



**City of West Burlington  
Taxi Service/Vehicle for Hire Business**

**REGISTRATION APPLICATION**

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**West Burlington City Hall, 122 Broadway St., Ph: (319)752-5451 Fax: (319)752-8425**

Each person desiring to operate a taxicab or vehicle for hire service (not including Uber, Lyft or similar transportation network companies) within the City of West Burlington shall obtain an annual permit from the City. Permits expire on March 31st of each year. Renewals must be submitted two weeks prior to expiration date.

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**BUSINESS INFORMATION**

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Owner Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Business/Owner Tax ID: \_\_\_\_\_

**MOTOR CARRIER PASSENGER CERTIFICATE**

Have you obtained a Motor Carrier Passenger Certificate from the Iowa Department of Transportation? YES or NO. Please include a copy of the Certificate. If NO, please contact the Iowa Department of Transportation to obtain your state permit before applying for a permit with the City of West Burlington.

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**RATES**

Provide a list the rates to be charged for transporting passengers. Rates must be displayed in full view of passengers.

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## **DRIVER INFORMATION**

Provide proof that you have performed annual background checks on all drivers verifying they comply with all regulations of Iowa Code 321.241. Proof includes a DCI criminal history report, dated within one year of taxicab license application, through the State Department of Public Safety and certified copy of his or her current driving record.

Each driver must have a driver's license valid for the operation of the motor vehicle used as a taxicab that is not an instruction permit, special instruction permit, or temporary restricted license

A person is **prohibited** from driving a taxi if:

1. The person is restricted to operating motor vehicles equipped with an ignition interlock device.
2. The person's driving privileges have been suspended, revoked, barred, canceled, denied, or disqualified in the prior three-year period.
3. The person has been convicted of more than three moving violations in the prior three-year period.
4. The person has been convicted of violating Iowa Code Section 321.218, 321.277, or 321J.21, or section 321A.32, subsection 1, in the prior three-year period.
5. The person has been convicted in the prior seven-year period of a felony, of violating Iowa Code Section 321J.2 or 321J.2A, or of any crime involving resisting law enforcement, dishonesty, injury to another person, damage to the property of another person, or operating a vehicle in a manner that endangers another person.
6. The person is registered on the national sex offender registry.

List the full names of all individuals driving company vehicles and include a clear copy of their valid driving license.

(Print Clearly)

Full Name	Address	Date of Birth

There will be an additional charge for the West Burlington Police Department to provide a criminal background checks and a separate release form will be required.

**VEHICLE INSPECTION/INSURANCE INFORMATION** (Taxi's used for medical transport vehicles are not exempt from these regulations and inspections)

(Print clearly)

Year	Make/Model	Plate #	Vin #	NEW WB TAXI # City use only

**VEHICLE CONDITION**

Prior to its use and operation, each vehicle shall be made to comply with all applicable requirements of the State Motor Vehicle Code and other State laws. Each vehicle must be inspected by a certified mechanic to ensure the vehicle satisfies all State and Federal motor carrier requirements. An inspection form will be provided by the City of West Burlington and should be signed by the certified mechanic performing the inspection. A certified mechanic should be able to provide documentation showing they are properly certified, at the request of the Police Chief.

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**INSURANCE REQUIREMENTS**

Provide a Certificate of Insurance with the City of West Burlington listed as a certificate holder. The following limits are required:

- Primary Automobile Insurance in the amount of at least one million dollars. (Iowa Code 325A.6(2))  
**\*\*If you remove a vehicle from insurance during the term of your permit you must surrender the city issued window decal for that vehicle within 24 hours.**

Name of Insurance Company: \_\_\_\_\_

Phone Number of Insurance Company: \_\_\_\_\_

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**PAINTING OF NAME REQUIRED**

Every taxicab shall have the name of the licensee plainly painted in letters at least one and one-half inches in height in the center of the main panel of each rear or front door of the vehicle, and shall be of a distinctive color scheme different from that of the licensed taxicab of any other owner.

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**APPLICANT SIGNATURE**

Applications must be submitted to the City Clerk's office no later than the Thursday before the last City Council Meeting in March. **Permits are valid from April 1<sup>st</sup> to March 31<sup>st</sup>.**

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

\_\_\_\_\_  
Date

**The following items are required in order to have the application processed:**

- ☐ Copy of your Motor Carrier Passenger Certificate from the Iowa Department of Transportation
- ☐ Proof of Vehicle Inspection by a Certified Mechanic
- ☐ Certificate of Insurance showing each vehicle
- ☐ Current Rate Schedule
- ☐ Proof of Criminal Background Check and Certified Driving Record for each taxi driver along with a copy of their valid driver's license
- ☐ \$125.00 License Fee plus \$30.00 for each licensed vehicle

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*For office use only*

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**APPROVAL**

Reviewed by West Burlington Police Department on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Recommendation: Approval/Denial Reason for Denial: \_\_\_\_\_

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Signature: \_\_\_\_\_ Title: \_\_\_\_\_