



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 PEDICAB/HORSE DRAWN VEHICLE DECAL

Fee \$ 85.00

**Appointment for vehicle inspection must be made
between 8 a.m. and Noon, Monday thru Friday
at 887-6122**

1. Business Name _____
2. Business Email Address _____
3. Business Telephone #: _____
4. Name of Office Manager (if any) _____
5. Vehicle Information:
Year: _____
Make of Vehicle: _____
Serial Number: _____
6. Attach certificate of insurance for this pedicab/horse drawn vehicle
(policy must cover the license period and show a deductible not to exceed \$500, with cancellation endorsement)
7. **Original of vehicle Inspection** must be attached..

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)

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