

Shared Bicycle and Mobility Device Vendor Permit Application

2024

**Complete this Permit Application to be considered for a Shared Bicycle and
Mobility Device Vendor Permit to operate in the City of Cleveland.**

Applications Due: Monday, April 8 at 5:00pm ET
Submit completed applications electronically to sdavis2@clevelandohio.gov.

**Applicants are required to attend a demo day in Cleveland, Ohio on
Thursday, April 11.** Details will be shared upon application receipt.



CITY OF CLEVELAND
Mayor Justin M. Bibb

Note that under the laws of the State of Ohio, all parts of the permit application, other than trade secrets or proprietary information, may be considered a public record which, if properly requested, the City must make available to the requester for inspection and copying. Therefore, to protect trade secrets or proprietary information, the applicant should clearly mark each page – but only that page – of its application or submitting documentation that contains that information. The City will notify the applicant if such information in its application is requested, but cannot, however, guarantee the confidentiality of any proprietary or otherwise sensitive information in or with the application. Blanket marking of the entire application as “proprietary” or “trade secret” will not protect an entire application and is not acceptable.

Please note that responses must be completed in this fillable PDF. Applications sent in other formats will not be considered.

By applying for a shared mobility permit with the City of Cleveland, you are agreeing to abide by Cleveland’s rules and regulations for shared mobility operators; failure to do so will result in penalties or permit termination.

1. Company Information

1. Name of Applicant Company:

2. Headquartered Address:

3. Local Representative Information*

a. Name:

b. Phone Number:

c. Email Address:

4. 24-Hour Emergency Contact*

a. Name:

b. Phone Number:

c. Email Address:

5. 24-Hour Customer Service Contact Information

a. Name:

b. Phone Number:

c. Email Address:

Please attach mobile app screenshot of this contact information to application.

6. List all subcontractors authorized to work on your company’s behalf in the City of Cleveland:

a. Name:

b. Phone Number:

c. Email Address:

d. Mailing Address:

7. List contact information for three (3) references who can speak to your company’s operations in their jurisdictions.

Name	Best Contact	City	Years Operated
------	--------------	------	----------------

*In the initial application, please submit the information you would like the City of Cleveland to use to contact your company throughout the application phase. Before commencing operations in Cleveland, contacts must be updated with local representative information.



2. Fleet Information

Please complete a copy of this page for each specific device type. Insert the copy or copies of this page into the single, combined application PDF before submitting. Successful applicants who wish to operate a system with multiple device types (ex., bicycles or electric bicycles with functioning pedals and e-scooters) will coordinate closely with the city on device type(s) and distribution.

8. Attach a labeled image or illustration of each device showing the location of mechanical equipment (e.g. lights and brakes) as well as any and all decals including the company logo, device identification number, contact information, and safety reminders.

9. For each device, please share the following:
 - a. Device type and name:
 - b. Battery life:
 - c. Distance limits:
 - d. Maximum speed:
 - e. Presence of tethering/lock-to mechanisms:
Yes No
 - f. Presence of speedometer:
Yes No
 - g. Presence of tip-over alert:
Yes No
 - h. Accuracy of GPS technology used for tracking:
 - i. GPS sample rate while in use:
GPS sample rate while parked:
 - k. Device behavior when GPS signal is lost (ex., if devices are taken indoors, into underground parking garages):
 - m. A list of any information displayed to the user (battery level, speed, etc.):
 - n. Any additional relevant information (optional, 100 words or less):

10. For each proposed device type, please answer the following:
 - a. Proposed rebalancing schedule and methods for device distribution, noting the City of Cleveland's neighborhood rebalancing requirements (100 words or less):

 - b. Procedures for responding to complaints (100 words or less):

11. We anticipate notifying applicants of permit status in May 2024 and the permit term begins June 1, 2024. Please list your anticipated timeline for local rollout, including the size of the initial fleet at launch, a general plan for fleet size changes, and any desired expansions.

Date or marker (ex., first 50 degree day)	Number of Devices	Device Type If applicable	Service Zones or Area
--	----------------------	------------------------------	--------------------------

3. Parking

12. Provide a detailed parking communications and incentive plan to make riders aware of proper operating and parking behavior as prescribed in Cleveland’s Rules and Regulations. Include up to 4 images (ex., mobile application screenshots, written brochures, as applicable (100 words or less).

13. Share how you will monitor and enforce parking compliance (100 words or less).

4. Equitable Distribution and Access

14. Please attach a table showing the rental fee structure for riders by device type, if applicable.

15. Do you offer subscription or membership options, including benefits or discounts, such as those organized through an employer, university, or other group? (100 words or less) Yes No

16. Do you offer a reduced fee structure, varied payment options, or non-smartphone access for low-income and/or credit-limited residents? If yes, attach a table showing the structure. Yes No

17. How will you promote the use of shared bicycles and/or e-scooters among low-income residents and to those without access to personal vehicles? (100 words or less)

18. Do you maintain a multilingual customer service line? If so, list which languages are available.

Yes No



19. Please share any ways that you plan to provide an equitable shared mobility service that you would like to highlight (100 words or less, optional).

5. Other

20. Describe your workforce model, including employment methods (i.e., 1099 or W-2) and employee locations (100 words or less).

21. Share up to 5 images of your mobile application and a list of its functionalities. Indicate which features on the list are available to users with registered accounts versus the general public.

22. Share a detailed plan for complying with all applicable codified ordinance requirements as laid out in section 517 of the Cleveland Municipal Code and all rules and regulations (100 words or less).

23. Please share anything else that you would like to highlight not already mentioned in the application. Bulleted sentences are encouraged.

24. Attachments are listed below. Please indicate the number of attachments you've included as part of this PDF.

Attachments (*required):

- 24-hour customer service contact mobile app screenshot*
- Labeled image or illustration of each device showing the location of mechanical equipment (e.g. lights and brakes) as well as any and all decals including the company logo, device identification number, contact information, and safety reminders*
- Parking communications for riders (up to 4)
- Table showing the rental fee structure for riders by device type*
- Low-income and/or credit-limited resident payment structure (if offered)

Please include all requested attachments as part of a single application PDF.

END OF SHARED BICYCLE AND MOBILITY VENDOR PERMIT APPLICATION

