



[CITY OF]

OTTUMWA

APPLICATION FOR TAXICAB LICENSE

NAME OF BUSINESS: _____

LOCATION OF CENTRAL BUSINESS OFFICE: _____

NAME OF APPLICANT: _____

ADDRESS: _____

NUMBER OF TAXICABS OWNED: _____
TAXICAB LICENSE FEE \$50.00
\$25.00 PER VEHICLE

NUMBER OF TAXICABS OPERATING: _____

NUMBER OF TAXICABS DESIRING LICENSE: _____

NAME OF TAXICAB DRIVER

TAXICAB DRIVER LICENSE NO.
(As obtained by the Ottumwa Police Dept.)

EXPIRATION DATE

INSIGNIA TO BE USED TO DESIGNATE VEHICLES:

EXPERIENCE OF APPLICANT IN TRANSPORTING PASSENGERS: (State background briefly):

LIABILITY INSURANCE REQUIRED IN ACCORDANCE WITH Sec. 35-11 of Ottumwa Municipal Code
Insurance Requirements: \$100,000 per person, \$300,000 more than one person, \$50,000 property damage

LIABILITY INSURANCE COMPANY: _____

CERTIFICATE OF INSURANCE FILED WITH CITY CLERK? Y _____ N _____

SCHEDULE OF RATES & SERVICES ON FILE WITH THE CLERK? Y _____ N _____
(Must be updated annually upon application and submitted as part of this application)

DATE: _____

Signature of Applicant

Approved: _____ Denied: _____

CHIEF OF POLICE

License Number: _____

License Expiration Date: _____

Receipt Number: _____

Amount Paid: _____