

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 _____

Phone number where you can be reached: _____

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 # _____

Approve _____ Disapprove _____ Date _____ Police Department

Reason for Disapproval: _____

Approve _____ Disapprove _____ Date _____ City Clerk

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.