\_  
18 and UP ☐ 0 - 49 persons ☐  
21 and UP ☐ 50 or more persons ☐

**CIRCLE WHICHEVER APPLIES**

DANCING KARAOKE LIVE BAND D.J. OTHER

Applicant's Full Name: \_\_\_\_\_  
Last First Middle

Date of Birth: \_\_\_\_\_ Driver's License/ID #: \_\_\_\_\_ State: \_\_\_\_\_

Other Names (Maiden, Alias, Etc.): \_\_\_\_\_ Stage Name (A/E): \_\_\_\_\_

Residence Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Business Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
City/State/Country

Eyes: \_\_\_\_\_ Hair: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_

Business Where Applicant Expects to be Employed (Applicable to Adult Entertainers, Massage, HHP, Escorts, Tobacco Retailers, Peep Shows):

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_ City, State, Zip Code: \_\_\_\_\_

LIST ALL FICTITIOUS NAMES THE BUSINESS WILL OPERATE OR ADVERTISE UNDER:

	FICTITIOUS NAME	PHONE #
1		
2		
3		

**FOR OFFICE USE ONLY**

App. Date: \_\_\_\_\_ Permit Number: \_\_\_\_\_ Received by: \_\_\_\_\_ ☐ Live Scan Rec: \_\_\_\_\_

Records Check: \_\_\_\_\_  
Initials/ID #

☐ RI01 ok or \_\_\_\_\_

Approving Officer: \_\_\_\_\_ Date: \_\_\_\_\_

IF APPLICANT IS A CORPORATION:

NAME OF CORPORATION AS SHOWN IN ARTICLES OF INCORPORATION OR CHARTER	DATE OF INCORPORATION	STATE OF INCORPORATION

NAMES AND RESIDENCE ADDRESSES OF EACH CURRENT CORPORATE OFFICER, DIRECTOR, OR PARTNER (INCLUDING LIMITED PARTNERS):

(ADDITIONAL OWNERS/OFFICERS MUST COMPLETE OWNER/OFFICER ADDENDUM)

NAME	TITLE

LIST FULL TRUE NAME AND ANY OTHER NAMES USED BY THE OWNERS AND ANY PERSONS WHO EXERCISE CONTROL OVER THE OPERATION, MANAGEMENT, DIRECTION OR POLICY OF THE BUSINESS, OR WHO ARE RESPONSIBLE FOR THE DAILY OPERATION OF THE BUSINESS:

	FULL NAME	TITLE
1		
2		
3		
4		
5		

APPLICANT'S PREMISES ARE "" ""OWNED "" ""LEASED/RENTED

IF RENTED OR LEASED, PLEASE PROVIDE THE NAME AND ADDRESS OF THE PROPERTY OWNER(S):

PROPERTY OWNER'S NAME	PROPERTY OWNER'S ADDRESS	PHONE #

1. List similar permits or licenses issued by any agency or board, or any city, county, state or federal agency in the past five (5) years.

***IF NONE, INITIAL HERE:*** \_\_\_\_\_

	TYPE OF LICENSE	LICENSE NUMBER	DATES HELD	CITY AND STATE
1.			From To	
2.			From To	
3.			From To	
4.			From To	
5.			From To	

2. Have you ever had any permit or license issued by any agency or board, or any city, county, state or federal agency denied, suspended or revoked? ☐ Yes ☐ No

If yes, please complete below:

CITY/STATE	DATE OF SUSPENSION OR REVOCATION	REASON
1.		
2.		
3.		

3. List all criminal convictions, including convictions in another state and those under appeal. Include pleading of guilty to a lesser charge in satisfaction of, or as a substitute for, an original charge, and pleadings of *nolo contendere* or no contest. Expunged convictions must be listed per California Penal Code section 1203.4(a). Infractions are excluded.

**IF NONE, INITIAL HERE:** \_\_\_\_\_

	CHARGE	DATE CONVICTED	LOCATION OF COURT
1.			
2.			
3.			
4.			

\*For additional info in any section, please use separate sheet(s).

**APPLICANTS:** It is the responsibility of the permit holder to renew the permit no later than fifteen (15) calendar days after the expiration date on the permit. Failure to renew on time will result in a penalty fee of \$25.00 plus 10% of the regulatory fee. If a renewal is not completed with all fees and penalties paid within the following calendar month after the due date, the permit expires and business operations, occupations, or activities allowed by the permit must cease. Any outstanding balance (PD or Business Tax fees) may be referred to our Delinquent Accounts Program.

**INITIAL HERE:** \_\_\_\_\_

A police permit is required for any person or entity engaged in any occupation or business deemed to be police-regulated, as set forth in Chapter 3, Article 3 of the San Diego Municipal Code, <http://www.sandiego.gov/city-clerk/officialdocs/legisdocs/muni.shtml>. Under penalty of perjury, applicant understands and agrees: To abide by all federal, state, and local laws; Consent to inspection by the Chief of Police per SDMC § 33.0103; The investigation fee is non-refundable per SDMC § 33.0307; Applications must be complete and truthful; Applicant will not willfully make a false statement or fail to report any material fact in the application per SDMC § 11.0401(b); Any changed circumstance which would have been grounds for denial of the application is grounds for denying a renewal application; Failure to disclose any material circumstance, whether or not such circumstance would have been grounds for denial, is grounds for denying a renewal permit.

