



APPLICATION FOR AMBULANCE LICENSE
(Chapter 4.68 of the Sioux City Municipal Code)

NEW [] RENEWAL []

NAME OF APPLICANT: _____

ADDRESS OF APPLICANT: _____

PHONE NUMBER WHERE APPLICANT MAY BE REACHED: _____

NAME OF REGISTERED OWNER OF VEHICLE(S): _____

BUSINESS NAME: _____

TRAINING AND EXPERIENCE IN TRANSPORTATION AND CARE OF PATIENTS: _____

NUMBER OF VEHICLES FOR WHICH AN APPLICATION IS BEING FILED: _____

COLOR SCHEME/ DISTINGUISHING CHARACTERISTICS OF THE VEHICLE(S): _____

LOCATION FROM WHICH THE AMBULANCE(S) ARE TO BE OPERATED: _____

Please answer the following for EACH vehicle applying for: (Include Additional Sheets if necessary)

Table with 7 columns: State License #, VIN #, Year, Make, Model, Years in use, City License #. The table contains 8 empty rows for data entry.

- 1. You must provide a State Inspection Form for each vehicle to be licensed.
2. You must provide a Certificate of Insurance listing all vehicles to be licensed.
3. A list of all EMT's currently employed by your company shall also accompany this application.
4. It is acknowledged that Chapter 4.68 Ambulances of the Municipal Code of City of Sioux City, Iowa, (and amendments thereto) have been read and are understood. We will conform to this chapter and any amendments thereto at all times.

SIGNATURE OF OWNER

DATE

The City of Sioux City does not discriminate on the basis of disability in admission to, access to, or operations of its programs, services, or activities. Individuals who need auxiliary aids for effective communication in programs and services of the City of Sioux City are invited to make their needs and preferences known to the ADA Compliance Officer, City Hall, 405 6th Street, Room 204, (712) 279-6259. This notice is provided as required by Title II of the Americans with Disabilities Act of 1990.

FOR CITY USE ONLY

Date Approvals Requested on:

Police Department: Approve: [] Deny: [] Legal Department: Approve: [] Deny: []