CITY OF IOWA CITY
410 East Washington Street
Iowa City, Iowa 52240-1826
(319) 356-5040
(319) 356-5497 FAX
www.icgov.org

Office Use Only
DECAL #_____
DATE ISSUED:_____
DATE RETURNED:_____

APPLICATION FOR TAXI DECAL

Fee $ 85.00 Vehicles older than 10 years
Fee: $35.00 vehicles 10 years old or less

Appointment for vehicle inspection must be made between 8 a.m. and Noon, Monday thru Friday with Dan or Darwin at 887-6122

1. Business Name _____

2. Vehicle Information:
   Year: Check appropriate designation _____ older than 10 years.
   _____ 10 years old or less
   Example: during the calendar year 2018, the model must be 2008 or newer to qualify for $35.00 fee.
   Year: _____
   Make of Vehicle: _____
   Serial Number: _____

3. Certificate of insurance for this taxi
   (policy must cover the license period and show a deductible not to exceed $500, with cancellation endorsement)

4. **Original of vehicle Inspection.**

5. Completed **Taximeter Certification form** must be attached for metered taxi only.

I understand that if I falsely answer any of the questions in this application, that 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 a license 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 _____
Owner/Authorized individual (name must be listed on application or authorized statement, respectively)

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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

DECALS WILL BE ISSUED 24 HOURS AFTER COMPLETED APPLICATION RECEIVED BY THE CITY CLERK