



TAXICAB, PEDICAB & PEDAL CAR DRIVER
- RENEWAL -
LICENSE APPLICATION

THIS APPLICATION IS SUBJECT TO REVIEW BY THE PUBLIC
PLEASE TYPE OR PRINT IN INK

CITY OF SAINT PAUL
Department of Safety & Inspections
375 Jackson Street, Suite 220
Saint Paul, Minnesota 55101-1806
(651) 266-8989 Fax (651) 266-9124
Web: www.stpaul.gov/dsi

Name: _____
First Middle (Maiden) Last Title

Home Address: _____
Street (#, Name, Type Direction) City State Zip+4

Mail to Address: _____
(if different than home address) Street (#, Name, Type, Direction) City State Zip+4

Primary Phone: () Alternative Phone: ()

Email Address: _____ Date of Birth: / /

Driver's License State/#: _____ Expiration Date: _____

License Type (Circle): TAXICAB DRIVER (\$46) PEDICAB DRIVER (\$46) PEDAL CAR DRIVER (\$46)

Name of company you will be driving for: _____

To review all applicable license and operating requirements, the CITY OF SAINT PAUL LEGISLATIVE CODE is available online at www.stpaul.gov and www.municode.com. Search Chapter 374 - Commercial pedal car drivers, Chapter 375 - License application (pedicab driver) and/or Chapter 376 - Taxicab driver's license. Contact the Department of Safety and Inspections for more detail.

TAXICAB DRIVER applicants must present a valid State of Minnesota or Wisconsin Driver's License and a current D.O.T. medical card at time of application. Drivers licensed in a state other than Minnesota within ten (10) years preceding application must also provide an official copy of their driving record for the last ten (10) years from each state in which they were licensed.

PEDICAB DRIVER applicants must present a valid State of Minnesota, Wisconsin, Iowa, North Dakota, or South Dakota Driver's License at time of application and drivers licensed in a state other than Minnesota within three (3) years preceding application must also provide an official copy their driving record for the last three (3) years from each state in which they were licensed.

PEDAL CAR DRIVER applicants must present a valid state driver's license at time of application and drivers licensed in a state other than Minnesota within three (3) years preceding application must also provide an official copy their driving record for the last three (3) years from each state in which they were licensed.

TAX IDENTIFICATION NUMBER must be submitted or updated at renewal, per Minnesota Statutes section 270C.72 requiring licensing authorities to collect a tax identification number for each license applicant. The following are acceptable: a Minnesota Tax Identification Number, a Federal Tax Identification Number (FEIN), or a Social Security Number (SSN).

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.

CONSENT TO BACKGROUND CHECK

I hereby consent to and authorize the Saint Paul Police Department and the Department of Safety and Inspections (DSI) to use the information I have provided to check criminal histories, arrest and driving records, and warrant information; and for the Police Department to provide these records to DSI and its City Attorney to determine my eligibility for a Taxicab Driver, Pedicab Driver, or Commercial Pedal Car Driver License. I understand that the information contained in the criminal background investigation is not public, except that it may be conveyed to other law enforcement or licensing agencies. This consent expires one year from the date below.

Applicant Signature (REQUIRED)

Date



ADDENDUM TO LICENSE APPLICATION

CITY OF SAINT PAUL
Department of Safety & Inspections
375 Jackson Street, Suite 220
Saint Paul, Minnesota 55101-1806
(651) 266-8989 Fax (651) 266-9124
www.stpaul.gov/dsi

CONTAINS NONPUBLIC DATA

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.

Tax Identification Number: _____ Circle 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, either by the City or a third-party service provider. 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.

CREDIT CARD PAYMENT

Form with checkboxes for American Express, Discover, MasterCard, Visa, and fields for Expiration Month/Year, Security Code, and Enter Account Number.

Signature of Cardholder (required for all charges): _____

If paying by credit card, the above must be fully completed and signed then the entire application faxed to 651-266-9124. If paying by check, make checks payable to the "City of St. Paul" and mail with the completed application.

ANY FALSIFICATIONS OF ANSWERS GIVEN OR MATERIAL SUBMITTED WILL RESULT IN DENIAL OF THIS APPLICATION

I have read and understand this document and provided complete, correct, and truthful information as requested.

Signature (REQUIRED for all applications) _____ Date _____