



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 TAXI DECAL

Fee \$ 85.00 Vehicles older than 10 years
Fee: \$35.00 vehicles 10 years old or less

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

1. Business Name _____
2. Vehicle Information:
Year: **Check appropriate designation** _____ older than 10 years.
_____ 10 years old or less
Example: during the calendar year 2026, the model must be 2016 or newer to qualify for \$35.00 fee.
Year: _____
Make of Vehicle: _____
Serial Number: _____
3. Certificate of insurance for this taxi
(policy must cover the license period and show a deductible not to exceed \$500, with cancellation endorsement)
4. **Original of vehicle Inspection.**
5. Completed **Taximeter Certification form** must be attached for metered taxi only.

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