

## License Application: Taxicab Driver

**Definition: The operator of a taxicab vehicle.**

### 1. Application Requirements

1. Complete the application below and attach all the required documents. Incomplete applications may be returned. You may send your application by email ([businesslicenses@minneapolismn.gov](mailto:businesslicenses@minneapolismn.gov)), US mail, or drop it off at our office.
2. There is a nonrefundable \$90 [fee](#) for this license.
  - Cash or Check:** If you would like to pay by cash or check, mail or drop off your application in our office. We will not process your application without payment enclosed.
  - Credit Card:** If you would like to pay by credit card, email to [businesslicenses@minneapolismn.gov](mailto:businesslicenses@minneapolismn.gov), mail, or drop off your application in our office. Do not add your credit card information on this application. We will call you to securely charge your credit card.

If you have any questions, please send us an email at [businesslicenses@minneapolismn.gov](mailto:businesslicenses@minneapolismn.gov) or call us at 612-673-2080.
3. **Driver's License**
  - Attach a copy of your driver's license.
4. You must provide proof of one year of verifiable driving experience. If your current license is less than twelve months old, you must attach
  - a copy of your previous license or
  - a State Clearance Letter from Minnesota: (651) 215-1335; Wisconsin: (608) 266-2261 or use the [State Contact List](#) on our website. ***This report must be dated within 30 days of receipt of this application.***
  - N/A. I have had my license for more than one year.
5. If you have lived in Minnesota less than five years,
  - attach a driving report from each state you lived in for the past five years. Use the [State Contact List](#) on our website. ***This report must be dated within 30 days of receipt of this application.***
  - N/A. I have lived in Minnesota for five or more years.
6. **Photo**
  - Attach a clear, electronic, color image of your face. If you mail or drop off your application, we will call you with instructions on how to send it to us electronically. Photo must be taken within 30 days of receipt of this application.
7. **Background Report:** A five-year report is required.
  - Attach reports from each state you lived in for the past five years. [Minnesota](#) (651-793-2400); [Wisconsin](#) (608- 266-7314) or use the [State Contact List](#) on our website. ***This report must be dated within 30 days of receipt of this application.***
8. **Taxi Driver Training Certificate**
  - Attach a copy. If you do not have your certificate, call your Service Company.
9.  **[Service Company Authorization](#)** (Form #1) - Attach a signed Service Company Authorization verifying your employment.

2. Background Information					
Applicant Name (Last, First, Middle)			Social Security Number (Required)		
E-mail Address (Required)			Date of Birth (mm/dd/yyyy)		Cell Phone Number
Five (5) Years of Residential History					
Current Home Street Address	City	State	Zip	How Long? Years	Months
Home Street Address	City	State	Zip	How Long? Years	Months
Home Street Address	City	State	Zip	How Long? Years	Months
Home Street Address	City	State	Zip	How Long? Years	Months
Home Street Address	City	State	Zip	How Long? Years	Months
3. Data Privacy					
<p>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, the Minneapolis Division of Licenses and Consumer Services, the Minneapolis City Council, and/or the general public. This Authorization for Release of Information will expire two years from the date you signed it.</p>					
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>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.</p> <p><input type="checkbox"/> I have read and understand the above Data Privacy Advisory.</p> <p><input type="checkbox"/> I have read and agree to the <a href="#">Terms and Conditions</a> for electronic signatures.</p> <p><input type="checkbox"/> I understand the license fee is nonrefundable.</p> <p>Signature of Applicant: _____ Date: _____</p>					
5. Additional Information					
<ol style="list-style-type: none"> <li>Incomplete applications will be returned. No license will be issued for longer than one year.</li> <li>You cannot transfer your license to any other person.</li> <li>For reasonable accommodations or alternative formats, please send us an email at <a href="mailto:businesslicenses@minneapolismn.gov">businesslicenses@minneapolismn.gov</a> or call us at 612-673-2080. Individuals who are deaf or hard of hearing can use a relay service to call 311 at 612-673-3000.</li> <li>Information in other languages: Para asistencia 612-673-2700. Rau kev pab 612-673-2800. Hadii aad Caawimaad u baahantahay 612-673-3500.</li> </ol>					

## 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"/> <b>Driver, New License</b>	<input type="checkbox"/> <b>Taxi Vehicle, New License</b>
<input type="checkbox"/> <b>Driver, Duplicate/Replacement License</b>	<input type="checkbox"/> <b>Taxi Vehicle, Person to Person Transfer</b>
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"/> <b>Driver, Company Transfer License</b>	<input type="checkbox"/> <b>Vehicle, Company Transfer</b>
<b>Old Service Company</b>	
Name of Service Company: _____	
Name of Service Company Representative: _____	
Service Company Representative Signature: _____ Date: _____	
<b>New Service Company</b>	
<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"/> <b>Wheelchair Accessible Vehicle</b>
<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: _____