DBA:
Expiration: February 1
License Code:
Rev Code: 311008
MCO: 341
Adm Issuance: YES
LICENSE ID # L315
CSR:

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

License Type: Wheelchair Accessible Taxi Vehicle Age Waiver

Any wheelchair accessible taxi vehicle operating in Minneapolis whose model year is eight years or older must obtain a waiver to continue operating. Submit this application annually upon inspection.

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

Initials	Application Checklist
	☐ **1. Application Form** (Form #1)
	☐ **2. State of Minnesota Vehicle Inspection Form –** Attach a copy of the Minnesota State Patrol inspection form, dated within the last 12 months, which certifies that this vehicle is in compliance with MN Statute 299A.14.

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: 8:00am – 4:00 pm. Fridays: 10 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.

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FOR OFFICE USE ONLY:
LICENSE ID #: L315
LICENSE CLERK:
DATE:

Wheelchair Accessible Taxi Vehicle Age Waiver Application

APPLICANT AND TYPE OF LICENSE

Name	Street Address	City	State	Zip
Social Security Number/Tax ID 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		

VEHICLE

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

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. I further verify that I have personally reviewed the attached State of Minnesota vehicle inspection form and acknowledge that it complies with the requirements of MN Statute 299A.14.

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. Upon submission of this application, all information 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** _____

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