

Check appropriate box:

Metered Taxicab Business: ____
Network Taxicab Business: ____
Motorized Pedicab ____ (exempt from May 1 deadline)



CITY OF IOWA CITY

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

TAXI BUSINESS LICENSE APPLICATION – Due by May 1

(Police Department review must be made between 8 a.m. to 3 p.m. Monday – Friday.)

BUSINESS APPLICATION FEE — \$20

1. Name of Taxicab Business _____

2. Business Address _____

If the office address is in a residential area; one owner must reside at the address.

Email address: _____ (Email address will be used for notification purposes)

Name of Metered Business Contact: _____

Name of Network Representative Contact: _____

3. Business Telephone Number: _____ Name of Office Manager (if any) _____

(Emergency phone number should be on file in Police Dept. IF other than business number listed above.)

4. List of names and addresses of all persons having a financial interest in the business thereof. (In the case of a corporation, LLC, or partnership, all officers, directors, members and persons owning at least a ten percent interest in the business must be listed.)

Name	Address	% Interest (Total should equal 100%)
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A. _____

B. _____

C. _____

D. _____

I have reviewed the application, DCI report, and state certified driver's records of owners and 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. (Title 5, Chapter 2, City Code)

Police Chief or designee _____
Date

Metered taxicab business address listed above in residential zone? ____ Yes ____ No

Business Owner Name that resides there: _____

N.D.S. _____
Date

Taxicab Business License is issued to: _____

Taxicab Business Licenses cannot be sold or assigned.

City Clerk or designee (approved only if color scheme on file) _____
Date

BUSINESS ADDENDUM – OWNER INFORMATION

(ONE FOR EACH PERSON LISTED IN ITEM 4 OF BUSINESS APPLICATION)

Business Owner Name _____

Business Owner Address _____ City/State/Zip _____

Email address: _____ (Email address will be used for notification purposes)

A. Business Owner's prior experience in transportation of passengers: _____

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

<u>Type of offense</u>	<u>Where</u>	<u>When</u>

What happened to the charge? (Circle one)
 Convicted Dismissed Deferred Suspended Plead Guilty Other _____

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

<u>Type of offense</u>	<u>Where</u>	<u>When</u>

What happened to the charge? (Circle one)
 Convicted Dismissed Deferred Suspended Plead Guilty Other _____

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

<u>Type of offense</u>	<u>Where</u>	<u>When</u>

E. DEPARTMENT OF CRIMINAL INVESTIGATION (DCI) REPORT AND STATE CERTIFIED DRIVING RECORD MUST ACCOMPANY EACH ADDENDUM FOR POLICE CHIEF REVIEW FOR EVERYONE LISTED IN ITEM NUMBER 4.

F. I understand that if I falsely answer any of the questions in this application, this application will 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 operate a taxicab business 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 _____
 Business Owner (Must be one of those listed on item 4 of Business application)

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