City of Minneapolis
Licenses and Consumer Services
350 South 5th Street – Room 1C
Minneapolis, MN 55415–1391
Phone: 612-673-3001
Fax: 612-673-3399 TTY: 612-673-2157
www.minneapolismn.gov/business-licensing

DBA:
Expiration: February 1
License Code:
Rev Code: 311008
MCO: 341
Adm Issuance: YES
LICENSE ID #
CSR:

License Application
Guidelines and Checklist

License Type: Taxicab Vehicle – New License

☐ **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.

☐ **Fuel Efficient Vehicle - (L314)** A motor vehicle for hire that achieves 23 miles or greater per gallon of gasoline in city driving (23+ mpg/city driving).

☐ **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.

☐ **Seasonal/Winter Vehicle - (L044)** A taxicab vehicle license that is valid from October 1st to April 1st.

Any individual who drives a taxi licensed in Minneapolis is required to obtain a Minneapolis Taxicab Driver's License.

Staff Initials	Application Checklist
	☐ **1. License Application** (Form #1)
	☐ **2. Criminal History** A criminal history report may be obtained from **www.cch.state.mn.us** /New Criminal History Search or the State of Minnesota, Bureau of Criminal Apprehension, 1430 Maryland Ave E. St. Paul, MN, 651-793-2400. *This report must be dated within 30 days of receipt of this application.* **A**nyone who is not a resident of Minnesota must contact the state in which they reside to obtain a criminal history. See the State Contact List on our website.
	☐ **3. Photo ID** Attach a copy of a driver's license or a government issued picture identification card.
	☐ **4. Data Privacy Form** (#2 attached)
	☐ **5. Attach a Certificate of Liability Insurance** (See Sample Form #3) a. This must be furnished by your Insurance Agent with the mandatory changes. b. You are required to have general liability that includes premises and operations insurance and products and completed operations insurance with the following coverages: ☐ $100,000 per occurrence and $300,000 aggregate for personal injury or death. ☐ $25,000 per occurrence for property damage.
	☐ **6. Title of Vehicle –** Attach a copy of the vehicle title, lease agreement, or receipt of title transfer.
	☐ **7.** Fee: _____

Additional Information

1. **Your License Application**
   a. Incomplete applications will be returned.
   b. All applications must be signed by the owner.
   c. No license will be issued for a period longer than one year.
   d. Licenses are not transferable.
   e. 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:** Yog xav paub tshaj nos ntxiv, hu 612-673-2800. Macluumaad dheeri ah, kala soo xiriir 612-673-3500. Para mas información llame al 612-673-2700.

Report on Application by Business License Representative

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

☐ **Approval pending successful completion of Vehicle Inspection** ☐ **Denial**

License Representative	Date

#1

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FOR OFFICE USE ONLY:
LICENSE ID #:
LICENSE CLERK:
FEE: $
DATE:

Taxi Vehicle License Application

APPLICANT AND TYPE OF LICENSE

Name of Person Filling Out This Application (Last, First, Middle)		☐ **Taxi Vehicle** ☐ **Taxi Vehicle – Fuel Efficient** ☐ **Taxi Vehicle – Wheelchair Accessible** ☐ **Taxi Vehicle – Seasonal/Winter**
Home Address	**City** **State Zip Code**	
Social Security Number	**Date of Birth**	**Cell Phone/Telephone Number**
MN Driver's License or State ID Number	**E-mail Address (if available)**	**Name of Service Company**

Do you have a taxicab vehicle license in any other local area? ☐**Yes** ☐**No If yes,** ☐**St. Paul** ☐**Airport** ☐ _____

VEHICLE

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

WORKERS' COMPENSATION

Workers' Compensation Company	**Policy Number**	**Dates of Coverage**

----------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.**

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.

PRINTED NAME _____ **SERVICE COMPANY** _____

SIGNATURE _____ **DATE** _____

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 Social Security Number is required by Minnesota Statutes 270C.72 and 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.**

SIGNATURE OF APPLICANT _____ **DATE** _____

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_____

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City of Minneapolis
Requirements for Insurance Certificates

#3

CERTIFICATE OF LIABILITY INSURANCE

Certificate cannot be pending, binder or TBA.

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

PRODUCER Agency Address City, State, Zip	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. INSURERS AFFORDING COVERAGE
INSURED	INSURER A: INSURER B: INSURER C: INSURER D: INSURER E:

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
	GENERAL LIABILITY ☐ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS MADE ☐ OCCUR ☐_____ ☐_____ GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☐ PROJECT ☐ LOC				**EACH OCCURRENCE**	$
					FIRE DAMAGE (Any one fire)	$
					MED EXP (Any one person)	$
					[illegible] & ADV	$
					[illegible]	$
					[illegible]	$
					CO[illegible]	
	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ ALL OWNED A[illegible] ☐ SCHEDULED A[illegible] ☐ HIRED AUTOS ☐ NON – OWNED A[illegible] ☐_____ ☐_____				**COMBINED SINGLE LIMIT (Ea accident)**	$
					BODILY INJURY (Per person)	$
					BODILY INJURY (Per accident)	$
					PROPERTY DAMAGE (Per accident)	$
	GARAGE LIABILITY ☐ ANY AUTO ☐_____				**AUTO ONLY – (Ea Accident)**	$
					OTHER THAN AUTO ONLY: EA ACC	$
					AGG	$
	EXCESS LIABILITY ☐ OCCUR ☐ CLAIMS MADE ☐ DEDUCTIBLE ☐ RETENTION				**EACH OCCURRENCE**	$
					AGGREGATE	$
						$
						$
						$
A	**WORKER'S COMPENSATION AND EM PLOYER'S LIABILITY**				X/WC STATUTORY LIMITS / OTHER	
					E.L. EACH ACCIDENT	
					E.L. DISEASE – EA EMPLOYEE	
					E.L. DISEASE – POLICY LIMIT	
	OTHER					

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS:

ADDITIONAL INSURED; INSURER LETTER

CERTIFICATE HOLDER City of Minneapolis Licenses and Consumer Services 1-C City Hall 350 South 5th Street Minneapolis, MN 55415	**AUTHORIZED REPRESENTATIVE**

Original signature or stamp of Agent.

Sample

Applications will be returned if requirements are not complete.