Minneapolis
Community Planning and Economic Development

City of Minneapolis
Licenses and Consumer Services
350 South 5th Street – Room 1C
Minneapolis, MN 55415–1391
Phone: 612-673-2080
Fax: 612-673-3399 TTY: 612-673-2157
www.minneapolismn.gov/business-licensing

For Office Use Only
Expiration: February 1
Rev Code: 311008
MCO: 341
Adm Issuance: Yes

License Application

Guidelines and Checklist

License Type: Taxicab Service Company

DEFINITION: The company which, for each group of taxicab vehicle owners operating under a common color scheme, provides services and facilities such as radio dispatching, color rights, advertising, telephone listing, maintenance, insurance, credit accounts, driver assignments and record keeping. Companies must have a central place of business within 12 miles of Minneapolis City Hall with the ability to maintain telephone or electronic communication services and a minimum of five (5) vehicles. Vehicles must have of model year of ten (10) years or less unless they are wheelchair accessible vehicles which can have a model year of twelve (12) years or less. Companies which do not provide full service, full-time wheelchair accessible taxicabs will be charged a surcharge.

Staff Initials	Application Checklist
	☐ **1. License Application (Form #1)**
	☐ **2. Zoning Addendum (Form #2)** Take to 250 S. 4th St, Room 300, Minneapolis, 55415 for approval.
	☐ **3. Data Privacy (Form #3) –** Attach a signed copy for each owner, partner, and corporate member.
	☐ **4. Business Plan (Form #4)**
	☐ **5. Source of Funds (Form #5)**
	☐ **6. Vehicle Information Form (Form #6)**
	☐ **7. Photo ID:** Attach a copy of the driver's license or government issued picture identification card for each owner, partner, and corporate member.
	☐ **8. Criminal History -** A five year criminal history report is required for each owner, partner, and corporate member. Minnesota: (651-793-2400)https://cch.state.mn.us/ Wisconsin: (608-266-7314) http://wi-recordcheck.org/ Anyone who is not a resident of Minnesota or Wisconsin should use the State Contact List on our website. ☐ ***These reports must be dated within 30 days of receipt of this application.***
	☐ **9. Vehicle Color Scheme and Insignia** ☐ Attach an accurate and detailed description, including name, inscriptions, and monograms. ☐ Attach a photograph or diagram. ☐ Attach paint samples including the name and code number of the proposed colors.
	☐ **10. Photo in Electronic Format -** Enclose a disk, flash drive, or send a copy to **BusinessLicenses@minneapolismn.gov.**
	☐ **11. Ownership Information** ☐ Sole Proprietorship ☐ Partnership or Shareholder: Attach a copy of the signed and executed partnership agreement. ☐ Corporation: Attach a copy of the Certificate of Incorporation, Articles of Incorporation, by-laws and Certificate of Authority if a foreign corporation.
	☐ **12.** _____ Fee plus new license surcharge

Additional Information

1. Your License Application
a. Incomplete applications will be returned. All applications must be signed by the owner.
b. No license will be issued for a period longer than one year. Licenses are not transferable.
c. Make a duplicate copy of this packet for your personal records before submitting.

2. Hours of Operation – 1C 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

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For Office Use Only
License # L256
CSR:
Fee: $
Date:

Taxi Service Company License Application

1. BACKGROUND INFORMATION		
Name of Person filling out this application (Last, First, Middle)		**Social Security, MN Sales Tax or Individual Tax ID Number**
Legal/Corporate Name		**Trade Name(DBA)**
Business Address/Location		**Business Telephone Number**
Mailing Address (If different than Business Address)		**Fax Number**
E-mail Address (Required)		**Cell Phone Number**
Type of Ownership: ☐ **Corporation** ☐ **LLC** ☐ **Sole Proprietor** ☐ **Partnership** ☐ **Non Profit**	**Date of Incorporation**	**State of Incorporation**
Is this business publicly traded? ☐ **Yes** ☐ **No**		

2. PARTNERS, OWNERS, AND CORPORATE MEMBERS (Attach additional sheets if necessary.)

Full Name: Last, First, Middle	**Telephone**	**Date of Birth**	**Title/% of Ownership**
Home Address	**City**	**State**	**Zip Code**
Full Name: Last, First, Middle	**Telephone**	**Date of Birth**	**Title/% of Ownership**
Home Address	**City**	**State**	**Zip Code**
Full Name: Last, First, Middle	**Telephone**	**Date of Birth**	**Title/% of Ownership**
Home Address	**City**	**State**	**Zip Code**

Have you ever 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 for Denial or Revocation.

