

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%)
A. _____	_____	_____
B. _____	_____	_____
C. _____	_____	_____
D. _____	_____	_____

A. \_\_\_\_\_

B. \_\_\_\_\_

C. \_\_\_\_\_

D. \_\_\_\_\_

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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

