

## License Application: Motor Vehicle Towing/Service – Class A

### Definitions:

#### Class A Motor Vehicle Service

- Private property towing at the request of a person who is not the owner or operator of the vehicle, and vehicle towing and
- Car starting at the request of the owner or agent of the vehicle for a fee.

#### Applications for Class B, C, or D are available on our website:

#### Class B Motor Vehicle Service

- Towing and car starting at the request of the owner or agent of the vehicle for a fee.

#### Class C Motor Vehicle Service

- Car starting for a fee.

#### Class D Motor Vehicle Service

- Towing or car starting, without a fee, for private or individual purposes.

**Drivers:** Every person operating a tow truck in Minneapolis must have a [Motor Vehicle Towing Drivers Permit](#).

If you have questions, send an email to [businesslicenses@minneapolismn.gov](mailto:businesslicenses@minneapolismn.gov) or call 612-673-2080.

1. Application Requirements	
1.	Complete the application and include all the requirements listed below. Incomplete applications may be returned.
2.	There is a <a href="#">fee</a> , plus a new license processing charge, for this application. You can pay by <input type="checkbox"/> <b>Cash:</b> Drop off your application at our office. <input type="checkbox"/> <b>Check:</b> Mail or drop off your application at our office. <input type="checkbox"/> <b>Credit Card:</b> Mail, drop off or email your application to <a href="mailto:businesslicenses@minneapolismn.gov">businesslicenses@minneapolismn.gov</a> . <b>Do not add your credit card information on this application.</b> We will call you to securely charge your credit card.
3.	<input type="checkbox"/> <a href="#">Certificate of Liability Insurance</a> (Sample Form #1) – Attach a copy from your Insurance Agent with the following coverages: <input type="checkbox"/> \$100,000 per occurrence and \$300,000 aggregate for personal injury or death. <input type="checkbox"/> \$25,000 per occurrence for property damage.
4.	<input type="checkbox"/> <b>\$10,000 Bond</b> (Form #2)
5.	<b>Operations - Attach the following:</b> <input type="checkbox"/> A list of all contracted private property towing locations and the individuals authorized to sign tow orders. <input type="checkbox"/> A statement that an office on the premises of storage lot(s) will be maintained for the release of vehicles. Include the exact location of each lot. <input type="checkbox"/> The sites/addresses where towing vehicles will be parked when not in use. Residential parking is prohibited. Attach additional sheets if necessary.
6.	<input type="checkbox"/> <b>Service Charges/Fees:</b> Attach a copy of all services and fees charged.
7.	<input type="checkbox"/> Attach a list of your vehicles (Form #3)
8.	<input type="checkbox"/> <b>Vehicles:</b> Attach a DOT Inspection Form for each vehicle completed within the past 12 months.
9.	<input type="checkbox"/> <b>Vehicle Drivers:</b> Attach a list of the names and addresses of all drivers.

## 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	
<b><u>Minnesota Sales Tax ID Number</u> Required</b>	<b><u>Social Security Number</u> Required</b>		
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

<b>List all owners and partners. Ownership must add up to 100%. Attach additional sheets if necessary.</b>			
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 %	
<b>List any licenses you currently have or previously held in Minneapolis (business or individual).</b>			
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](mailto: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

## Requirements for Insurance Certificates

### Certificate of Liability Insurance

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.

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

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

**Applications will be returned if requirements are not complete.**



STATE OF MINNESOTA }  
COUNTY OF HENNEPIN } ss.

### Motor Vehicle Towing/Service Bond

KNOW ALL MEN BY THESE PRESENTS, That we, \_\_\_\_\_, as principal, and \_\_\_\_\_, a corporation organized and existing under the laws of the State of \_\_\_\_\_, duly licensed and authorized to transact a corporate surety business in the State of Minnesota, as surety, are held and firmly bound unto the City of Minneapolis, a municipal corporation in the County of Hennepin and State of Minnesota in the sum of Ten Thousand Dollars, (\$10,000) lawful money of the United States of America, for the payment of which sum well and truly to be made to said City of Minneapolis or its assigns, we jointly and severally bind ourselves, or successors, heirs, executors and administrators, firmly by these presents.

