

Permit Application: Taxi Driver, Service Company Transfer

Definition: Transferring your taxi driver license to another service company.

1. Application Requirements		
Complete the information 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.		
There is a fee for this license.		
<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.		
2. Background Information		
Applicant Name (Last, First, Middle)		Email Address
Driver's License Number		Cell Phone Number
Current Service Company		
(Driver Name) _____ is in good standing with this taxicab company, having no significant complaints, grievances, or outstanding disciplinary actions and is authorized to transfer their license.		
Name of Current Service Company		Company Representative Signature Date
New Service Company		
(Driver Name) _____ is approved to transfer.		
Name of New Service Company		Company Representative Signature Date
3. Data Privacy		
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. This Authorization for Release of Information will expire two years from the date you signed it.		
4. 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. After we approve your license, all information is public (MN Statutes, Chapter 13).		
A signature is required.		
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.		

- I have read and understand the above Data Privacy Advisory.
- 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 of Applicant _____ Title _____ Date _____

5. Additional Information

1. No permit will be issued for longer than one year. If you leave employment with any licensed tow company, your permit expires and you are required to return this permit to the Business Licenses' Office.
2. You cannot transfer your license to any other person.
3. For reasonable accommodations or alternative formats, please call us at 612-673-2080 or send us an email at businesslicenses@minneapolismn.gov. Individuals who are deaf or hard of hearing can use a relay service to call 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.

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