LICENSES AND CONSUMER SERVICES
350 South 5th Street, Room 1-C City Hall
Minneapolis, MN 55415-1391
612-673-2080

Minneapolis
City of Lakes

LICENSE RENEWAL CHECKLIST
Taxicab Vehicles

A complete license renewal application packet must include the following:

- ☐ 1. **License Renewal Application** (Form on Reverse Side). This must be completed.
- ☐ 2. **$495 check** made payable to the Minneapolis Finance Department. – **NEW**
- ☐ 3. **License Annual Billing Statement**. Your signature confirms that there are no changes.
- ☐ 4. **Data Privacy Form** completed for the license holder and each owner.
- ☐ 5. **Certificate of Insurance** completed by your insurance agent
  A faxed certificate to this office will not be accepted. Enclose this with your renewal forms.
  - The insured name and DBA must match the licensee ***exactly*** as it is stated on the License Renewal Notice.
  - The certificate must be signed and dated by the agent.
  - The certificate must indicate that the certificate holder shall receive a minimum 10 day notice of cancellation.
  - No binder, temporary policy number or "TBD" listed for policy number will be accepted.
- ☐ 6. **Taxi Vehicle Inspection Report** - **NEW** - A vehicle inspection is required for license renewal. The inspection must occur after December 1, 2014. A list of authorized garages in on our website.
- ☐ 7. **Copy of Vehicle Title** - **NEW** - Attach a copy of the vehicle title. The vehicle owner must be an owner, partner or principal of your company.
- ☐ 8. **Ownership Information** – **NEW** – Attach the following:
  - ☐ Sole Proprietor: No additional information required.
  - ☐ Partnership or Shareholder: Attach a copy of the signed and executed partnership agreement.
  - ☐ Corporation: Attach a copy of the Certificate of Incorporation.

Your Minneapolis license(s) will expire **February 1, 2015**. Completed renewal application materials must be postmarked or received in our office by, **February 2, 2015**. **A 20% late penalty will be assessed to applications that are not received by February 2, 2015.** A complete renewal application requires all eight items listed above. An incomplete application will not be processed and will be returned to you by mail. The late penalty will apply to applications deemed incomplete and not resubmitted to our office by the **February 2, 2015** due date.

You are required to report all changes to your business. If you have changed vehicles, owners or Service Company you must complete a Vehicle Transfer Application which is separate from this License Renewal Packet. Applications are available at your service company or on our website. If you have other changes (address, phone #, email), you may report these changes on the renewal application. Failure to report changes may result in penalties. If you have questions, call your License Inspector.

Do you need translation services?
Yog xav paub tshaj nos ntxiv, hu 612-673-2800 - Macluumaad dheeri ah, kala soo xiriir 612-673-3500 - Para mas informacion llame al 612-673-2700-For more information in other languages please call 612-673-3737.

Samples of all required documents are available on our website:
www.minneapolismn.gov/licensing/taxi/index.htm

City of Minneapolis
Licenses and Consumer Services
350 South 5th Street – Room 1C
Minneapolis, MN 55415–1391
Phone: 612-673-2080
Fax: 612-673-3399 TTY: 612-673-2157
www.minneapolismn.gov/business-licensing

Minneapolis
City of Lakes

LICENSE ID #	1
CSR:	
Date:	

LICENSE RENEWAL APPLICATION- TAXI VEHICLE

BACKGROUND INFORMATION

Legal Name of Business	Applicant's Name (Last, First, MI)		
DBA/Doing Business As ☐ Sole Proprietor ☐ Partnership ☐ Corporation	Minnesota Sales Tax ID Number, Social Security Number, or Individual Tax ID Number		
Business Address	City	State	Zip Code
Mailing Address if Different	City	State	Zip Code
Telephone Number	E-mail Address		
Taxi Vehicle Number	Service Company		

List all other jurisdictions you have a license to operate your taxicab. ☐ I do not have any other taxicab vehicle licenses.

_____ _____ _____

Have there been any changes to your business including but not limited to new owners, partners or corporate officers; change of address, or contact information? ☐ YES ☐ NO If Yes, list the specific changes.

1.

2.

3.

☐ I understand I am required to report any change to my business to the City of Minneapolis Division of Licenses and Consumer Services.

