City of Minneapolis
Licenses and Consumer Services
505 Fourth Ave. S., Room 220
Minneapolis, MN 55415
Telephone: 612-673-2080

License Application: Motor Vehicle Towing/Servicing – Class B, C, or D

Definitions:

☐ **Class B Motor Vehicle Service**
- Towing and car starting at the request of the owner or agent of the vehicle for a fee.

☐ **Class C Motor Vehicle Service**
- Car starting for a fee.

☐ **Class D Motor Vehicle Service**
- Towing or car starting, without a fee, for private or individual purposes.

Drivers: Every person operating a tow truck in Minneapolis must have a Motor Vehicle Towing Drivers Permit. Applications are available on our website.

Class A Motor Vehicle Service - Applications are available on our website.
- Private property towing at the request of a person who is not the owner or operator of the vehicle, and vehicle towing and
- Car starting at the request of the owner or agent of the vehicle for a fee.

If you have questions, send an email to businesslicenses@minneapolismn.gov or call 612-673-2080.

1. **Application requirements**
1. Complete the application and include all the requirements listed below.   Incomplete applications may be returned.
2. There is a fee, plus a new license processing charge, for this application. You can pay by ☐ **Cash:** Drop off your application at our office. ☐ **Check**: Mail or drop off your application at our office. ☐ **Credit Card**: Mail, drop off or email your application to businesslicenses@minneapolismn.gov. ***Do not add your credit card information on this application.*** We will call you to securely charge your credit card.

3. ☐ **Certificate of Liability Insurance** (Sample Form #1) – Attach a copy from your Insurance Agent with the following coverages:
☐ **Class B:** $100,000 per occurrence and $300,000 aggregate for personal injury or death and $25,000 per occurrence for property damage.
☐ **Class C or** ☐ **Class D**
    ☐ $25,000 per occurrence and $50,000 aggregate for personal injury or death and $10,000 per occurrence for property damage; Or
    ☐ $50,000 personal injury and $10,000 property damage combined.

5. **Parking** ☐ Attach a list of the sites/addresses where towing vehicles will be parked when not in use. Residential parking is prohibited. Attach additional sheets if necessary.
6. ☐ **Service Charges/Fees:** Attach a copy of all services and fees charged.
7. ☐ Attach a list of your vehicles (Form #2)
8. ☐ **Vehicles:** Attach a DOT Inspection Form for each vehicle completed within the past 12 months.
9. ☐ **Vehicle Drivers**: Attach a list of the names and addresses of all drivers.

2. Applicant information

Legal Company Name	Business Name/DBA		
Name (Last, First, MI)	☐ Owner ☐ Partner ☐ On Site Manager		
Business Address	City	State	Zip Code
Mailing Address (if different than business address)	City	State	Zip Code
E-mail Address	Cell Phone Number	Business Telephone Number	
Minnesota Sales Tax ID Number *Required*	**Social Security Number** *Required*		
Type of Ownership: ☐ Corporation ☐ LLC ☐ Sole Proprietor ☐ Partnership ☐ Non-Profit	Date of Incorporation	State of Incorporation	
Is this business publicly traded? ☐ Yes ☐ No	Proposed Opening Date:		

3. Owners

List all owners and partners. Ownership must add up to 100%. Attach additional sheets if necessary.

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

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

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

List any licenses you currently have or previously held in Minneapolis (business or individual).

Have you ever had a business license denied or revoked by any government entity? ☐ Yes ☐ No
If Yes, Indicate the Date of Denial/Revocation, Government Agency, and Reason for Denial or Revocation.

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 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. MN Statute 270C.72 requires your Minnesota Tax ID Number and either a Social Security Number or Individual Tax ID Number. These may be given to the Minnesota Commissioner of Revenue if requested. After we approve your license, all information except your Social Security Number is public (MN Statutes, Chapter 13).

A signature is required.

☐ I have read and agree to the **Terms and Conditions** for electronic signatures, records and payment.

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.

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

Signature of Applicant _____ Title _____ Date _____

6. Additional information

1. No license will be issued for longer than one year.
2. You cannot transfer your license to any other person or location.
3. For reasonable accommodations or alternative formats, please call us at 612-673-2080 or send an email to **businesslicenses@minneapolismn.gov**. Individuals who are deaf or hard of hearing can use a relay service by calling 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.

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
INSURED	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 ☐COMMERCIAL GENERAL LIABILITY ☐CLAIMS MADE ☐OCCUR ☐ ___ ☐ ___				EACH OCCURRENCE	$
					FIRE DAMAGE (Any one fire)	$
					MED EXP (Any one person)	$
					PERSONAL & ADV INJURY	$
					GENERAL AGGREGATE	$
	GEN'L AGGREGATE LIMIT APPLIES PER: ☐POLICY ☐PROJECT ☐LOC				PRODUCTS – COMP/OP AGG	$
	AUTOMOBILE LIABILITY ☐ANY AUTO ☐ALL OWNED AUTOS ☐SCHEDULED AUTOS ☐HIRED AUTOS ☐NON – OWNED AUTOS ☐ ☐				COMBINED SINGLE LIMIT (Ea accident)	$
					BODILY INJURY (Per person)	$
					BODILY INJURY (Per accident)	$
					PROPERTY DAMAGE (Per accident)	$
	GARAGE LIABILITY ☐ANY AUTO ☐ ___				AUTO ONLY – (Ea Accident)	$
					OTHER THAN EA ACC AUTO ONLY: AGG	$ $
	EXCESS LIABILITY ☐OCCUR ☐CLAIMS MADE ☐DEDUCTIBLE ☐RETENTION				EACH OCCURRENCE AGGREGATE	$ $ $ $ $
A	**WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY**				X/WC STATUTORY LIMITS / OTHER E.L. EACH ACCIDENT E.L. DISEASE – EA EMPLOYEE E.L. DISEASE – POLICY LIMIT	
	OTHER					

Original signature or stamp of agent

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS:
ADDITIONAL INSURED; INSURER LETTER

CERTIFICATE HOLDER
City of Minneapolis Licenses and Consumer Services 505 Fourth Ave. S., Room 220 Minneapolis, MN 55415
AUTHORIZED REPRESENTATIVE

Applications will be returned if requirements are not complete.

Name of Company: _____

	Make	Model	Year	VIN	License Plate	Company Vehicle Number	MN Dot Inspection Report
1							☐
2							☐
3							☐
4							☐
5							☐
6							☐
7							☐
8							☐
9							☐
10							☐
11							☐
12							☐