

Transportation Network Company

Application





TRANSPORTATION NETWORK COMPANY

LICENSE APPLICATION

Transportation Network Company (TNC): A corporation, partnership, sole proprietorship, or other entity that is operating in Minnesota that uses a digital network to connect transportation network company riders to transportation network company drivers who provide prearranged rides.

Applicant Information

Applicant's Name <hr/>	(First, Middle, Last) <hr/>	Applicant's Social Security # <hr/>
Applicant's Address <hr/>		Applicant's Cell Phone Number <hr/>
City <hr/>	State <hr/>	Zip <hr/>
		Applicant's Email Address <hr/>

INSURANCE REQUIRED:

- Every licensee and TNC driver shall comply with all applicable insurance requirements mandated by Minnesota statutes 65B.472.
- Documentation evidencing that the TNC has named the city as an additional named insured
- Insurance policies required shall contain a clause providing for thirty (30) days' written notice to the city clerk before cancellation
- Existence of the insurance required shall be disclosed on the TNC's website, and no contractual hold harmless provisions required in the company's terms of service shall be used to evade the insurance requirements

BACKGROUND CHECK

- As part of this application you must certify that every driver currently in or proposed to be in the applicants transportation network has been subject to a criminal background check under the Minnesota Statutes Section 299 C.67 (See attached form)

CERTIFICATION OF APPLICATION AND COMPLIANCE

- Must be notarized

If **CORPORATION**, must list names and addresses of the officers and directors:

Names

Address

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:_____

Transportation Network Company

Please see City Code for complete list of regulations

Title 2. Business and License Regulations

Chapter 6: Service Businesses

Article E. Transportation Network Companies

Background Check Required:

- Applicant and/or Entity are subject to background checks

Record Maintenance:

- A transportation network company must maintain the following records: 1) individual trip records for at least one year from the date each trip was provided; and 2) individual records of the transportation network company's drivers at least until the one year anniversary of the date on which a transportation network company driver's relationship with the transportation network company has ended.
- For the sole purpose of verifying that a transportation network company is in compliance with the requirements of this section and no more than annually, the city of Moorhead shall have the right to visually inspect a sample of records that the transportation network company is required to maintain. The sample shall be chosen randomly by the city of Moorhead in a manner agreeable to both parties. The audit shall take place at a mutually agreed upon location. Any record furnished to the city of Moorhead may exclude information that would tend to identify specific drivers or riders to protect their privacy.

Vehicle Restrictions:

- No licensee shall own, provide financing for the obtaining, leasing, or ownership of, or have a beneficial interest in transportation network company vehicles unless approved by the city clerk
- Has a manufacturer's rated seating capacity of seven (7) persons or less, including the transportation network company driver;
- Has at least four (4) doors and meets applicable federal motor vehicle safety standards for vehicles of its size, type, and proposed use;
- Is a sedan or light duty vehicle, including a minivan, sport utility vehicle, pickup truck, hatchback, or convertible; and
- At the time of annual inspection, is not more than ten (10) model years of age from the current model year (as measured from June 30 of the calendar year following the model year)



TRANSPORTATION NETWORK COMPANY

DRIVER APPLICATION

DRIVER INFORMATION – It shall be the responsibility of the licensee to conduct background checks under Minnesota statutes section 299 C.67 and for all of its drivers to ensure that all drivers meet the requirements of section [2-6E-10](#). (Ord. 2016-04, 2-8-2016)

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

Driver Standards: Every TNC driver 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 Does not have a physical or mental disability that would prevent the TNC driver from safely operating a TNC vehicle and performing the normal duties of a TNC endorsed driver

Yes No Has a driving record, at least for the past three (3) years, clear of violations listed in the Moorhead City Code 2-6E-10 Section 6a.

Yes No Has a criminal record clear of any conviction listed under the Moorhead City Code 2-6E-10 Section 7.

Yes No Is not a registered predatory offender in any state.

Yes No Has at least one (1) year's driving experience as a licensed driver

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.

TNC Driver Signature: _____

Date: _____

Business Owner Signature: _____

Date: _____



Certification of Application and Compliance

I _____ hereby affirmatively attest that every driver currently in or proposed to be in my transportation network has been or will be subjected to a comprehensive criminal background check pursuant to Minnesota Statute Section 299C.67. I further certify that every driver currently in or proposed to be in my transportation network is not a predatory sex offender and has not been convicted of any violent offenses, including, willful homicide, sex offenses, human trafficking, theft of a motor vehicle, felonious restraint, unlawful or false imprisonment, rioting, or attempt, facilitation, solicitation, or conspiracy of any of the previously listed offenses. I understand and acknowledge that the failure to comply with the requirement to complete background checks may subject me and my company to both civil and criminal liability.

Signature of above individual authorizing release

Date:_____

Subscribed and sworn before me this

_____ day of _____, 20 ____.

(Notary Public)

My commission expires:_____

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



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.

Does your business have a security alarm? No Yes
If Yes, please provide the following key holder information:

First & Last Name _____ Phone # _____ Position _____

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.