



**Taxi Cab License Application**

City of Boone  
923 8<sup>th</sup> Street  
Boone, IA 50036

Type of Request:             RENEWAL             NEW LICENSE

\_\_\_\_\_  
Company/Applicant                                  Address                                  City, State Zip

\_\_\_\_\_  
Primary Contact Name                                  Phone                                  e-mail

\_\_\_\_\_  
License Number                                  Expiration

**Vehicle Information**

Year	Make	Model	Color	Lic. Plate #	VIN

**Employee Information - Additional Requirements**

- DCI criminal background check for owner and drivers to be submitted to City of Boone Clerks Office.
- Certificate of Insurance.
- Copy of valid chauffeur license for each driver.
- Payment of \$25 per year.

Name	Address	DOB	Chauffeur's DL #/ Exp. Date

**Deadline for submittal:**

The deadline for submittal is the Wednesday (5:00 P.M.) before the regularly scheduled City Council meeting. City Council meets on the first and third Mondays of the month. **APPLICATIONS SUBMITTED THAT DO NOT MEET THIS DEADLINE WILL NOT BE CONSIDERED UNTIL THE FOLLOWING COUNCIL MEETING.**

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

Final action by City Council: <input type="checkbox"/> Approve <input type="checkbox"/> Deny    Date: _____
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