



**CITY OF IOWA CITY**

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

<u>Office Use Only</u>	
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**