



New  
Renewal  
License # \_\_\_\_\_

**APPLICATION FOR TAXICAB OR PEDICAB BUSINESS LICENSE**

**BUSINESS INFORMATION**

Type of Business (check one):           Taxicab                   Taxicab (24 hours)                   Pedicab

Name of Business \_\_\_\_\_

Address of Business \_\_\_\_\_ Business Phone \_\_\_\_\_

Business Email Address \_\_\_\_\_ Business Website (if applicable) \_\_\_\_\_

Name of accredited company used for driver criminal background examinations (taxicab only) \_\_\_\_\_

**\*As outlined in Chapter 52, current driver and vehicle information must accompany all taxicab business applications.**

**OWNER INFORMATION**

**The information requested below must be provided by the applicant and every person who, directly or indirectly, has any right to participate in the management or control of the business to be conducted at the premises of the proposed establishment. Such information should be provided on separate sheets and attached to this application.**

Name of Owner \_\_\_\_\_

Home Address of Owner \_\_\_\_\_

Phone Number of Owner \_\_\_\_\_ Email Address \_\_\_\_\_ Date of Birth \_\_\_\_\_

Company Type (check one):           Sole Proprietorship           Partnership           LLC           Corporation           Association

**If operating as a Corporation, Partnership or Association, the following must be completed:**

Name of Corporation, Partnership or Association \_\_\_\_\_

Address of Corporation, Partnership or Association \_\_\_\_\_

Name and Address of Registered Agent (Corporations Only) \_\_\_\_\_

Name of Association Member Authorized to accept City notices (Associations Only) \_\_\_\_\_

<u>Name of Officers, Partners or Association Members</u>	<u>Title</u>
_____	_____
_____	_____
_____	_____

**INDEMNIFICATION**

To the fullest extent permitted by law, the licensee agrees to defend, pay on behalf of, indemnify, and hold harmless the City against any and all claims, demands, suits, damages or losses, together with any and all outlay and expense connected therewith, including but not limited to attorneys' fees and court costs, that may be asserted or claimed against, recovered from or suffered by the City by reason of any injury or loss, including, but not limited to, personal injury, including bodily injury or death, property damage, including loss of use thereof, and economic damages arising out of or in any way connected or associated with the licensee's licensed activities.

**CERTIFICATION**

I certify that all information in this application and the required documents is true and correct to the best of my knowledge, and upon submittal becomes public record.

I understand that any missing documentation may delay license approval.

I further understand that should I commit a violation of the terms and conditions of this license, my license may be revoked.

I agree that I will obtain any other permits necessary and will follow the guidelines and requirements set forth in Chapter 52, Taxicabs, or Chapter 52B, Pedicabs, of the Cedar Rapids Municipal Code.

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

\_\_\_\_\_  
Date

---

---

**FOR OFFICE USE ONLY**

License fee amount \_\_\_\_\_ CASH CC CHECK - Check # (if applicable) \_\_\_\_\_

Receipt # \_\_\_\_\_ License expiration date \_\_\_\_\_