

License Application Guidelines and Checklist

License Type: Taxicab Vehicle – New License	
<input type="checkbox"/>	Vehicle – (L275) A motor vehicle engaged in the business of transporting passengers for hire, with a seating capacity of seven (7) persons or less and not operating on a fixed route or schedule. This license does not apply to limousines.
<input type="checkbox"/>	Wheelchair Accessible Vehicle – (L315) A motor vehicle for hire that is a minivan or similar vehicle specially adapted for wheelchair users and prioritizes requests for service from wheelchair users.
A vehicle inspection must be completed before the license is approved. A copy of the Inspection Report must remain in the vehicle. Any individual who drives a taxi licensed in Minneapolis is required to obtain a Minneapolis Taxicab Driver’s License.	
Staff Initials	Application Checklist
<input type="checkbox"/>	1. License Application (Form #1)
<input type="checkbox"/>	2. Photo ID: Attach a copy of the driver’s license/government issued picture identification card for each owner.
<input type="checkbox"/>	3. Attach a Certificate of Liability Insurance. (Sample Form #2) a. This must be furnished by your insurance agent. b. You are required to have a policy for the negligent operation, use or defective condition of any taxicab with the following coverages: <input type="checkbox"/> \$100,000 per occurrence and not less than \$300,000 aggregate for personal injury or death and <input type="checkbox"/> \$100,000 for per occurrence for property damage. c. Policy may not contain any liability limitation for the vehicle, driver or occupants related to intoxication or illegal transportation of liquor.
<input type="checkbox"/>	4. Title of Vehicle – Attach a copy of the vehicle title, lease agreement, or receipt of title transfer.
<input type="checkbox"/>	5. Data Privacy (Form #3) – Attach a signed copy for each owner.
<input type="checkbox"/>	6. Taxi Vehicle Inspection Report (Form #4) – A list of authorized garages is on our website. www.minneapolismn.gov/licensing/taxi/index.htm <input type="checkbox"/> Wheelchair Accessible Taxicabs must attach a State of Minnesota Vehicle Inspection Form , completed in the last 12 months, which certifies that this vehicle is in compliance with MN Statute 299A.14 . 651-405-6196
<input type="checkbox"/>	7. Criminal History - A five year criminal history report is required for each owner. Attach reports from each state you lived in for the past five years. Minnesota: https://cch.state.mn.us/ (651-793-2400); Wisconsin: http://wi-recordcheck.org/ (608) 266-7314) or use the State Contact List on our website. <input type="checkbox"/> <i>These reports must be dated within 30 days of receipt of this application.</i>
<input type="checkbox"/>	8. Ownership Information <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership or Shareholder: Attach a copy of the signed and executed partnership agreement. <input type="checkbox"/> Corporation: Attach a copy of the Certificate of Incorporation, Articles of Incorporation, by-laws and Certificate of Authority if a foreign corporation.
<input type="checkbox"/>	9. _____ <u>Fee</u> _____ \$20 Wheelchair Surcharge _____ Total

Additional Information

1. Your License Application

- a. Incomplete applications will be returned. All applications must be signed by the owner.
- b. No license will be issued for a period longer than one year. Licenses are not transferable.
- c. Make a duplicate copy of this packet for your personal records before submitting.

2. Hours of Operation – 1C City Hall: Mondays – Thursdays: 8:00 am – 4:00 pm. Fridays: 10:00 am – 4:00 pm.

3. Information in Other Languages: Para asistencia 612-673-2700 - Rau kev pab 612-673-2800 - Hadii aad Caawimaad u baahantahay 612-673-3500.



City of Minneapolis
Licenses and Consumer Services
 350 South 5th Street – Room 1C
 Minneapolis, MN 55415–1391
 Phone: 612-673-2080
 Fax: 612-673-3399 TTY: 612-673-2157
www.minneapolismn.gov/business-licensing

#1

For Office Use Only
License # L
CSR:
Fee: \$
Date:

