



**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)

For Office Use Only

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License # \_\_\_\_\_

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CSR: \_\_\_\_\_

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Date: \_\_\_\_\_

## License Renewal Application - Taxicab Vehicle

| 1. OWNER'S INFORMATION  |                               |  |                  |          |
|---|-------------------------------|--|------------------|----------|
| Applicant/Owner's Name (Last, First, Middle)  | E-mail Address (Required)     |  | Telephone Number |          |
| Social Security, MN Sales Tax, or Individual Tax ID #   | Current Home Street Address   | City   | State            | Zip Code |
| Legal/Corporate Name of Company   | Business Address              | City   | State            | Zip Code |
| Trade Name/Doing Business As  | Mailing Address, if different | City   | State            | Zip Code |
| <input type="checkbox"/> Taxi Vehicle <input type="checkbox"/> Wheelchair Accessible Taxi   |                               | <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation |                  |          |
| 2. WORKERS COMPENSATION   |                               |  |                  |          |
| <input type="checkbox"/> I certify that I carry Worker' Compensation Insurance OR<br><input type="checkbox"/> I certify that I am not required to carry workers' compensation insurance because <input type="checkbox"/> I am self-insured. <input type="checkbox"/> I am the sole proprietor and I have no employees.  |                               |  |                  |          |
| 3. VEHICLE  |                               |  |                  |          |
| Year  | Make                          | Model  | Cab Number       |          |
| VIN Number (last six digits)  |                               | License Plate Number   | State            |          |
| 4. DATA PRIVACY VERIFICATION  |                               |  |                  |          |
| <p>The information you provide on this application will be used by the City of Minneapolis to check driving history, criminal history, arrest records, warrant information and other relevant records 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 align="center"><b>A SIGNATURE IS REQUIRED IN ORDER TO PROCESS THIS APPLICATION</b></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.</p> <input type="checkbox"/> I have read and understand the above Data Privacy Advisory.<br><input type="checkbox"/> I understand I am required to report any change to my business to the Minneapolis Licenses and Consumer Services Division.<br><input type="checkbox"/> I understand that false information may result in the denial, suspension or revocation of my business license. |                               |  |                  |          |
| SIGNATURE OF OWNER _____  |                               |  | DATE _____       |          |
| 5. 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 (Print Name) _____ DATE _____</p> <p>SIGNATURE _____ SERVICE COMPANY _____</p>  |                               |  |                  |          |