



**APPLICATION FOR 12 MONTH TAXI DECAL**

Application Fee - \$60

(Complete one form per taxi cab)

1. Company Name \_\_\_\_\_
2. Company Mailing Address \_\_\_\_\_
3. Company Telephone # \_\_\_\_\_
4. Company E-mail Address \_\_\_\_\_
5. Name of Office Manager (if any) \_\_\_\_\_
6. Vehicle Information  
 Year & Make \_\_\_\_\_  
 VIN Number \_\_\_\_\_  
 State License Plate # \_\_\_\_\_
7. Attach certificate of insurance for this taxi (policy must cover the license period and show a deductible not to exceed \$500, with cancellation endorsement).
8. Original vehicle inspection and Taxi Meter Certification must be received by the City Clerk no later than May 31, 2014 to retain Taxi Decal.

I understand that if I falsely answer any of the questions in this application, that this application will be denied. I agree that in making this application I consent to allow agents or employees of the City of Coralville, Iowa, in their discretion, to examine any and all records and documents relating to this application. **(Needs to be signed in front of a Notary Public)**

Signature \_\_\_\_\_  
Owner/Authorized individual (name must be listed on application or authorized statement respectively)  
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STATE OF IOWA                    )  
COUNTY OF JOHNSON            )

Subscribed and sworn to before me by \_\_\_\_\_ . On this \_\_\_\_  
day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Notary Public in and for the State of Iowa

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**Decals will be issued 24 hours after the City Clerk receives a completed application**