Taxicab Vehicle License Application

1. OWNER'S BACKGROUND INFORMATION					
Applicant/Owner's Name (Last, First, Middle)				<input type="checkbox"/> Taxi Vehicle <input type="checkbox"/> Wheelchair Accessible Taxi	
Social Security, MN Sales Tax or Individual Tax ID Number		E-mail Address (Required)		Cell Phone Number	
Five (5) Years of Residential History					
Current Home Street Address	City	State	Zip Code	How Long? Years	Months
Home Street Address	City	State	Zip Code	How Long? Years	Months
Home Street Address	City	State	Zip Code	How Long? Years	Months
Home Street Address	City	State	Zip Code	How Long? Years	Months
Home Street Address	City	State	Zip Code	How Long? Years	Months
2. OWNER'S BUSINESS INFORMATION					
Legal/Corporate Name of Company			Trade Name/DBA		
Business Address			Service Company		
List all Partners, Owners, and Corporate Members (Attach additional sheets if necessary.)					
Full Name: Last, First, Middle		Telephone	Date of Birth	Title/% of Ownership	
Home Address		City	State	Zip Code	
Full Name: Last, First, Middle		Telephone	Date of Birth	Title/% of Ownership	
Home Address		City	State	Zip Code	
Full Name: Last, First, Middle		Telephone	Date of Birth	Title/% of Ownership	
Home Address		City	State	Zip Code	

Have you ever had a business license denied or revoked by Minneapolis or another government entity? YES NO
If Yes, Indicate the Date of Denial/Revocation, Government Agency, and Reason for Denial or Revocation.

List any licenses you currently have or previously held in Minneapolis (Business or Individual):

3. VEHICLE

Year	Make	Model	Cab Number	Seating Capacity
VIN Number		License Plate Number	State	

4. WORKERS COMPENSATION

Workers' Compensation Company	Policy Number	Dates of Coverage
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OR:

I certify that I am not required to carry workers' compensation insurance because: I am self-insured. I am the sole proprietor and I have no employees. I have no employees who are covered by workers' compensation law. Only employees who are specifically exempted by statute are not covered by the workers' compensation law. These include spouse, parents, and children regardless of age. All other workers whose work is controllable by the employer must be covered.

5. VERIFICATION

The data you furnish on this application will be used by the City of Minneapolis to assess your qualifications for licensure. Disclosure of this information is voluntary. You are not legally required to provide this data; however, if you fail to do so, the City of Minneapolis may be unable to process this application. Disclosure of your Minnesota Tax ID Number, Social Security Number, or Individual Tax ID Number is required by Minnesota Statutes 270C.72, and your Social Security number may be requested by and released to the Minnesota Commissioner of Revenue. After issuance of a license, all information contained in this application, except your Social Security Number, will be public information pursuant to Minnesota Statutes, Chapter 13.

A SIGNATURE IS REQUIRED IN ORDER TO PROCESS THIS APPLICATION

I, (print name) _____, certify or declare under penalty of perjury under the laws of the State of Minnesota that the foregoing is true and correct. All information given is subject to verification by the State of Minnesota. I understand that false information may result in the denial, suspension or revocation of my business license.
 I have read and understand the above Data Privacy Advisory.

SIGNATURE OF OWNER _____ DATE _____

6. SERVICE COMPANY

I verify that the statements made in this application are true and that the provisions of Section 341.960 of the Minneapolis Code of Ordinances have been completely complied with to the best of my knowledge and belief.

SERVICE COMPANY REPRESENTATIVE SIGNATURE _____ SERVICE COMPANY _____

Report on Application by License Representative

This is to certify that this application has been reviewed and is recommended for Approval Denial

License Representative

Date

City of Minneapolis Requirements for Insurance Certificate

CERTIFICATE OF LIABILITY INSURANCE

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

Certificate cannot be pending binder or TBA.

The Legal/Corporate name must match exactly (word for word) to the Approved License Name (including Inc or LLC). Include Trade Name (DBA), address of premises, and vehicle title.

PRODUCER Agency Address City, State, Zip	CONTACT NAME:	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	NAIC #
INSURED	INSURER A:	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDLSUBR INSR L WVD	POLICY NUMBER	POLICY (MM/DD/Y)	POLICY (MM/DD/Y)	LIMITS
	GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input type="checkbox"/> OCCUR <input type="checkbox"/>					EACH OCCURRENCE \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMPIOP AGG \$
	AUTOMOBILE LIABILITY ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/>					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/>					EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICEMEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A <input type="checkbox"/>				WC STATUTORY LIMITS \$ OTHER \$ E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

Notice of Cancellation required by MN Statute 60a.39. Add this statement to certificate or attach policy provisions.

