



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
Lic # L117
CSR:
Fee: \$
Date:

Towing Driver Permit Application – Class A Towing

False or incomplete information is cause for denial or delay of this application.

BACKGROUND INFORMATION			
Name of Driver (Last, First, Middle Initial)		Date of Birth	
Street Address	City	State	Zip Code
Cell Phone Number	Social Security Number		
☐ Attach a copy of your Driver's License. This will be placed in your file.			
Have you ever been convicted of any crime except driving violations? ☐ Yes ☐ No If yes, give details (date, conviction, disposition, etc.) Give complete information. False or incomplete information is cause for denial of this application.			
THIS SECTION TO BE COMPLETED BY SERVICE COMPANY			
I verify that the provisions of Section 349.130 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 Towing Company _____	
Signature _____		Date _____	
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.			
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.			
☐ I have read and understand the above Data Practices Advisory.			
Signature _____		Date _____	

EXPIRATION: All permits expire on September 1st. If a driver leaves employment with any licensed tow company, for any reason, your permit expires and you are required to return this permit to the Licenses' Office.

-----For Office Use Only -----

Permit Fee: ☐ New ☐ Renewal ☐ Transfer ☐ DVS ☐ CH ☐ KIVA ☐ Approved ☐ Denied

Inspector: _____ Date _____