

TAXI CAB LICENSE APPLICATION FORM

City of Marshall ~ 344 West Main Street ~ Marshall MN 56258
Phone (507) 537-6763 ~ Fax (507) 537-6830

ANNUAL FEE: \$100 FOR 1ST CAB; \$25.00 FOR EACH ADDITIONAL CAB

LICENSE PERIOD FROM: _____ TO: **12/31/2019**

TO COMPLY WITH THE CITY CODE OF THE CITY OF MARSHALL, MINNESOTA
REGULATING THE LICENSING OF TAXI CABS

1) Name of Applicant: _____
First Full Middle Name Required Last

Address _____
RR, Box or Street

_____ City State Zip Code

Phone Number _____ Date of Birth _____

Drivers License Number _____

2) List all other drivers: (Use separate page if needed)

Name: First Middle (full name) Last

Address: Street City State Zip Code

Date of Birth Drivers License Number Social Security No.

Name: First Middle (full name) Last

Address: Street City State Zip Code

Date of Birth Drivers License Number Social Security No.

3) List of vehicles:

The applicant shall present to the council a certificate signed by a competent and experienced mechanic showing that the taxicab is in good mechanical condition, and that it is thoroughly safe for transportation of passengers and that it is in a neat and clean condition. This is required for each vehicle.

4) Name of Insurance Company: _____

Policy Number _____ Date of Policy _____
(Attach Certificate of Insurance)

5) Identify Hours and Days of Operation:

6) Schedule of maximum rates:

7) Attach a photograph of vehicle permit is being applied for:

SIGNATURE OF APPLICANT: _____ DATE _____

Received by the City Clerk on this _____ day of _____, 20_____

City Clerk Signature

REPORT OF DIRECTOR OF PUBLIC SAFETY: _____

Director of Public Safety Signature

CONSENT FOR THE RELEASE OF INFORMATION

Date: _____

The following named individual has made application with this agency for (license type)

Last Name: _____

First Name: _____

Middle: _____

Maiden, Alias or Former: _____

Date of Birth: _____

(MM/DD/YYYY)

Sex (M or F): _____

Drivers License Number: _____

Drivers License State: _____

Phone Number: _____

I authorize the City of Marshall Police Department to disclose all applicable criminal history record information to the City of Marshall for the purpose of licensure (pursuant to Minn. Stat. § 299C.72 and/or Minn. Stat. § 340A.402).

The expiration of this authorization shall be for a period no longer than one year from the date of my signature.

Signature of Applicant

Date

Office of City Clerk
344 West Main Street - Marshall, MN 56258
(507) 537-6775
www.ci.marshall.mn.us

Pursuant to Minnesota Statute MS 270.72 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.

LICENSE BEING APPLIED FOR OR RENEWED: _____

LICENSING AUTHORITY : _____ CITY OF MARSHALL
(name of city, county or state agency issuing license)

LICENSE RENEWAL DATE: _____

PERSONAL INFORMATION (if applicable):

Applicant's Name: _____

Applicant's Address: _____
City State Zip Code Phone Number

Social Security Number _____

BUSINESS INFORMATION (if applicable):

Business Name: _____

Business Address: _____
Street Address City State Zip Code

Phone Number: _____

Minnesota Tax Identification _____

Federal Tax Identification No.: _____

If a Minnesota Tax Identification Number is not required, please explain on the reverse side.

Signature Position (Officer, Partner, etc.) Date

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)

DBA (doing business as name) (if applicable)

BUSINESS ADDRESS (PO Box must include street address)

CITY

STATE

ZIP CODE

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

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

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.