

License Application: Taxicab Vehicle – Wheelchair / Age Waiver

Any wheelchair accessible taxi vehicle operating in Minneapolis whose model year is twelve years or older or has an odometer reading of more than 150,000 miles must obtain a waiver to continue operating. Submit this application annually after inspection.

Anyone who drives a Minneapolis licensed taxicab must have a Minneapolis Taxicab Driver's License.

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

1. Application requirements				
1. Complete the application and include all the requirements listed below. Incomplete applications may be returned. You may send your application by email (businesslicenses@minneapolismn.gov), US mail, or drop it off at our office.				
2. ☐ State of Minnesota Vehicle Inspection Form – Attach a copy of the Minnesota State Patrol inspection form, dated within the last 12 months, which certifies that this vehicle is in compliance with MN Statute 299A.14 .				
3. ☐ Service Company Authorization (Form #1) - Attach a signed Service Company Authorization verifying your employment.				
2. Background information				
Applicant/Owner's Name (Last, First, Middle)			Cell Phone Number	Date of Birth
Street Address			City	State, Zip
3. Vehicle				
Year	Make	Model	Cab #	Seating Capacity
License Plate Number		VIN Number	State	
4. 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. ☐ 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 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. By typing your name, you are electronically signing this application. Signature of Owner _____ Date _____				
This is to certify that this application has been reviewed and is recommended for: ☐ Approval pending successful completion of State of Minnesota Vehicle Inspection ☐ Denial				
License Representative			Date	

Taxi Service Company License Authorization Form

Chapter 341.960 of the Minneapolis Code of Ordinances states Taxi Service Companies are responsible for the behavior of taxi drivers and operation of taxi vehicles. Your signed authorization verifies employment/operation with your company. Please complete the following information and return it to the driver/vehicle owner as part of their application form.

Name of Service Company: _____
Name of Service Company Representative: _____

☐ Driver, New License ☐ Driver, Duplicate/Replacement License	☐ Taxi Vehicle, New License ☐ Taxi Vehicle, Person to Person Transfer
Name of Driver/Vehicle Owner: _____	
☐ I verify that the statements made in his/her application are true and that the provisions of Section 341.960 of the Minneapolis Code of Ordinances have been completely complied with to the best of my knowledge and belief.	
Service Company Representative Signature: _____ Date: _____	

☐ Driver, company transfer license	☐ Vehicle, company transfer
Old Service Company	
Name of Service Company: _____	
Name of Service Company Representative: _____	
Service Company Representative Signature: _____ Date: _____	
New Service Company	
☐ I verify that the statements made in his/her application are true and that the provisions of Section 341.960 of the Minneapolis Code of Ordinances have been completely complied with to the best of my knowledge and belief.	
New Service Company Representative Signature: _____ Date: _____	

☐ Wheelchair accessible vehicle
☐ I verify that the statements made in this application are true and that the provisions of Section 341.960 of the Minneapolis Code of Ordinances have been completely complied with to the best of my knowledge and belief. I further verify that I have personally reviewed the attached State of Minnesota vehicle inspection form and acknowledge that it complies with the requirements of MN Statute 299A.14.
Service Company Representative Signature: _____ Date: _____