

License Application Guidelines and Checklist

License Type: Taxicab Vehicle/Person to Person License Transfer	
<p>DEFINITION: A taxicab vehicle license issued before October 1, 1995 approved for transfer from one person to another.</p> <p>A vehicle inspection must be completed before the license is approved. A copy of the Inspection Report must remain in the vehicle. Any individual who drives a taxi licensed in Minneapolis is required to obtain a Minneapolis Taxicab Driver's License.</p>	
Staff Initials	Application Checklist
	<input type="checkbox"/> 1. License Application (Form #1)
	<input type="checkbox"/> 2. Photo ID: Attach a copy of the driver's license/government issued picture identification card for each owner.
	<input type="checkbox"/> 3. Attach a Certificate of Liability Insurance. (Sample Form #2) <ul style="list-style-type: none"> a. This must be furnished by your insurance agent. b. You are required to have a policy for the negligent operation, use or defective condition of any taxicab with the following coverages: <ul style="list-style-type: none"> <input type="checkbox"/> \$100,000 per occurrence and not less than \$300,000 aggregate for personal injury or death and <input type="checkbox"/> \$100,000 for per occurrence for property damage. c. Policy may not contain any liability limitation for the vehicle, driver or occupants related to intoxication or illegal transportation of liquor.
	<input type="checkbox"/> 4. Title of Vehicle – Attach a copy of the vehicle title, lease agreement, or receipt of title transfer.
	<input type="checkbox"/> 5. Bill of Sale: Attach a bill of sale, promissory note or mortgage document of the license transfer.
	<input type="checkbox"/> 6. Taxi Vehicle Inspection Report (Form #3) – A list of authorized garages is on our website. www.minneapolismn.gov/licensing/taxi/index.htm <input type="checkbox"/> Wheelchair Accessible Taxicabs must attach a State of Minnesota Vehicle Inspection Form , completed in the last 12 months, which certifies that this vehicle is in compliance with MN Statute 299A.14 . 651-405-6196
	<input type="checkbox"/> 7. License Decal – Enclose the decal you removed from your taxi vehicle.
	<input type="checkbox"/> 8. Criminal History - A five year criminal history report is required for each owner. Attach reports from each state you lived in for the past five years. Minnesota: https://cch.state.mn.us/ (651-793-2400); Wisconsin: http://wi-recordcheck.org/ (608) 266-7314) or use the State Contact List on our website. <input type="checkbox"/> <i>These reports must be dated within 30 days of receipt of this application.</i>
	<input type="checkbox"/> 9. Ownership Information <ul style="list-style-type: none"> <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership or Shareholder: Attach a copy of the signed and executed partnership agreement. <input type="checkbox"/> Corporation: Attach a copy of the Certificate of Incorporation, Articles of Incorporation, by-laws and Certificate of Authority if a foreign corporation.
	<input type="checkbox"/> 10. _____ Fee

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.



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

#1

For Office Use Only
Lic # L016
CSR:
Fee: \$
Date:
Fines Due:

Taxi Vehicle License Transfer Person to Person

1. NEW OWNER'S BACKGROUND INFORMATION

Applicant/Owner's Name (Last, First, Middle)		Cell Phone Number	
Home Address	City	State	Zip Code
E-mail Address (Required)		Social Security Number	

2. VEHICLE DATA

Year	Make	Model	Cab Number	Seating Capacity
License Plate Number	State	VIN Number		

3. WORKERS COMPENSATION

Workers' Compensation Company	Policy Number	Dates of Coverage
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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.

4. VERIFICATION OF TRANSFER

Must be signed by all owners, partners or if former license holder is corporation, by an elected officer of the corporation.

Printed Name of Former License Holder(s)	Signature of Former License Holder(s)

NOTARY SEAL OF FORMER LICENSE HOLDERS' SIGNATURE(S)

SUBSCRIBED AND SWORN BEFORE ME THIS _____ DAY OF _____ 2____

SIGNATURE OF NOTARY: _____

MY COMMISSION EXPIRES _____ COUNTY _____ STATE _____

5. DATA PRIVACY

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 which 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. This AUTHORIZATION FOR RELEASE OF INFORMATION will expire two years from the date you signed it.

