New Taxi License

_____ City Application for "Taxicab Certificate Application", signed

_____ Insurance - - - from a Minnesota authorized company in the following amounts must be provided prior to issuing a license: each vehicle authorized in the amount of $100,000 for bodily injury to one person, in the amount of $300,000 to injuries to more than one person which are sustained in the same accident and $50,000 for property damage resulting from any one accident

_____ Every taxicab licensed by the City of Brainerd is required to be inspected upon licensing. Refer to the vehicle inspection form for specific details

_____ Proof of Workers Compensation Insurance coverage form

_____ Tax Clearance information form

_____ Authorization and Release form and **NOTARIZE**

_____ Proof of Workers' Compensation Insurance Coverage form

_____ $40 per unit license fee *(receipt to 101-32194)*

TAXICAB CERTIFICATE APPLICATION
CITY OF BRAINERD

TO COMPLY WITH THE PROVISIONS OF SECTION 1160 OF THE BRAINERD CITY CODE:

NOTE: License fee is $40 per year per vehicle (January 1 to December 31). Certificate of Insurance from a Minnesota authorized company in the following amounts must be provided prior to issuing a license: each vehicle authorized in the amount of $100,000 for bodily injury to one person, in the amount of $300,000 to injuries to more than one person which are sustained in the same accident and $50,000 for property damage resulting from any one accident. Every taxicab licensed by the City of Brainerd is required to be inspected upon licensing. Refer to the vehicle inspection form for specific details.

(please print)

1. Business Name _____
2. Applicant Full Name _____
3. Previous Last Names _____
4. Date of Birth _____
5. Home Telephone Number _____
6. Applicant Home Address _____
7. Applicant Business Address _____
8. Business Telephone Number _____
9. Federal Tax Number _____State Tax Number _____
10. All unpaid judgments _____
11. Years of experience in transporting passengers _____
12. List years and names of companies _____
13. Number of vehicles to be operated _____
14. Color scheme or insignia to designate vehicles _____
15. Facts to prove why the public conveniences and necessity call for granting of certificate _____
16. Other comments or pertinent facts _____

_____

NAME OF COMPANY SIGNATURE OF APPLICANT DATE

_____

CHIEF OF POLICE SIGNATURE DATE

OFFICE USE

Amount paid _____ Date paid _____ Receipt No. _____ Council Approval _____ License _____

CITY OF BRAINERD

FORM SP:C1 - TAX CLEARANCE INFORMATION

Pursuant to Minnesota Statute 270.72 Tax Clearance: Issuance of Licenses. The licensing authority is require 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 Services :
3. Failure to supply this information may jeopardize or delay the processing of your licensing insurance or renewal application.

Please supply the following information and return along with your application to the agency issuing this license. Do not return to the Department of Revenue.

LICENSE BEING APPLIED FOR OR RENEWED:
LICENSING AUTHORITY: City of Brainerd
LICENSE RENEWAL DATE:
PERSONAL INFORMATION (if applicable):
Applicant's Name _____
Applicant's Address _____
_____
City State Zip Code

Social Security Number _____

BUSINESS INFORMATION (If applicable):
Business Name _____
Business Address _____
_____
City State Zip Code
Minnesota Tax Identification Number _____
Federal Tax Identification Number _____
If Minnesota Tax Identification number is not required, please explain on the reverse side.

_____
Signature Position(Officer, Partner, Individual, Etc.)

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.

MN LIC 04 (11/08)

CITY OF BRAINERD

AUTHORIZATION & RELEASE

The undersigned, having filed an application with the City of Brainerd realizing that the City has need to investigate the background and history of the applicant in order to better evaluate his or her application, does hereby authorize and request every law enforcement official and every other person, firm, officer, corporation, association, organization or institution having control of any documents, records or other information pertaining to me to furnish the original or copies of any such documents, records and other information to the City or any of its representatives and to permit said City or any of its representatives to inspect and make copies of any such documents, records and other information. I further authorize any such persons to answer any inquiries, questions or interrogatories concerning the undersigned which may be submitted to them by the City or its authorized representative. I fully understand that the information so obtained by the City may be used by it in its evaluation of my application.

I hereby release and exonerate any person who shall comply with the authorization and request made herein from any and all liability of every nature and kind growing out of and in any way pertaining to the furnishing or inspection of such documents, records and other information.

Please complete the following information:

Full Name (please print): _____
First Middle Last

Date of Birth: _____

Please list **all** other names you are or have been known by, to include maiden name, previous married names, alias names, and nicknames: _____

Address: _____
Street Address City State Zip

Previous Address: _____
Street Address City State Zip

_____ _____
SIGNATURE OF APPLICANT **DATE**

State of _____

County of _____

On _____, _____ personally appeared before me to be the signer of
Date Full Legal Name of Applicant

this document.

_____ _____ (SEAL)
Signature of Notary Public My Commission Expires