

GREEN BAY AREA BICYCLE LICENSE APPLICATION

Please **PRINT** carefully the following information for your bicycle license:

NAME:

First, Middle, Last

Date Of Birth

Gender/Race

ADDRESS:

Street, City, State Zip

CONTACT:

Phone Number(s)

Email

BICYCLE:

Make & Model

Boys / Girls / Uni

Primary Color

Accent Color(s)

of Speeds

Wheel Size

Value

Serial Number

Additional Description

1. A form must be completed for each bicycle (one form per bicycle).
2. No license will be issued for a bicycle **WITHOUT** a serial number.
3. If your bike is lost or stolen, you have a better chance of having it returned to you if you license it.

License #:

Date Issued:

Issued By: