

License Application: Transportation Network Company (TNC)

Definition: A company which oversees TNC drivers and services. This includes electronic application software which connects TNC drivers with passengers. Companies must have a central place of business within 12 miles of Minneapolis City Hall.

| 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. If you do not wheelchair accessible vehicles, you must also pay an annual surcharge . You can pay by <input type="checkbox"/> Cash: Drop off your application at our office. <input type="checkbox"/> Check: Mail or drop off your application at our office. <input type="checkbox"/> 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. Attach a Data Privacy Advisory (Form #1) for the applicant and all individuals with 25% or more interest in the business. Include a copy of your driver's license and a five year background report. This report must be dated within 30 days of receipt of this application and is available from the State of Minnesota Bureau of Criminal Apprehension at 1430 Maryland Ave E. St. Paul, MN 55106 or at 651-793-2400. Here is a list of all state telephone numbers . |
| 4. Local Address, Contact Representative Name and Telephone Number |
| 5. Vehicle Information Form (Form #2) Indicate which vehicles are wheelchair accessible. |
| 6. Business Plan (Form #3) |
| 7. Certificate of Liability Insurance (Sample Form #4) <input type="checkbox"/> Attach a copy. a. This must be furnished by your Insurance Agent. b. You are required to have primary liability in the amount of one million dollars (\$1,000,000). |
| 8. Ownership Information <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. |
| 9. Company Status <input type="checkbox"/> Attach a Certificate of Good Standing from the State of Minnesota . |
| 10. Trade Emblem <input type="checkbox"/> Attach an illustration of your company trade emblem/signage and a description of where it is displayed on the vehicle. |
| 11. Identification Card <input type="checkbox"/> Attach a sample copy of your drivers' identification card. |

2. Applicant information

| | | | |
|--|--|----------------------------------|-----------------|
| Legal Company Name | Business Name/DBA | | |
| Name (Last, First, MI) | <input type="checkbox"/> Owner <input type="checkbox"/> Partner <input type="checkbox"/> 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 | |
| <u>Minnesota Sales Tax ID Number</u> Required | <u>Social Security Number</u> Required | | |
| Type of Ownership: <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Non-Profit | | | |
| Date of Incorporation | | State of Incorporation | |
| Is this business publicly traded? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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.

**City of Minneapolis
Licenses and Consumer Services**

505 Fourth Ave. S., Room 220

Minneapolis, MN 55415

Telephone: 612-673-2080

www.minneapolismn.gov/businesslicenses

Data Privacy Advisory

Complete the information below and attach the following:

- ☐ A copy of your driver's license or state identification card
- ☐ Background Report: This report must be dated **within 30 days** of receipt of this application and is available from the State of Minnesota Bureau of Criminal Apprehension at 1430 Maryland Ave E. St. Paul, MN 55106 or at 651-793-2400. Here is a list of all [state telephone numbers](#).

The Minnesota Data Practices Act requires us to tell you the following information:

As an applicant for a Minneapolis business license, we ask for private and/or confidential information. We use this to check driving history, criminal history, arrest records, warrant information, and other relevant records.

You are not legally required to provide this information. If you do not, we cannot complete our investigation or approve your application.

The information you provide is public and will be used by the Minneapolis Police Department, License Inspection Unit, the Minneapolis Division of Licenses and Consumer Services, the Minneapolis City Council, and the general public.

Authorization for Release of Information

This Authorization for Release of Information will expire two years from the date you signed it.

Last Name

First Name

Middle Name

Also Known As: _____ Date of Birth: _____

Title: _____

- ☐ I have read and understand the above Data Privacy Advisory.
 - ☐ I have read and agree to the [Terms and Conditions](#) for electronic signatures.
- By typing your name, you are electronically signing this form.

Signature: _____ Date: _____

Vehicle Information

#2

Name of Company: _____

| | Make | Model | Year | VIN | License Plate | Company Vehicle Number | MN Dot Inspection Report |
|----|------|-------|------|-----|---------------|------------------------|--------------------------|
| 1 | | | | | | | <input type="checkbox"/> |
| 2 | | | | | | | <input type="checkbox"/> |
| 3 | | | | | | | <input type="checkbox"/> |
| 4 | | | | | | | <input type="checkbox"/> |
| 5 | | | | | | | <input type="checkbox"/> |
| 6 | | | | | | | <input type="checkbox"/> |
| 7 | | | | | | | <input type="checkbox"/> |
| 8 | | | | | | | <input type="checkbox"/> |
| 9 | | | | | | | <input type="checkbox"/> |
| 10 | | | | | | | <input type="checkbox"/> |
| 11 | | | | | | | <input type="checkbox"/> |
| 12 | | | | | | | <input type="checkbox"/> |

Transportation Network Companies Business Plan Requirements

#3

Complete the following questions describing in detail the manner in which the licensed business will be operated. Attach a typed report that includes policies and procedures for all of the following items. Additional and/or separate documents may be attached to this report. Applications will not be processed without a satisfactory business plan.

1. Driver Requirements (MCO 343.120)
 - a. Minimum qualifications
 - b. Driving record
 - c. Criminal background
2. Intoxicating Substance Policy (MCO 343.130)
3. Vehicle Standards (MCO 343.80)
4. Vehicle Inspections (MCO 343.90)
 - a. Inspection Facility
 - b. Standards
5. Insurance (MCO 343.70)
6. Wheelchair Accessible Services (MCO 343.150)
7. Fare/Rates Communications (MCO 343.160)
8. Records and Reports (MCO 343.170)
9. Driver Training and Accountability (MCO 343.120)
 - a. Training Facility
 - b. Curriculum
 - c. Testing Protocol and Standards
 - d. Operating Rules and Regulations (MCO 343.150)
10. Complaint Processing Procedures (Must meet all requirements in MCO.)

Attach your website address, the name of your mobile application, and a summary of their content as required by MCO 343.

Acknowledgement and Agreement

I, (print name) _____, an authorized corporate officer, partner or owner, hereby acknowledge and agree to the following:

- ☐ the attached business plan addresses all items listed above, includes complete documentation, and is a true and correct reflection of the undersigned's intentions;
- ☐ any material change in the business plan must be submitted to and approved by the Licenses and Consumer Services' office before implementation; and
- ☐ violation of this business plan may result in suspension, revocation, refusal to renew the license or a civil fine as determined by the Minneapolis City Council.

☐ I have read and agree to the [Terms and Conditions](#) for electronic signatures, records and payment.

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

Signature _____ Title _____ Date _____

City of Minneapolis

Requirements for Insurance Certificates

Certificate of Liability Insurance

#4

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. |
| INSURED | INSURERS AFFORDING COVERAGE 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 <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> _____ <input type="checkbox"/> _____ | | | | EACH OCCURRENCE \$ _____ FIRE DAMAGE (Any one fire) \$ _____ MEDEXP (Any one person) \$ _____ PERSONAL & ADV INJURY \$ _____ GENERAL AGGREGATE \$ _____ |
| | GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS | | | | PRODUCTS - COMPO/PA/AGG \$ _____ COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY \$ _____ (Per person) \$ _____ BODILY INJURY (Per accident) \$ _____ PROPERTY DAMAGE \$ _____ (Per accident) \$ _____ AUTO ONLY - (Ea Accident) \$ _____ OTHER THAN AUTO EA ACC \$ _____ ONLY: AGG \$ _____ |
| | <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON - OWNED AUTOS <input type="checkbox"/> | | | | |
| | <input type="checkbox"/> | | | | |
| | GARAGE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> _____ | | | | |
| | EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION | | | | EACH OCCURRENCE \$ _____ AGGREGATE \$ _____ \$ _____ \$ _____ |
| | WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY | | | | W/C 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