

Taxicab/Limousine License Application



MOORHEAD
M I N N E S O T A



TAXICAB-LIMOUSINE LICENSE APPLICATION

NOTE: Person or Company to whom a taxicab/limousine license is issued shall be responsible for conducting background checks of the drivers they employ and taking all steps necessary to ensure compliance.

Applicant Information

Applicant's Name (First, Middle, Last)

Applicant's Home Phone Number

Applicant's Address

Applicant's Cell Phone Number

City State Zip

Applicant's Email Address

- INSURANCE REQUIRED:** *The licensee shall have and maintain public liability and bodily injury insurance in the amount of \$100,000.00 for any one person and \$300,000.00 for two (2) or more persons injured in any one accident, as well as \$50,000.00 property damage insurance. Such insurance shall cover all passengers carried by the insured licensee and shall be for public taxicab purposes. - All such policies shall contain a clause providing for ten (10) days' written notice to the city clerk before cancellation, and a memorandum of such insurance shall be furnished to the city before a license is issued.*
- Copy of proposed taxicab rates
- Vehicle Information for **EACH** vehicle (See attached form)
- Documentation that **EACH** driver has been subject to a background check and meets the requirements set forth (See attached form)

Vehicle Restrictions:

- **Number of Vehicles:** The number of vehicles operating under this license may be limited.
- **Condition of Vehicles:** Vehicles must be kept in good, serviceable condition.

Other Requirements:

- **Posting Rates:** Licensees must post the charges for the carrying of passengers in some conspicuous place in the inside of every taxicab or limousine.
- **Lost Articles:** The driver must, upon discovery of any package, article, baggage or good, deliver it to law enforcement, unless the item can be sooner delivered to the owner.
- **Hours of Drivers:** No driver is permitted to drive any passengers for more than 12 hours in any one 24-hour period.

Business Information

Business Name

Business Phone Number

Doing Business As

Business Address

City

State

Zip

Name and address of ALL persons having a financial interest in applicant's business, including ownership or financing interests:

Type of entity – See Details

If the responsible Party is listed as the Registered Agent or Chief Executive Officer of the Entity on the Minnesota Secretary of State's website, no further documentation is necessary. However, if not so identified, the following information for specific types of Entities is necessary.

State where created: _____ Registered with MN Secretary of State: Yes No

Sole Proprietorship

- Certificate of Assumed Name (if any)

Partnerships (all Types)

- Partnership Agreement and subsequent Amendments and/or
- Additional Documentation**

General Partnership

Limited Partnership

Limited Liability Partnership

Limited Liability Limited Partnership

Limited Liability

- Operating Agreement and subsequent Amendments and/or
- Additional Documentation**

Limited Liability Company

Corporations (all Types)

- Articles of Incorporations and/or
- Bylaws of the Corporation and subsequent Amendments and/or
- Additional Documentation

Business Corporation

Nonprofit Corporation

Trusts

- Trust title page with name of Trust, date of Trust, and name of Trustee and
- Trust Signature page and
- Any Amendments affecting Trusteeship

** Additional documentation showing that the Responsible Party is authorized to act on behalf of the Partnership/LLC/Corp. Such documentation may include a signed and notarized written document authorizing the responsible Party to act executed by a Registered Agent or Chief Executive Officer so identified on the Minnesota secretary of State's website.

The failure to provide the above requested information will result in your application being rejected as incomplete.

Send Future Renewals To: _____

Affidavit by Responsible Party

I, the above named individual, do hereby state that all information contained in this document is complete, true, and accurate, and that I am authorized to act on behalf of any entity herein named according to the organizational rules, regulations, and applicable laws. I understand that any incomplete, incorrect, or misleading information contained within this document may make me liable in a criminal proceeding under Minnesota law or the City of Moorhead criminal ordinances.

Responsible Party Signature

Date

Office Use Only: Fees payable to the City of Moorhead

_____ Application Fee

Payment: Cash Check # _____ Credit Card Other _____

Payment Date: _____

Received By: _____



VEHICLE INFORMATION

Complete the following information for all vehicles to operate under the license. Please use additional sheets if necessary. Each vehicle licensed must be inspected by a certified mechanic and pass said inspection. An automotive service excellence (ASE) certificate of inspection must be completed on a yearly basis and submitted with the taxicab vehicle license renewal.

