



Chris Swope

Lansing City Clerk

Electric Scooter License Application

(Lansing Codified Ordinances – Chapter 872)
<http://mi-lansing.civicplus.com/171/Business-Licenses>

Applicant Checklist: (Ensure All Items Completed)

Payment:	<input type="checkbox"/>	Notarized:	<input type="checkbox"/>	Notarization can be done in City Clerk's office.
Additional Requirements:	<input type="checkbox"/>	Treasury Form Complete:	<input type="checkbox"/>	
Application Complete:	<input type="checkbox"/>			

FEES:

Non-refundable license fee: \$2,500 per calendar year or portion thereof
Origination fee: \$0.10 per ride that originates in the City of Lansing (paid monthly)

Insurance: provide a copy of liability endorsement and declaration page(s) to document amount not less than \$500,000 per incident and \$1,000,000 aggregate. The City of Lansing must be shown as an additional insured.

ADDITIONAL REQUIREMENTS:

- Photo of scooter with logo and contact information

Electric Scooter means a two-wheeled transportation device, with the wheels in tandem, that has a stem, handlebars and a floorboard that is designed to be stood upon while riding, and is powered by an electric motor of less than 750 watts; and any device that otherwise fits the definition provided for electric skateboards in section 13f of the Michigan Motor Vehicle Code, MCL 257.13f.

Dockless Electric Scooter Company means a person, as defined in section 202.03(18) of this code, that owns, operates, provides, or otherwise makes electric scooters available to the public to use on a temporary basis for payment, where such electric scooters are not required to be parked or docked in physically fixed locations or docks.

Company Name		
DBA		
Business Address	City	State, Zip

Public Phone Number for Assistance listed on scooter	
Web site	
Public email address	
24 Hour Customer Service Phone Number for Public (may be same as Public Phone Number for Assistance, above)	

Clerk's Office Point of Contact for Applicant	Clerk's Office Point of Contact Phone Number	
Local Business Office	City	State Zip
Point of Contact Email Address		

I, the applicant, acknowledge that the Dockless Electric Scooter Company shall supply the following de-identified data to the Department of Public Service monthly in order to improve future operations per the ordinance:

1. Electric scooter utilization rates;
2. Trip volumes;
3. Trip o/d, distances, routes, etc.;
4. Starting and stopping points for each trip;
5. Number of electric scooters in the city at 6 a.m. every day;
6. Maximum and minimum number of electric scooters in the city every 24 hour period;
7. Parking compliance rates;
8. Theft and vandalism information;
9. Maintenance and other complaints;
10. Crash information; and
11. Number of electric scooter ride that originates in the City of Lansing.

I acknowledge that I, the applicant, am aware of and agree to the requirements, restrictions, and limitations set forth in Chapter 872 of the Lansing Code of Ordinances, including but not limited to sections: 872.02 (general), 872.04 (de-identified data sharing), and 872.05 (parking). I further acknowledge that violations will be subject to enforcement action by the City, including license revocation under section 872.06. I agree that the Dockless Electric Scooter Company will indemnify, defend, and hold harmless the City against all liability, actions, or claims resulting from the conduct or operations related to electric scooters by any person.

Furthermore, I swear that the statements made in this application, including all attachments thereto, are true, and that I will comply with all City Ordinances.

Name _____

Signature _____

Date _____

NOTARY USE ONLY

Subscribed and sworn to before me by _____ on this
day (MM/DD/YYYY) _____, acting in the County of _____,
Michigan.

Signature of Notary _____

Printed Name of Notary _____

County of Notary Commission _____

Commission Expiration Date _____

OFFICIAL USE ONLY

Approvals:

City Treasurer

Date

OFFICIAL USE

Amount paid: _____

Date paid: _____

License #: _____



CITY OF LANSING
TREASURER'S OFFICE/INCOME TAX DIVISION
Room G-29, First Floor, City Hall
124 W Michigan Ave
Lansing, Michigan 48933
(517) 483-4121
FAX (517) 483-6084

ANDY SCHOR, MAYOR

LANSING TREASURY INFORMATION REQUEST

COMPLETE A SEPARATE FORM FOR EACH INDIVIDUAL SUBJECT TO VERIFICATION

Date: _____

APPLICANT/EMPLOYEE INFORMATION

Name (RA): _____

Home Address: _____

Daytime Phone Number: _____

Social Security (last 4 digits ONLY): _____

Drivers License #: _____

Date of Birth: _____

EMPLOYER/BUSINESS INFORMATION

Corporate Name: _____

Doing Business As (DBA): _____

Address: _____

Business Phone Number: _____

FEIN #: _____

Date business was established: _____

Do you, or any of these businesses, owe the City of Lansing money for any reason? Yes No

If Yes, for what reason? _____

Name of any other Lansing area business in which your ownership participation exceeds 25%

Signature

Date