

## License Application Guidelines and Checklist

License Type: Taxicab Driver	
<b>DEFINITION: The operator of a taxicab vehicle.</b>	
Staff Initials	Application Checklist
	<input type="checkbox"/> <b>1. License Application (Form #1)</b>
	<input type="checkbox"/> <b>2. Driver's License</b> – Bring to Room 1 City Hall. Applicants must provide proof of one (1) year of verifiable driving experience. <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>2a.</b> If your current license is less than twelve (12) months old, you must attach               <ul style="list-style-type: none"> <li><input type="checkbox"/> a copy of your previous license or</li> <li><input type="checkbox"/> a State Clearance Letter - Minnesota: (651) 215-1335; Wisconsin: (608) 266-2261 or use the <a href="#">Driving Contact List</a> on our website.</li> </ul> </li> <li><input type="checkbox"/> <b>2b.</b> If you have lived in Minnesota less than five (5) years, you must attach a driving record report from each state you lived in for the past five years. Use the <a href="#">Driving Contact List</a> on our website.</li> </ul>
	<input type="checkbox"/> <b>3. Criminal History</b> - A five year criminal history report is required. Attach reports from each state you lived in for the past five years. Minnesota: <a href="https://cch.state.mn.us/">https://cch.state.mn.us/</a> (651-793-2400) Wisconsin: <a href="http://wi-recordcheck.org/">http://wi-recordcheck.org/</a> (608) 266-7314) or use the <a href="#">State Contact List</a> on our website. <input type="checkbox"/> <b><i>This report must be dated within 30 days of receipt of this application.</i></b>
	<input type="checkbox"/> <b>4. Bring your original Taxi Driver Training Certificate to Room 1 City Hall.</b> Copies will not be accepted. Call your Service Company or Hennepin Technical College at (952) 995-1330.
	<input type="checkbox"/> <b>5. Nonrefundable License Fee:</b> _____

### Additional Information

**1. Your License Application**

- a. Incomplete applications will be returned.
- b. All applications must be signed by the driver.
- 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 – 1 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 5<sup>th</sup> Street – Room 1  
 Minneapolis, MN 55415-1391  
 Phone: 612-673-2080  
 Fax: 612-673-3399 TTY: 612-673-2157  
[www.minneapolismn.gov/business-licensing](http://www.minneapolismn.gov/business-licensing)

**#1**

For Office Use Only
Lic # L017
CSR:
Fee: \$
Date:

## Taxi Driver License Application

1. BACKGROUND INFORMATION					
Applicant Name (Last, First, Middle)			Social Security Number		
E-mail Address (Required)		Date of Birth (mm/dd/yyyy)	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. DATA PRIVACY					
<p>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. This AUTHORIZATION FOR RELEASE OF INFORMATION will expire two years from the date you signed it.</p>					
3. VERIFICATION					
<p>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.</p> <p style="text-align: center;">A SIGNATURE IS REQUIRED IN ORDER TO PROCESS THIS APPLICATION</p> <p>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.</p> <p><input type="checkbox"/> I have read and understand the above Data Privacy Advisory.</p> <p><input type="checkbox"/> I understand the license fee is nonrefundable.</p> <p>SIGNATURE OF APPLICANT _____ DATE _____</p>					
4. SERVICE COMPANY					
<p>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.</p> <p>SERVICE COMPANY REPRESENTATIVE SIGNATURE _____ SERVICE COMPANY _____</p>					
Report on Application by License Representative					
<p>This is to certify that this application has been reviewed and is recommended for <input type="checkbox"/> Approval <input type="checkbox"/> Denial</p>					
License Representative				Date	