

**LICENSE APPLICATION for  
QUADRICYCLES (PEDAL PUBS)**

11.180  
CITY OF MANITOWOC  
900 QUAY ST



License # PP-2301  
 License fee: \$100.00  
 Code: CQC  
**FEES ARE NON-REFUNDABLE**

PAID

I, the undersigned, in support of my application, make the following statement of facts:

**APPLICANT INFORMATION**

|  |   |
|--|---|
| Name of Business<br><p style="text-align: center;">Manitour Pedalers LLC</p> | Address<br><p style="text-align: center;">1015 Bufallo St</p>       |
| Name of Owner<br><p style="text-align: center;">Stevens Alexis</p>           | Telephone Number<br><p style="text-align: center;">689-233-7545</p> |

*mailing address PO Box 722 Manitowoc, WI 54221*

| Serial Number   | Number of Persons designed to carry | Photograph of Quadricycle Attached                                  |
|-----------------|-------------------------------------|---|
| CHA07J0820A0822 | 12                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
|                 |                                     | Yes <input type="checkbox"/> No <input type="checkbox"/>            |
|                 |                                     | Yes <input type="checkbox"/> No <input type="checkbox"/>            |

**Detailed Description of proposed route**

Location of where the passengers will be picked up and dropped off: \_\_\_\_\_  
 Pick up and drop off will be at PetSkull Brewing Co.

Location of where the Quadricycle is intended to be parked: 306 S 10th St building  
Rear parking lot. → Back side behind Fallier Auto's warehouse

Detailed Description of the proposed route(s): The proposed routes will be partly on the following streets: Buffalo St, Maritime Dr, 8th St, Quay St, S 6th St, Jay St, S 7th St, Washington St, 10th St, and Marshall St.

**PLEASE INCLUDE A DETAILED MAP OF THE PROPOSED ROUTE**

I understand that no license shall be issued unless and until applicant has filed a Certificate of Insurance with the City Clerk in a form satisfactory to the City Attorney demonstrating that the owner is carrying liability insurance with limits of at least \$500,000 per occurrence combined single limit bodily injury and property damage issued by a company authorized to do business in the State of Wisconsin.

I further understand that the Certificate of Insurance shall also provide that the policy cannot be canceled until at least twenty (20) days written notice of such cancellation shall have been given by registered mail to the City Clerk. Any such cancellation of the insurance required hereunder shall be grounds for immediate revocation of the quadricycle license.

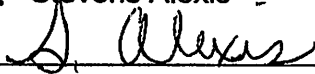
City Attorney Approval: Yes  No

Date:

I hereby apply to license the commercial quadricycles listed on this application in the City of Manitowoc, Wisconsin, under all the conditions of Section 11.180 of the Municipal Code.

Under penalty of law, I swear that the information provided in this application is true and correct to the best of my knowledge and belief. Failure to answer any of the above questions truthfully will be considered grounds for denial of this license application.

