



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

| For Office Use Only |
|------------------------|
| DBA: |
| Expiration: February 1 |
| License Code: 323 |
| Rev Code: 311008 |
| MCO: 343 |
| Adm Issuance: No |
| LICENSE ID # |
| CSR: |

License Application Guidelines and Checklist

License Type: Transportation Network Company (TNC)

DEFINITION: A company affiliated with TNC drivers that provides transportation application services which connect TNC endorsed drivers with passengers for the transport of passengers for compensation. Companies must have a central place of business within 12 miles of Minneapolis City Hall where required records can be viewed.

| Staff Initials | Application Checklist |
|----------------|---|
| | <input type="checkbox"/> 1. License Application (Form #1) |
| | <input type="checkbox"/> 2. Data Privacy Form (Form #2) Attach a signed copy for each applicant, authorized agent, owner, partner, corporate officers, and stockholders w/ 25% or more ownership. |
| | <input type="checkbox"/> 3. Business Plan (Form #3) |
| | <input type="checkbox"/> 4. Insurance Attach a Certificate of Liability Insurance provided by your Agent. (Sample Form # 4) Primary liability insurance coverage must be in the amount of at least one million dollars (\$1,000,000) per occurrence, and as required by Chapter 343.70 of the Minneapolis Code of Ordinances. |
| | <input type="checkbox"/> 5. Company Status Attach a Certificate of Good Standing from the State of Minnesota. www.sos.state.mn.us/index.aspx?page=94 |
| | <input type="checkbox"/> 6. Trade Emblem Attach an illustration of your company trade emblem/signage and a description of where it is displayed on the vehicle. |
| | <input type="checkbox"/> 7. Identification Card Attach a copy of your drivers' identification card |
| | <input type="checkbox"/> 8. Fee: _____ plus New License Surcharge |

Your License Application

- Incomplete applications will be returned.
- All applications must be signed by an owner, partner or principal.
- No license will be issued for a period longer than one year.
- Licenses are not transferable.
- Make a duplicate copy of this packet for your personal records before submitting.
- [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 <input type="checkbox"/> Approval <input type="checkbox"/> Denial | |
| License Representative : | Date: |
| | |



City of Minneapolis
Licenses and Consumer Services
 350 South 5th Street – Room 1C
 Minneapolis, MN 55415–1316
 Phone: 612-673-2080
 Fax: 612-673-3399 TTY: 612-673-2157
www.minneapolismn.gov/business-licensing

#1

| |
|---------------------|
| For Office Use Only |
| License ID # |
| CSR: |
| Fee: \$ |
| Date: |

Transportation Network Company License Application

BACKGROUND INFORMATION

| | | | |
|--|--------------------|---|-----------------------|
| Applicant Name (Last, First, MI) | | MN Sales Tax ID Number, Social Security Number, or Individual Tax ID Number | |
| Home Address | | | |
| Legal Corporate Name | | Trade Name (DBA) | |
| Business Address | | Business Telephone Number | |
| Principle/Local Office Address where records may be viewed by License Representative | | Principle/Local Office Telephone Number | |
| Contact Representative Name (Last, First, MI) | Contact Cell Phone | E-mail Address | |
| Type of Ownership: <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Non Profit | | State of Incorporation | Date of Incorporation |

List the AUTHORIZED AGENT AND all PARTNERS, OWNERS, CORPORATE OFFICERS, and STOCKHOLDERS w/ 25% or more ownership. Attach additional sheets if necessary.

| Name (Last, First, Middle) | Home Address | Date of Birth | |
|----------------------------|---------------|------------------|-------------|
| Title | Email Address | Home/Cell Number | % ownership |
| Name (Last, First, Middle) | Home Address | Date of Birth | |
| Title | Email Address | Home/Cell Number | % ownership |
| Name (Last, First, Middle) | Home Address | Date of Birth | |
| Title | Email Address | Home/Cell Number | % ownership |
| Name (Last, First, Middle) | Home Address | Date of Birth | |
| Title | Email Address | Home/Cell Number | % ownership |
| Name (Last, First, Middle) | Home Address | Date of Birth | |
| Title | Email Address | Home/Cell Number | % ownership |

Have any of the individuals listed above 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 of Denial or Revocation.

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, Minnesota Tax ID 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. 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. I understand all information given is subject to verification by the State of Minnesota. I am responsible for meeting all license requirements in Chapter 343 of the Minneapolis Code of Ordinances.

SIGNATURE OF APPLICANT _____ TITLE _____ DATE _____

DATA PRIVACY ADVISORY

This is required for each applicant, authorized agent, owner, partner, corporate officers, and stockholders w/ 25% or more shares.

The Minnesota Data Practices Act requires that you be advised of the following information:

As an applicant/owner/partner/officer/authorized agent 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 _____

- Attach a copy of your driver's license or government issued picture identification card.
- Attach a criminal history report obtained from <https://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. Anyone 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. ***This report must be dated within 30 days of receipt of this application.***



Transportation Network Companies Business Plan Requirements

Complete the following questions describing in detail the manner in which the licensed business will be operated. Attach a typed report that includes all of the following items. Additional and/or separate documents may be attached to this report. Applications will not be processed without a satisfactory business plan.

Procedures and/or Policies for verifying the following:

1. Driver Requirements (MCO 343.120)
 - a. Minimum qualifications
 - b. Driving record
 - c. Criminal background
2. Intoxicating Substance Policy (MCO 343.130)
3. Vehicle Standards (MCO 343.80)
4. Vehicle Inspections (MCO 343.90)
 - a. Inspection Facility
 - b. Standards
5. Insurance (MCO 343.70)
6. Wheelchair Accessible Services (MCO 343.150)
7. Fare/Rates Communications (MCO 343.160)
8. Records and Reports (MCO 343.170)
9. Driver Training and Accountability (MCO 343.120)
 - a. Training Facility
 - b. Curriculum
 - c. Testing Protocol and Standards
 - d. Operating Rules and Regulations (MCO 343.150)
10. Complaint Processing Procedures (Must meet all requirements in MCO 343)

Attach your website address and the name of your mobile application and a summary of their content as required by MCO 343.

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 _____

City of Minneapolis Requirements for Insurance Certificates

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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 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 <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> _____ <input type="checkbox"/> _____ GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC | | | | EACH OCCURRENCE \$ _____ FIRE DAMAGE (Any one fire) \$ _____ MED EXP (Any one person) \$ _____ _____ & ADV \$ _____ _____ \$ _____ _____ \$ _____ _____ \$ _____ |
| | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED A <input type="checkbox"/> SCHEDULED A <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON - OWNED A <input type="checkbox"/> _____ <input type="checkbox"/> _____ | | | | COMBINED SINGLE LIMIT (Ea accident) \$ _____ BODILY INJURY (Per person) \$ _____ BODILY INJURY (Per accident) \$ _____ PROPERTY DAMAGE (Per accident) \$ _____ |
| | GARAGE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> _____ | | | | AUTO ONLY - (Ea Accident) \$ _____ OTHER THAN AUTO ONLY: EA ACC \$ _____ AGG \$ _____ |
| | EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION | | | | EACH OCCURRENCE \$ _____ AGGREGATE \$ _____ \$ _____ \$ _____ \$ _____ |
| A | WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY | | | | XWC 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

Original signature or stamp of Agent.

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

Applications will be returned if requirements are not complete.