

License Application: Taxicab Service Company

Definition: A company which oversees taxi vehicles, drivers and services. The vehicles are all the same color. Services include radio dispatching, advertising, insurance, inspections, credit accounts, driver training and assignments, and record keeping. Companies must have a central place of business within 12 miles of Minneapolis City Hall. Vehicles must be ten years old or less. Wheelchair accessible vehicles can be 12 years old or less. The City can financially help companies with wheelchair accessible vehicles, training, and/or specialized equipment. Talk to your [License Inspector](#).

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 have full service, full-time wheelchair accessible taxicabs, you must also pay an annual [surcharge](#).
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.
3. **Business Plan** - Attach a copy of your policies for
 - Driver requirements, training and accountability
 - Vehicle standards and inspections
 - Insurance
 - Wheelchair accessible services
 - Fares/Rates
 - Records and reports
 - Complaints

A complete list of Taxi Service Company responsibilities can be found in [Chapter 341](#). You can also read [Vehicle requirements](#) and [Driver requirements](#).
4. **Vehicle Information Form (Form #1)**
Indicate which vehicles are wheelchair accessible.
5. **Vehicle Color Scheme and Insignia**
 - Attach an accurate and detailed description, including name, inscriptions, and monograms.
 - Attach a photograph or diagram. Photos can be in Electronic Format. Enclose a disk, flash drive, or send a copy to BusinessLicenses@minneapolismn.gov
 - Attach paint samples including the name and code number of the proposed colors.
6. **Ownership Information**
 - Sole Proprietorship
 - Partnership or Shareholder: Attach a copy of the signed and executed partnership agreement.
 - Corporation: Attach a copy of the Certificate of Incorporation, Articles of Incorporation, by-laws and Certificate of Authority if a foreign corporation.

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	
Minnesota Sales Tax ID Number Required	Social Security Number 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?
 Yes
 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
 220 South Fourth Ave, Room 220
 Minneapolis, MN 55415
 Phone: 612-673-2080

#1

www.minneapolismn.gov/business-licensing

Taxicab Vehicle Information Form

(Attach additional sheets if necessary)

	MAKE	MODEL	YEAR	LICENSE PLATE	VIN	Legal Holder of Title	Maximum Seating	Wheelchair Accessible?	Security System*
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									

*Security System must be one of the following: C = Digital Camera; G = Global Positioning System; S = Security Shield