The condition of this obligation are such that, whereas the above named principal, \_\_\_\_\_, has duly applied for a license to do business as a \_\_\_\_\_ in the City of Minneapolis, Minnesota during the license year ending the first day in \_\_\_\_\_, A.D. 20\_\_\_\_, and whereas said principal proposes to apply for renewal licenses from year to year thereafter to carry on said business;

NOW, THEREFORE, in case such license shall be issued, if said above bounden principal, \_\_\_\_\_, shall well and truly observe the ordinances of said City of Minneapolis in relation to \_\_\_\_\_ and conduct his business in conformity thereto and shall well and truly account for and deliver to any person legally entitled thereto any goods, wares or merchandise, article or things which may come into his hands through his business as such \_\_\_\_\_ or in lieu thereof shall well and truly pay in money to such person or persons the reasonable value thereof, then this obligation to be null and void; otherwise to be and remain in full force and effect.

PROVIDED, HOWEVER, it is hereby expressly understood and agreed, that nothing herein contained shall be deemed or construed to reduce the liability hereunder below the above stated penal sum for the said license period, and the like sum for each and every succeeding annual license period for which said principal shall be licensed, the same as if a new bond in the same sum were executed for each and every separate license period. It is further expressly understood and agreed that the liability of the surety hereon to any and all persons incurred in any one of the license period shall not exceed the above stated penal sum.

IT IS FURTHER PROVIDED, that it is the intention of the parties that this bond is to be a continuing bond furnished as required for the issuance of the license for the current year and for each succeeding year. This bond may be cancelled at any time upon giving the said principal and the Department of Licenses and Consumer Services of the City of Minneapolis 30 days written notice, said notice to be served by registered mail, whereupon, except as to any liabilities or indebtedness incurred or accrued, prior to the termination of this said 30 days notice, the liability of the surety under this bond shall cease.

IN WITNESS WHEREOF, we have hereunto set our hands and seals this \_\_\_\_\_ day of \_\_\_\_\_, A.D. 20\_\_\_\_\_.

Signed, Sealed, and Delivered  
in the Presents of:

_____	_____ (SEAL)
_____	_____ (SEAL)
As to Principal	Principal
_____	_____ (SEAL)
_____	_____ (SEAL)
As to Surety	Surety

**ACKNOWLEDGEMENT OF PRINCIPAL (INDIVIDUAL)**

STATE OF MINNESOTA }  
COUNTY OF HENNEPIN } SS

On this \_\_\_\_\_ day of \_\_\_\_\_, A.D. 20\_\_\_\_\_, before me appeared \_\_\_\_\_, to me known to be the person described in and who executed the foregoing instrument, and acknowledged that he executed same as his own free act and deed.

\_\_\_\_\_  
Notary Public, Hennepin County, Minnesota

My Commission expires \_\_\_\_\_

**ACKNOWLEDGEMENT OF PRINCIPAL (PARTNERSHIP)**

STATE OF MINNESOTA }  
COUNTY OF HENNEPIN } SS

On this \_\_\_\_\_ day of \_\_\_\_\_, A.D. 20\_\_\_\_\_, before me appeared \_\_\_\_\_ and \_\_\_\_\_, doing business as \_\_\_\_\_ (firm or partnership name), to me known to be the persons described in and who executed the foregoing instrument, and acknowledged that they executed the same as their free act and deed and the act of said partnership.

\_\_\_\_\_  
Notary Public, Hennepin County, Minnesota

My Commission expires \_\_\_\_\_

**ACKNOWLEDGEMENT OF PRINCIPAL (CORPORATION)**

STATE OF MINNESOTA }  
COUNTY OF HENNEPIN } SS

On this \_\_\_\_\_ day of \_\_\_\_\_, A.D. 20\_\_\_\_\_, before me appeared \_\_\_\_\_ and \_\_\_\_\_, to me personally known, who being by me duly sworn did say that they are respectively the \_\_\_\_\_ and \_\_\_\_\_ of \_\_\_\_\_, the corporation described in and who executed the foregoing instrument; that the seal affixed to the foregoing instrument is the corporate seal of said corporation; that said instrument was executed in behalf of said corporation by authority of its Board of Directors; and said \_\_\_\_\_ and \_\_\_\_\_ acknowledged said instrument to be the free act and deed of said corporation.

\_\_\_\_\_  
Notary Public, Hennepin County, Minnesota

My Commission expires \_\_\_\_\_

**ATTACH ACKNOWLEDGEMENT OF SURETY**

## Vehicle Information

#3

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"/>