Unit # _____
Year _____ Make _____ Model _____

Certified
Serial # _____ License # _____ Capacity _____

Unit # _____
Year _____ Make _____ Model _____

Certified
Serial # _____ License # _____ Capacity _____

Unit # _____
Year _____ Make _____ Model _____

Certified
Serial # _____ License # _____ Capacity _____

Unit # _____
Year _____ Make _____ Model _____

Certified
Serial # _____ License # _____ Capacity _____

Unit # _____
Year _____ Make _____ Model _____

Certified
Serial # _____ License # _____ Capacity _____



TAXICAB-LIMOUSINE DRIVER APPLICATION

DRIVER INFORMATION – The City of Moorhead will allow the business to perform the background check as long as the information in the Moorhead City Code 2-6A-8 is verified. If you would prefer the City of Moorhead to conduct the background check, the driver must fill out the “Consent to Perform Criminal History/Driver’s License Background Check Tennessee Warning” form and submit the fee set within the fee schedule. *Each driver must fill out this application.*

First		Middle		Last	
Address			City	State	Zip
Driver’s License #			State in which it was issued		

Driver Standards: Every taxicab operator must, on a yearly basis, verify that each taxicab driver in their employ meets the following standards:

- Yes No US Citizen; or alien admitted to permanent residence, or who has otherwise obtained work authorization from the U.S. citizenship and immigration services
- Yes No Is the holder of a valid driver's license authorizing operation of the licensed vehicles;
- Yes No Is able to read and speak the English language sufficiently to converse with the general public, to understand highway traffic signs and signals in the English language to respond to official inquiries, and to make entries on reports and records;
- Yes No Is eighteen (18) years of age or older;
- Yes No Has obtained and provided a doctor’s certificate, effective for three (3) years, indicating the applicant is free from any infirmity, physical or mental, which would render the applicant unfit for the safe operation of the licensed vehicles;
- Yes No Has a driving record, at least for the past three (3) years, clear of violations listed in the Moorhead City Code 2-6A-8 Section 6.
- Yes No Has a criminal record clear of any conviction listed under the Moorhead City Code 2-6A-8 Section 7.
- Yes No Is not a registered predatory offender in any state.

A City of Moorhead taxicab driver record form shall be used to document the drivers’ records. All taxicab driver record forms shall be kept by the operator for a minimum of five (5) years and shall be available for review by the City of Moorhead immediately upon request.

I do hereby state that all information contained in this document is complete, true, and accurate. I understand that any incomplete, incorrect, or misleading information contained within this document may make me liable in a criminal proceeding under Minnesota law or the City of Moorhead criminal ordinances.

Taxicab Driver Signature: _____

Date: _____

Business Owner Signature: _____

Date: _____

TAX IDENTIFICATION FORM

LICENSE APPLICANT:

Pursuant to *Minnesota Statute 270C.72 Tax Clearance: Issuance of Licenses, the licensing authority is required to provide to the Minnesota Commissioner of Revenue your Minnesota business tax identification number and the Social Security number of each license applicant.

Under the Minnesota Government Data Practices Act and the Federal Privacy Act of 1974, we are required to advise you of the following regarding the use of this information:

1. This information may be used to deny the issuance, renewal or transfer of your license in the event you owe the Minnesota Department of Revenue delinquent taxes, penalties or interest:
2. Upon receiving this information, the licensing authority will supply it only to the Minnesota Department of Revenue. However, under the Federal Exchange of Information Agreement the Department of Revenue may supply this information to the Internal Revenue Service:
3. Failure to supply this information may jeopardize or delay the processing of your licensing issuance or renewal application.

Please supply the following information and return along with your application to the agency issuing the license. DO NOT RETURN TO THE DEPARTMENT OF REVENUE.

Name of Applicant _____

Type of Business _____

Minnesota Tax Identification # _____

Federal Tax Identification # _____

Social Security # (if MN & Federal Tax ID are not provided)* _____

If a Minnesota Tax Identification Number is not required, please explain below.