WORKERS' COMPENSATION

Workers' Compensation Company (Insurance Company Name)	Policy Number	Dates of Coverage Starting Ending

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.

VERIFICATION

The data which you furnish on this application will be used by the City of Minneapolis to assess your qualifications for licensure. This information is required by law. 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, Minnesota Tax ID 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. The information provided above will be verified by the Minnesota Department of Labor and Industry and individuals are subject to a $2,000 penalty if the information is false.

A SIGNATURE IS REQUIRED IN ORDER TO PROCESS THIS APPLICATION

I, (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.

SIGNATURE OF APPLICANT _____ DATE _____

PRINT NAME _____ TITLE _____

minneapolis
city of lakes

DEPARTMENT OF REGULATORY SERVICES
LICENSE DIVISION
350 SOUTH 5TH STREET
ROOM 1-C
MINNEAPOLIS, MN 55415-1316

LICENSE RENEWAL NOTICE

3.

IF YOU HAVE ANY QUESTIONS PLEASE CALL (612)673-2080

Counter Copy
NOV-05-14

MAIL TO:

Robert D. Brown
Hot Taxi, Inc
DBA: Minneoasis
5893 Tanglewood Blvd
Minneapolis, MN 55400

APPLICANT:

Minneoasis
5893 Tanglewood Blvd.
Minneapolis, MN 55400

LICENSE	BUSINESS	City of Minneapolis
L275 50994	CONTINENTAL 3763	

CLASS	UNITS	FEE
L275 50994 TAXICAB-VEHICLE NON-TRANSFERABLE	495	.00

It is the responsibility of the licensee to maintain accurate and complete licensing information in compliance with all applicable laws and ordinances. By signature of this document you are verifying that there are no changes to this license and you are an authorized agent of the licensee. Failure to submit a complete annual billing by due date will result in penalties and possible adverse licensing action including revocation.

2.

Late penalty required if not sent by Date Due.

Date Due:	01-FEB-15
Amount Due:	$ 495.00
Late Penalty:	
Total:	

Make Checks Payable to: MINNEAPOLIS FINANCE DEPARTMENT

DO NOT COMBINE THIS PAYMENT WITH ANY OTHER CITY BILLING

MICRO PERFORATED:Detach and return this portion with completed renewal materials. Do not fold this stub.
Applicant's signature confirms that there are no changes. Failure to report changes will result in fines.

minneapolis
city of lakes

LICENSE RENEWAL NOTICE

License
L275 50994

Applicant Name _____ Bus. Phone _____

Signature _____ Date _____

Class	Units	Fee
L275 50994 TAXICAB-VEHICLE NON-TRANSFERABI		.00

DBA:

Date Due:	01-FEB-15
Amount Due:	$ 495.00
Late Penalty:	
Total:	

Licenses and Consumer Services
Minneapolis City Hall Room 1-C
Phone: (612)673-2080

Make Checks Payable to: MINNEAPOLIS FINANCE DEPARTMENT

0275050994 00000000000000000021615027505099 42

Minneapolis Police Department

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DATA PRIVACY ADVISORY

This is required for the license holder and all owners(s) of the business. Make additional copies if necessary.

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, License Inspection Unit** and/or the **Minneapolis Division of Licenses and Consumer Services, the Minneapolis City Council, and the general public**.

AUTHORIZATION FOR RELEASE OF INFORMATION

(ONLY PRINT OR TYPE LEGIBLY)

This AUTHORIZATION FOR RELEASE OF INFORMATION will expire two years from the date you signed it.

Applicant_____

Last Name First Name Middle Name

Also Known As _____Date of Birth:_____

Driver's License Number _____Expiration Date _____

I HAVE READ AND UNDERSTAND THE ABOVE DATA PRACTICES ADVISORY.

Signature_____Date_____

City of Minneapolis
Requirements for Insurance Certificate

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.

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

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

Original signature or stamp of agent.

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).

