

License Application Guidelines and Checklist

License Type: Taxicab Vehicle License Transfer	
	<input type="checkbox"/> CAR TO CAR: A taxicab vehicle license approved for transfer from one taxicab vehicle to another. Wheelchair accessible taxicab vehicle licenses may only be transferred to other wheelchair accessible taxicab vehicles. <input type="checkbox"/> COMPANY TO COMPANY: A taxicab vehicle license approved for transfer from one service company to another. A vehicle inspection must be completed before the license is approved. A copy of the Inspection Report must remain in the vehicle. Any individual who drives a taxi licensed in Minneapolis is required to obtain a Minneapolis Taxicab Driver's License.
Staff Initials	Application Checklist
	<input type="checkbox"/> 1. License Application (Form #1)
	<input type="checkbox"/> 2. Photo ID: Attach a copy of the driver's license/government issued picture identification card for each owner.
	<input type="checkbox"/> 3. Attach a Certificate of Liability Insurance. (Sample Form #2) <ol style="list-style-type: none"> a. This must be furnished by your insurance agent. b. You are required to have a policy for the negligent operation, use or defective condition of any taxicab with the following coverages: <ul style="list-style-type: none"> <input type="checkbox"/> \$100,000 per occurrence and not less than \$300,000 aggregate for personal injury or death and <input type="checkbox"/> \$100,000 for per occurrence for property damage. c. Policy may not contain any liability limitation for the vehicle, driver or occupants related to intoxication or illegal transportation of liquor.
	<input type="checkbox"/> 4. Title of Vehicle – Attach a copy of the vehicle title, lease agreement, or receipt of title transfer.
	<input type="checkbox"/> 5. Taxi Vehicle Inspection Report (Form #3) – A list of authorized garages is on our website. www.minneapolismn.gov/licensing/taxi/index.htm <input type="checkbox"/> Wheelchair Accessible Taxicabs must attach a State of Minnesota Vehicle Inspection Form , completed in the last 12 months, which certifies that this vehicle is in compliance with MN Statute 299A.14 . 651-405-6196
	<input type="checkbox"/> 6. License Decal – Enclose the decal you removed from your taxi vehicle.
	<input type="checkbox"/> 7. _____ Fee

Additional Information

- 1. 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.
- 2. Hours of Operation – Room 1 City Hall:** Mondays – Thursdays: 8:00 am – 4:00 pm. Fridays: 10:00 am – 4:00 pm.
- 3. 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
 350 South 5th Street – Room 1
 Minneapolis, MN 55415–1391
 Phone: 612-673-2080
 Fax: 612-673-3399 TTY: 612-673-2157
www.minneapolismn.gov/business-licensing

For Office Use Only
Lic # L
CSR:
Fee: \$
Date:
Fines Due:

Taxi Vehicle License Transfer Car to Car / Company to Company

1. BACKGROUND INFORMATION				
Applicant/Owner's Name (Last, First, Middle)			<input type="checkbox"/> Car to Car <input type="checkbox"/> Company to Company	
Home Address	City	State	Zip Code	Cell Phone Number
E-mail Address (Required)			Social Security Number	
2. VEHICLE DATA				
Year	Make	Model	Cab Number	Seating Capacity
VIN Number		License Plate Number		State
CAR TO CAR TRANSFER ONLY – Old Vehicle Data				
Year	Make	Model	Cab Number	Seating Capacity
VIN Number		License Plate Number		State
COMPANY TO COMPANY TRANSFER ONLY				
Former Service Company			New Service Company	
3. VERIFICATION				
<p>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.</p> <p style="text-align: center;">A SIGNATURE IS REQUIRED IN ORDER TO PROCESS THIS APPLICATION</p> <p>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.</p> <p>SIGNATURE OF NEW OWNER _____ DATE _____</p>				
4. SERVICE COMPANY				
<p>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.</p> <p>SERVICE COMPANY REPRESENTATIVE SIGNATURE _____ SERVICE COMPANY _____</p>				
Report on Application by License Representative				
<p>This is to certify that this application has been reviewed and is recommended for <input type="checkbox"/> Approval <input type="checkbox"/> Denial</p>				
License Representative			Date	

City of Minneapolis Requirements for Insurance Certificate

CERTIFICATE OF LIABILITY INSURANCE

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

Certificate cannot be pending binder or TBA.

