



TAXICAB VEHICLE LICENSE APPLICATION

CITY OF SAINT PAUL

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

*THIS APPLICATION IS SUBJECT TO REVIEW BY THE PUBLIC
LICENSES ARE NOT TRANSFERABLE
PAYMENT MUST BE RECEIVED WITH EACH APPLICATION
PLEASE TYPE OR PRINT IN INK*

Licensee/Owner Name: _____ **Birth Date:** ____/____/____
(Responsible Party) First Middle Maiden Last Title

Home Address: _____
Street Number/Name City State Zip+4

Phone: _____ **Alternative Phone:** _____ **E-Mail:** _____

DBA (Taxicab Service Company): _____ **Service Company Phone:** _____

Service Company Address: _____
Street Number/Name City State Zip+4

Preferred Mailing Address: _____
(If Different from Home Address) Street Number/Name City State Zip+4

VEHICLE(S)

Vehicle Owner	Taxi #	Year/Make/Model	MN 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/DBA 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/DBA, 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. \$428 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 and 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. I hereby state further that I have received no money or other consideration, by way of loan, gift, contribution, or otherwise, other than already disclosed in the application which I herewith submitted. I also understand this premise may be inspected by police, fire, health and other city officials at any and all times when the business is in operation.

Applicant Signature (Required)

Title

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 _____

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)