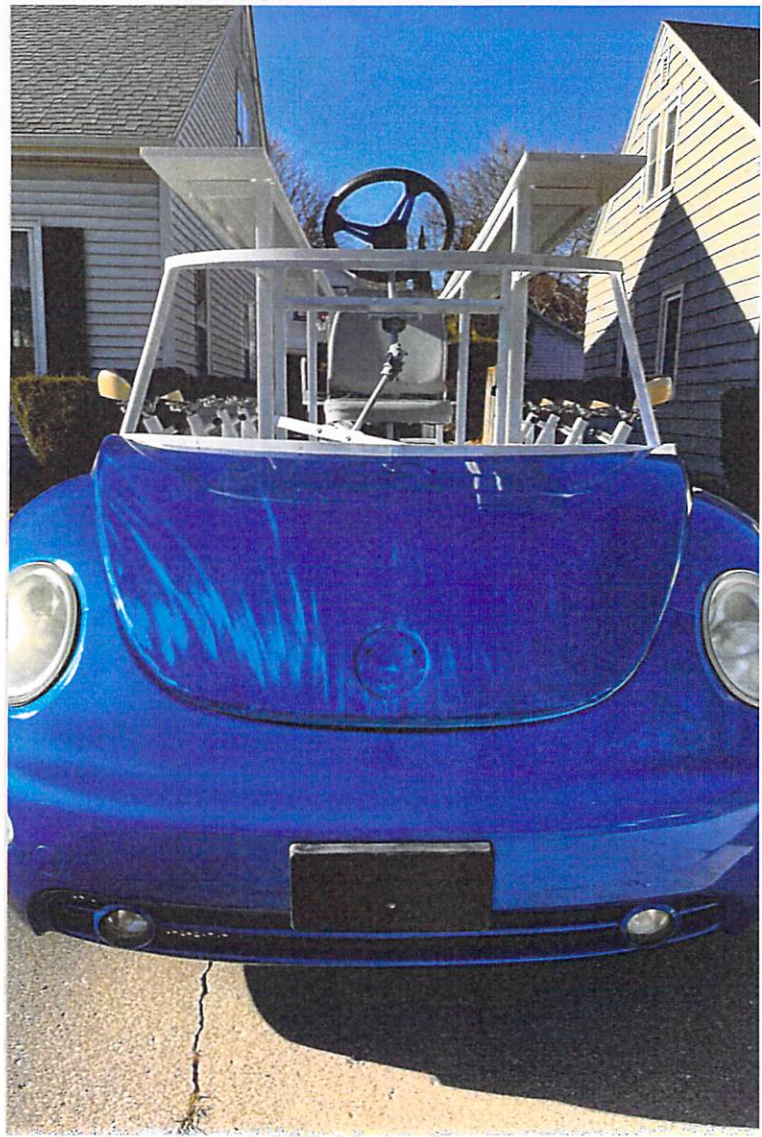
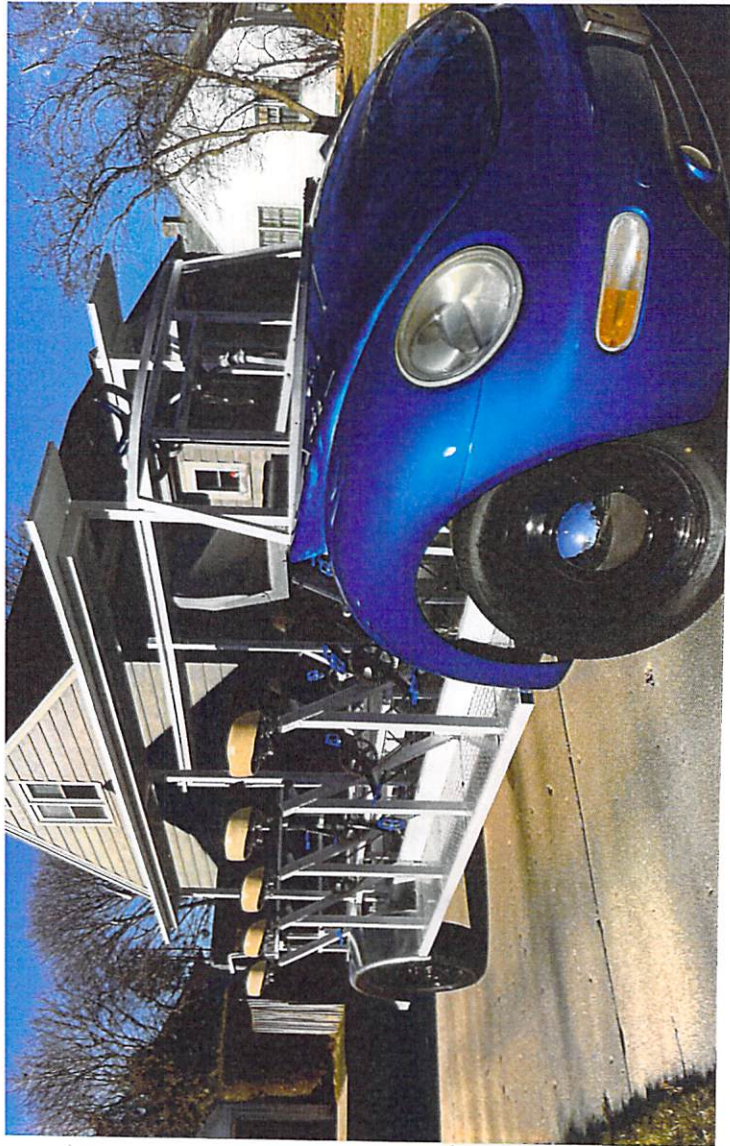
Signature of Owner: Stevens Alexis