The Legal/Corporate name must match exactly (word for word) to the Approved License Name (including Inc or LLC). Include Trade Name (DBA), address of premises, and vehicle title.

PRODUCER Agency Address City, State, Zip	CONTACT NAME:	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	NAIC #
INSURED	INSURER A:	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR L WVD	POLICY NUMBER	POLICY (MM/DD/Y)	POLICY (MM/DD/Y)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					EACH OCCURRENCE \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMPIOP AGG \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICEMEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A			WC STATU-TORY LIMITS OTH-ER \$ E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

Notice of Cancellation required by MN Statute 60a.39. Add this statement to certificate or attach policy provisions.

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
CANCELLATION: Ten (10) day written notice of cancellation will be provided to the Certificate Holder for non-payment of premium.

The city must be named on the policy as an additional insured.

Original signature or stamp of agent.

CERTIFICATE HOLDER	CANCELLATION
ADDITIONAL INSURED: City of Minneapolis - Licenses and Consumer Services 350 South 5th Street, Room 1C City Hall Minneapolis, MN 55415	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE

Applications will be returned if requirements are not complete.

Taxi/TNC Company:
<input type="checkbox"/> TNC <input type="checkbox"/> Taxi <input type="checkbox"/> Wheelchair Accessible
MPLS LICENSE #
Type of Inspection: <input type="checkbox"/> INITIAL <input type="checkbox"/> ANNUAL <input type="checkbox"/> SPECIAL <input type="checkbox"/> CAR TO CAR

City of Minneapolis
 Licenses and Consumer Services
 350 South 5th Street – Room 1
 Minneapolis, MN 55415-1316
 Phone: 612-673-2080 or 311
 Fax: 612-673-3399
 TTY: 612-673-2157
www.ci.minneapolis.mn.us/business-licensing

Facility Name:
Address:
Telephone:

Taxi/TNC Vehicle Inspection Report

Vehicle Owner Name			Telephone	Cab #
Vehicle Year	Make	VIN (last 6 digits)	License Plate	Odometer