**INITIAL HERE:** \_\_\_\_\_

To review grounds for denial, please refer to Municipal Code section 33.0305. Municipal Code or specific industry code sections may be accessed at the web address referenced above.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE OF APPLICATION

**PLEASE BE ADVISED THE INFORMATION YOU PROVIDE ON YOUR APPLICATION MAY  
BE SUBJECT TO PUBLIC DISCLOSURE PER THE CALIFORNIA PUBLIC RECORDS ACT**



# POLICE PERMIT APPLICATION – OWNER/OFFICER ADDENDUM

SUBMIT FORM IN PERSON AT:  
OFFICE OF THE CITY TREASURER  
1200 THIRD AVE SUITE 100, SAN DIEGO, CA 92101  
(619) 615-1500



**PLEASE COMPLETE ALL SECTIONS IF APPLICABLE**  
(TYPE OR PRINT LEGIBLY)

PERMIT TYPE: \_\_\_\_\_ BUSINESS TAX CERTIFICATE#: \_\_\_\_\_

Applicant Title: ☐ Partner ☐ Corporate Officer ☐ Other: \_\_\_\_\_

Applicant's Full Name: \_\_\_\_\_  
Last First Middle

Date of Birth: \_\_\_\_\_ Driver's License/ID #: \_\_\_\_\_ State: \_\_\_\_\_

Residence Address: \_\_\_\_\_ City, State, Zip Code: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City, State, Zip Code: \_\_\_\_\_

Residence Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Business Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Eyes: \_\_\_\_\_ Hair: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_

*Business Where Applicant Expects to be Employed*

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_ City, State, Zip Code: \_\_\_\_\_

**1. List similar permits or licenses issued by any agency or board, or any city, county, state or federal agency in the past five (5) years.**

**IF NONE INITIAL HERE:** \_\_\_\_\_

TYPES OF LICENSE	LICENSE NUMBER	DATES HELD	CITY AND STATE
1.		FROM TO	
2.		FROM TO	
3.		FROM TO	

## FOR OFFICE USE ONLY

Application Date: \_\_\_\_\_ Corresponding Permit #: \_\_\_\_\_ Received by: \_\_\_\_\_ Live Scan Rec: \_\_\_\_\_

Records Check: \_\_\_\_\_ RI01 OK or: \_\_\_\_\_

Approving Officer: \_\_\_\_\_ Date: \_\_\_\_\_

2. Have you ever had any permit or license issued by any agency or board, or any city, county, state or federal agency denied, suspended or revoked? ☐ Yes ☐ No

If yes, please complete below:

CITY/STATE	DATE OF SUSPENSION OR REVOCATION	REASON
1.		
2.		
3.		

3. List all criminal convictions, including convictions in another state and those under appeal. Include pleading of guilty to a lesser charge in satisfaction of, or as a substitute for, an original charge, and pleadings of *nolo contendere* or no contest. Expunged convictions must be listed per California Penal Code section 1203.4(a). Infractions are excluded.

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1.			
2.			
3.			
4.			

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**INITIAL HERE:** \_\_\_\_\_

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**INITIAL HERE:** \_\_\_\_\_

To review grounds for denial, please refer to Municipal Code section 33.0305. Municipal Code or specific industry code sections may be accessed at the web address referenced above.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE OF APPLICATION

**PLEASE BE ADVISED THE INFORMATION YOU PROVIDE ON YOUR APPLICATION MAY BE SUBJECT TO PUBLIC DISCLOSURE PER THE CALIFORNIA PUBLIC RECORDS ACT**

**REQUEST FOR LIVE SCAN SERVICE**

BCII 8016 (3/07)

***Applicant Submission***

ORI: CA0371100 Type of Application: Permits and Licensing  
Code assigned by DOJ  
Job Title or Type of License, Certification or Permit: \_\_\_\_\_

Agency Address Set Contributing Agency:

San Diego Police Department

Agency authorized to receive criminal history information

08228

Mail Code (five-digit code assigned by DOJ)

P.O. Box 121431- MS 735

Street No. Street or PO Box

Contact Name (Mandatory for all school submissions)

San Diego

City

California

State

92112-1431

Zip Code

( 619 ) 531-2250

Contact Telephone No.

Name of Applicant: \_\_\_\_\_  
(Please print) Last First MI

Alias: \_\_\_\_\_ Driver's License No: \_\_\_\_\_  
Last First

Date of Birth: \_\_\_\_\_ Sex: ☐ Male ☐ Female Misc. No. BIL - APPLICANT TO PAY  
Agency Billing Number

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Misc. Number: \_\_\_\_\_

Home Address: \_\_\_\_\_

Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_  
Street No. Street or PO Box

Place of Birth: \_\_\_\_\_  
City, State and Zip Code

Social Security Number: \_\_\_\_\_

Your Number: \_\_\_\_\_  
OCA No. (Agency Identifying No.)