Date:

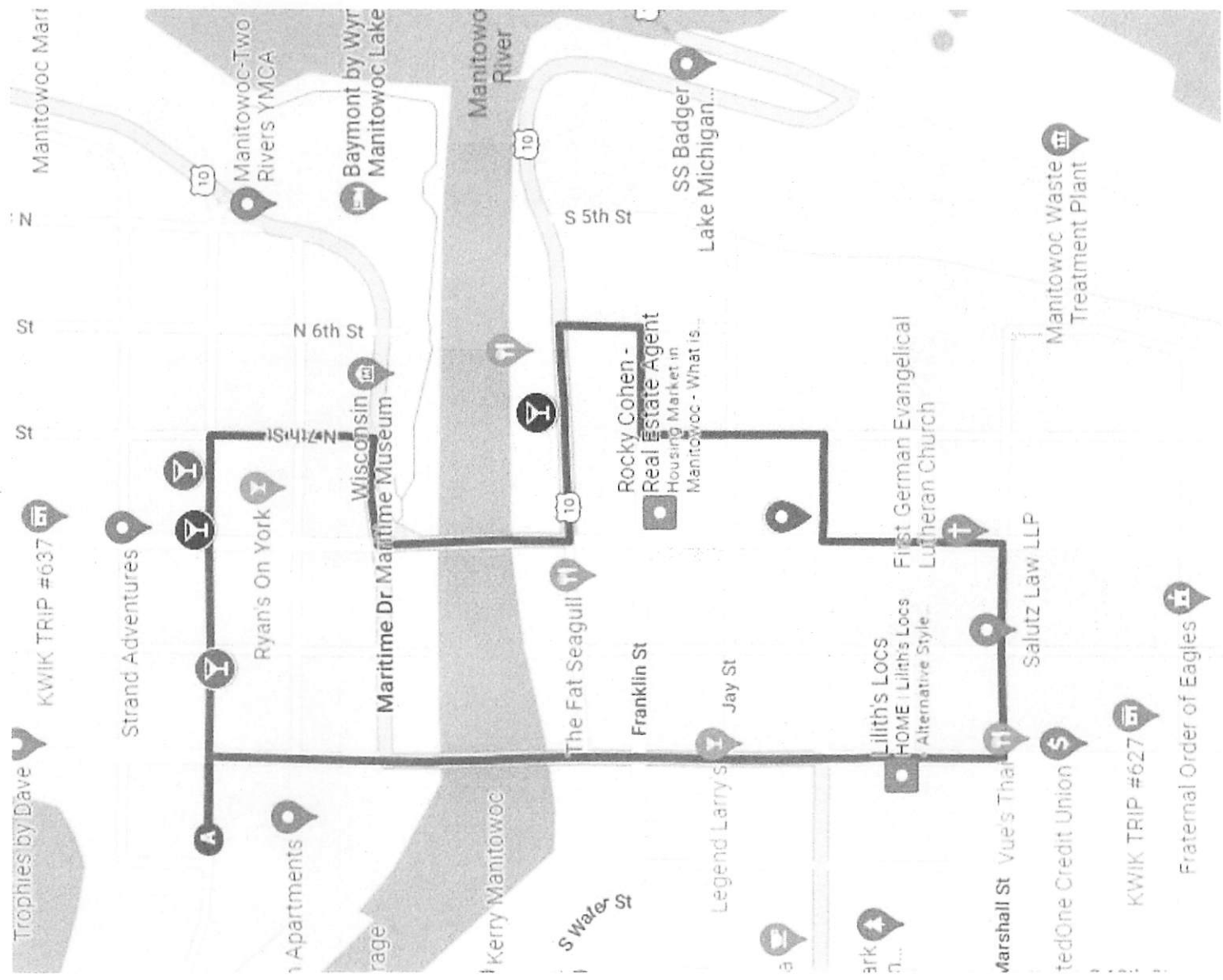
1/16/2023







