



4646 Dakota Street SE
Prior Lake, MN 55372

TAXICAB LICENSE APPLICATION

Section 1: Applicant Information

1. Business Name _____ Phone _____
Address _____
Street City State Zip
E-mail Address: _____

2. Minnesota Tax ID # _____ Federal Tax ID # _____

3. Proof of Workers' Compensation Insurance Coverage:

Insurance Company Name _____
Policy # _____ Dates of coverage _____

I am **not** required to have workers' compensation liability coverage because
 I have no employees covered by the law Other (Specify on reverse side)

Section 2: Vehicle Information

Vehicle 1

4. Year and make of vehicle _____
VIN Number _____ Engine Number _____
Class _____ Passenger Carrying Capacity _____
Length of time vehicle has been in use _____

5. Mortgagee _____ Amount of Mortgage _____

Title Holder (if other than applicant) _____

6. Is vehicle leased, licensed or under any form of contract to be used and operated other than one holding title?

Yes No

If yes, by whom? _____

7. Who collects the revenue from the operation of said taxicab and pays the expenses of operating the same?

Vehicle 2

8. Year and make of vehicle _____

VIN Number _____ Engine Number _____

Class _____ Passenger Carrying Capacity _____

Length of time vehicle has been in use _____

9. Mortgagee _____ Amount of Mortgage _____

Title Holder (if other than applicant) _____

10. Is vehicle leased, licensed or under any form of contract to be used and operated other than one holding title?

Yes No

If yes, whom? _____

11. Who collects the revenue from the operation of said taxicab and pays the expenses of operating the same?

Section 3: Required Documents

The following documents must accompany this application:

- Copy of current vehicle inspection certification for each vehicle that confirms the taxicab is in thoroughly safe condition for transportation of passengers.
- Copy of insurance policy certificate for each vehicle being licensed. Each vehicle shall be insured in the amount of \$100,000 for bodily injury to any one (1) person, \$300,000 in injuries to more than one (1) person which are sustained in the same accident, and \$50,000 for property damage resulting from one (1) accident.
- Proof of valid driver's license for each taxicab driver to be licensed in the city.

Notice and Signature

I authorize the City of Prior Lake to release criminal history data, as defined by Minnesota Statute 13.87, subd.1 and driver's license and traffic record data to the Prior Lake City Manager, Accounting Specialist, and the City Council for the City of Prior Lake. I understand that some of this data may be classified as private data under Minnesota statutes and I hereby give my informed consent to the release of this private data by the City of Prior Lake Police Department to the City Manager, Accounting Specialist, and City Council.

I certify that the information provided on this application is truthful and I understand that false statements or omissions will result in denial of this application. I hereby authorize the City of Prior Lake to use this information to determine my eligibility to obtain a license/permit.

Full Name (Please print) _____
(First) (Full Middle) (Last)

Home Address _____

City _____ State _____ Zip _____

Contact Phone Number _____ Date of Birth _____

Driver's License State and Number _____

Please list any other names you are or have been known by:

Sex: Male Female

Race: White/Caucasion African American Hispanic Asian _____

Signature of Applicant

Date