6. 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 NEW OWNER _____ DATE _____

7. SERVICE COMPANY

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.

SERVICE COMPANY REPRESENTATIVE SIGNATURE _____ SERVICE COMPANY _____

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

City of Minneapolis Requirements for Insurance Certificate

CERTIFICATE OF LIABILITY INSURANCE

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

Certificate cannot be pending binder or TBA.

The Legal/Corporate name must match exactly (word for word) to the Approved License Name (including Inc or LLC). Include Trade Name (DBA), address of premises, and vehicle title.

PRODUCER Agency Address City, State, Zip	CONTACT NAME:	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	NAIC #
INSURED	INSURER A:	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR L WVD	POLICY NUMBER	POLICY (MM/DD/YY)	POLICY (MM/DD)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					EACH OCCURRENCE \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMPIOP AGG \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICEMEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/>	N/A <input type="checkbox"/>			WC STATUTORY LIMITS \$ OTHER \$ E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

Notice of Cancellation required by MN Statute 60a.39. Add this statement to certificate or attach policy provisions.

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
CANCELLATION: Ten (10) day written notice of cancellation will be provided to the Certificate Holder for non-payment of premium.

The city must be named on the policy as an additional insured.

Original signature or stamp of agent.

CERTIFICATE HOLDER	CANCELLATION
ADDITIONAL INSURED: City of Minneapolis - Licenses and Consumer Services 350 South 5th Street, Room 1C City Hall Minneapolis, MN 55415	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE

Applications will be returned if requirements are not complete.

Taxi/TNC Company:
<input type="checkbox"/> TNC <input type="checkbox"/> Taxi <input type="checkbox"/> Wheelchair Accessible
MPLS LICENSE #
Type of Inspection: <input type="checkbox"/> INITIAL <input type="checkbox"/> ANNUAL <input type="checkbox"/> SPECIAL <input type="checkbox"/> CAR TO CAR

City of Minneapolis
Licenses and Consumer Services
 350 South 5th Street – Room 1C
 Minneapolis, MN 55415-1316
 Phone: 612-673-2080 or 311
 Fax: 612-673-3399
 TTY: 612-673-2157

www.ci.minneapolis.mn.us/business-licensing

Facility Name:
Address:
Telephone:

Taxi/TNC Vehicle Inspection Report

Vehicle Owner Name			Telephone	Cab #
Vehicle Year	Make	VIN (last 6 digits)	License Plate	Odometer

