

License Application: Taxicab Vehicle Transfer

☐ **Car to Car:** A taxicab vehicle license approved for transfer from one taxicab vehicle to another. Wheelchair accessible taxicab vehicle licenses may only be transferred to other wheelchair accessible taxicab vehicles.

☐ **Company to Company:** A taxicab vehicle license approved for transfer from one service company to another.

A vehicle inspection must be completed before the license is approved. A copy of the [Inspection Report](#) must remain in the vehicle. 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. There is a [fee](#), plus a \$20 Wheelchair Surcharge, 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.
 - ☐ **N/A - \$20 Wheelchair Surcharge.** My vehicle is wheelchair accessible and my paperwork is attached.
3. ☐ **Photo ID:** Attach a copy of the driver's license/government issued picture identification card for each owner.
4. ☐ **Attach a [Certificate of Liability Insurance](#).** (Sample Form #1)
 - 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:
 - ☐ \$100,000 per occurrence and not \$300,000 aggregate for personal injury or death and
 - ☐ \$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.
5. ☐ **Title of Vehicle:** Attach a copy of the vehicle title, lease agreement, or receipt of title transfer.
6. ☐ **License Decal:** Enclose the decal you removed from your taxi vehicle.
7. ☐ **[Taxi Vehicle Inspection Report](#)** (Form #2): A list of [Authorized Garages](#) is on our website.
 - ☐ **Wheelchair Accessible Taxicabs must attach a [State of Minnesota Vehicle Inspection Form](#),** completed in the last 12 months, certifying this vehicle is in compliance with MN Statute [299A.14](#).
8. ☐ **[Service Company Authorization](#)** (Form #3) - Attach a signed Service Company Authorization verifying your employment.

2. Owner's Background Information				
Applicant/Owner's Name (Last, First, Middle)		<input type="checkbox"/> Taxi Vehicle <input type="checkbox"/> Wheelchair Accessible		Cell Number
Home Address		City, State		Zip
Social Security Number or ITIN - Required		Email Address - Required		Mpls License #
3. Vehicle				
Year	Make	Model	Cab #	Seating Capacity
VIN Number		License Plate Number		Wheelchair Accessible?
		State		<input type="checkbox"/> Yes <input type="checkbox"/> No
Car to Car Transfer Only – Old Vehicle Data				
Year	Make	Model	Cab #	Seating Capacity
VIN Number		License Plate Number		Wheelchair Accessible?
		State		<input type="checkbox"/> Yes <input type="checkbox"/> No
Company to Company Transfer Only				
Old Service Company			New Service Company	
4. Verification				
<p>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.</p> <p style="text-align: center;">A signature is required.</p> <p><input type="checkbox"/> I have read and agree to the Terms and Conditions for electronic signatures, records and payment.</p> <p>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.</p> <p>By typing your name, you are electronically signing this application.</p> <p>Signature of Owner _____ Date _____</p>				
Report on Application by License Representative				
This is to certify that this application has been reviewed and is recommended for <input type="checkbox"/> Approval <input type="checkbox"/> Denial				
License Representative			Date	

Additional Information

1. Your License Application

- a. Incomplete applications may 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. Information in Other Languages: Para asistencia 612-673-2700 - Rau kev pab 612-673-2800 - Hadii aad Caawimaad u baahantahay 612-673-3500.

3. Reasonable Accommodations or Alternative Formats: Please call 612-673-2080 or an email to businesslicenses@minneapolismn.gov. Individuals who are deaf or hard of hearing can use a relay service to call 311 at 612-673-3000.

CERTIFICATE OF LIABILITY INSURANCE

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),
Trade Name (DBA),
address of premises, and
vehicle title.

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

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 WVD	POLICY NUMBER	POLICY (MM/DD/YY)	POLICY (MM/DD/YY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	<input type="checkbox"/>				EACH OCCURRENCE \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COM/IO/OP AGG \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/>				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB EXCESS LIAB DED <input type="checkbox"/> RETENTION \$	<input type="checkbox"/>				EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? (Mandatory in MN) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/>				WC STATU-TORY LIMITS 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.

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

Original signature or
stamp of agent.

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)	
CERTIFICATE HOLDER	CANCELLATION
ADDITIONAL INSURED: City of Minneapolis – Licenses and Consumer Services 505 Fourth Ave S., Room 220 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 1
 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	BRAKE LIGHTS			
TEST	NORMAL TRAN OPERATION			FLUID LEVEL				13. TRUNK		F	P
DRIVE	SPEEDOMETER OPERATION			PEDAL RESERVE				SPARE TIRE <input type="checkbox"/> N/A			
	GEAR SHIFT INDICATOR			BRAKE HOSES & LINES				TRUNK UPHOLSTERY CONDITION			
5. DRIVE TRAIN		F	P	MASTER CYLINDER/ABS				LATCH OPENS CLOSSES			
TEST	DRIVE LINE:			PARKING BRAKE				FUEL LEAKS/SMELLS			
DRIVE	<input type="checkbox"/> NOISE			REMAINING LINING/PAD				14. INTERIOR		F	P
	<input type="checkbox"/> VIBRATION			FRONT REAR				DRIVER/PASSENGER INTERIOR			
UNIVERSAL & CV JOINTS				WHEEL CYLINDERS/CALIPERS				UNCLEAN/DIRTY/SOIL/ODORS			
REAR AXLE SEALS				DRUM/DISC CONDITION				FRONT SEAT # REAR SEAT #			
DIFFERENTIAL & FLUID LEVEL				10. SUSPENSION/FRAME		F	P	CONDITION:			
6. EXHAUST SYSTEM		F	P	FRAME/ENERGY ABSORB BUMPER				DASHBOARD			
CATALYTIC CONVERTER				FRAME/CROSS BARS				HEADLINER			
EXHAUST PIPE/TAIL PIPE				STABILIZER BAR & LINKS				SEATBELTS (FRONT/REAR)			
MUFFLER				STRUT/SOCKS <input type="checkbox"/> LF <input type="checkbox"/> RF <input type="checkbox"/> LR <input type="checkbox"/> RR				FLOORS			
HANGER/CLAMPS				SPRINGS/BRUSHINGS				BRAILLE CARD, RATE CARD <input type="checkbox"/> N/A			
								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:

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 #

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: _____

<input type="checkbox"/> Driver, New License <input type="checkbox"/> Driver, Duplicate/Replacement License	<input type="checkbox"/> Taxi Vehicle, New License <input type="checkbox"/> Taxi Vehicle, Person to Person Transfer
Name of Driver/Vehicle Owner: _____	
<input type="checkbox"/> 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: _____	

<input type="checkbox"/> Driver, Company Transfer License	<input type="checkbox"/> Vehicle, Company Transfer
Old Service Company	
Name of Service Company: _____	
Name of Service Company Representative: _____	
Service Company Representative Signature: _____ Date: _____	
New Service Company	
<input type="checkbox"/> 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: _____	

<input type="checkbox"/> Wheelchair Accessible Vehicle
<input type="checkbox"/> 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: _____