Level of Service: ☒ DOJ ☒ FBI

If resubmission, list Original ATI  
Number: \_\_\_\_\_

Employer: (Additional response for agencies specified by statute)

Not Applicable

Employer Name

Street No. Street or PO Box Mail Code (five digit code assigned by DOJ)

City State Zip Code ( )  
Agency Telephone No. (optional)

Live Scan Transaction Completed By: \_\_\_\_\_  
Name of Operator Date

Transmitting Agency ATI No. Amount Collected/Billed



## **Live Scan Fingerprint Information**

### **Municipal Code §33.0304 - Applicant and Employees to Furnish Fingerprints and Photographs**

For the purpose of investigation and for regulation of the occupation or business during the time it is licensed, applicants, *responsible persons*, managers, or *employees* may be required to furnish their fingerprints and photographs. ***Fingerprints must be taken by a governmental agency.*** The *Chief of Police* shall forward the fingerprints to the Identification Division of the State of California, Department of Justice, or the Federal Bureau of Investigation, for identity confirmation and criminal histories.

### **The following are acceptable US Governmental Agencies located in San Diego County:**

#### **CHULA VISTA**

Chula Vista Police Department  
315 Fourth Avenue  
Chula Vista, CA 91911  
Contact: (619) 409-5954  
M - F, 8am-12pm, **Appointments Only**  
M - F, 1pm-4pm, **Appointments Only**  
[www.chulavistapd.org](http://www.chulavistapd.org)

#### **LA MESA**

La Mesa Police Department  
8085 University Avenue  
La Mesa, CA 91942  
Contact: (619) 667-7592  
M - F, 9am - 430pm  
**Appointments/Walk-In**  
**\*Hours may vary. Call to confirm.**

#### **SAN DIEGO** – LSID X54/ML1

San Diego Community College Police  
1536 Frazee Road, 1<sup>st</sup> Floor  
San Diego, CA 92108  
Contact: (619) 388-6416  
M - F, 8am-4pm, **Appointments Only**

**CITY OF SAN DIEGO**☐ Traditional Decal ☐ Specialized Decal**GENERAL ZONE**

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

**PEDICAB DECAL APPLICATION** (Must be completed within 30 calendar days to reserve a decal)**BUSINESS NAME:** \_\_\_\_\_ **OWNER NAME:** \_\_\_\_\_**BUSINESS ADDRESS:** \_\_\_\_\_**PEDICAB STORAGE ADDRESS:** \_\_\_\_\_**BUSINESS PHONE # ( )** \_\_\_\_\_ **BUSINESS EMAIL** \_\_\_\_\_**PEDICAB INSPECTION**

An authorized member of the San Diego Police Department Vice Permits and Licensing Division must perform the inspection and complete the following section.

**PEDICAB IDENTIFICATION****CITY PEDICAB IDENTIFICATION NUMBER (PIN):** \_\_\_\_\_ **CITY PEDICAB NUMBER:** \_\_\_\_\_**PEDICAB TYPE:** ☐ TRADITIONAL PEDICAB ☐ SPECIALIZED PEDICAB**PIN LOCATION:** ☐ SEAT TUBE ☐ TRAILER DRAW BAR & BIKE SEAT TUBE **TYPE:** ☐ STAMPED ON FRAME**REAR EXTERIOR MARKINGS:** ☐ COMPANY TRADE NAME, PHONE # & CITY PEDICAB #. (MIN. FONT SIZE 2")**PEDICAB INSURANCE:** ☐ INSURANCE POLICY LISTING COMPANY NAME AND PIN # AS INSURED.**SAFETY EQUIPMENT****HEADLIGHT:** ☐ HEADLIGHT VISIBLE 300 FT**TAIL LIGHTS:** ☐ TWO TAIL LIGHTS, VISIBLE 500 FT**REQUIRED REFLECTORS:** ☐ WHITE OR YELLOW TO FRONT, RED TO REAR, WHITE TO SIDES (FRONT & REAR) AND WHITE OR YELLOW PEDDLE REFLECTORS**SEAT BELTS:** ☐ LAP BELT SECURELY BOLTED TO THE FRAME (NEAR THE SEAT BEND), ADJUSTABLE, AUTOMOTIVE STYLE WEBBING, METAL BUCKLE AND LATCH PLATE.**BRAKES IN PROPER WORKING ORDER:** ☐ FRONT ☐ REAR**NON MOTORIZED** ☐

I certify under penalty of perjury that I examined the above described pedicab and I find the description of the pedicab to be as indicated and verify that all required safety equipment is in proper working order.

**VERIFIER (PRINT):** \_\_\_\_\_ **TITLE/ID NUMBER:** \_\_\_\_\_**VERIFIER SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_Does your company lease pedicabs to independent pedicab contractors? ☐ Yes ☐ NoDoes your insurance policy cover all passengers if operated by an independent contractor? ☐ Yes ☐ No

\_\_\_\_\_ I understand that any pedicab operated by myself or any other person, will at all times of operation carry liability insurance in an amount not less than one million dollars (\$1,000,000) per occurrence for bodily injuries or personal property damage caused by the operation of the pedicab, including, but not limited to, pedicabs operated by the officers, employees, agents, or lessees of the pedicab owner.

