

# **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

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**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.

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Unit # \_\_\_\_\_  
Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

Certified \_\_\_\_\_  
Serial # \_\_\_\_\_ License # \_\_\_\_\_ Capacity \_\_\_\_\_

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Unit # \_\_\_\_\_  
Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

Certified \_\_\_\_\_  
Serial # \_\_\_\_\_ License # \_\_\_\_\_ Capacity \_\_\_\_\_

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Unit # \_\_\_\_\_  
Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

Certified \_\_\_\_\_  
Serial # \_\_\_\_\_ License # \_\_\_\_\_ Capacity \_\_\_\_\_

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Unit # \_\_\_\_\_  
Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

Certified \_\_\_\_\_  
Serial # \_\_\_\_\_ License # \_\_\_\_\_ Capacity \_\_\_\_\_

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Unit # \_\_\_\_\_  
Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

Certified \_\_\_\_\_  
Serial # \_\_\_\_\_ License # \_\_\_\_\_ Capacity \_\_\_\_\_

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# 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.*

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

**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

# Certificate of Compliance

## Minnesota Workers' Compensation Law

**PRINT IN INK or TYPE.**

Minnesota Statutes, Section 176.182 requires every state and local licensing agency to withhold the issuance or renewal of a license or permit to operate a business or engage in any activity in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Minnesota Statutes, Chapter 176. The required workers' compensation insurance information is the name of the insurance company, the policy number, and the dates of coverage, or the permit to self-insure. 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.**

BUSINESS NAME (Individual name only if no company name used)	LICENSE OR PERMIT NO (if applicable)
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DBA (doing business as name) (if applicable)

BUSINESS ADDRESS (PO Box must include street address)	CITY	STATE	ZIP CODE
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**YOUR LICENSE OR CERTIFICATE WILL NOT BE ISSUED WITHOUT THE FOLLOWING INFORMATION. You must complete number 1, 2 or 3 below.**

**NUMBER 1 COMPLETE THIS PORTION IF YOU ARE INSURED:**

INSURANCE COMPANY NAME (not the insurance agent)

WORKERS' COMPENSATION INSURANCE POLICY NO.	EFFECTIVE DATE	EXPIRATION DATE
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**NUMBER 2 COMPLETE THIS PORTION IF SELF-INSURED:**

I have attached a copy of the permit to self-insure.

**NUMBER 3 COMPLETE THIS PORTION IF EXEMPT:**

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

I have no employees.

I have employees but they are not covered by the workers' compensation law. (See Minn. Stat. § 176.041 for a list of excluded employees.) Explain why your employees are not covered: \_\_\_\_\_

Other: \_\_\_\_\_

**ALL APPLICANTS COMPLETE THIS PORTION:**

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

APPLICANT SIGNATURE (mandatory)	TITLE	DATE
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**NOTE: If your Workers' Compensation policy is cancelled within the license or permit period, you must notify the agency who issued the license or permit by resubmitting this form.**

This material can be made available in different forms, such as large print, Braille or on a tape. To request, call 1-800-342-5354 (DIAL-DLI) Voice or TDD (651) 297-4198.



