



CITY OF IOWA CITY

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

Application Fee: \$15.00

APPLICATION FOR TAXICAB / MOTORIZED PEDICAB VEHICLE DRIVER
(Police Department review must be made between 8 a.m. to 3 p.m., Monday – Friday)

Failure to complete the "required" information will result in denial of the application

Last First Middle

1. Name (REQUIRED) _____

2. Address (REQUIRED) _____

3. Contact Information (REQUIRED) Email: _____ Cell Phone: _____
(All written communication sent via email)

4a. Driver's License expiration date (REQUIRED) _____

b. Taxicab Business Name (REQUIRED)

5. Prior experience in transportation of passengers: _____

6. 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 _____

7. 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 _____

8. 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>

9. Have you ever applied to be an Iowa City taxi driver using a different name? If yes, please provide the name(s)