PRODUCER	CONTACT NAME:
Agency	PHONE (A/C, No, Ext): / FAX (A/C, No):
Address	E-MAIL ADDRESS:
City, State, Zip	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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/Y	POLICY EXP (MM/DD/	LIMITS	
	GENERAL LIABILITY						EACH OCCURRENCE	$
	☐ COMMERCIAL GENERAL LIABILITY	☐	☐				DAMAGE TO RENTED PREMISES (Ea occurrence)	$
	☐ ☐ CLAIMS-MADE ☐ OCCUR						MED EXP (Any one person)	$
							PERSONAL & ADV INJURY	$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$
	☐ POLICY ☐ PRO-JECT ☐ LOC						PRODUCTS - COMP/OP AGG	$
								$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	☐ ANY AUTO						BODILY INJURY (Per person)	$
	☐ ALL OWNED AUTOS ☐ SCHEDULED AUTOS	☐	☐				BODILY INJURY (Per accident)	$
	☐ HIRED AUTOS ☐ NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
	☐ UMBRELLA LIAB ☐ OCCUR						EACH OCCURRENCE	$
	☐ EXCESS LIAB ☐ CLAIMS-MADE	☐	☐				AGGREGATE	$
	☐ DED ☐ RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						☐ WC STATU-TORY LIMITS ☐ OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? ☐	N/A	☐				E.L. EACH ACCIDENT	$
	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
		☐	☐					

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.

CERTIFICATE HOLDER

ADDITIONAL INSURED:
City of Minneapolis - Licenses and Consumer Services
350 South 5th Street, Room 1C City Hall
Minneapolis, MN 55415

CANCELLATION

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

Sample

Applications will be returned if requirements are not complete.

Taxi/TNC Company:
☐ TNC ☐ Taxi ☐ Wheelchair Accessible
MPLS LICENSE #
Type of Inspection: ☐ INITIAL ☐ ANNUAL ☐ SPECIAL ☐ CAR TO CAR

City of Minneapolis
Licenses and Consumer Services
350 South 5th Street – Room 1C
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
BELTS ☐ P/S ☐ ALT		
☐ AIR PUMP ☐ A/C		
HOSES ☐ CRACK ☐ HEATER		
☐ SOFT ☐ RAD		
PULLEYS & WATER PUMP		
RADIATOR & PRESSURE CAP		
COOLANT: ☐ LEVEL ☐ COND		
TRANS FLUID ☐ LEVEL ☐ COND		
ENGINE OIL: ☐ LEVEL ☐ COND		
PWR STR FLUID ☐ LEVEL		
BATTERY POSTS & CABLES		
2. POLLUTION CTRL/FUEL SYS	**F**	**P**
FUEL LEADS (VISUAL)		
GAS TANK		
GAS GAUGE		
IDLE NORMAL:		
3. ENGINE/POWER ANALYSIS	**F**	**P**
TEST DRIVE ENGINE PERFORMANCE		
ENGINE NOISES		
NORMAL ACCELERATION		
ACCELERATION CABLE		
ENGINE MOUNTS		
OIL LEAKS		
4. TRANSMISSION	**F**	**P**
TEST DRIVE NORMAL TRAN OPERATION		
SPEEDOMETER OPERATION		
GEAR SHIFT INDICATOR		
5. DRIVE TRAIN	**F**	**P**
TEST DRIVE DRIVE LINE:		
☐ NOISE		
☐ VIBRATION		
UNIVERSAL & CV JOINTS		
REAR AXLE SEALS		
DIFFERENTIAL & FLUID LEVEL		
6. EXHAUST SYSTEM	**F**	**P**
CATALYTIC CONVERTER		
EXHAUST PIPE/TAIL PIPE		
MUFFLER		
HANGER/CLAMPS		