Signed by _____ Date _____

Print Name of Person Signing: _____

***2008 Minnesota Statutes
270C.72 TAX CLEARANCE; ISSUANCE OF LICENSES.**

Subd. 4. Licensing authority; duties.

All licensing authorities must require the applicant to provide the applicant's Social Security number and Minnesota business identification number on all license applications. Upon request of the commissioner, the licensing authority must provide the commissioner with a list of all applicants, including the name, address, business name and address, Social Security number, and business identification number of each applicant. The commissioner may request from a licensing authority a list of the applicants no more than once each calendar year.

History: 2005 c 151 art 1 s 87

Construction Codes and Licensing Division
Licensing and Certification Services
443 Lafayette Road North
PO Box 64217
St. Paul, MN 55155



E-mail: dli.license@state.mn.us
Website: www.dli.mn.gov
Phone: (651) 284-5034

Certificate of Compliance Minnesota Workers' Compensation Law

This form must be completed by the business license applicant.

Print in ink or type

Minnesota Statutes § 176.182 requires every state and local licensing agency to withhold the issuance or renewal of a license or permit to operate a business in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Minn. Stat. chapter 176. If the required information is not provided or is falsely stated, it shall result in a \$2,000 penalty assessed against the applicant by the commissioner of the Department of Labor and Industry.

A valid workers' compensation policy must be kept in effect at all times by employers as required by law.

License or certificate number (if applicable)	Business telephone number	Alternate telephone number	
Business name (Provide the legal name of the business entity. If the business is a sole proprietor or partnership, provide the owner's name(s), for example John Doe, or John Doe and Jane Doe.)			
DBA ("doing business as" or "also known as" an assumed name), if applicable			
Business address (must be physical street address, no P.O. boxes)	City	State	ZIP code
County	Email address		

You must complete number 1 or 2 below.

Note: You must resubmit this form to the authority issuing your license if any of the information you have provided changes.

1. I have a workers' compensation insurance policy.

Insurance company name (not the insurance agent)

Policy number	Effective date	Expiration date
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I am self-insured for workers' compensation. (Attach a copy of the authorization to self-insure from the Minnesota Department of Commerce.)

2. I am not required to have workers' compensation insurance because:

I only use independent contractors and do not have employees. (See [Minn. Stat. § 176.043](#) for trucking and messenger courier industries; [Minn. Stat. § 181.723, subd. 4](#), for building construction; and [Minnesota Rules chapter 5224](#) for other industries.)

I do not use independent contractors and have no employees. (See [Minn. Stat. § 176.011, subd. 9](#), for the definition of an employee.)

I use independent contractors and I have employees who are not required to be covered by the workers' compensation law. (Explain below.)

I only have employees who are not required to be covered by the workers' compensation law. (Explain below.) (See [Minn. Stat. § 176.041](#) for a list of excluded employees.)

Explain why your employees are not required to be covered

I certify the information provided on this form is accurate and complete. If I am signing on behalf of a business, I certify I am authorized to sign on behalf of the business.

Print name

Applicant signature (required)	Title	Date
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If you have questions about completing this form or to request this form in Braille, large print or audio.



**CONSENT TO PERFORM CRIMINAL HISTORY/
DRIVER'S LICENSE BACKGROUND CHECK
TENNESSEN WARNING**

Print Full Name (First) (Full Middle) (Last)

Print Maiden / Previous Name(s) and/or Aliases

Residing at _____
(Address) (City) (State) (Zip Code)

Driver's License No. / State

Phone Number

Cell Phone Number

E-Mail

Date of Birth

Place of Birth

I do hereby authorize the Moorhead Police Department to disclose criminal history, driver's license, and local records check information to the Moorhead City Manager, City Clerk, and City Council all collected as a result of the background investigation completed for the purpose of evaluating the license application. I understand that failure to provide this release will result in a denial of my application.

I understand that my records are subject to the State Data Practices Act and become public documents unless otherwise provided for by state or federal law. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it and that in any event, the consent expires automatically as described below.

This authorization is valid for six (6) months from the date indicated below.

Signature of above individual authorizing release

Date: _____

Subscribed and sworn before me this

_____ day of _____, 20_____.

(Notary Public)

My commission expires _____

All **owners**, **partners**, and **managers** are to complete a copy of this form.