\_\_\_\_\_ I understand that the decal issued to signify compliance with these requirements must be displayed at all times.

\_\_\_\_\_ I understand that any and all decals issued to me under this application are non-transferable.

I certify under penalty of perjury that all the above information is true, and that I have complied with all requirements.

**APPLICANT'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_**(CITY USE ONLY)****BUSINESS TAX CERTIFICATE NUMBER:** \_\_\_\_\_**INSURANCE CARRIER:** \_\_\_\_\_ **POLICY NUMBER:** \_\_\_\_\_**DECAL NUMBER:** \_\_\_\_\_**AMOUNT PAID \$** \_\_\_\_\_ **TOTAL AMOUNT \$** \_\_\_\_\_  
☐ CASH-RECEIPT #: \_\_\_\_\_ ☐ CHECK #: \_\_\_\_\_ **DATE:** \_\_\_\_\_**ISSUED BY:** \_\_\_\_\_

**CITY OF SAN DIEGO**

☐ Traditional Decal ☐ Specialized Decal

**RESTRICTED ZONE**

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

**PEDICAB DECAL APPLICATION** (Must be completed within 30 calendar days to reserve a decal)

**BUSINESS NAME:** \_\_\_\_\_ **OWNER NAME:** \_\_\_\_\_

**BUSINESS ADDRESS:** \_\_\_\_\_

**PEDICAB STORAGE ADDRESS:** \_\_\_\_\_

**BUSINESS PHONE # ( )** \_\_\_\_\_ **BUSINESS EMAIL** \_\_\_\_\_

**PEDICAB INSPECTION**

An authorized member of the San Diego Police Department Vice Permits and Licensing Division must perform the inspection and complete the following section.

**PEDICAB IDENTIFICATION**

**CITY PEDICAB IDENTIFICATION NUMBER (PIN):** \_\_\_\_\_ **CITY PEDICAB NUMBER:** \_\_\_\_\_

**PEDICAB TYPE:** ☐ TRADITIONAL PEDICAB ☐ SPECIALIZED PEDICAB

**PIN LOCATION:** ☐ SEAT TUBE ☐ TRAILER DRAW BAR & BIKE SEAT TUBE **TYPE:** ☐ STAMPED ON FRAME

**REAR EXTERIOR MARKINGS:** ☐ COMPANY TRADE NAME, PHONE # & CITY PEDICAB #. (MIN. FONT SIZE 2")

**PEDICAB INSURANCE:** ☐ INSURANCE POLICY LISTING COMPANY NAME AND PIN # AS INSURED.

**SAFETY EQUIPMENT**

**HEADLIGHT:** ☐ HEADLIGHT VISIBLE 300 FT

**TAIL LIGHTS:** ☐ TWO TAIL LIGHTS, VISIBLE 500 FT

**REQUIRED REFLECTORS:** ☐ WHITE OR YELLOW TO FRONT, RED TO REAR, WHITE TO SIDES (FRONT & REAR) AND WHITE OR YELLOW PEDDLE REFLECTORS

**SEAT BELTS:** ☐ LAP BELT SECURELY BOLTED TO THE FRAME (NEAR THE SEAT BEND), ADJUSTABLE, AUTOMOTIVE STYLE WEBBING, METAL BUCKLE AND LATCH PLATE.

**BRAKES IN PROPER WORKING ORDER:** ☐ FRONT ☐ REAR

**NON MOTORIZED** ☐

I certify under penalty of perjury that I examined the above described pedicab and I find the description of the pedicab to be as indicated and verify that all required safety equipment is in proper working order.

**VERIFIER (PRINT):** \_\_\_\_\_ **TITLE/ID NUMBER:** \_\_\_\_\_

**VERIFIER SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Does your company lease pedicabs to independent pedicab contractors? ☐ Yes ☐ No

Does your insurance policy cover all passengers if operated by an independent contractor? ☐ Yes ☐ No

\_\_\_\_\_ I understand that any pedicab operated by myself or any other person, will at all times of operation carry liability insurance in an amount not less than one million dollars (\$1,000,000) per occurrence for bodily injuries or personal property damage caused by the operation of the pedicab, including, but not limited to, pedicabs operated by the officers, employees, agents, or lessees of the pedicab owner.

\_\_\_\_\_ I understand that the decal issued to signify compliance with these requirements must be displayed at all times.

\_\_\_\_\_ I understand that any and all decals issued to me under this application are non-transferable.

I certify under penalty of perjury that all the above information is true, and that I have complied with all requirements.

