



# VEHICLE FOR HIRE BUSINESS APPLICATION FOR CITY LICENSE

City of Clinton  
611 South 3<sup>rd</sup> Street  
P.O. Box 2958  
Clinton, IA 52733-2958  
(563) 244-3421

License # \_\_\_\_\_  
Date Issued: \_\_\_\_\_

## SECTION I – NAME & ADDRESS

Name of Applicant

Home & Mailing Address      City      State      Zip

Phone#

Race      Height      Hair Color      Eye Color

I do hereby make application for the following City License:

<input checked="" type="checkbox"/>	<b><u>Type of License</u></b>	<b><u>Must Comply with City Code Chapter</u></b>	<b><u>Fee</u></b>	<b><u>Fee After July 1st</u></b>	<b><u>Insurance Required</u></b>	<b><u>Expiration Date</u></b>
	Limousine Business	114	\$60.00/vehicle	\$30.00/vehicle	\$1M	Dec. 31
	Taxi Cab Business	114	\$60.00/vehicle	\$30.00/vehicle	\$1M	Dec. 31

## SECTION II – CORPORATION INFORMATION

*Is applicant a corporation? If yes, complete this section, if not, go to Section III.*

Name/Title of Business

Business Address / Address Where Vehicle/s Stored

Proposed Rates of Fare      Email (required)

### Stockholder Information – List All

Name of Stockholder	Address	% of Shares

### Corporation Directors & Officers – List All

Name	Title



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### SECTION III – PARTNERSHIP INFORMATION

*Is applicant a partnership? If yes, complete this section, if not, go to Section IV.*

Name/Title of Business

Business Address / Address Where Vehicle/s Stored

Proposed Rates of Fare

General Partners	
Name of Partner	Address
Limited Partners	
Name of Partner	Address

### SECTION IV – SOLE PROPRIETOR INFORMATION

Name/Title of Business

Business Address / Address Where Vehicle/s Stored

Proposed Rates of Fare

Individual Information – List All		
Sole Proprietor's Name	Address	% of Ownership

### SECTION V - VEHICLE INFORMATION

Make	Model	Year	Mileage	Capacity	Color	VIN #	Plate #



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<b>SECTION VI – BUSINESS INFORMATION</b>
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Proposed Rates of Fare:	
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Insignia to Be Used to Designate the Vehicle or Vehicles of the Applicant:

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### SECTION VII – PRIOR LICENSE REVOCATION

Has a similar license from the City of Clinton or any other jurisdiction been revoked? If yes,  
why:

Yes

No

### SECTION VIII – RELEASE AND DISCLOSURE

I \_\_\_\_\_, do hereby authorize a review of and full disclosure of all records concerning myself to any duly authorized agent of the City of Clinton, Iowa, whether said records are of a public, private or confidential nature, including criminal histories.

I \_\_\_\_\_, do hereby authorize the Clinton Police Department, or its designee, to obtain finger prints and take a photograph of myself for identification purposes.

I hereby swear and affirm that each that each statement and all information in or supplementing this application is complete and true and accurately recorded to the best of my knowledge. I understand that providing false, misleading and/or incomplete information on this application will result in my not obtaining a Vehicle for Hire Business City License in the City of Clinton, Iowa.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date



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### SECTION IX – CONFIDENTIAL INFORMATION OF APPLICANT

Name of Applicant \_\_\_\_\_

Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_ Place of Birth (City, \_\_\_\_\_ Driver's License #  
(optional) \_\_\_\_\_ State) \_\_\_\_\_

List all felonies and misdemeanor convictions, including traffic violations for the last ten (10) years:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Aliases (List All Other Names Ever Used):

\_\_\_\_\_  
\_\_\_\_\_

### SECTION X – CHECKLIST FOR APPLICANT

<input type="checkbox"/>	City Application Completed?
<input type="checkbox"/>	DCI Background Check Form Completed?
<input type="checkbox"/>	ASE Certified Vehicle Inspection Report Submitted for Each Vehicle?
<input type="checkbox"/>	Proof of Insurance Submitted listing \$1M in coverage and City of Clinton as additional insured?
<input type="checkbox"/>	Taxicab Service Passenger Certificate issued by Iowa DOT obtained?
<input type="checkbox"/>	Financial Statement or Balance Sheet submitted?
<input type="checkbox"/>	All fees paid to City Finance Department?

**\*All items must be completed and submitted to the City Clerk's office before the application can be approved.\***

**\*Please allow at least 2 weeks for your City license application to be processed.\***

### SECTION XI – OFFICE USE ONLY

License#	Fee Paid to Finance Office	DCI Background Check Completed	Approval by Police Department	Approval by BNS Department	Approval by Iowa DOT	Approved by Clerk