



Dear Taxicab Applicant:

Thank you for your interest in obtaining a taxicab permit from the City of Sioux City. **The following information is important.** Please read this letter prior to completing your application and making payment for your permit.

1. Make sure your application is complete and accurate. Omitting requested information will result in denial of your application. This is especially important when you list traffic violations, felonies, and misdemeanors. Your application will be denied if you provide false or misleading information. If you are uncertain of previous offenses, it is your responsibility to check with the Iowa Department of Transportation or the Police Department.
2. The \$45 (or \$56.25 for a 15 month license) fee for a permit is **nonrefundable**. The City incurs expense in doing the background checks on these permits, taking the photos, and printing a permit. We incur these costs whether the permit is approved or not. Therefore, the fee will not be refunded.

The following criteria is taken from the Sioux City Municipal Code. This should help you determine if you are qualified to receive this permit. If you suspect you will be denied, we suggest you do not proceed with the application.

"An application may be denied for the following reasons:

- a) Conviction of a felony involving personal injury or assault;
- b) Conviction of a misdemeanor in the past five years involving personal injury or assault;
- c) Revocation or suspension of the motor vehicle license within the past three years;
- d) A current history of mental illness;
- e) A current addiction to alcohol or drugs;
- f) False or misleading information on the application;
- g) Failure to possess a current valid motor vehicle chauffeur's license issued by the Iowa Department of Transportation, or if Nebraska or South Dakota resident, failure to possess applicable license issued by their State Department of Transportation;
- h) History of violent behavior including arrest for sexual offenses."

If your application is denied, you have an opportunity for a hearing as outlined in our Municipal Code:

"Any applicant who is denied a permit by the City Clerk may request a hearing before the City Manager or his designee by filing a written appeal with the Administrative Services Director/City Clerk within ten (10) days of the denial. . . . Upon final denial of an application for a permit by the City Manager, the applicant shall not be able to reapply for a permit for twelve (12) months from final date of denial unless applicant corrects the reasons for denial sooner."

Again, thank you for your interest. Please do not hesitate to call Customer Service at 279-6313 if you require additional assistance.



APPLICATION FOR TAXI DRIVER'S PERMIT
(Chapter 4.64 of Sioux City Municipal Code)

NEW \_\_\_\_\_ RENEWAL \_\_\_\_\_

Name: \_\_\_\_\_
First Middle Last

Address: \_\_\_\_\_
Street Apt. # City/State Zip Code

Phone number where you can be reached: \_\_\_\_\_

Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Eyes \_\_\_\_\_ Hair \_\_\_\_\_

Chauffeur's License # \_\_\_\_\_ State issued by: \_\_\_\_\_

Addresses for the past five years:

Street Apt. # City/State Zip Code

Street Apt. # City/State Zip Code

List of ALL traffic violations for the past ten years: (if renewal, please list only violations for the past year)

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

Have you been convicted of a felony in the past 15 years? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain (include location of the charge, the exact charge, whether citizenship was restored:

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

List all misdemeanors (within the past 5 years) resulting in personal injuries to any person:

Charge Location of Charge Disposition

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History of present/past addiction to alcohol or drugs. Include any present or past treatment program/
rehabilitation:

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

Have you previously been issued a taxi driver's permit? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes :

\_\_\_\_\_ Date \_\_\_\_\_ City/State

\_\_\_\_\_ Date \_\_\_\_\_ City/State

History of employment for the past five years:

\_\_\_\_\_ Employer \_\_\_\_\_ City/State

\_\_\_\_\_ Employer \_\_\_\_\_ City/State

Proposed Employer \_\_\_\_\_ Phone Number \_\_\_\_\_

I, the undersigned do hereby solemnly swear true and complete answers have been made to all questions in the foregoing application; and do hereby agree and warrant if granted a permit will obey all of the rules and regulations applicable thereto of the Municipal Code of Sioux City, IA. Further, I have received a copy of the ordinance regulating taxi drivers and have read said ordinance.

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

**NOTE: The fee for the permit is nonrefundable.**



**FOR CITY USE ONLY**

Fee Paid: \$ \_\_\_\_\_ Date Filed: \_\_\_\_\_ Permit #: \_\_\_\_\_

Date Approvals Requested on: \_\_\_\_\_

Police Department: Approve:  Deny:  Date: \_\_\_\_\_

Reason for Disapproval: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ City Clerk: Approve:  Deny:  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 6<sup>th</sup> Street, Room 204, (712) 279-6259. This notice is provided as required by Title II of the Americans with Disabilities Act of 1990.*