**APPLICANT'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

(CITY USE ONLY)

**BUSINESS TAX CERTIFICATE NUMBER:** \_\_\_\_\_

**INSURANCE CARRIER:** \_\_\_\_\_ **POLICY NUMBER:** \_\_\_\_\_

**DECAL NUMBER:** \_\_\_\_\_

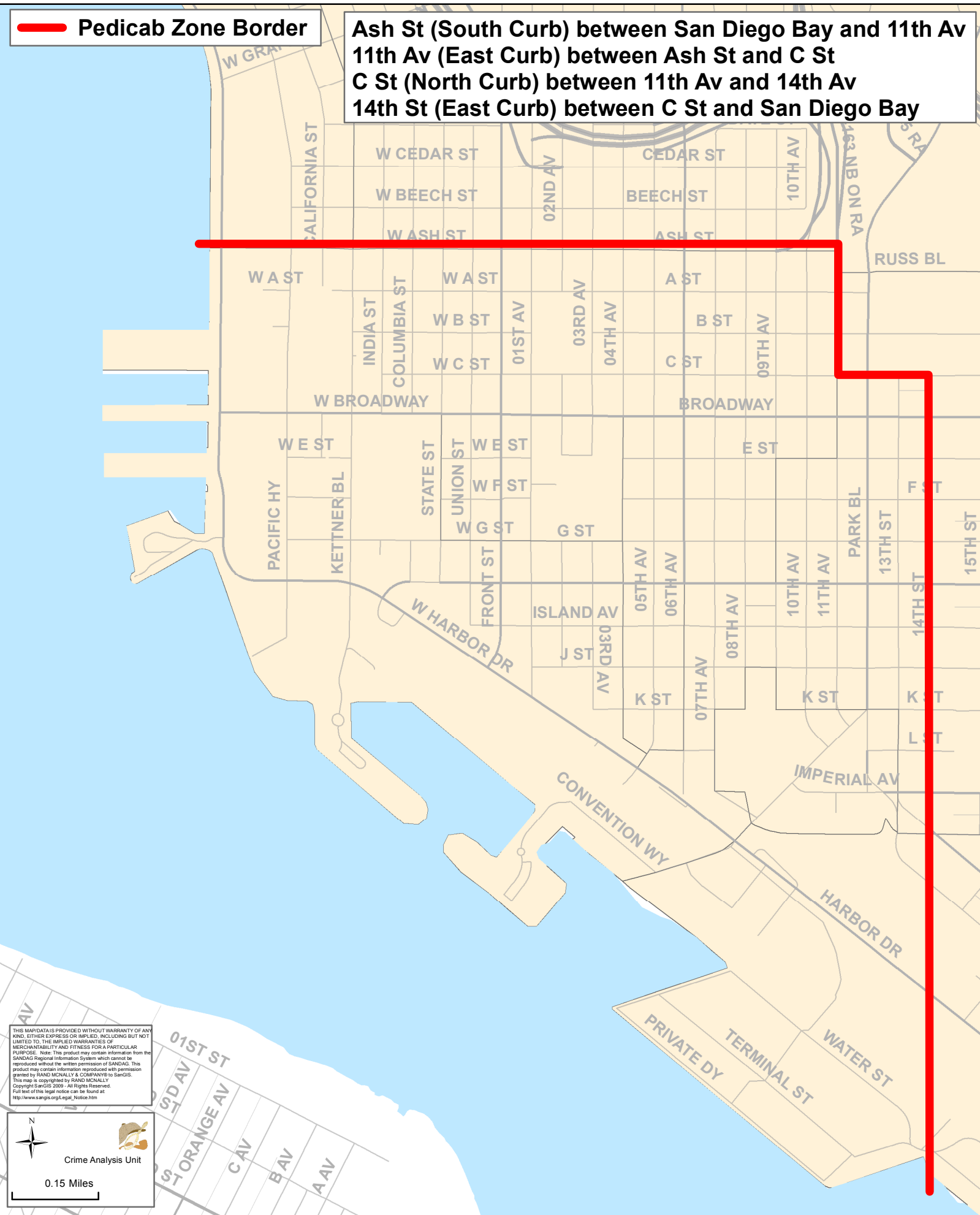
**AMOUNT PAID \$** \_\_\_\_\_ **TOTAL AMOUNT \$** \_\_\_\_\_  
☐ CASH-RECEIPT #: \_\_\_\_\_ ☐ CHECK #: \_\_\_\_\_ **DATE:** \_\_\_\_\_

**ISSUED BY:** \_\_\_\_\_

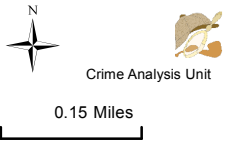
# Downtown Pedicab Zone

 Pedicab Zone Border


**Ash St (South Curb) between San Diego Bay and 11th Av**  
**11th Av (East Curb) between Ash St and C St**  
**C St (North Curb) between 11th Av and 14th Av**  
**14th St (East Curb) between C St and San Diego Bay**



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# PetCo Ballpark Pedicab Zone

 **Pedicab Zone Border**

**Island Av (South Curb) between 6th Av and 14th St  
14th St between Island Av and Commercial St  
Commercial Av (North Curb) between 14th and Harbor Dr  
Harbor Dr (North Curb) between Commercial and 6th Av  
6th Av (West Curb) between Harbor Dr and Island Av**