7. STEERING	F	P
STEERING LINKAGES /COMPONENTS		
BALL JOINTS		
PINION SEALS		
TIRE WEAR ☐ LF ☐ RF ☐ LR ☐ RR		
TIRE WEAR/RIM CONDITION		
WHEEL ALIGNMENT- TEST/VISUAL		
PS PUMP AND LEAKS		
8. INSTRUMENTS	**F**	**P**
OIL PRESSURE		
ENGINE TEMP		
CHARGING SYSTEM		
SPEEDOMETER		
ODOMETER		
HEATER/DEFROSTER		
AIR CONDITIONING		
SRS AIRBAGS		
METER – OPERATIONAL		
LOCATION		
SEAL		
☐ N/A		
CHECK ENGINE LIGHT		
OPERATIONAL		
CODES INDICATED		
9. BRAKING SYSTEM	**F**	**P**
FLUID LEVEL		
PEDAL RESERVE		
BRAKE HOSES & LINES		
MASTER CYLINDER/ABS		
PARKING BRAKE		
REMAINING LINING/PAD		
FRONT REAR		
WHEEL CYLINDERS/CALIPERS		
DRUM/DISC CONDITION		
10. SUSPENSION/FRAME	**F**	**P**
FRAME/ENERGY ABSORB BUMPER		
FRAME/CROSS BARS		
STABILIZER BAR & LINKS		
STRUT/SHOCKS ☐ LF ☐ RF ☐ LR ☐ RR		
SPRINGS/BRUSHINGS		

11. BODY	F	P
PAINT COLOR, DENTS, DINGS, RUST		
WINDSHIELD		
DOORS		
DOOR HANDLES ☐ LF ☐ RF ☐ LR ☐ RR		
DOOR WINDOW ☐ LF ☐ RF ☐ LR ☐ RR		
FENDERS – FRONT		
QUARTER PANELS - REAR		
MIRRORS ☐ LF ☐ INTERIOR ☐ RF		
BUMPER COVERS		
DECAL/COMPANY MARKING		
REAR WINDOW SHELF		
GLASS		
GENERAL BODY CONDITION		
12. GENERAL	**F**	**P**
HORN		
AIR CONDITIONER		
FAN SPEED		
WS WIPERS/WASHER		
HEADLIGHTS		
FOCUS/CANDLE POWER		
HI LOW PARKING		
RIGHT TURN LIGHTS		
LEFT TURN LIGHTS		
BRAKE LIGHTS		
13. TRUNK	**F**	**P**
SPARE TIRE ☐ N/A		
TRUNK UPHOLSTERY CONDITION		
LATCH OPENS CLOSES		
FUEL LEAKS/SMELLS		
14. INTERIOR	**F**	**P**
DRIVER/PASSENGER INTERIOR		
UNCLEAN/DIRTY/SOIL/ODORS		
FRONT SEAT # REAR SEAT #		
CONDITION:		
DASHBOARD		
HEADLINER		
SEATBELTS (FRONT/REAR)		
FLOORS		
BRAILLE CARD, RATE CARD ☐ N/A		
SECURITY DEVICE ☐ N/A		
☐ GPS ☐ CAMERA ☐ SHIELD		

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

Comments:

Date of Inspection	Inspection Results ☐ Pass ☐ Fail	Technician Name (print)	Technician Signature	Employee #
Date of Inspection	Reinspection Results ☐ Pass ☐ Fail	Technician Name (print)	Technician Signature	Employee #

Minneapolis
City of Lakes

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Vehicle Title

7. Copy of Vehicle Title - **NEW** - Attach a copy of the vehicle title. The vehicle owner must be an owner, partner or principal of your company.

If you do not have a Vehicle Title, you can apply for a duplicate title either **by mail** or **in person** at your local MN DVS office. Only the vehicle owner or a legal representative of the owner may apply for the title. If there are multiple owners, all owners of the vehicle must sign.

NOTE: If you used a loan to buy your car, you may have a lien on the vehicle. The title is sent to the lienholder unless your loan is paid off.

By Mail: To apply by mail, send the Application for Duplicate Title, Registration, Cab or Lien Card (Form PS2067A) and your payment to:

Driver and Vehicle Services
Town Square Building
445 Minnesota St. Suite 187
St Paul, MN 55101

If you are replacing a damaged or illegible title, attach the old title to the application. Be sure to include payment for the $8.25 duplicate title fee, plus the $10 filing fee.

In Person: To replace a lost or damaged title, you'll need to:

- Complete the Application for Duplicate Title, Registration, Cab or Lien Card (Form PS2067A).
- Sign the form and provide your driver's license number.
- Supply information that includes the license plate number and the make and model of the car.
- Take everything to to a Driver and Vehicle Services (DVS) location. Or, just fill out the form at the office.
- Pay the $8.25 duplicate title fee, plus the $10 filing fee.