List any licenses you currently have or previously held in Minneapolis (Business or Individual):

3. COMPANY OPERATIONS

Street Address of Dispatch Center	City	State	Zip Code

Days and Hours of Operation

List the address (es)/location(s) where drivers will pick-up and drop-off taxi vehicles at shift change.

List the address(es)/location(s) where drivers will park their personal vehicles during assigned shifts.

4. WORKERS COMPENSATION

Workers' Compensation Company	Policy Number	Dates of Coverage

OR:

I certify that I am not required to carry workers' compensation insurance because: ☐ I am self-insured. ☐ I am the sole proprietor and I have no employees. ☐ I have no employees who are covered by workers' compensation law. Only employees who are specifically exempted by statute are not covered by the workers' compensation law. These include spouse, parents, and children regardless of age. All other workers whose work is controllable by the employer must be covered.

5. 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 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.

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. 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.

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

SIGNATURE OF OWNER _____ DATE _____

Report on Application by License Representative

This is to certify that this application has been reviewed and is recommended for ☐ Approval ☐ Denial

License Representative	Date

Minneapolis
Community Planning and Economic Development

City of Minneapolis
Community Planning & Economic Development
Planning Division
250 South 4th St. Room 300
Minneapolis MN 55415-1316
Telephone 612-673-3000 or 311 Fax 612-673-2526

#2

Zoning Addendum

Applicants requesting a business license must be in compliance with all zoning regulations before a license can be approved. Bring this form to the **Development Review Customer Service Center at the above address, or call (612) 673-3000 or 311 to schedule an appointment** for a City Planner to complete the remainder of this application. Approval from the Development Services Division and/or City Planning Commission may be required *before* the Business Licensing Division will accept your application.

========== **THIS SECTION IS TO BE COMPLETED BY THE APPLICANT** ==========

1. Legal Corporate Name of Business_____ Trade Name (DBA) _____
2. Proposed Business Address _____
3. Contact Person _____ Telephone _____
4. Entertainment: Check and describe all categories of entertainment you are planning to provide on your premises.
   - ☐ **No entertainment.**
   - ☐ **Limited Entertainment:** Limited to literary readings, storytelling, live solo comedians, electronically reproduced music (TV radio), karaoke, jukebox, amplified or non-amplified music by five or fewer musicians, and group singing participated in by patrons of the establishment. No patron dancing. Describe below.
   - ☐ **General Entertainment:** Other forms of entertainment which do not meet the definition above. Examples include two or more comedians, bands with amplified musical instruments, patrons dancing, plays, shows, contests, etc. Describe below.
   - ☐ **Adult Entertainment:** Persons who are unclothed or in attire/costume which exposes any portion of female breasts and/or male or female genitals (nude or semi-nude). Describe below.

========== **THIS SECTION IS TO BE COMPLETED BY CITY PLANNER** ==========

5. Zoning district:_____ Proposed land use(s):_____
6. Are there any existing land use approvals for this address which affect this license application? ☐YES ☐NO
   If Yes, provide a brief description of any land use history relevant to the proposed licensure.