MARKET ST

THE MARK LN

ISLAND AV

11TH AV

PARK BL

11TH ST

11TH ST

08TH AV

05TH AV

J ST

K ST

K ST

K ST

L ST

07TH AV

12TH AV

L ST

IMPERIAL AV

HARBOR DR

NATIONAL AV

NATIONAL AV

NEWTON AV

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Crime Analysis Unit

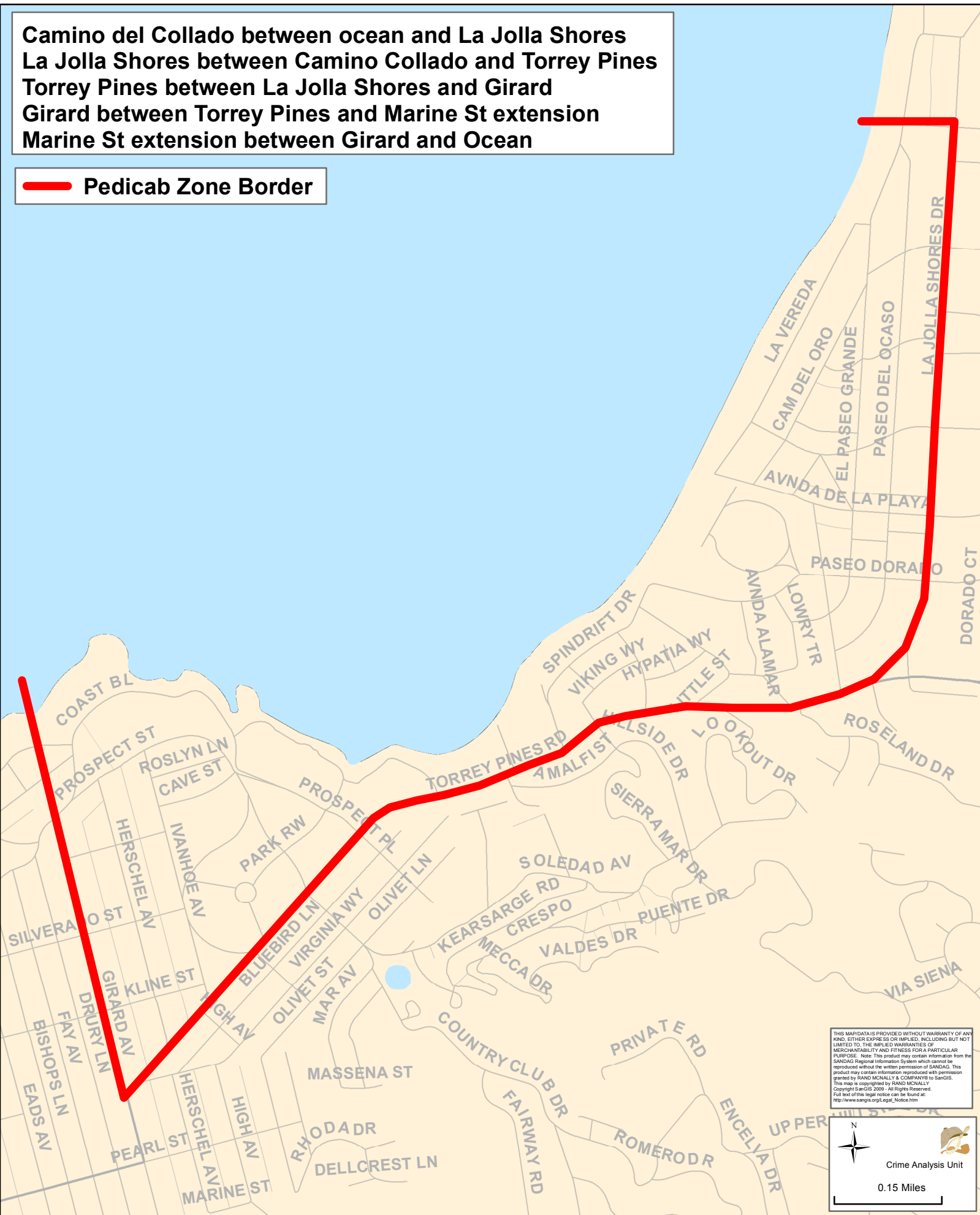
0.055 Miles



# La Jolla Pedicab Zone


Camino del Collado between ocean and La Jolla Shores  
La Jolla Shores between Camino Collado and Torrey Pines  
Torrey Pines between La Jolla Shores and Girard  
Girard between Torrey Pines and Marine St extension  
Marine St extension between Girard and Ocean

 Pedicab Zone Border



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**Mission Beach/Pacific Beach Pedicab Zone**

 **Pedicab Zone Border**

**Beryl St (South Curb) between Ocean and Ingraham St**  
**Ingraham St (East Curb) between Beryl St and Mission Bay**

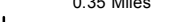


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Crime Analysis Unit

0.35 Miles





# Ocean Beach Pedicab Zone

**Voltaire St (South Curb) between Ocean and Sunset Cliffs Bl**  
**Sunset Cliffs Bl (East Curb) between Voltaire St and Narragansett**  
**Narragansett Av (North Curb) between Sunset Cliffs and Ocean**

**— Pedicab Zone Border**



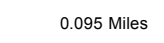
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Crime Analysis Unit



0.095 Miles



§83.0113

(b) Restricted pedicab zones shall be but are not limited to:

**The Downtown Zone** shall encompass the area bordered by the south curb line of Ash Street between San Diego Bay and Eleventh Avenue, the east curb line of Eleventh Avenue between Ash Street and C Street, the north curb line of C Street between Eleventh Avenue and 14<sup>th</sup> Street, and the east curb line of 14<sup>th</sup> Street between C Street and San Diego Bay.

