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

License Application
Guidelines and Checklist

DBA:
Expiration: February 1
License Code: 256
Rev Code: 311008
MCO: 341
Adm Issuance: Yes
LICENSE ID #
CSR:

License Type: Taxicab Service Company

DEFINITION: The company which, for each group of taxicab vehicle owners operating under a common color scheme, provides services and facilities such as radio dispatching, color rights, advertising, telephone listing, maintenance, insurance, credit accounts, driver assignments and record keeping. Companies must have a central place of business within 12 miles of Minneapolis City Hall open 24/7 with the ability to receive telephone calls and dispatch vehicles by a two-way radio. Must also have a minimum of five (5) vehicles. Vehicles must have of model year of five (5) years or less unless they are wheelchair accessible vehicles or fuel efficient vehicles which can have a model year of eight (8) years or less. 10% of vehicles must be wheelchair accessible ; 10% of the vehicles must be fuel efficient (23 mpg/city); Vehicles which are wheelchair accessible and 23 mph/city meet both requirements. Services must be listed in both the white pages and yellow pages of the Minneapolis telephone directory.

Staff Initials	Application Checklist
	☐ **1. License Application** (Form #1)
	☐ 2. **Zoning Addendum** (Form #2) Take to 250 South 4th Street, Room 300, Minneapolis, MN 55415 for approval.
	☐ **3. 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. Use the State Contact List on our website.
	☐ **4. Photo ID** Attach a copy of your driver's license or a government issued picture identification card.
	☐ **5 Data Privacy Form** (Form #3) Attached a signed copy for each owner, partner and corporate member.
	☐ **6. Business Plan** (Form #4)
	☐ **7 Source of Funds** (Form #5)
	☐ **8. Vehicle Information Form** (Form #6)
	☐ **9. Vehicle Color Scheme and Insignia** ☐ Attach an accurate and detailed description, including name, inscriptions, and monograms. ☐ Attach a photograph or diagram. ☐ Attach paint samples including the name and code number of the proposed colors.
	☐ 10**. Photo in Electronic Format -** Enclose a disk, flash drive, or send a copy to BusinessLicenses@minneapolismn.gov.
	☐ 11**. Ownership Information** ☐ Sole Proprietorship: Provide a copy of certificate of assumed trade name. ☐ Partnership or Shareholder: Provide a copy of the signed and executed partnership agreement. ☐ Corporation: Provide a copy of the Certificate of Incorporation, Articles of Incorporation, by-laws and Certificate of Authority if a foreign corporation.
	☐ **12. Fee:** _____ plus New License Surcharge

Your License Application

a. Incomplete applications will be returned.
b. All applications must be signed by an owner, partner or principal.
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.
f. Minnesota Sales Tax ID Number or 651-296-6181.

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 License Representative	
This is to certify that this application has been reviewed and is recommended for ☐ **Approval** ☐ **Denial**	
License Representative :	**Date:**

#1

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

Taxi Service Company License Application

BACKGROUND INFORMATION			
Name of person filling out this application		**Minnesota Sales Tax ID Number, Social Security Number or Individual Tax ID Number**	
Legal/Corporate Name		**Trade Name (DBA)**	
Business Address/Location			**Business Telephone Number**
Mailing Address (if different than Business Address)			**Fax Number**
E-Mail Address			**Cell Phone Number**
Type of Ownership: ☐ **Corporation** ☐ **LLC** ☐ **Sole Proprietor** ☐ **Partnership** ☐ **Non Profit**		**Date of Incorporation**	**State of Incorporation**
Is this business publicly traded? ☐ **YES** ☐ **NO**			

LIST ALL PARTNERS, OWNERS AND CORPORATE MEMBERS (Attach additional sheets if necessary.)			
Full Name: First, Middle, Last		**Telephone**	**Date of Birth**
Home Address	**City**	**State**	**Zip Code**
Full Name: First, Middle, Last	**Title / % of Ownership**	**Telephone**	**Date of Birth**
Home Address	**City**	**State**	**Zip Code**
Full Name: First, Middle, Last	**Title / % of Ownership**	**Telephone**	**Date of Birth**
Home Address	**City**	**State**	**Zip Code**

Have any of the individuals above been convicted of a crime? ☐ **YES** ☐ **NO**
If Yes, Please provide (or attach) dates and conviction specifics.

