



# City of Lorain

## Bicycle License

License Number: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: M / F (Circle One)

Make/Manufacturer: \_\_\_\_\_ Model: \_\_\_\_\_

Made in Year: \_\_\_\_\_ Color: \_\_\_\_\_ Size: \_\_\_\_\_

Bicycle Speed: \_\_\_\_\_ Condition: New / Used (circle one)

Serial Number: \_\_\_\_\_

Signature of Owner: \_\_\_\_\_

Date: \_\_\_\_\_

Witness: \_\_\_\_\_

Date: \_\_\_\_\_

Amount Paid: \$ \_\_\_\_\_ Issued by: \_\_\_\_\_

**Issued by City of Lorain Auditor's Office**