



**City of Minneapolis**  
**Licenses and Consumer Services**  
 350 South 5<sup>th</sup> Street – Room 1C  
 Minneapolis, MN 55415-1391  
 Phone: 612-673-3001  
 Fax: 612-673-3399 TTY: 612-673-2157  
[www.minneapolismn.gov/c/business-licensing](http://www.minneapolismn.gov/c/business-licensing)

DBA:
Expiration: February 1
License Code:
Rev Code: 311008
<a href="#">MCO</a> : 341
Adm Issuance: YES
LICENSE ID #
L315
CSR:

## License Application Guidelines and Checklist

### License Type: Wheelchair Accessible Taxi Vehicle Age Waiver

Any wheelchair accessible taxi vehicle operating in Minneapolis whose model year is twelve years or older or has an odometer reading of more than 150,000 miles must obtain a waiver to continue operating. Submit this application annually upon inspection.

**Any individual who drives a taxi licensed in Minneapolis is required to obtain a Minneapolis Taxicab Driver’s License.**

Initials	Application Checklist
	<input type="checkbox"/> <b>1. Application Form</b> (Form #1)
	<input type="checkbox"/> <b>2. <a href="#">State of Minnesota Vehicle Inspection Form</a></b> – Attach a copy of the Minnesota State Patrol inspection form, dated within the last 12 months, which certifies that this vehicle is in compliance with MN Statute <a href="#">299A.14</a> .

### Additional Information

**Your License Application**

- a. Incomplete applications will be returned.
- b. All applications must be signed by the owner.
- c. No license will be issued for a period longer than one year.
- d. Licenses are not transferable.
- e. Make a duplicate copy of this packet for your personal records before submitting.

**Hours of Operation – 1C City Hall:** Mondays – Thursdays: 8:00am – 4:00 pm. Fridays: 10 am – 4:00 pm.

**Information in Other Languages:** Yog xav paub tshaj nos ntxiv, hu 612-673-2800. Macluumaad dheeri ah, kala soo xiriir 612-673-3500. Para mas información llame al 612-673-2700.



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FOR OFFICE USE ONLY:	
LICENSE ID #:	L315
LICENSE CLERK:	
DATE:	

## Wheelchair Accessible Taxi Vehicle Age Waiver Application

APPLICANT AND TYPE OF LICENSE				
Name	Street Address	City	State	Zip
Social Security Number/Tax ID Number	Date of Birth	Cell Phone/Telephone Number		
Driver's License or State ID Number/State	E-mail Address	Name of Service Company		

VEHICLE				
Year	Make	Model	License Plate Number / S t a t e	
VIN Number			Cab Number	Seating Capacity

SERVICE COMPANY	
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.	
PRINTED NAME _____	SERVICE COMPANY _____
SIGNATURE _____	DATE _____

VERIFICATION	
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 Social Security Number is required by Minnesota Statutes 270C.72 and may be requested by and released to the Minnesota Commissioner of Revenue. Upon submission of this application, all information except your Social Security Number will be public information pursuant to Minnesota Statutes, Chapter 13.	
<b>A SIGNATURE IS REQUIRED IN ORDER TO PROCESS THIS APPLICATION</b>	
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.	
SIGNATURE OF APPLICANT _____	DATE _____

Report on Application by Business License Representative	
This is to certify that this application has been reviewed and is recommended for <input type="checkbox"/> Approval pending successful completion of Vehicle Inspection <input type="checkbox"/> Denial	
License Representative	Date