



CITY OF IOWA CITY

410 East Washington Street
Iowa City, Iowa 52240-1826
(319) 356-5040
(319) 356-5497 FAX

APPLICATION FOR TAXICAB / MOTORIZED PEDICAB VEHICLE DRIVER
(Police Department review must be made between 8 a.m. to 3 p.m., Monday – Friday)

Failure to complete the "required" information will result in denial of the application

Last First Middle

1. Name (REQUIRED) _____

2. Address (REQUIRED) _____

3. Contact Information (REQUIRED) Email: _____ Cell Phone: _____
(All written communication sent via email)

4a. Driver's License expiration date (REQUIRED) _____

b. Taxicab Business Name (REQUIRED) _____

5. Prior experience in transportation of passengers: _____

6. Have you ever been arrested / charged with any misdemeanors and/or felonies in this State or elsewhere? _____

Type of offense Where When

What happened to the charge? (Circle one)

Convicted Dismissed Deferred Suspended Plead Guilty Other _____

7. Have you been arrested / charged with any traffic offenses in the last five years? _____

Type of offense Where When

What happened to the charge? (Circle one)

Convicted Dismissed Deferred Suspended Plead Guilty Other _____

8. Has your driver's license or chauffeur's license been suspended or revoked in the last five years? _____

Type of offense Where When

9. Have you ever applied to be an Iowa City taxi driver using a different name? If yes, please provide the name(s)

(SECOND PAGE FOR REQUIRED SIGNATURE AND NOTARY)

**APPLICATION FOR TAXICAB VEHICLE DRIVER
DEPARTMENT OF CRIMINAL INVESTIGATION (DCI) REPORT AND STATE CERTIFIED
DRIVING RECORD MUST ACCOMPANY THIS APPLICATION FOR POLICE CHIEF REVIEW**

You must apply for an individual Department of Criminal Investigation Report (form available upon request).

I hereby certify that I have issued to me by the Iowa Department of Transportation a valid Driver's license number _____ issued on _____ expiring on _____. I understand that if I falsely answer any questions in this application, that this application may be denied. I agree that in making this application, I consent to allow agents or employees of the City of Iowa City, Iowa, in their discretion, to examine any and all records and documents relating to this application, and I further agree that, if authorization to be a taxicab driver is granted, to comply at all times with all of the provisions of Title 5, Chapter 2, of the City Code. **(Needs to be signed in front of a Notary Public)**

Signature of Applicant _____ Date _____

STATE OF IOWA)
COUNTY OF JOHNSON)

Subscribed and sworn to before me by _____ on this _____ day of _____.

Notary Public in and for the State of Iowa

I have reviewed this application, DCI report, and the State certified driving record of this applicant and have determined that there is no information which would indicate that the issuance would be detrimental to the safety, health or welfare of residents of the City of Iowa City (Title 5, Chapter 2, City Code).

Expiration date of Driver's license _____

Signature of Police Chief or designee

Date

AFTER APPROVAL BY THE CITY CLERK YOU ARE AUTHORIZED TO DRIVE A TAXICAB IN IOWA CITY FOR NO MORE THAN ONE YEAR FROM THE DATE LISTED BELOW.

Signature of City Clerk or designee

Date

Office Use Only

- Approved application _____
- DCI report _____
- State certified driving record _____
- Website update _____