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 currently or previously held in Minneapolis (Business or Individual):

COMPANY OPERATIONS

Street Address of 24 hour Dispatch Center | City | State | Zip Code

Will drivers file Trip Sheets at this location? ☐ Yes ☐ No If No, list the address/location where trip sheets will be filed.

List the address/location(s) where drivers will pick-up and drop-off taxi vehicles at shift change.

List the address/location(s) where drivers' will park their personal vehicles during assigned shifts.

WORKER'S COMPENSATION

Workers Compensation Company	Policy Number	Coverage Dates

------Or-------

I certify that I am not required to carry worker's 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 worker's compensation law. Only employees who are specifically exempted by statute are not covered by the worker's compensation law. These include: Spouse, parents, and children regardless of age. All other workers whose work is controllable by the employer must be covered.

VERIFICATON

The data which 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.

SIGNATURE OF APPLICANT_____**TITLE**_____**DATE**_____

City of Minneapolis
Community Planning & Economic Development
Planning Division
250 South 4th St. Room 300
Minneapolis MN 55415-1316
612-673-3000 or 311 Fax 612-673-2526

#2

Zoning Addendum

Applicants requesting a business license must be in compliance with all zoning regulations before a license can be approved. Bring this form to the **Minneapolis Development Review Center at the above address, or call (612) 673-3000 or 311 to schedule an appointment** for a City Planner to complete the remainder of this application. Approval from the Planning Department and/or City Planning Commission is required *before* an official license will be approved by the Minneapolis City Council.

========== **THIS SECTION IS TO BE COMPLETED BY THE APPLICANT** ==========

1. Name of Business:_____

2. Proposed Business Address: _____

========== **THIS SECTION IS TO BE COMPLETED BY CITY PLANNER** ==========

3. Zoning district:_____ Proposed land use(s):_____

4. Are there any existing land use approvals for this address which affect this license application? ☐YES ☐NO

If Yes, provide a brief description of any land use history relevant to the proposed licensure. _____

_____

_____

_____

5. Comments: _____

_____

_____

6. Is an inspection by Zoning Enforcement Staff required? ☐YES ☐NO

========== **THIS SECTION IS TO BE COMPLETED BY ZONING INSPECTOR** ==========

7. Is the site in compliance with all existing Conditions of Approval? ☐YES ☐NO If No, List requirements for compliance:

_____

_____

8. Comments: _____

_____

_____

CPED Planning Staff Signature:_____DATE _____ EXT_____

========== **AUTHORIZED HOURS TO BE COMPLETED BY LICENSE INSPECTOR** ==========

☐ R, OR, C1, C2, C3S, C4, and I: Sun - Thurs, 6:00 am to 10:00 pm; Fri - Sat, 6:00 am to 11:00 pm.

☐ Downtown and C3A: Sun - Thurs, 6:00 am - 1:00 am; Fri - Sat, 6:00 am - 2:00 am.

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 which 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' License Number _____Expiration Date _____

I HAVE READ AND UNDERSTAND THE ABOVE DATA PRACTICES ADVISORY.

Signature_____Date_____

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Business Plan Requirements

Complete the following questions which set forth, in detail, the manner in which the licensed business will be operated. Applications will not be processed without a satisfactory business plan.

1. Taxicab Business Experience: Describe your prior experience in the taxicab business. If you do not have taxicab familiarity, list other qualifications or business knowledge indicating likely success in delivering quality taxi services.

2. Taxi Services: List the type, level, and quality of taxicab services you have provided in the past and intend to provide if a license is granted.

3. Dispatch Operations: List the qualifications of dispatchers and your prior record of compliance with local taxicab ordinances including complaints and disciplinary actions.

4. Drivers: List the qualifications of drivers and your prior record of compliance with local taxicab ordinances including complaints and disciplinary actions against both drivers and vehicle owners.

5. Equipment: Detail the equipment you intend to acquire for operations.

6. Neighborhood Services: Identify your proposed business model and previous experience for providing neighborhood services.

