APPROVED _____ DATE _____ DVS_____ MNCIS _____ KIVA _____

City of Minneapolis Licenses and Consumer Services
350 South 5th Street – Room 1C - Minneapolis, MN 55415–1391
Phone: 612-673-3000 or 311 Fax: 612-673-3399 TTY: 612-673-2157
www.minneapolismn.gov/business-licensing

FOR OFFICE USE ONLY	
License #	
Date	
CSR	Fee

APPLICATION FOR TAXI DRIVER LICENSE DUPLICATE or TRANSFER

Name First	Middle	Last	Telephone Number	
Present Street Address		City	State	Zip Code
Driver's License Number	State	Applicant Signature		

LICENSE DUPLICATE		
Name of Service Company	Service Company Representative Signature	Date

LICENSE TRANSFER		
Old Service Company		
(Name) _____ is in good standing with this taxicab company, having no significant complaints, grievances, or out standing disciplinary actions and is authorized to transfer his/her license		
Old Service Company Name	Old Service Company Representative Signature	Date
New Service Company		
(Name) _____ is approved to transfer.		
New Service Company	New Service Company Representative Signature	Date

September 2014

APPROVED _____ DATE _____ DVS_____ MNCIS _____ KIVA _____

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