If you apply in person at the Central Office, your duplicate title, in most cases, will be processed and issued the next day. All vehicle owners will need to give their drivers license numbers to get a duplicate title.

Can I expedite the process? If you need a duplicate title right away (within 3 business days), you can apply for an expedited title through the Fast Track program. There's an additional $20 fee for any expedited service.

https://dps.mn.gov

Minneapolis
City of Lakes

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Ownership Information

☐ 8. **Ownership Information - NEW**

- ☐ Sole Proprietor: No additional information is required.
- ☐ Partnership or Shareholder: Attach a copy of the signed and executed partnership agreement.
- ☐ Corporation: Attach a copy of the Certificate of Incorporation. Copies are available from the Minnesota Secretary of State: www.sos.state.mn

A complete set of requirements is on our website: www.minneapolismn.gov/licensing/taxi/index.htm

DEFNITIONS:

Assumed name / Doing Business As (DBA) / Trade Name: An individual, partnership or corporation that conducts or transacts business under a different name from the full true name of the business ownership or registered corporation name.

Corporation (Inc.): A separate legal entity owned by one or more shareholders. A board of directors has responsibility and control of the corporation. Shareholders are insulated from claims against the corporation. A corporation is a separate taxable entity. Ownership in corporations is done through the sale of stock.

Legal Name: The name registered at the Secretary of State's Office.

Limited Liability Corporation (LLC): A business that is designed to combine the tax treatment of a partnership with the limited liability characteristics of a corporation. They may have one or more members. A limited liability corporation with one member that chooses to be taxed as a sole proprietorship generally does not obtain a federal or state identification number. They may choose to be taxed as a sole proprietorship or partnership. Like a corporation, liability rests with the entity and not the individual.

Partnership: A business owned by two or more persons. All partners are equal and share in all profits, losses, liabilities and business decisions. Taxes and expenses are reported on federal and state information tax returns. The partners are taxed on their respective share of the profits on their individual tax returns. Partners cannot transfer their interest to another party without the permission of the other partner(s).

Sole Proprietor: The business is owned and controlled by one individual. A business owned by a husband and wife can be considered a sole proprietorship. Income and expenses are reported on the proprietor's individual income tax return. Ownership is transferred by giving all the assets of the business to a new owner.

WHO IS THE LICENSEE?

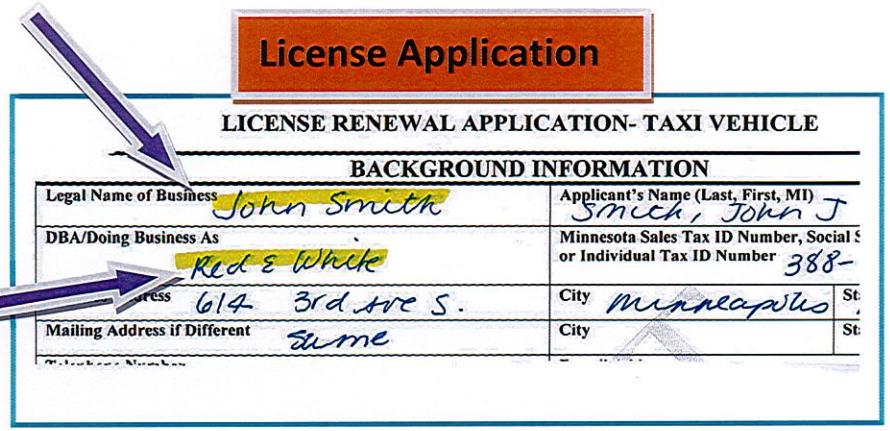
Corporations: The corporation is licensed. All shareholders must be listed unless the corporation is publicly traded.

Partnerships: The partnership is licensed. Each person has equal responsibility in the operation of the business in relation to their business license. Each partner must be reviewed as an applicant.

Sole Proprietor: An individual is licensed. If a husband and wife are listed, both must be reviewed as applicants.

