

NON MOTORIZED PEDICAB/HORSEDRAWN BUSINESS APPLICATION

**(Police Department review must be made
between 8 a.m. to 3 p.m. Monday – Friday.)
BUSINESS APPLICATION FEE — \$20**



CITY OF IOWA CITY

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

- 1. Business Name _____
- 2. Business Office Address _____
- . Email Address _____ (Email address will be used for notification purposes.)
- 3. Business Telephone Number: _____ Name of Office Manager (if any) _____

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 or controlling ten percent interest in the business must be listed.)

	Name	Address	% Interest (Total should equal 100%)
A.	_____	_____	_____
B.	_____	_____	_____
C.	_____	_____	_____
D.	_____	_____	_____

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

City Clerk

Date

N.D.S..

Date

**BUSINESS ADDENDUM – OWNER INFORMATION
(ONE FOR EACH PERSON LISTED IN ITEM 4 OF BUSINESS APPLICATION)**

Owner Name _____

Owner Address _____ City/State/Zip _____

Contact Phone Number (other than business number) _____

A. Applicant's prior experience in transportation of passengers: _____

B. Have you ever been convicted of any misdemeanors and/or felonies in this State or elsewhere?
Type of offense _____ Where _____ When _____

C. Have you been convicted of operating a motor vehicle while under the influence of alcohol or drugs in the last five years?
Type of Offense _____ Where _____ When _____

D. Have you been convicted of any traffic offenses in the last five years? _____
Type of offense _____ Where _____ When _____

E. Has your driver's license or chauffeur's license been suspended or revoked in the last five years?
Type of offense _____ Where _____ When _____

F. DEPARTMENT OF CRIMINAL INVESTIGATION (DCI) REPORT AND STATE CERTIFIED DRIVING RECORD MUST ACCOMPANY EACH ADDENDUM FOR POLICE CHIEF REVIEW FOR EVERYONE LISTED IN ITEM NUMBER 4.

G. I understand that if I falsely answer any of the questions in this application, 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 (Must be one of those listed on item 4 of business application)

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