



Saint Paul, Minnesota 55101  
Phone: 651-266-8989  
Web: [www.stpaul.gov/dsi](http://www.stpaul.gov/dsi)

## Class "R" License Application

**LICENSES ARE NOT TRANSFERRABLE**

Payment must be received with each application. This application is subject to review by the public.

### Taxicab Vehicle Application

#### Applicant Information:

Name and Title: \_\_\_\_\_  
First Middle Last Title

Home Address: \_\_\_\_\_  
Street City State Zip+4

Mail to address: \_\_\_\_\_  
(if different) Street City State Zip+4

Cell Phone: \_\_\_\_\_ Alternative Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Taxicab DBA Name: \_\_\_\_\_ Taxicab Phone #: \_\_\_\_\_

Taxicab Address: \_\_\_\_\_  
Street City State Zip+4

#### Vehicle(s)

Vehicle Owner	Taxi #	Year, Make & Model	Plate #	VIN #

#### INITIAL APPLICATION REQUIREMENTS

1. Completed Taxicab Vehicle License Application [vehicle(s) may not be older than ten years from current model year];
2. Affiliate letter from a recognized taxicab service company with a minimum of five "active" Saint Paul licensed taxicab vehicles; letter must grant vehicle owner permission to obtain a license to operate in company's name/OBA and include vehicle information (make, model, VIN, year and four-digit taxi number assigned to vehicle that is prearranged/obtained by company);
3. Insurance certificate must include vehicle owner's/affiliate's name, taxicab service company's name/OBA, vehicle information (make, model, VIN, year and four-digit taxi number), appropriate coverage (Automobile Liability \$100,000/\$300,000 bodily injury or accidental death and \$100,000 property damage), the City named a certificate holder (City of St. Paul DSI, 375 Jackson St, S. Paul, MN 55101, Fax 651-266-9124), and a clause stating "the insurance company will notify the certificate holder immediately in writing that a vehicle is being deleted from the policy;"
4. proof of title, leasehold and/or bill of sale;
5. Certificate of Mechanical Compliance from City of Saint Paul Equipment Services (651-645-0648), required annually;
6. Completed Certificate of Compliance Minnesota Workers' Compensation Law form;
7. Applicant's tax identification number;
8. Annual license fee; payment is prorated to correspond with current insurance coverage.

**A complete application packet inclusive of above items must be submitted. After a review period, an appearance inspection must be arranged to validate vehicle compliance prior to issuance of a license sticker permitting operation in City.**

To review all applicable license and operating requirements, the **City of Saint Paul Legislative Code** is available online at [www.stpaul.gov](http://www.stpaul.gov) and [www.municode.com](http://www.municode.com) (search Chapter 376 - Taxicabs). Contact the Department of Safety and Inspections for more detail.

#### FALSIFICATION OF ANSWERS GIVEN OR MATERIAL SUBMITTED WILL RESULT IN DENIAL OF APPLICATION

I hereby state that I have answered all of the preceding questions and that the information contained herein is true and correct to the best of my knowledge and belief.

Applicant Signature

Title

Date



**SAINT PAUL**  
SAFETY & INSPECTIONS

DEPARTMENT OF SAFETY & INSPECTIONS (DSI)  
ANGIE WIESE, PE(MN), CBO, DIRECTOR

375 Jackson Street, Suite 220  
Saint Paul, MN 55101-1806  
Tel: 651-266-8989 | Fax: 651-266-9124  
Visit our Web Site at: [www.stpaul.gov/dsi](http://www.stpaul.gov/dsi)

**ADDENDUM TO  
LICENSE APPLICATION**

**CONTAINS NON-PUBLIC DATA**

The City will not share nonpublic account information with other individuals or agencies unless required to do so by a court or other competent authority.

**Please type or print in ink.**

Licensee's Name: \_\_\_\_\_

DBA: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Preferred Phone: \_\_\_\_\_

**TAX IDENTIFICATION NUMBER**

Minnesota Statutes section 270C.72 requires licensing authorities to collect a tax identification number for each license applicant. You may provide one of the following three identification types: a **Minnesota Tax Identification Number**, a **Federal Tax Identification Number (FEIN)**, or a **Social Security Number (SSN)**.

This data will be provided to the Minnesota Department of Revenue for tax administration purposes and may be used to deny the issuance or renewal of your license in the event you owe Minnesota sales, employer's withholding or motor vehicle excise taxes. Refusal to provide a tax identification number will result in denial of your license application. Under the Federal Exchange of Information Agreement, the Department of Revenue may also supply this information to the Internal Revenue Service.

More information can be obtained from the Minnesota Department of Revenue at 651-296-6181 or [www.revenue.state.mn.us](http://www.revenue.state.mn.us).

Tax Identification Number: \_\_\_\_\_

Select type:              MN Tax ID              FEIN              SSN

**PAYMENT INFORMATION**

You must pay all applicable fees before your license will be issued. You may pay by cash, check or credit card. Account information will be used to process your payment, by the City and/or a third-party service provider.

If you are paying for your permit by *American Express, Discover, MasterCard or Visa*, please carefully fill in the form below, including your signature. You may fax your entire application to our office at: 651-266-9124.

If paying by check, please mail the application and payment to us at: 375 Jackson Street, Suite 220, St. Paul, MN 55101.

Zip Code:					Signature:												
<input type="checkbox"/> AMEX	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Discover	EXP (MM/YY)						Verification code (CVV2)							
Account Number:																	

**Note: A 2.49% service fee will be charged for all credit/debit card transactions.**

# 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
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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 HAVE INSURANCE:**

INSURANCE COMPANY NAME (not the insurance agent)		
WORKERS' COMPENSATION INSURANCE POLICY NO.	EFFECTIVE DATE	EXPIRATION DATE

## **NUMBER 2 COMPLETE THIS PORTION IF SELF-INSURED:**

<input type="checkbox"/> I have attached a copy of the permit to self-insure.
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## **NUMBER 3 COMPLETE THIS PORTION IF EXEMPT:**

I am not required to have workers' compensation insurance coverage because:
<input type="checkbox"/> I have no employees.
<input type="checkbox"/> 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:
<input type="checkbox"/> 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.