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
CANCELLATION: Ten (10) day written notice of cancellation will be provided to the Certificate Holder for non-payment of premium.

The city must be named on the policy as an additional insured.

Original signature or stamp of agent.

CERTIFICATE HOLDER	CANCELLATION
ADDITIONAL INSURED: City of Minneapolis - Licenses and Consumer Services 350 South 5th Street, Room 1C City Hall Minneapolis, MN 55415	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE

Applications will be returned if requirements are not complete.

Minneapolis Police Department

DATA PRIVACY ADVISORY

The Minnesota Data Practices Act requires that you be advised of the following information:

As an applicant for a Minneapolis business license, you are asked to provide private and/or confidential information about yourself that will be used to check driving history, criminal history, arrest records, warrant information, and other relevant records.

You may refuse to provide this information. However, should you refuse, our investigation cannot be completed and will result in your application not being processed.

The information you provide is public and will be used by the **Minneapolis Police Department, License Inspection Unit** and/or the **Minneapolis Division of Licenses and Consumer Services, the Minneapolis City Council, and the general public.**

**AUTHORIZATION FOR RELEASE OF INFORMATION
(ONLY PRINT OR TYPE LEGIBLY)**

This AUTHORIZATION FOR RELEASE OF INFORMATION will expire two years from the date you signed it.

Applicant _____
Last Name First Name Middle Name

Also Known As _____ Date of Birth: _____

Driver's License Number _____ Expiration Date _____

I HAVE READ AND UNDERSTAND THE ABOVE DATA PRACTICES ADVISORY.

Signature _____ Date _____

Taxi/TNC Company:
<input type="checkbox"/> TNC <input type="checkbox"/> Taxi <input type="checkbox"/> Wheelchair Accessible
MPLS LICENSE #
Type of Inspection: <input type="checkbox"/> INITIAL <input type="checkbox"/> ANNUAL <input type="checkbox"/> SPECIAL <input type="checkbox"/> CAR TO CAR

City of Minneapolis
Licenses and Consumer Services
 350 South 5th Street – Room 1C
 Minneapolis, MN 55415-1316
 Phone: 612-673-2080 or 311
 Fax: 612-673-3399
 TTY: 612-673-2157

www.ci.minneapolis.mn.us/business-licensing

Facility Name:
Address:
Telephone:

Taxi/TNC Vehicle Inspection Report

Vehicle Owner Name			Telephone	Cab #
Vehicle Year	Make	VIN (last 6 digits)	License Plate	Odometer