**The Ocean Beach Zone** shall encompass the area bordered by the south curb line of Voltaire Street between the Pacific Ocean and Sunset Cliffs Boulevard, the east curb line of Sunset Cliffs Boulevard between Voltaire Street and Narragansett Avenue, and the north curb line of Narragansett Avenue between Sunset Cliffs Boulevard and the Pacific Ocean.

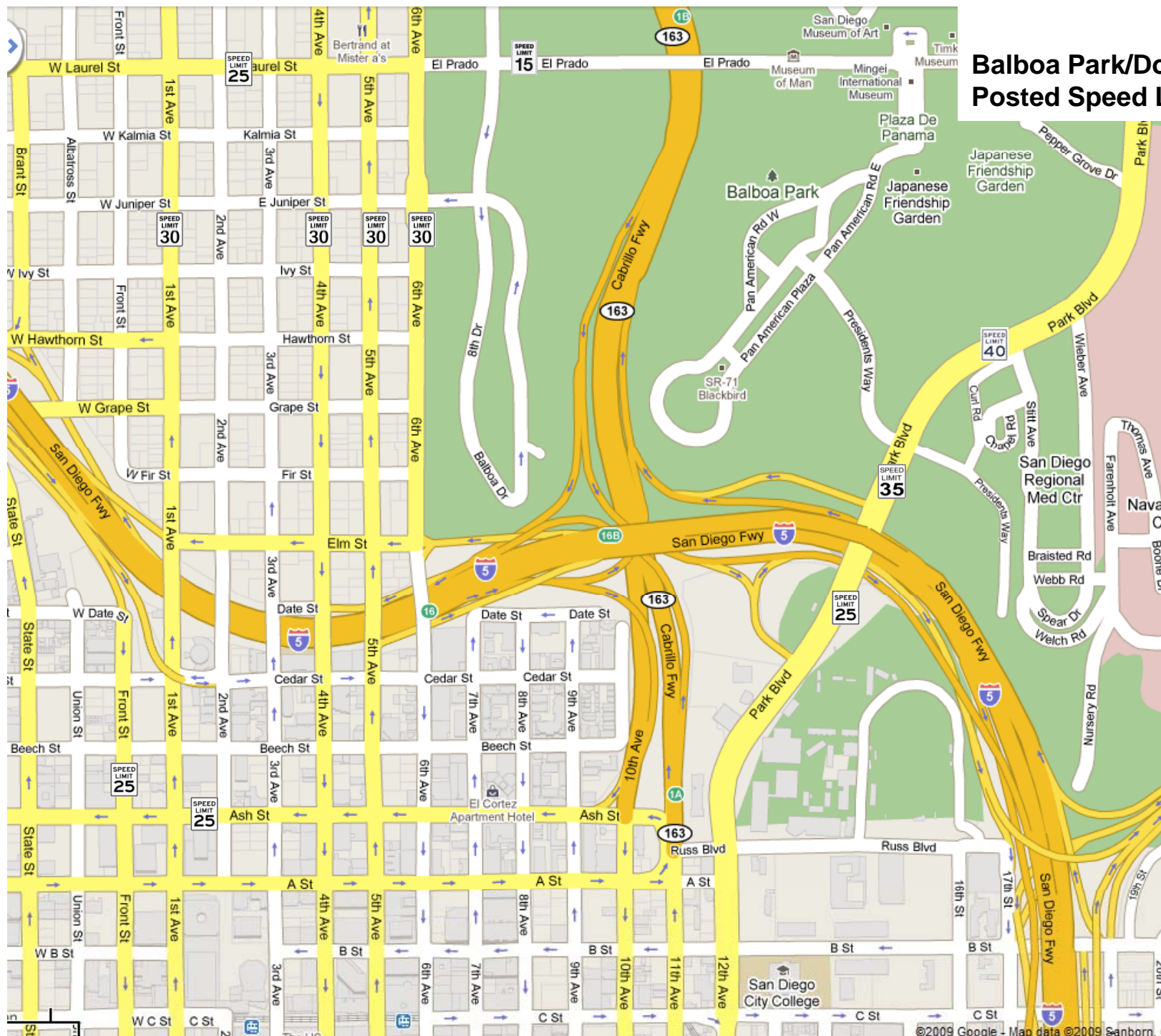
**The Mission Beach/Pacific Beach Zone** shall encompass the area bordered by the south curb line of Beryl Street and its extension between the Pacific Ocean and Ingraham Street, and the east curb line of Ingraham Street between Beryl Street and the Mission Bay Channel.

