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



(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

Business Address	
If the office address is in a residential area; one owner must reside	e at the address.
Email address: (Email a	address will be used for notification purposes)
Name of Metered Business Contact:	
Name of Network Representative Contact:	
Business Telephone Number: Name of Office M (Emergency phone number should be on file in Police Dept. IF other th	anager (if any) an business number listed above.)
List of names and addresses of all persons having a financial interest in or partnership, all officers, directors, members and persons owning at le	
Name Address	(Total should
I have reviewed the application, DCI report, and state certified drive information which would indicate that the issuance would be detriment (Title 5, Chapter 2, City Code)	er's records of owners and determined that
Police Chief or designee	Date
Metered taxicab business address listed above in residential zone? Business Owner Name that resides there:	
N.D.S.	Date
N.D.S. Taxicab Business License is issued to:	
N.D.S. Taxicab Business License is issued to:	

BUSINESS ADDENDUM – OWNER INFORMATION (ONE FOR EACH PERSON LISTED IN ITEM 4 OF BUSINESS APPLICATION)

Bus	iness Owner Name	
Bus	iness Owner AddressCity/State/Zip	
Em	ail address: (Email address will be used for notification purposes)	
A.	Business Owner's prior experience in transportation of passengers:	
В.	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	
C.	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	
D.	Has your driver's license or chauffeur's license been suspended or revoked in the last five years?	
	Type of offense Where When	
E.	DEPARTMENT OF CRIMINAL INVESTIGATION (DCI) REPORT AND STATE CERTIFIED DRIVING RECORD ACCOMPANY EACH ADDENDUM FOR POLICE CHIEF REVIEW FOR EVERYONE LISTED IN ITEM NUMBER 4.	MUST
F.	I understand that if I falsely answer any of the questions in this application, this application will be denied. I agree that in mal application, I consent to allow agents or employees of the City of Iowa City, Iowa, in their discretion, to examine any and all and documents relating to this application, and I further agree that, if authorization to operate a taxicab business is granted, to 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)	records
Sig	nature	
	Business Owner (Must be one of those listed on item 4 of Business application)	
	ATE OF IOWA) UNTY OF JOHNSON)	
Sul	oscribed and sworn to before me by on this	day of
	Notary Public in and for the State of Iowa	