



**CITY OF STURGEON BAY
 COMMERCIAL QUADRICYCLE PLAN OF OPERATION
 OFFICE OF CITY CLERK, 421 MICHIGAN ST, STURGEON BAY
 920-746-2900**

COMPANY NAME: _____		
Hours of Operation		
Day of the week	Earliest Start Time (Include AM/PM)	Latest End Time * (Include AM/PM)
Sunday		
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		

* The "Latest End Time" can be no later than 10:00 p.m.

ROUTES
Attach maps which identify the streets where the commercial quadricycle will operate.
* Your license will not be approved until the proposed route(s) are approved.
THERE MAY NOT BE ANY OPERATION OF A COMMERCIAL QUADRICYCLE IF THE HOURS OF OPERATION AND THE ROUTES CONFLICT WITH A SPECIAL EVENT OR ANY EVENT WHERE THE STREET ARE CLOSED OFF TO MOTOR VEHICLES.
ALCOHOL BEVERAGE REGULATIONS (COMMERICAL QUADRICYCLES ONLY)
Before operating, what type of inventory of the types & amounts of fermented malt beverages will be taken?
What are your plans to ensure no other alcohol beverage, including intoxicating liquor, is carried upon or consumed on the commercial quadricycle?
What are your plans to ensure amounts in excess of that are allowed by law (36 ounces per person) will not be brought on the commercial quadricycle?
What are your plans to ensure glass beverage containers will not be carried upon the commercial quadricycle?

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

How will disorderly and/or intoxicated patrons be addressed?

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

_____ Conspicuous posting _____ Other:

What types of beverage carrying containers will be allowed on the commercial quadricycle?

_____ Cans _____ Plastic bottles

Where will the patrons store their fermented malt beverages?

LITTER AND NOISE

How will excess noise be prevented?

How will excess noise be addressed?

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

What are your plans to prevent litter?

What are your plans to address littering by a patron?

LICENSED COMMERCIAL QUADRICYCLE OPERATORS

What are your plans to ensure all drivers hold a valid Quadricycle Operator's license with the City of Sturgeon Bay at all times while operating?

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

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 BEFORE ME THIS _____ DAY OF _____, 20____.

_____ Print Name of Ind/Partner/Officer/Member/Agent

NOTARY PUBLIC, STATE OF WISCONSIN

_____ Signature of Ind/Partner/Officer/Member/Agent

My commission expires: _____

Notary Seal must be affixed



COMMERCIAL QUADRICYCLE LICENSE APPLICATION

PART A - APPLICATION INFORMATION

No commercial quadricycle may be operated in the City of Sturgeon Bay unless first licensed by the City. You must apply for a separate license for each commercial quadricycle. Complete this application, provide proof of insurance with a minimum of \$1,000,000 combined single limit liability coverage with specifically lists the vehicle identified below to the City Clerk's Office. An insurance submittal and approval, along with this completed form, pay the licensing fee of \$50.00, provide copy of current registration through WI DOT, along with certification from ASE mechanic regarding vehicle inspection.

The approval of the Commercial Quadricycle License is conditioned upon approval of proposed route(s).

PART B - TO BE COMPLETED BY APPLICANT

1. Vehicle Owner's Name _____
2. Vehicle Owner's Date of birth _____
3. Business Name _____
4. Business Address _____
5. Business Phone Number(s) _____
6. Commercial Quadricycle Year, Make, Model _____
7. Commercial Quadricycle Serial Number _____
8. Commercial Quadricycle #: _____
9. Insurance Carrier _____ 10. Policy Number _____

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the signer states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. Any inaccurate or untruthful answer may be grounds for prosecution and license revocation. Signer acknowledges the provisions of the Sturgeon Bay Municipal Code relating to public vehicles and agrees to observe these provisions and all applicable provisions the Sturgeon Bay Municipal Code and Wisconsin State Statutes.

Signature

Date

PART C - CITY USE ONLY

Certificate of Insurance _____	Approved by: _____
Date Filed _____	Copy of Vehicle Registration _____
ASE Certified Filed _____	License Fee Paid _____



COMMERCIAL QUADRICYCLE OPERATOR LICENSE APPLICATION

PART A - LICENSING INFORMATION

You must complete the license application prior to beginning work as a Commercial Quadricycle Operator in the City of Sturgeon Bay. File this form with the Sturgeon Bay Police Department, 421 Michigan Street. You must present a valid Wisconsin Driver's License. The operator license fee is \$15.00. This fee is non-refundable. Upon application approval from the Sturgeon Bay Police Department, you will be issued a pictured license. You must display this license at all times while operating a public vehicle. Failure to do so could result in a fine up to \$389.50. Your license will expire on December 31.

PART B - TO BE COMPLETED BY APPLICANT

1. Full Name _____
2. Date of Birth _____
3. Full Home Address _____
4. Home Phone # _____ 5. Business Phone # _____
6. Sex _____ 7. Race _____ 8. Height _____ 9. Weight _____ 10. Hair _____ 11. Eyes _____
12. Wisconsin Driver's License Number _____
13. Employer Company Name _____
14. Employer's Full Address _____
15. Supervisor's Name _____

READ CAREFULLY BEFORE SIGNING. Under penalty of law, the signer states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. Any inaccurate or untruthful answer may be grounds for prosecution and invalidates the application. Signer acknowledges the Sturgeon Bay Municipal Code relating to public vehicle operation and agrees to observe these provisions and all applicable provisions of the Sturgeon Bay Municipal Code and Wisconsin Statutes.

YOU MAY NOT OPERATE UNTIL YOUR GET YOUR APPROVED LICENSE

 Signature of Applicant _____
Date

PART C - CITY USE ONLY

Date filed _____	Copy of Driver's License _____
Date approved _____	Check of CCAP _____
_____	Check of WI DOT DL Report _____
Police Chief Signature	Passport Size Photo Submitted _____