



<b>OFFICE USE ONLY</b>	
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PW:	_____ CC: _____

**COMMERCIAL QUADRICYCLE BUSINESS**  
**CLK132 (rev. 5/21)**  
 CITY ORDINANCE 13.14

Fee: \$25.00/PER VEHICLE/YEAR      Expires: December 31, \_\_\_\_\_       New     Renewal

**BUSINESS INFORMATION**

Licensee Name: \_\_\_\_\_  
 Trade Name: \_\_\_\_\_  
 Trade Address: \_\_\_\_\_  
STREET CITY, STATE, ZIP  
 24-Hour Contact Phone Number(s): \_\_\_\_\_

**QUADRICYCLE INFORMATION**

Vehicle Owner's Name: \_\_\_\_\_  
 Vehicle Owner's Date of Birth (if an individual): \_\_\_\_\_  
 Year: \_\_\_\_\_      Make: \_\_\_\_\_  
 Model: \_\_\_\_\_      Quadricycle Number: \_\_\_\_\_  
 Serial Number: \_\_\_\_\_      Liability Insurance:  Attached

If you have more than one (1) quadricycle, please attach additional pages and answer all of the same information for each quadricycle as required in the "Quadricycle Information" section above.

Liability insurance must be maintained for the commercial quadricycle containing the limits of not less than \$1,000,000.00 per occurrence combined single limit bodily injury and property damage, issued by a company authorized to do business in the state. (Insurance must be specific to each quadricycle.)

**ADDITIONAL INFORMATION**

1. Have you ever received any tickets or been charged with any traffic violations, ordinance violations, misdemeanors or felonies in any state?  Yes  No

If yes, provide: Charge, State, Date, Result (Include pending charges.):

CHARGE	STATE	DATE	RESULT

2. Have you ever served or been sentenced to serve time in jail or prison in any state?  Yes  No

If yes, provide: Charge, State, Date:

CHARGE	STATE	DATE

3. Have you ever, while operating a business or engaged in a profession, been convicted of any charges involving unfair trade practices, unethical conduct, or discrimination in any state?  Yes  No

If yes, provide: Charge, State, Date, Result (Include pending charges.):

CHARGE	STATE	DATE	RESULT

4. I have carefully read and understand the rules and regulations of Section 13.14 of the Code of General Ordinances for the City of Kenosha, and I understand that any person violating any provision of Section 13.14 shall be subject to a forfeiture up to \$500.00.  Yes, I understand. \_\_\_\_\_  
Initial

**READ CAREFULLY BEFORE SIGNING:** Under penalty provided for by law, the undersigned states that each of the above questions has been truthfully answered to the best of his/her/their knowledge. A false application is a basis for this application to be denied.  Yes, I understand. \_\_\_\_\_  
Initial

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Individual/Partner/Officer/Member/Agent Signature Date

# COMMERCIAL QUADRICYCLE: PLAN OF OPERATION

## PLANNED HOURS OF OPERATION

(List earliest start time and latest end time. Operation is only permitted between 10:00 AM and 10:30 PM. Be sure to list AM or PM.)

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
HOURS: _____	HOURS: _____	HOURS: _____	HOURS: _____	HOURS: _____	HOURS: _____	HOURS: _____
TO _____	TO _____	TO _____	TO _____	TO _____	TO _____	TO _____

## ROUTES

Attach a map which identifies the streets where the commercial quadricycle will routinely operate.  Attached

\* Your License will not be approved until the proposed route(s) is approved by the Common Council.

Licensees must adhere to the routes specified in their submitted application. New routes must be applied for and approved by the Common Council before a licensee may use the new routes. No licensee shall operate a commercial quadricycle on a street closed off to public traffic regardless of whether the street is included in an approved route. Any deviation from an approved route without approval shall be a violation of this Section 13.14 of the Code of General Ordinances for the City of Kenosha.

## ALCOHOL BEVERAGE REGULATIONS

Before operating, what type of inventory of the types and amounts of fermented malt beverages will be taken, and how will you insure compliance with all alcohol beverage regulations? (Please note, passengers may possess on or carry onto the quadricycle no more than 36 ounces of fermented malt beverages, no other alcohol beverages may be possessed on, carried on, or consumed on the quadricycle.) \_\_\_\_\_

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

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

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How will disorderly and/or intoxicated patrons being addressed? \_\_\_\_\_

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

- Conspicuous Posting of a Notice of Restrictions       Other:

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What types of beverage carrying containers will be allowed on the commercial quadricycle? (Check All That Apply)

- Cans       Plastic Bottles       Other: \_\_\_\_\_

Where will the patrons store their fermented malt beverages? \_\_\_\_\_

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**LITTER AND NOISE**

How will excess noise be addressed and prevented? \_\_\_\_\_

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

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What are you plans to prevent litter? \_\_\_\_\_

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**LICENSED COMMERCIAL QUADRICYCLE OPERATORS**

What are your plans to ensure all drivers hold a valid Operator's License with the City of Kenosha at all times while operating? \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**NOTARIZED SIGNATURE**

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

\_\_\_\_\_  
Print Name of Individual/Partner/Officer/Member/Agent

\_\_\_\_\_  
Signature of Individual/Partner/Officer/Member/Agent

SUBSCRIBED AND SWORN TO BEFORE ME THIS

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Public, State of Wisconsin

My commission expires: \_\_\_\_\_

(Notary seal must be affixed)