

## Permit Application: Tow Truck Driver

**Definition:** The operator of a tow truck.

1. Application requirements			
1. Complete the application below and attach all the required documents. Incomplete applications may be returned. You may send your application by email ( <a href="mailto:businesslicenses@minneapolismn.gov">businesslicenses@minneapolismn.gov</a> ), US mail, or drop it off at our office.			
2. There is a <a href="#">fee</a> for this license. <input type="checkbox"/> <b>Cash:</b> Drop off your application at our office. <input type="checkbox"/> <b>Check:</b> Mail or drop off your application at our office. <input type="checkbox"/> <b>Credit Card:</b> Mail, drop off or email your application to <a href="mailto:businesslicenses@minneapolismn.gov">businesslicenses@minneapolismn.gov</a> . <b>Do not add your credit card information on this application.</b> We will call you to securely charge your credit card.			
3. <b>Driver's License</b> <input type="checkbox"/> Attach a copy of your driver's license.			
4. <a href="#">Photo</a> <input type="checkbox"/> Attach a clear, electronic, color image of your face. If you mail or drop off your application, we will call you with instructions on how to send it to us electronically. Photo must be taken within 30 days of receipt of this application.			
5. <b>Background Check:</b> License Inspectors run background reports for all applicants. If you have lived in Minnesota less than five years, <input type="checkbox"/> Attach a background report from each state you lived in the past five years. This report must be dated <b>within 30 days</b> of receipt of this application. This is available from <a href="#">Wisconsin</a> (608-266-7314) or the list of all <a href="#">state telephone numbers</a> . <input type="checkbox"/> N/A. I have lived in Minnesota for five or more years.			
6. <a href="#">Service Company Authorization</a> (Form # 1) <input type="checkbox"/> Attach the signed Company License Authorization Form from your Service Company verifying your employment.			
2. Background information			
Applicant Name (Last, First, Middle)		Social Security Number (Required)	
Street Address	City	State	Zip Code
E-mail Address (Required)	Date of Birth (mm/dd/yyyy)	Cell Phone Number	

### 3. Data privacy

The Minnesota Data Practices Act requires us to tell you the following information. As an applicant for a Minneapolis business license, we ask for private and/or confidential information. We use this to check driving history, criminal history, arrest records, warrant information, and other relevant records. You are not legally required to provide this information. If you do not, we cannot complete our investigation or approve your application. The information you provide is public and will be used by the Minneapolis Police Department, License Inspection Unit, 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.

### 4. Verification

The City of Minneapolis uses the information on this application to determine qualifications for a license. You are not legally required to provide this information. If you refuse, we cannot approve your application. After we approve your license, all information is public (MN Statutes, Chapter 13).

A signature is required.

I, (print name) \_\_\_\_\_, certify or declare under penalty of perjury under the laws of the State of Minnesota that the information on this application, checklist, and attached documents is true and correct. All information 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.

☐ I have read and understand the above Data Privacy Advisory.

☐ I have read and agree to the [Terms and Conditions](#) for electronic signatures, records and payment.

By typing your name, you are electronically signing this application.

Signature of Applicant \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

### 5. Additional information

1. No permit will be issued for longer than one year. If you leave employment with any licensed tow company, your permit expires and you are required to return this permit to the Business Licenses' Office.
2. You cannot transfer your license to any other person.
3. For reasonable accommodations or alternative formats, please call us at 612-673-2080 or send us an email at [businesslicenses@minneapolismn.gov](mailto:businesslicenses@minneapolismn.gov). Individuals who are deaf or hard of hearing can use a relay service to call 311 at 612-673-3000.
4. Information in other languages: Para asistencia 612-673-2700. Rau kev pab 612-673-2800. Hadii aad Caawimaad u baahantahay 612-673-3500.

- For Office Use Only -

☐ New ☐ Renewal ☐ Transfer ☐ DVS ☐ CH ☐ ELMS



City of Minneapolis  
Licenses and Consumer Services  
505 Fourth Ave. S., Room 220  
Minneapolis, MN 55415-1391  
Telephone: 612-673-2080  
[www.minneapolismn.gov/businesslicenses](http://www.minneapolismn.gov/businesslicenses)

Form #1

## Tow Truck – Pedal Car – Pedicab Company License Authorization Form

Your signed authorization verifies driver employment/operation with your company. Please complete the following information and return it to the driver/applicant as part of their application form.

Name of Company: _____
Name of Company Representative: _____

<input type="checkbox"/> <b>Pedicab driver</b>	<input type="checkbox"/> <b>Pedal car driver</b>	<input type="checkbox"/> <b>Tow truck driver</b>
Name of Driver: _____		
<input type="checkbox"/> I verify that the statements made in his/her application are true to the best of my knowledge.		
Company Representative Signature: _____ Date: _____		

<input type="checkbox"/> <b>Driver, company transfer</b>
<b>Old Company</b> Name of Company: _____ Name of Company Representative: _____ Company Representative Signature: _____ Date: _____
<b>New Company</b> <input type="checkbox"/> I verify that the statements made in his/her application are true to the best of my knowledge. Name of Company: _____ Name of Company Representative: _____ New Company Representative Signature: _____ Date: _____