_____

_____

_____

7. Comments: _____

_____

_____

8. Is an inspection by Zoning Enforcement Staff required? ☐YES ☐NO

========== **THIS SECTION IS TO BE COMPLETED BY ZONING INSPECTOR** ==========

9. Is the site in compliance with all existing Conditions of Approval? ☐YES ☐NO If No, List requirements for compliance:

_____

_____

10. Comments: _____

_____

_____

CPED Planning Staff Signature_____DATE _____ EXT_____

========== **AUTHORIZED HOURS TO BE COMPLETED BY LICENSE INSPECTOR** ==========

☐ R, OR, C1, C2, C3S, C4, and I: Sun - Thurs, 6:00 am to 10:00 pm; Fri - Sat, 6:00 am to 11:00 pm.
☐ Downtown and C3A: Sun - Thurs, 6:00 am - 1:00 am; Fri - Sat, 6:00 am - 2:00 am.

Minneapolis Police Department

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, 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_____

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#4

Business Plan Requirements

Complete the following questions which set forth, in detail, the manner in which the licensed business will be operated. Applications will not be processed without a satisfactory business plan.

1. Taxicab Business Experience: Describe your prior experience in the taxicab business. If you do not have taxicab familiarity, list other qualifications or business knowledge indicating likely success in delivering quality taxi services.

2. Taxi Services: List the type, level, and quality of taxicab services you have provided in the past and intend to provide if a license is granted.

3. Dispatch Operations: List the qualifications of dispatchers and your prior record of compliance with local taxicab ordinances including complaints and disciplinary actions.

4. Drivers: List the qualifications of drivers and your prior record of compliance with local taxicab ordinances including complaints and disciplinary actions against both drivers and vehicle owners.

5. Equipment: Detail the equipment you intend to acquire for operations.

6. Services: Identify your proposed business model for providing services.

7. Marketing: Include your proposed marketing strategies and/or service innovations.

8. Training: Attach your company policies related to drivers' and dispatchers' training requirements.

9. Policies: Enclose your company policy manual.

10. Vehicle Licenses: List the number and type of taxi vehicle licenses for which you applying.

11. Vehicle Inspections: Attach your plan and procedures for ensuring vehicle inspections are completed as required. Include the name and address of the Authorized Garage(s).

12. Attach your plan for wheelchair accessible taxicabs. Include the number and description of vehicles and services provided.

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 **Date**

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SOURCE OF FUNDS STATEMENT - APPLICANT'S INFORMATION SHEET

Documenting the source of funds for the business venture is one of the more critical aspects of completing a license application. It is important that all financial information related to business start-up is completely documented and verifiable by the City of Minneapolis. Applications will not be processed without complete information about the costs and source of funds for your proposed business.

ATTACH DOCUMENTATION FOR ALL SOURCES OF YOUR FINANCING.

1. Tax Records - REQUIRED

☐ Attach two years of completed and filed 1040 federal tax forms for each applicant and individual providing funding for the business venture OR Corporate tax records, if applicable.

2. Costs Reporting Form – REQUIRED

☐ **A**ttach the Costs Reporting Form on the next page. City staff has the right to request documentation for listed expenses/revenues as well as any unlisted expenses/revenues they feel is related to this application.

3. Funds from Savings/Investments/Corporate Holdings - REQUIRED

Attach bank/portfolio statements that verify that the necessary funds have been on deposit. This can include savings accounts, retirement accounts, or stock accounts, etc.

☐ Attach a minimum of three months of bank/portfolio statements.

☐ Alcohol Establishments: Attach a minimum of three months of bank/portfolio statements from two calendar years prior to the application.

4. Loans from the Lending Institution

☐ Attach a copy of the loan closing document that clearly sets forth the amount being tendered to the borrower and a copy of any accompanying promissory note; OR

☐ Individuals may be eligible for a loan but approval may be delayed until a license is granted. In instances such as this, a letter of loan commitment from the lending institution setting forth the amount of the loan must be submitted along with a pledge from the applicant that the loan closing documentation shall be submitted upon its completion. A license will not be issued until a copy of the loan closing document is given to the Licenses staff. The business cannot operate until this is completed and approved.

☐ N/A

5. Loans from Individuals - Many times applicants obtain personal loans from relatives or other individuals. In cases such as these, the loaning individual must provide the same documentation of the source(s) of these funds as required by the license applicant. For example, if an individual receives a $10,000 loan from their parents, the applicant must attach the source of the parent's $10,000 as well as tax records.

