



**APPLICATION FOR TAXICAB VEHICLE DRIVER**  
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I hereby certify that I have issued to me by the Iowa Department of Transportation a valid Driver's license number \_\_\_\_\_ issued on \_\_\_\_\_ expiring on \_\_\_\_\_. I understand that if I falsely answer any questions in this application, that this application may 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 authorization to be a taxicab driver 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 of Applicant \_\_\_\_\_ Date \_\_\_\_\_

\*\*\*\*\*  
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

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I have reviewed this application, DCI report, and the State certified driving record of this applicant and have 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 of Iowa City (Title 5, Chapter 2, City Code).

Expiration date of Driver's license \_\_\_\_\_

\_\_\_\_\_  
Signature of Police Chief or designee

\_\_\_\_\_  
Date

**AFTER APPROVAL BY THE CITY CLERK YOU ARE AUTHORIZED TO DRIVE A TAXICAB IN IOWA CITY FOR NO MORE THAN ONE YEAR FROM THE DATE LISTED BELOW.**

\_\_\_\_\_  
Signature of City Clerk or designee

\_\_\_\_\_  
Date

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**Office Use Only**

Approved application     \_\_\_\_\_  
DCI report                 \_\_\_\_\_  
State certified driving record     \_\_\_\_\_  
Website update            \_\_\_\_\_