Taxicab Vehicle License Applications – New and Annual Renewal
Sole Proprietors' Requirements

License Application

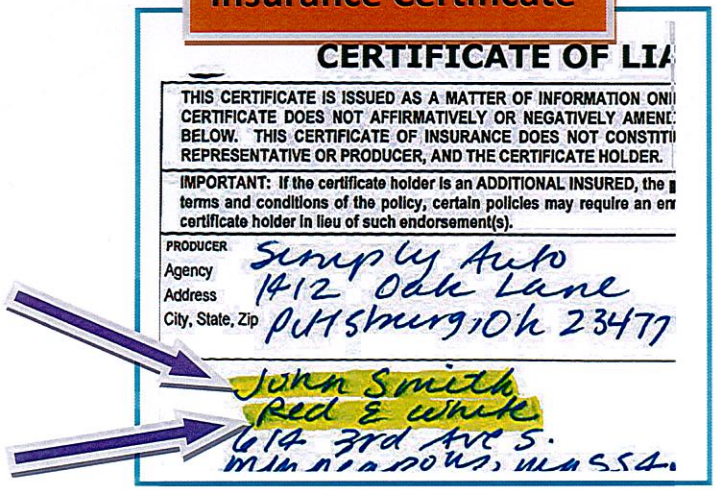


LICENSE RENEWAL APPLICATION- TAXI VEHICLE

BACKGROUND INFORMATION

Legal Name of Business: John Smith	Applicant's Name (Last, First, MI): Smith, John J
DBA/Doing Business As: Red & White	Minnesota Sales Tax ID Number, Social S or Individual Tax ID Number: 388-
Address: 614 3rd Ave S.	City: Minneapolis St:
Mailing Address if Different: Same	City St:

Insurance Certificate



CERTIFICATE OF LIA

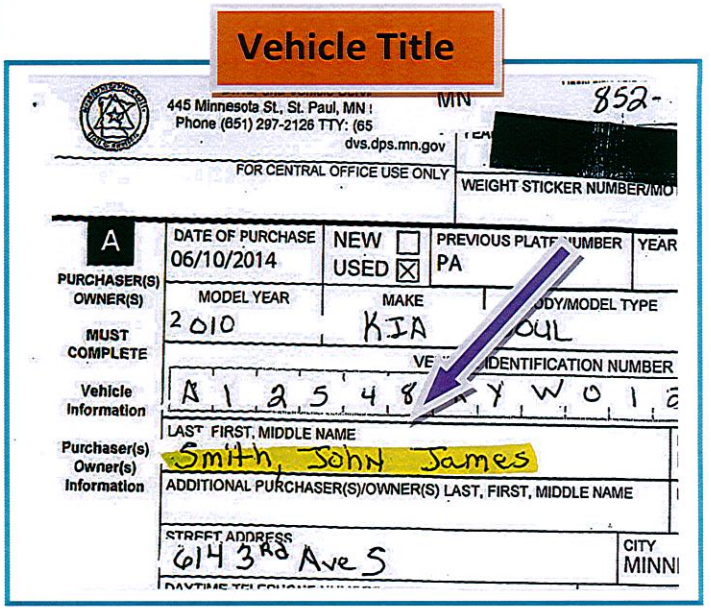
THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONL
CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND
BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITU
REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the
terms and conditions of the policy, certain policies may require an en
certificate holder in lieu of such endorsement(s).

PRODUCER
Agency: Simply Auto
Address: 1412 Oak Lane
City, State, Zip: Pittsburg, Oh 23477

John Smith
Red & White
614 3rd Ave S.
Minneapolis, Minn 55404

Vehicle Title



445 Minnesota St., St. Paul, MN
Phone (651) 297-2126 TTY: (65
dvs.dps.mn.gov
MN
852-
FOR CENTRAL OFFICE USE ONLY
WEIGHT STICKER NUMBER/MO

