



CITY of BOISE
OFFICE OF THE CITY CLERK

STATIONLESS BICYCLE SHARE PROGRAM APPLICATION

FEES

\$ 5,000.00 _____ ANNUAL OPERATOR FEE
 \$ 100.00 x (_____ # OF DEVICES) = _____ ANNUAL DEVICE CHARGE (PER DEVICE)*
 \$ 20.00 x (_____ # OF DEVICES) = _____ SECURITY DEPOSIT FEE (PER DEVICE)*
 \$ _____ TOTAL FEES DUE

BUSINESS DETAILS

APPLICANT SHALL HAVE A MINIMUM OF FIFTY (50) DEVICES THAT MAY CONTAIN ANY COMBINATION OF BICYCLES, E-BIKES OR E-SCOOTERS AND A MAXIMUM OF TWO HUNDRED FIFTY (250) DEVICES.

_____ NUMBER OF BIKES
 _____ NUMBER OF E-BIKES
 _____ NUMBER OF E-SCOOTERS
 _____ TOTAL NUMBER OF DEVICES (TOTAL OF ABOVE)

EACH DEVICE SHALL BE LABELED WITH CURRENT CONTACT INFORMATION OF THE LICENSEE, INCLUDING THE MAKE, MODEL AND UNIQUE IDENTIFYING NUMBER OF EACH DEVICE. PLEASE REFER TO THE SIGNED POLICY AND BOISE CITY CODE FOR MORE SPECIFIC REQUIREMENTS OF THE DEVICE.

* YOU WILL BE REQUIRED TO PROVIDE A LIST OF ALL DEVICES, INCLUDING MAKE, MODEL AND IDENTIFYING NUMBER OF EACH DEVICE TO OUR OFFICE WITH THIS APPLICATION.

BUSINESS INFORMATION

BUSINESS NAME _____

BUSINESS ADDRESS _____
 Street City State Zip

MAILING ADDRESS (IF DIFFERENT FROM ABOVE) _____
 Street City State Zip

BUSINESS PHONE () _____ WEBSITE ADDRESS _____

BUSINESS CONTACT (MUST BE DIFFERENT THAN "ONSITE/LOCAL CONTACT") _____

BUSINESS CONTACT ADDRESS _____
 Street City State Zip

BUSINESS CONTACT PHONE () _____ E-MAIL _____

I HEREBY AUTHORIZE THE CITY OF BOISE, ITS AGENTS AND EMPLOYEES TO SEEK INFORMATION AND CONDUCT AN INVESTIGATION INTO THE TRUTH OF THE STATEMENTS SET FORTH IN THIS APPLICATION.

STATEMENT OF OATH

I swear and affirm, under penalty of perjury pursuant to Title 18, Chapter 54 Idaho Code, that the statements contained in the above application are true and correct to the best of my knowledge.

SIGNATURE OF APPLICANT Date _____

STATE OF IDAHO
> SS
COUNTY OF ADA

On this _____ day of _____ in the year _____, before me the undersigned, a Notary Public, personally appeared _____ known or identified to me to be the person whose name is subscribed to the within instrument and acknowledged to me that he / she executed the same.

SEAL

NOTARY PUBLIC FOR IDAHO
RESIDING AT _____, IDAHO
MY COMMISSION EXPIRES _____