



City of Minneapolis
Licenses and Consumer Services
350 South 5th Street - Room 1C
Minneapolis, MN 55415-1316
Phone: 612-673-2080
Fax: 612-673-3399 TTY: 612-673-2157
www.minneapolismn.gov/licensing/

For Office Use Only
Date:
License #: 319
CSR:
Fee:

Pedicab Driver License Application

BACKGROUND INFORMATION

Name of Driver (Last, First, MI) Cell Phone Number
Email Address Social Security Number

FIVE (5) YEAR RESIDENTIAL HISTORY

Table with 5 rows and 5 columns: Home Address, City, State, Zip Code, From: to

Have you ever been convicted of any crime except driving violations? Yes No
If yes, give details (date, conviction, etc.) False or incomplete information is cause for denial of this application.

Attach a copy of your Driver's License. Is this a Minnesota Driver's license? Yes No
If no, attach a certified copy of your three year Criminal History Report AND three year Driving History Report from your home state.

DATA PRIVACY ADVISORY

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 that 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, the Minneapolis Division of Licenses and Consumer Services, the Minneapolis City Council, the Minnesota Department of Revenue, and/or the general public. 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. This AUTHORIZATION FOR RELEASE OF INFORMATION will expire two years from the date you sign it.

I have read and understand the above Data Practices Advisory. Signature Date

VERIFICATION

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 Date

THIS SECTION TO BE COMPLETED BY SERVICE COMPANY

I verify that the provisions of Section 305.11 of the Minneapolis Code of Ordinances have been complied with and the statements made by the applicant in this application are true to the best of my knowledge and belief.
Printed Name Name of Pedicab Company
Signature Date

EXPIRATION: All licenses expire on May 1st. If you leave employment with any licensed pedicab company, for any reason, your license expires and you are required to return it to the Licenses Office.

----For Office Use Only ----

License Fee: New Renewal Transfer DVS CH KIVA Approved Denied
Inspector: Date