

License Application Guidelines and Checklist

License Type: Taxicab Driver	
DEFINITION: The operator of a taxicab vehicle.	
Staff Initials	Application Checklist
	<input type="checkbox"/> 1. License Application (Form #1)
	<input type="checkbox"/> 2. Driver's License – Bring to 1C City Hall. Applicants must provide proof of one (1) year of verifiable driving experience. <ul style="list-style-type: none"> <input type="checkbox"/> 2a. If your current license is less than twelve (12) months old, you must attach <ul style="list-style-type: none"> <input type="checkbox"/> a copy of your previous license or <input type="checkbox"/> a State Clearance Letter - Minnesota: (651) 215-1335; Wisconsin: (608) 266-2261 or use the Driving Contact List on our website. <input type="checkbox"/> 2b. If you have lived in Minnesota less than five (5) years, you must attach a driving record report from each state you lived in for the past five years. Use the Driving Contact List on our website.
	<input type="checkbox"/> 3. Criminal History - A five year criminal history report is required. Attach reports from each state you lived in for the past five years. Minnesota: https://cch.state.mn.us/ (651-793-2400) Wisconsin: http://wi-recordcheck.org/ (608) 266-7314) or use the State Contact List on our website. <input type="checkbox"/> <i>This report must be dated within 30 days of receipt of this application.</i>
	<input type="checkbox"/> 4. Bring your original Taxi Driver Training Certificate to 1C City Hall. Copies will not be accepted. Call your Service Company or Hennepin Technical College at (952) 995-1330.
	<input type="checkbox"/> 5. Nonrefundable License Fee: _____

Additional Information

1. Your License Application

- a. Incomplete applications will be returned.
- b. All applications must be signed by the driver.
- 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 – 1C 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 - Hadio aad Caawimaad u baahantahay 612-673-3500.



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

Table with 1 column and 4 rows: For Office Use Only, Lic # L017, CSR, Fee: \$, Date:

Taxi Driver License Application

1. BACKGROUND INFORMATION

Form with fields: Applicant Name (Last, First, Middle), Social Security Number, E-mail Address (Required), Date of Birth (mm/dd/yyyy), Cell Phone Number, Five (5) Years of Residential History (Current Home Street Address, City, State, Zip Code, How Long? Years, Months).

2. DATA PRIVACY

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 which will be used to check driving history, criminal history, arrest records, warrant information, and other relevant records.

3. VERIFICATION

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.

A SIGNATURE IS REQUIRED IN ORDER TO PROCESS THIS APPLICATION

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.

- I have read and understand the above Data Privacy Advisory.
I understand the license fee is nonrefundable.

SIGNATURE OF APPLICANT _____ DATE _____

4. SERVICE COMPANY

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.

SERVICE COMPANY REPRESENTATIVE SIGNATURE _____ SERVICE COMPANY _____

Report on Application by License Representative

This is to certify that this application has been reviewed and is recommended for [] Approval [] Denial

License Representative _____ Date _____