**The La Jolla Zone** shall encompass the area bounded by the south curb line of Camino del Collado between the Pacific Ocean and La Jolla Shores Drive, the west curb line of La Jolla Shores Drive between Camino del Collado and Torrey Pines Road, the south curb line of Torrey Pines Road between La Jolla Shores Drive and Girard Avenue, the east curb line of Girard Avenue between Torrey Pines Road and the extension of the north curb line of Marine Street, and the north curb line of Marine Street and its extension between Girard Avenue and the Pacific Ocean.

**The Petco Ballpark Zone** shall encompass the area bordered by the south curb line of Island Ave between Sixth Avenue and 14<sup>th</sup> Street, the east curb line of 14<sup>th</sup> Street between Island Avenue and Commercial Street, the north curb line of Commercial Street between 14<sup>th</sup> Street and Harbor Drive, the north curb line of Harbor Drive between Commercial Street and Sixth Avenue and the west curb line of Sixth Avenue between Harbor Drive and Island Avenue.

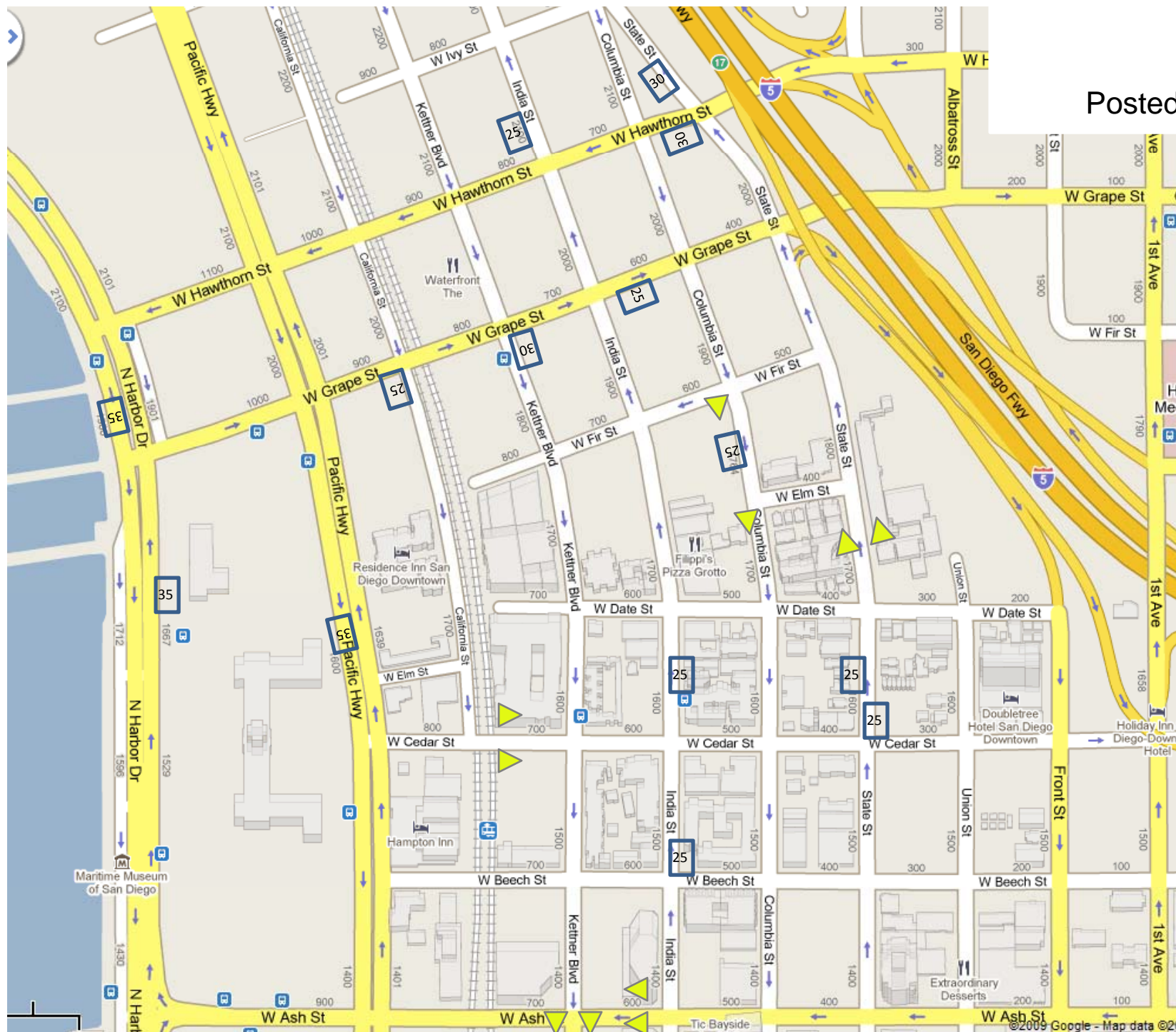
Posted 12-14-09

## Balboa Park/Downtown Area Posted Speed Limits



Posted 12-14-09

## Little Italy Posted Speed Limits



Legend:

- 25 Posted Speed Limit
- ▲ School Zone Signs