7. Marketing: Include your proposed marketing strategies and/or service innovations.

8. Training: Attach your company policies related to drivers' and dispatchers' training requirements.

9. Policies: Enclose your company policy manual.

10. Vehicle Licenses: List the number and type of taxi vehicle licenses for which you applying.

ACKNOWLEDGEMENT AND AGREEMENT

I, (print name) _____, an authorized corporate officer, partner or owner, hereby acknowledge and agree to the following:

- ☐ The attached Business Plan is a true and correct reflection of the undersigned's intentions; and
- ☐ Any material change in the Business Plan must be submitted to and approved by the Minneapolis City Council prior to implementation; and
- ☐ Violation of this Business Plan may result in suspension, revocation, or refusal to renew the license or in a civil fine as determined by the Minneapolis City Council.

Signature _____ Title _____ Date _____

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#5

SOURCE OF FUNDS STATEMENT
APPLICANT'S INFORMATION SHEET

Documenting the source of funds and the anticipated costs for the business venture is one of the more critical aspects of completing a license application. It is important that all financial information related to the business start-up is completely documented and verifiable by the City of Minneapolis. Applications will not be processed without complete information about the costs and source of funds for your proposed business. Listed below are samples of acceptable documentation.

☐ **Funds from Personal Savings/Investments -** Three months of bank/portfolio statements from savings accounts, retirement accounts, or stock accounts.

☐ **Tax Records -** Two years 1040 federal tax forms for each applicant and individual providing funding for the business venture or corporate tax records.

☐ **Loans from a Lending Institution -** A copy of the loan closing document and/or a copy of any Promissory Note. Individuals may be eligible for a loan but approval may be delayed until a license is granted. Attach a letter from the lending institution setting forth the amount of the loan. The final loan closing documentation must be submitted to Licenses Staff before a license is granted. A business cannot operate until this is completed and approved.

☐ **Loans from Individuals** - If an applicant obtains personal loans from other individuals, attach a copy of the loan closing document(s) and/or a copy of any Promissory Note(s). If they are not the owner of the business, they need to provide a notarized statement regarding the terms of the loan and that they have no operational/financial interest in the business.

☐ **Landlord Construction or other Credit/Financing** - The landlord must provide a copy of the loan closing document(s) and/or copies of any Promissory Note(s). Include a statement about payment terms.

☐ **Anticipated Costs –** Complete the Costs Reporting Form below to account for **all** of your specific costs. Attach plans, leases, contracts, and other documentation you have to support the above figures. Attach additional sheets if necessary.

APPLICANT'S NAME:_____**BUSINESS NAME:**_____
Building Expenses (lease, equipment purchases, down payments, asset agreement, etc.) $_____ for _____ Sub Total $_____
Construction Expenses (upgrading cooking equipment, installation, remodeling, etc.) $_____ for _____ Sub Total $_____
Professional Expenses (attorney fees, architect fees, consultant fees, etc.) $_____ for _____ Sub Total $_____
Start Up Costs (insurance, license fees, inventory, etc.) $_____ for _____ Sub Total $_____
Other Expenses (payroll, insurance, SAC Charges, other) $_____ for _____ Sub Total $_____
TOTAL COSTS for pursuing this License: $ _____

I (printed name) _____understand that city staff have the right to request other documentation they feel is necessary to properly verify the source of funds for the business venture. Failure to document costs or the source of funds for expenses will result in the denial of this license application. Any errors detected after the issuance of the license may be grounds for license revocation. After approval by the City Council, documentation in this license file becomes public data and is open for review by anyone upon request. Public data includes, but is not limited to, financial statements, tax records and other personal records contained in the license file. Public data will not include Social Security numbers and account numbers.

_____

Signature Title Date

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TAXICAB VEHICLE INFORMATION FORM

(Attach additional sheets if necessary)

	MAKE	MODEL	YEAR	LICENSE PLATE	VIN	Legal Holder of Title	Maximum Seating	Wheelchair Accessible?	MPG/ City	Security System*
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										

***Security System must be one of the following: A = Digital Camera; B = Security Shield; C = GPS**