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

0 East Washington Street	Failure to comp	Failure to complete the "required" information will result in denial of the application			
wa City, Iowa 52240-1826 19) 356-5040 19) 356-5497 FAX . Name (REQUIRED)	Last	First	Middle		
. Address (REQUIRED)					
. Contact Information (R	EQUIRED) Email:(A	All written communication ser	Cell Phone: nt via email)		
a. Driver's License expira	tion date (REQUIRED	)			
b. Taxicab Business Nam					
. Prior experience in tran		gers:			
. Have you ever been a	rrested / charged with	any misdemeanors and/or fe	elonies in this State or elsewhere?		
Type of offense		Where	When		
/hat happened to the cha	rae? (Circle one)				
	rge? (Circle one) Convicted Dismiss	ed Deferred Suspende	ed Plead Guilty Other		
	Convicted Dismiss	·	•		
	Convicted Dismiss	·	ed Plead Guilty Other years? <u>When</u>		
Have you been arreste	Convicted Dismiss	raffic offenses in the last five	years?		
Have you been arreste	Convicted Dismiss ed / charged with any t	raffic offenses in the last five	years?		
Have you been arreste	Convicted Dismiss ed / charged with any t	raffic offenses in the last five <u>Where</u>	years? <u>When</u>		
Have you been arreste <u>Type of offense</u> What happened to the	Convicted Dismiss ed / charged with any t charge? (Circle one) Convicted Dismiss	raffic offenses in the last five <u>Where</u> sed Deferred Suspend	years? <u>When</u>		



## 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)

(Office Use Only)

## Page 2

## APPLICATION FOR TAXICAB VEHICLE DRIVER DEPARTMENT OF CRIMINAL INVESTIGATION (DCI) REPORT AND STATE CERTIFIED DRIVING RECORD MUST ACCOMPANY THIS APPLICATION FOR POLICE CHIEF REVIEW

## You must apply for an individual Department of Criminal Investigation Report (form available upon request).

Signature of Applicant	Date	
*****	******	****
** STATE OF IOWA ) COUNTY OF JOHNSON )		
Subscribed and sworn to before me by	on this	day of
	otary Public in and for the State of Iowa	
**************************************	************	*****
I have reviewed this application, DCI report, and the State ce there is no information which would indicate that the issuanc dents of the City of Iowa City (Title 5, Chapter 2, City Code).	e would be detrimental to the safety, health or we	etermined that elfare of resi-
Expiration date of Driver's license		
Signature of Police Chief or designee	Date	
AFTER APPROVAL BY THE CITY CLERK YOU ARE AUT MORE THAN ONE YEAR FROM THE DATE LISTED BELC		Y FOR NO
Signature of City Clerk or designee	Date	
******	******	*****
Approved application DCI report State certified driving record	Use Only	