



Type of Ownership: ☐ Corporation ☐ Individual ☐ Partnership

If the applicant is a corporation, list the name and title of the person who will be responsible for the operation of this business:

Phone Number where applicant can be reached:

Anticipated hours of operation:

(NOTE: IT WILL BE CONSIDERED A VIOLATION OF THE MUNICIPAL ORDINANCE TO WORK A HORSE MORE THAN 12 HOURS PER DAY.)

As a licensee of a horse-drawn carriage, you are responsible for providing the City with the following items:

1. A certificate of insurance policy issued by a company licensed to do business in the State of Iowa, showing insurance coverage for all carriages as required by City ordinance.
2. A map showing the route you will be using.
3. If operating in a City park, you must obtain written permission from the Public Works Department.
4. A certificate that the carriage(s) has(have) been inspected and that the carriage(s) is(are) in good working order and in full compliance with all applicable State laws.
5. All horses to be used in the operation of the horse-drawn carriage business must be immunized. You must either show a current rabies vaccination from a veterinarian or include a written statement that certifies that the horses have been vaccinated.

It is acknowledged that Chapter 4.66 of the Municipal Code of the City of Sioux City, (and amendments thereto) have been read and completely understood. We shall conform to this chapter and any amendments thereto at all times.

Signature of Applicant	Date
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FOR CITY USE ONLY

Fee Paid: \$ Receipt #: Permit #:

Date Approvals Requested on:

Police Department:	Approve:		Deny:		Date:
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Traffic Engineering	Approve:		Deny:		Date:
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Parks Department:	Approve:		Deny:		Date:
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City of Sioux City
CERTIFICATE OF CARRIAGE WORTHINESS

The undersigned is the _____ of _____
(Title) (Company)

Which has made application for a horse-drawn carriage business license. The undersigned certifies that he/she has, within the past thirty days, made a personal inspection of the following described carriages, to be used by the company in the City of Sioux City:

1. _____

2. _____

3. _____

4. _____

All carriages are in good and safe working order and in full compliance with all applicable laws of the State of Iowa and City ordinances. The undersigned agrees to file a new certificate in the event a new carriage is used in the business or an existing carriage has had major repairs.

CERTIFICATE OF RABIES VACCINATION

I further certify that all animals that will be used in this operation have received a rabies vaccination within the last year.

(Signature of owner)
Date: _____

(FALSIFICATION OF THIS DOCUMENT IS GROUNDS FOR REVOCATION OF THE LICENSE.)

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.