



**TRANSFER APPLICATION
VEHICLE FOR HIRE LICENSE**
(Chapter 4.64 of the Sioux City Municipal Code)

DATE: _____

Type of Ownership: Corporation Individual Partnership

NAME OF REGISTERED OWNER OF VEHICLE(S): _____

BUSINESS NAME: _____

BUSINESS ADDRESS OF OWNER: _____

PHONE NUMBER WHERE APPLICANT MAY BE REACHED: _____

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

COLOR SCHEME OF THE VEHICLE(S): _____

TRANSFER FROM:

Cab #	State License #	VIN #	Year	Make	City License #

TRANSFER TO:

Cab #	State License #	VIN #	Year	Make	City License #

1. You must provide a Vehicle for Hire Inspection Form for each vehicle to be licensed.
2. You must provide a Certificate of Insurance from an Iowa based insurance company.
3. It is acknowledged that Chapter 4.64 Taxicabs and Other Vehicles for Hire 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: Date: _____