City of Minneapolis
Licenses and Consumer Services
350 South 5th Street – Room 1C
Minneapolis, MN 55415–1391
Phone: 612-673-2050
Fax: 612-673-3399 TTY: 612-673-2157
www.minneapolismn.gov/business-licensing

Minneapolis
City of Lakes

License Application
Guidelines and Checklist

For Office Use Only
Expiration: June 30
License Code: 017
Rev Code: 311008
MCO: 341
Adm Issuance: YES
License ID #
CSR:

License Type: Taxicab Driver

DEFINITION: Driver - The operator of the taxicab vehicle.

Staff Initials	Application Checklist
	☐ **1. License Application** (Form #1 attached)
	☐ **2. Driver's License –** Bring to 1C City Hall. Applicants must provide proof of one (1) year of verifiable driving experience. ☐ If your current license is less than twelve (12) months old, you must attach ☐ a copy of your previous license or ☐ a State Clearance Letter - Minnesota: (651) 215-1335; Wisconsin: (608) 266-2261 or use the Driving Contact List on our website.
	☐ **3. Driving Record –** A five year driving record report is required. Attach reports from each state you lived in for the past five years. Minnesota: dps.mn.gov/divisions/dvs/forms-documents/Documents/RecordRequestForm.pdf Wisconsin: www.dot.wisconsin.gov/drivers/drivers/request-record.htm or or use the Driving Record Contact List by State on our website.
	☐ **4. Criminal History -** A five year criminal history report is required. Attach reports from each state you lived in for the past five years. Minnesota: https://cch.state.mn.us/ (651-793-2400) Wisconsin: http://wi-recordcheck.org/ (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.***
	☐ **5. Bring your original Taxi Driver Training Certificate to 1C City Hall.** Copies will not be accepted. Call your Service Company or Hennepin Technical College at (952) 995-1330.
	☐ **6. Fee:**_____

Additional Information

1. **Your License Application**
   a. Incomplete applications will be returned.
   b. All applications must be signed by the driver.
   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.
2. **Hours of Operation – 1C City Hall:** Monday – Thursday: 8:00 am – 4:00 pm. Friday: 10:00 am – 4:00 pm.
3. **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.

Report on Application by License Representative	
This is to certify that this application has been reviewed and is recommended for ☐ Approval ☐ Denial	
License Representative	**Date**

#1

FOR OFFICE USE ONLY:
LICENSE ID #:
LICENSE CLERK:
FEE: $
DATE:

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Taxi Driver License Application

1. BACKGROUND INFORMATION

Applicant (Last, First, Middle)		E-mail Address (Required)
Cell Phone Number	**Home Phone Number**	**Social Security Number**

Five (5) Years of Residential History

Current Home Street Address	City	State	Zip Code	How Long? Years Months
Home Street Address	City	State	Zip Code	How Long? Years Months
Home Street Address	City	State	Zip Code	How Long? Years Months
Home Street Address	City	State	Zip Code	How Long? Years Months
Home Street Address	City	State	Zip Code	How Long? Years Months

2. DATA PRIVACY

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 and/or 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.

3. 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.

PRINTED NAME _____ **SERVICE COMPANY** _____

SIGNATURE _____ **DATE** _____

4. APPLICANT 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 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.

A SIGNATURE IS REQUIRED IN ORDER TO PROCESS THIS APPLICATION

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.**

☐ **I have read and understand the above Data Privacy Advisory.**

SIGNATURE OF APPLICANT _____ **DATE** _____