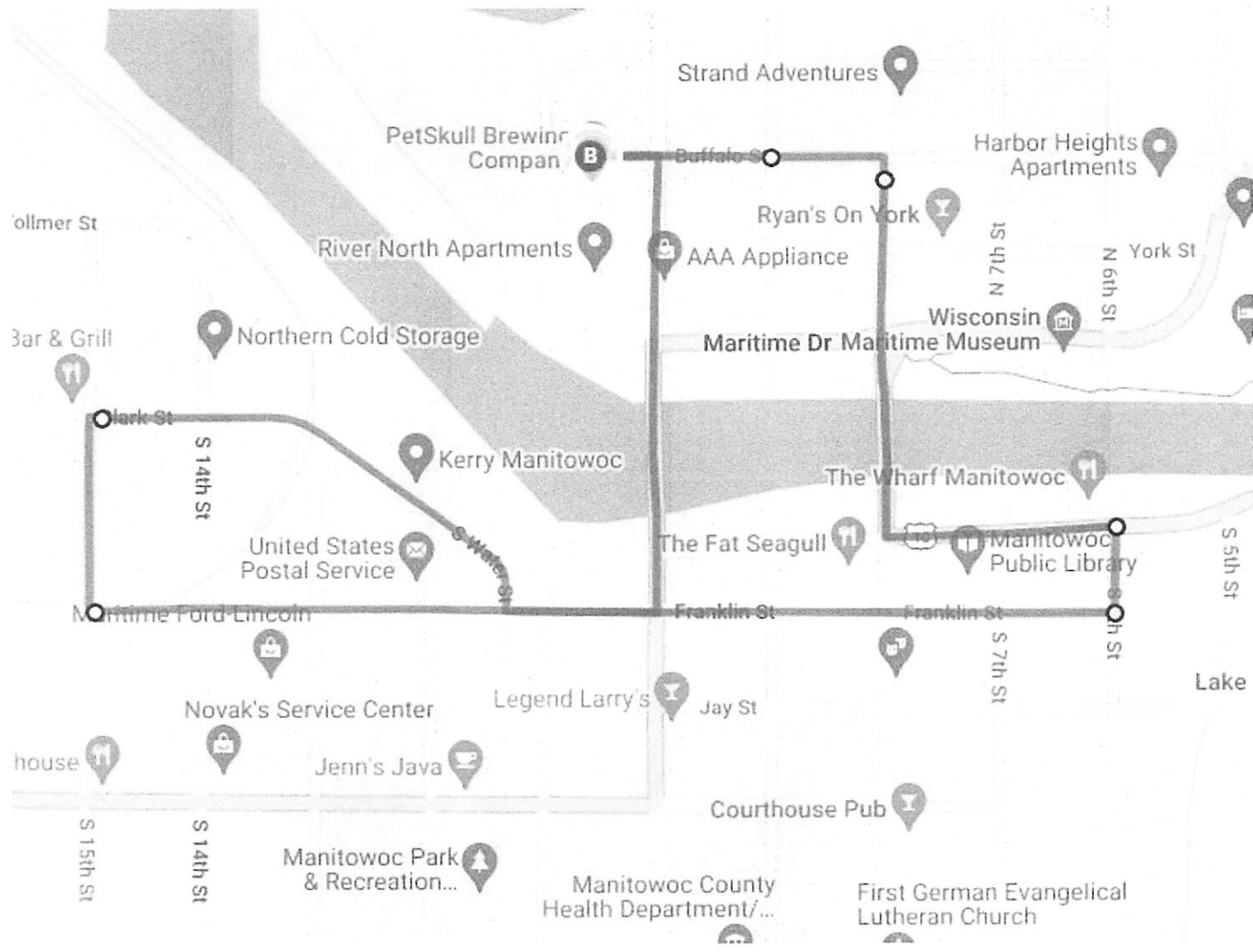
Route 1



Route L



Route 5



ROUTE 4

