

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

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

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

1	Name (REQUIRED)	First	Middle	Last	
	, -				
				Cell Phone:	
4a.	Driver's License expirat	ion date (REQUIR	ED)		
b.	Taxicab Business Nam	e (REQUIRED)			
5.	Prior experience in tran	sportation of passe	engers:		
6.	Have you ever been arrested / charged with any misdemeanors and/or felonies in this State or elsewhere?				
	Type of offense		Where	When	
	What happened to the	charge? (Circle one	э)		
		Convicted Dism	issed Deferred Suspend	ded Plead Guilty Other	
7.	Have you been arrested / charged with any traffic offenses in the last five years?				
	Type of offense		<u>Where</u>	When	
	What happened to the	charge? (Circle one	e)		
		Convicted Disr	missed Deferred Susper	nded Plead Guilty Other	
8.	Has your driver's licens	se or chauffeur's lice	ense been suspended or revo	ked in the last five years?	
	Type of offense		<u>Where</u>	When	
9.	Have you ever applied to	o be an Iowa City ta	nxi driver using a different nam	ne? If yes, please provide the nar	me(s)

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).

(SECOND PAGE FOR REQUIRED SIGNATURE AND NOTARY)

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	Department of Transportation a valid Driver's license number expiring on I understand that if
falsely answer any questions in this application, that this appoint to allow agents or employees of the City of Iowa documents relating to this application, and I further agree the	oplication may be denied. I agree that in making this application, locity, lowa, in their discretion, to examine any and all records and lat, if authorization to be a taxicab driver is granted, to comply at all ity Code. (Needs to be signed in front of a Notary Public)
Signature of Applicant	Date
**************************************	***************************************
Subscribed and sworn to before me by	on this day of
 	Notary Public in and for the State of Iowa

Signature of Police Chief or designee	Date
AFTER APPROVAL BY THE CITY CLERK YOU ARE AUTMORE THAN ONE YEAR FROM THE DATE LISTED BEL	THORIZED TO DRIVE A TAXICAB IN IOWA CITY FOR NO OW.
Signature of City Clerk or designee	Date
***************************************	***************************************
Offic	e Use Only
Approved application DCI report State certified driving record Website update	

Clerk/TAXIDRIVBADGEAPPL92014amended.DOC 07/2016