

Inspector:

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

For Office Use Only					
Date:					
License #: 321					
CSR:					
Fee:					

Commercial Pedal Car Driver License Application						
BACKGROUND INFORMATION						
Name of Driver (Last, First, MI)		Cell Phone Number				
Email Address		Social Security Number				
FIVE (5) YEAR RESIDENTIAL HISTORY						
Home Address	City	State	Zip Code			
Home Address	City	State	Zip Code	From: to		
Holic Address	City	State	Zip Couc	From: to		
Home Address	City	State	Zip Code			
Home Address	City	State	Zip Code	From: to		
Total Table 633		State	Z.p coue	From:to		
Home Address	City	State	Zip Code			
Have you ever been convicted of any crime excep	at driving violations? Ves	□No		From: to		
Attach a copy of your <b>Driver's License. Is this a Minnesota Driver's license?</b> Yes No  If no, attach a certified copy of your three year Criminal History Report AND three year Driving History Report from your home state.						
If no, attach a certified copy of your three y				iving History Report from your home state.		
DATA PRIVACY ADVISORY						
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 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, the Minneapolis Division of Licenses and Consumer Services, the Minneapolis City Council, the Minnesota Department of Revenue, and/or the general public. 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. This AUTHORIZATION FOR RELEASE OF INFORMATION will expire two years from the date you sign it.   Date						
VERIFICATION						
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						
THIS SECTION TO BE COMPLETED BY SERVICE COMPANY						
I verify that the provisions of Section 306.60 of the Minneapolis Code of Ordinances have been complied with and the statements made by the applicant in this application are true to the best of my knowledge and belief.  Printed Name  Name of Pedal Car Company  Date  EXPIRATION: All licenses expire on May 1st. If you leave employment with any licensed pedal car company, for any reason, your license expires and you are required to return it to the Licenses Office.						
For Office Use Only						
License Fee: New Renewal Tran	sfer 🔲 DVS 🔲 CH [	KIV	$^{\prime}$ A $\square$	Approved Denied		

Date