F = FAIL/ OUT OF SERVICE P = PASS

1. BELTS, HOSES, LUBRICANTS		F	P	7. STEERING		F	P	11. BODY		F	P		
<input type="checkbox"/> P/S	<input type="checkbox"/> ALT			STEERING LINKAGES /COMPONENTS				PAINT COLOR, DENTS, DINGS, RUST					
<input type="checkbox"/> AIR PUMP	<input type="checkbox"/> A/C			BALL JOINTS				WINDSHIELD					
<input type="checkbox"/> CRACK	<input type="checkbox"/> HEATER			PINION SEALS				DOORS					
<input type="checkbox"/> SOFT	<input type="checkbox"/> RAD			TIRE WEAR <input type="checkbox"/> LF <input type="checkbox"/> RF <input type="checkbox"/> LR <input type="checkbox"/> RR				DOOR HANDLES <input type="checkbox"/> LF <input type="checkbox"/> RF <input type="checkbox"/> LR <input type="checkbox"/> RR					
PULLEYS & WATER PUMP				TIRE WEAR/RIM CONDITION				DOOR WINDOW <input type="checkbox"/> LF <input type="checkbox"/> RF <input type="checkbox"/> LR <input type="checkbox"/> RR					
RADIATOR & PRESSURE CAP				WHEEL ALIGNMENT- TEST/VISUAL				FENDERS – FRONT					
COOLANT: <input type="checkbox"/> LEVEL <input type="checkbox"/> COND				PS PUMP AND LEAKS				QUARTER PANELS - REAR					
TRANS FLUID <input type="checkbox"/> LEVEL <input type="checkbox"/> COND				8. INSTRUMENTS		F	P	MIRRORS <input type="checkbox"/> LF <input type="checkbox"/> INTERIOR <input type="checkbox"/> RF					
ENGINE OIL: <input type="checkbox"/> LEVEL <input type="checkbox"/> COND				OIL PRESSURE				BUMPER COVERS					
PWR STR FLUID <input type="checkbox"/> LEVEL				ENGINE TEMP				DECAL/COMPANY MARKING					
BATTERY POSTS & CABLES				CHARGING SYSTEM				REAR WINDOW SHELF					
2. POLLUTION CTRL/FUEL SYS				F	P	SPEEDOMETER		GLASS					
FUEL LEADS (VISUAL)				ODOMETER				GENERAL BODY CONDITION					
GAS TANK				HEATER/DEFROSTER				12. GENERAL		F	P		
GAS GAUGE				AIR CONDITIONING				HORN					
IDLE NORMAL:				SRS AIRBAGS				AIR CONDITIONER					
3. ENGINE/POWER ANALYSIS				F	P	METER – OPERATIONAL		FAN SPEED					
TEST	ENGINE PERFORMANCE					LOCATION		WS WIPERS/WASHER					
	DRIVE	ENGINE NOISES					SEAL		HEADLIGHTS				
NORMAL ACCELERATION					<input type="checkbox"/> N/A		FOCUS/CANDLE POWER						
ACCELERATION CABLE				CHECK ENGINE LIGHT				HI LOW PARKING					
ENGINE MOUNTS				OPERATIONAL				RIGHT TURN LIGHTS					
OIL LEAKS				CODES INDICATED				LEFT TURN LIGHTS					
4. TRANSMISSION				F	P	9. BRAKING SYSTEM		F	P	13. TRUNK		F	P
TEST	NORMAL TRAN OPERATION					FLUID LEVEL		SPARE TIRE <input type="checkbox"/> N/A					
	DRIVE	SPEEDOMETER OPERATION					PEDAL RESERVE		TRUNK UPHOLSTERY CONDITION				
GEAR SHIFT INDICATOR					BRAKE HOSES & LINES		LATCH OPENS CLOSSES						
5. DRIVE TRAIN				F	P	MASTER CYLINDER/ABS		FUEL LEAKS/SMELLS					
TEST	DRIVE LINE:					PARKING BRAKE		14. INTERIOR		F	P		
	DRIVE	<input type="checkbox"/> NOISE					REMAINING LINING/PAD		DRIVER/PASSENGER INTERIOR				
<input type="checkbox"/> VIBRATION					FRONT REAR		UNCLEAN/DIRTY/SOIL/ODORS						
UNIVERSAL & CV JOINTS				WHEEL CYLINDERS/CALIPERS				FRONT SEAT # REAR SEAT #					
REAR AXLE SEALS				DRUM/DISC CONDITION				CONDITION:					
DIFFERENTIAL & FLUID LEVEL				10. SUSPENSION/FRAME		F	P	DASHBOARD					
6. EXHAUST SYSTEM				F	P	FRAME/ENERGY ABSORB BUMPER		HEADLINER					
CATALYTIC CONVERTER				FRAME/CROSS BARS				SEATBELTS (FRONT/REAR)					
EXHAUST PIPE/TAIL PIPE				STABILIZER BAR & LINKS				FLOORS					
MUFFLER				STRUT/SOCKS <input type="checkbox"/> LF <input type="checkbox"/> RF <input type="checkbox"/> LR <input type="checkbox"/> RR				BRAILLE CARD, RATE CARD <input type="checkbox"/> N/A					
HANGER/CLAMPS				SPRINGS/BRUSHINGS				SECURITY DEVICE <input type="checkbox"/> N/A					
								<input type="checkbox"/> GPS <input type="checkbox"/> CAMERA <input type="checkbox"/> SHIELD					

N/A – The requirement does not apply to TNC vehicle.

Comments:				
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Date of Inspection	Inspection Results <input type="checkbox"/> Pass <input type="checkbox"/> Fail	Technician Name (print)	Technician Signature	Employee #
Date of Inspection	Reinspection Results <input type="checkbox"/> Pass <input type="checkbox"/> Fail	Technician Name (print)	Technician Signature	Employee #