☐ Attach a copy of each lender's source of funds and tax records; AND

☐ Attach a copy of the loan closing document(s) and/or copies of any accompanying promissory note(s); AND

☐ If the lender is not an owner of the business, applicants must provide a notarized statement regarding the terms of the loan; that the lender has no operational, financial or management interest in the business; the terms of the loan are independent of the business; and at no time in the future will the lender have a financial, operational, or management interest in the business. Any such involvement in the business will only be lawful if the lender and licensee go through the appropriate city licensing process.

☐ N/A

6. Landlord Construction or other Credit/Financing - A landlord providing construction or financing will be required to show the same documentation of the source of these funds as the license applicant. If funds are taken from a business account, city staff can accept corporate account statements in lieu of the landlord's personal accounts.

☐ Attach a copy of the loan closing document(s) and copies of any accompanying promissory note(s); AND

☐ Attach a statement about payment terms.

☐ N/A

I (printed name) _____understand that city staff have the right to request other documentation they feel is necessary to properly verify the source of funds for the business venture. Failure to document costs or the source of funds for expenses will result in the denial of this license application. Any errors detected after the issuance of the license may be grounds for license revocation. After approval by the City Council, documentation in this license file becomes public data and is open for review by anyone upon request. Public data includes, but is not limited to, financial statements, tax records and other personal records contained in the license file. Public data will not include Social Security numbers and account numbers.

Signature Title Date

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www.minneapolismn.gov/business-licensing

An applicant must report all costs and fund sources associated with pursuing this license in order to demonstrate adequate legal sources of funds. Typical expenses include asset purchases, licensing fees, insurance costs, down payments, remodeling fees and attorney's fees, to name a few. Please use the table below to account for **all** of your specific costs and sources of funds. Attach additional sheets if necessary.

APPLICANT'S NAME:_____**BUSINESS NAME:**_____
Building Expenses (lease, equipment purchases, down payments, asset agreement, etc.) $_____ for _____ $_____ for _____ Subtotal $_____
Construction Expenses (upgrading cooking equipment, installation, remodeling, etc.) $_____ for _____ $_____ for _____ Subtotal $_____
Professional Expenses (attorney fees, architect fees, consultant fees, etc.) $_____ for _____ $_____ for _____ Subtotal $_____
Start Up Costs (insurance, license fees, inventory, etc.) $_____ for _____ $_____ for _____ Subtotal $_____
Other Expenses (payroll, insurance, SAC charges, other) $_____ for _____ $_____ for _____ Subtotal $_____
TOTAL COSTS for pursuing this License: **$_____**

☐ Attach plans, leases, contracts, statements from vendors or credit institutions and other documentation you have to support the above figures.

Complete and submit with your license application. Sample listed below.

	APPLICANT'S NAME: _____BUSINESS NAME (DBA):_____		
	Total Cost to Start the Business (As listed above.)		
	Fund Source	**Amount**	**Documentation Attached**
☐			
☐			
	TOTAL:		
	APPLICANT'S NAME: A. A. Smith	**BUSINESS NAME (DBA): The Company Business**	
	Total Cost to Start the Business (As listed above.) $ 30,000		
	Fund Source	**Amount**	**Documentation Attached**
☐	**Savings Account Money**	**$10,000**	**Bank Statements from Jan, Feb, Mar 2013 and 2014**
☐	**Bank Loan**	**$10,000**	**Loan Closing Documents from First Bank and Trust**
☐	**Loan from Parents**	**$10,000**	**Stock Dividend Statement 2013 and 2014; Tax Records 2013 and 2014; Promissory Note; Notarized Statement of Loan Terms.**
☐	TOTAL:	**$30,000**	

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#6

Taxicab Vehicle Information Form

(Attach additional sheets if necessary)

	MAKE	MODEL	YEAR	LICENSE PLATE	VIN	Legal Holder of Title	Maximum Seating	Wheelchair Accessible?	Security System*
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									

***Security System must be one of the following: C = Digital Camera; G = Global Positioning System; S = Security Shield**