F = FAIL/ OUT OF SERVICE P = PASS

1. BELTS, HOSES, LUBRICANTS		F	P	7. STEERING		F	P	11. BODY		F	P		
<input type="checkbox"/> P/S	<input type="checkbox"/> ALT			STEERING LINKAGES /COMPONENTS				PAINT COLOR, DENTS, DINGS, RUST					
<input type="checkbox"/> AIR PUMP	<input type="checkbox"/> A/C			BALL JOINTS				WINDSHIELD					
<input type="checkbox"/> CRACK	<input type="checkbox"/> HEATER			PINION SEALS				DOORS					
<input type="checkbox"/> SOFT	<input type="checkbox"/> RAD			TIRE WEAR <input type="checkbox"/> LF <input type="checkbox"/> RF <input type="checkbox"/> LR <input type="checkbox"/> RR				DOOR HANDLES <input type="checkbox"/> LF <input type="checkbox"/> RF <input type="checkbox"/> LR <input type="checkbox"/> RR					
PULLEYS & WATER PUMP				TIRE WEAR/RIM CONDITION				DOOR WINDOW <input type="checkbox"/> LF <input type="checkbox"/> RF <input type="checkbox"/> LR <input type="checkbox"/> RR					
RADIATOR & PRESSURE CAP				WHEEL ALIGNMENT- TEST/VISUAL				FENDERS – FRONT					
COOLANT: <input type="checkbox"/> LEVEL <input type="checkbox"/> COND				PS PUMP AND LEAKS				QUARTER PANELS - REAR					
TRANS FLUID <input type="checkbox"/> LEVEL <input type="checkbox"/> COND				8. INSTRUMENTS		F	P	MIRRORS <input type="checkbox"/> LF <input type="checkbox"/> INTERIOR <input type="checkbox"/> RF					
ENGINE OIL: <input type="checkbox"/> LEVEL <input type="checkbox"/> COND				OIL PRESSURE				BUMPER COVERS					
PWR STR FLUID <input type="checkbox"/> LEVEL				ENGINE TEMP				DECAL/COMPANY MARKING					
BATTERY POSTS & CABLES				CHARGING SYSTEM				REAR WINDOW SHELF					
2. POLLUTION CTRL/FUEL SYS				F	P	SPEEDOMETER		GLASS					
FUEL LEADS (VISUAL)				ODOMETER				GENERAL BODY CONDITION					
GAS TANK				HEATER/DEFROSTER				12. GENERAL		F	P		
GAS GAUGE				AIR CONDITIONING				HORN					
IDLE NORMAL:				SRS AIRBAGS				AIR CONDITIONER					
3. ENGINE/POWER ANALYSIS				F	P	METER – OPERATIONAL		FAN SPEED					
TEST DRIVE	ENGINE PERFORMANCE			LOCATION				WS WIPERS/WASHER					
	ENGINE NOISES			SEAL				HEADLIGHTS					
	NORMAL ACCELERATION			<input type="checkbox"/> N/A				FOCUS/CANDLE POWER					
ACCELERATION CABLE				CHECK ENGINE LIGHT				HI LOW PARKING					
ENGINE MOUNTS				OPERATIONAL				RIGHT TURN LIGHTS					
OIL LEAKS				CODES INDICATED				LEFT TURN LIGHTS					
4. TRANSMISSION				F	P	9. BRAKING SYSTEM		F	P	13. TRUNK		F	P
TEST DRIVE	NORMAL TRAN OPERATION			FLUID LEVEL				SPARE TIRE <input type="checkbox"/> N/A					
	SPEEDOMETER OPERATION			PEDAL RESERVE				TRUNK UPHOLSTERY CONDITION					
	GEAR SHIFT INDICATOR			BRAKE HOSES & LINES				LATCH OPENS CLOSSES					
5. DRIVE TRAIN				F	P	MASTER CYLINDER/ABS		FUEL LEAKS/SMELLS					
TEST DRIVE	DRIVE LINE:			PARKING BRAKE				14. INTERIOR		F	P		
	<input type="checkbox"/> NOISE			REMAINING LINING/PAD				DRIVER/PASSENGER INTERIOR					
	<input type="checkbox"/> VIBRATION			FRONT REAR				UNCLEAN/DIRTY/SOIL/ODORS					
UNIVERSAL & CV JOINTS				WHEEL CYLINDERS/CALIPERS				FRONT SEAT # REAR SEAT #					
REAR AXLE SEALS				DRUM/DISC CONDITION				CONDITION:					
DIFFERENTIAL & FLUID LEVEL				10. SUSPENSION/FRAME		F	P	DASHBOARD					
6. EXHAUST SYSTEM				F	P	FRAME/ENERGY ABSORB BUMPER		HEADLINER					
CATALYTIC CONVERTER				FRAME/CROSS BARS				SEATBELTS (FRONT/REAR)					
EXHAUST PIPE/TAIL PIPE				STABILIZER BAR & LINKS				FLOORS					
MUFFLER				STRUT/SOCKS <input type="checkbox"/> LF <input type="checkbox"/> RF <input type="checkbox"/> LR <input type="checkbox"/> RR				BRAILLE CARD, RATE CARD <input type="checkbox"/> N/A					
HANGER/CLAMPS				SPRINGS/BRUSHINGS				SECURITY DEVICE <input type="checkbox"/> N/A					
								<input type="checkbox"/> GPS <input type="checkbox"/> CAMERA <input type="checkbox"/> SHIELD					

N/A – The requirement does not apply to TNC vehicle.

Comments:				
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Date of Inspection	Inspection Results <input type="checkbox"/> Pass <input type="checkbox"/> Fail	Technician Name (print)	Technician Signature	Employee #
Date of Inspection	Reinspection Results <input type="checkbox"/> Pass <input type="checkbox"/> Fail	Technician Name (print)	Technician Signature	Employee #