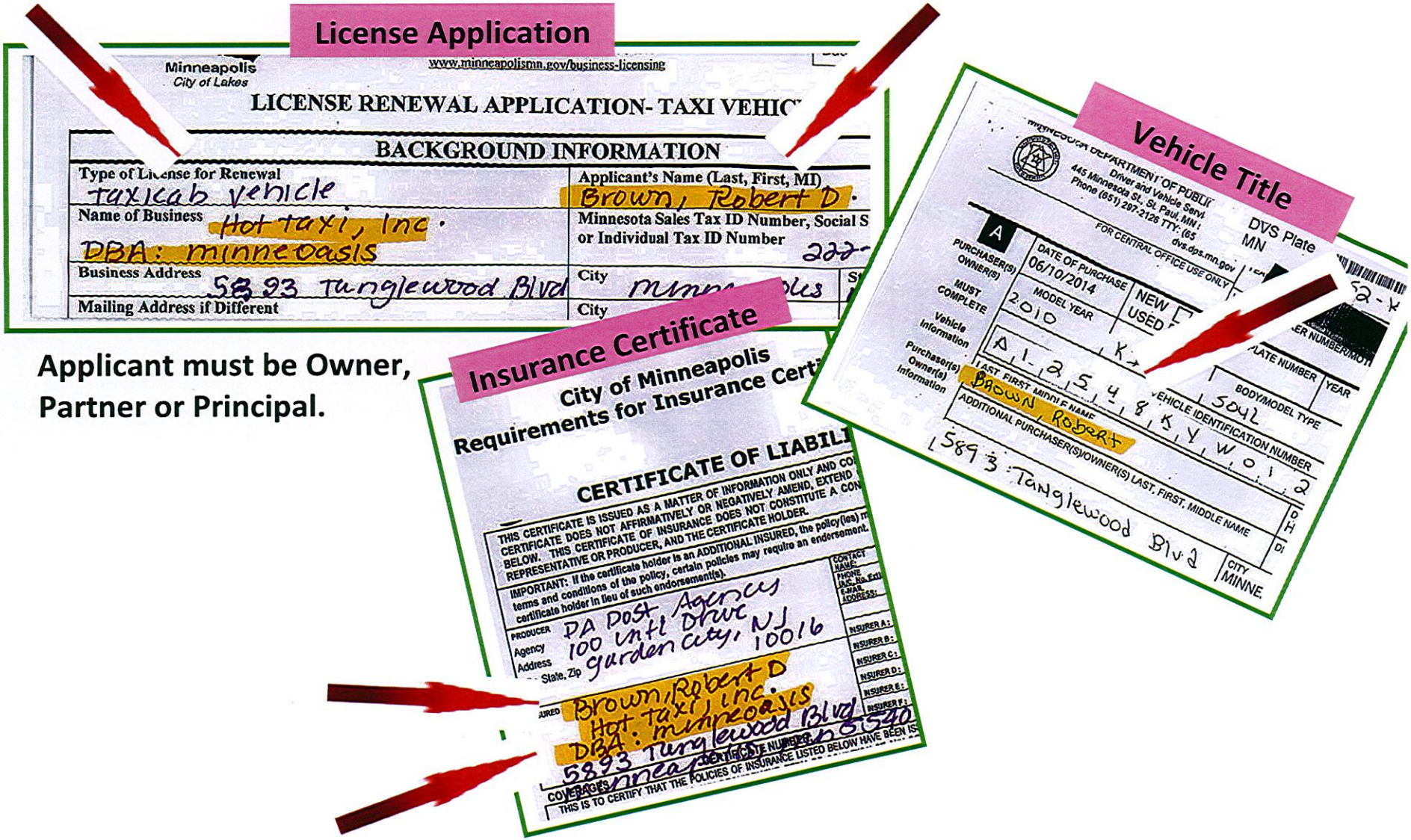
A

PURCHASER(S) OWNER(S) MUST COMPLETE	DATE OF PURCHASE 06/10/2014	NEW ☐ USED ☒	PREVIOUS PLATE NUMBER PA	YEAR
	MODEL YEAR 2010	MAKE KIA	BODY/MODEL TYPE OUL	
Vehicle Information	VEHICLE IDENTIFICATION NUMBER A 1 2 5 4 8 Y W 0 1			
Purchaser(s) Owner(s) Information	LAST, FIRST, MIDDLE NAME: Smith, John James			
	ADDITIONAL PURCHASER(S)/OWNER(S) LAST, FIRST, MIDDLE NAME			
	STREET ADDRESS: 614 3Rd Ave S	CITY: MINN		

Applicant must be Owner.

If names do not match exactly, your application will be returned.

Taxicab Vehicle License Applications – New and Annual Renewal
Legal/Corporate Name/DBA Requirements



Applicant must be Owner, Partner or Principal.

If names do not match exactly, your application will be returned.