F = FAIL/ OUT OF SERVICE P = PASS

1. BELTS, HOSES, LUBRICANTS	F	P	7. STEERING	F	P	11. BODY	F	P
<input type="checkbox"/> P/S			STEERING LINKAGES /COMPONENTS			PAINT COLOR, DENTS, DINGS, RUST		
<input type="checkbox"/> AIR PUMP			BALL JOINTS			WINDSHIELD		
<input type="checkbox"/> CRACK			PINION SEALS			DOORS		
<input type="checkbox"/> SOFT			TIRE WEAR <input type="checkbox"/> LF <input type="checkbox"/> RF <input type="checkbox"/> LR <input type="checkbox"/> RR			DOOR HANDLES <input type="checkbox"/> LF <input type="checkbox"/> RF <input type="checkbox"/> LR <input type="checkbox"/> RR		
PULLEYS & WATER PUMP			TIRE WEAR/RIM CONDITION			DOOR WINDOW <input type="checkbox"/> LF <input type="checkbox"/> RF <input type="checkbox"/> LR <input type="checkbox"/> RR		
RADIATOR & PRESSURE CAP			WHEEL ALIGNMENT- TEST/VISUAL			FENDERS – FRONT		
COOLANT: <input type="checkbox"/> LEVEL <input type="checkbox"/> COND			PS PUMP AND LEAKS			QUARTER PANELS - REAR		
TRANS FLUID <input type="checkbox"/> LEVEL <input type="checkbox"/> COND			8. INSTRUMENTS	F	P	MIRRORS <input type="checkbox"/> LF <input type="checkbox"/> INTERIOR <input type="checkbox"/> RF		
ENGINE OIL: <input type="checkbox"/> LEVEL <input type="checkbox"/> COND			OIL PRESSURE			BUMPER COVERS		
PWR STR FLUID <input type="checkbox"/> LEVEL			ENGINE TEMP			DECAL/COMPANY MARKING		
BATTERY POSTS & CABLES			CHARGING SYSTEM			REAR WINDOW SHELF		
2. POLLUTION CTRL/FUEL SYS	F	P	SPEEDOMETER			GLASS		
FUEL LEADS (VISUAL)			ODOMETER			GENERAL BODY CONDITION		
GAS TANK			HEATER/DEFROSTER			12. GENERAL	F	P
GAS GAUGE			AIR CONDITIONING			HORN		
IDLE NORMAL:			SRS AIRBAGS			AIR CONDITIONER		
3. ENGINE/POWER ANALYSIS	F	P	METER – OPERATIONAL			FAN SPEED		
TEST ENGINE PERFORMANCE			LOCATION			WS WIPERS/WASHER		
DRIVE ENGINE NOISES			SEAL			HEADLIGHTS		
NORMAL ACCELERATION			<input type="checkbox"/> N/A			FOCUS/CANDLE POWER		
ACCELERATION CABLE			CHECK ENGINE LIGHT			HI LOW PARKING		
ENGINE MOUNTS			OPERATIONAL			RIGHT TURN LIGHTS		
OIL LEAKS			CODES INDICATED			LEFT TURN LIGHTS		
4. TRANSMISSION	F	P	9. BRAKING SYSTEM	F	P	BRAKE LIGHTS		
TEST NORMAL TRAN OPERATION			FLUID LEVEL			13. TRUNK	F	P
DRIVE SPEEDOMETER OPERATION			PEDAL RESERVE			SPARE TIRE <input type="checkbox"/> N/A		
GEAR SHIFT INDICATOR			BRAKE HOSES & LINES			TRUNK UPHOLSTERY CONDITION		
5. DRIVE TRAIN	F	P	MASTER CYLINDER/ABS			LATCH OPENS CLOSES		
TEST DRIVE LINE:			PARKING BRAKE			FUEL LEAKS/SMELLS		
<input type="checkbox"/> NOISE			REMAINING LINING/PAD			14. INTERIOR	F	P
<input type="checkbox"/> VIBRATION			FRONT REAR			DRIVER/PASSENGER INTERIOR		
UNIVERSAL & CV JOINTS			WHEEL CYLINDERS/CALIPERS			UNCLEAN/DIRTY/SOIL/ODORS		
REAR AXLE SEALS			DRUM/DISC CONDITION			FRONT SEAT # REAR SEAT #		
DIFFERENTIAL & FLUID LEVEL			10. SUSPENSION/FRAME	F	P	CONDITION:		
6. EXHAUST SYSTEM	F	P	FRAME/ENERGY ABSORB BUMPER			DASHBOARD		
CATALYTIC CONVERTER			FRAME/CROSS BARS			HEADLINER		
EXHAUST PIPE/TAIL PIPE			STABILIZER BAR & LINKS			SEATBELTS (FRONT/REAR)		
MUFFLER			STRUT/SOCKS <input type="checkbox"/> LF <input type="checkbox"/> RF <input type="checkbox"/> LR <input type="checkbox"/> RR			FLOORS		
HANGER/CLAMPS			SPRINGS/BRUSHINGS			BRaille CARD, RATE CARD <input type="checkbox"/> N/A		
						SECURITY DEVICE <input type="checkbox"/> N/A		
						<input type="checkbox"/> GPS <input type="checkbox"/> CAMERA <input type="checkbox"/> SHIELD		

N/A – The requirement does not apply to TNC vehicle.

Comments:

Date of Inspection	Inspection Results <input type="checkbox"/> Pass <input type="checkbox"/> Fail	Technician Name (print)	Technician Signature	Employee #
Date of Inspection	Reinspection Results <input type="checkbox"/> Pass <input type="checkbox"/> Fail	Technician Name (print)	Technician Signature	Employee #