

City of Austin



500 Fourth Avenue N.E.

Austin, MN 55912-3773

**Phone: 507-437-9940**

[www.ci.austin.mn.us](http://www.ci.austin.mn.us)

## **SMALL VEHICLE PASSENGER SERVICE**

### **New License Requirements:**

- City of Austin Application
- \$50 per vehicle
- Investigation Fee - \$30.00
  - Applicant must take application to the Austin Police Department for fingerprinting and photograph.
  - Licensed physician must sign application.
- Vehicle Inspection Report(s)
- Schedule of proposed maximum rates for the year.
- Certificate of Compliance for Workers' Compensation

OFFICE USE ONLY

License No. \_\_\_\_\_

Date: \_\_\_\_\_

Receipt No. \_\_\_\_\_



City of Austin
Application for Small Vehicle
Passenger License
City of Austin ♦ 500 4th Avenue NE
507-437-9940
www.ci.austin.tx.us

New License [ ] Renewal [ ] Transfer [ ]

SECTION A. Type of License Requested

Taxicab Company [ ]

Taxicab Driver [ ]

SECTION B. Applicant Information

First Name

Middle Name

Last Name

Applicant's ID/Driver's License Number

Date of Birth

DBA

Email Address

Business Name

Business Address:

Business Phone

Personal Phone

City

County

State

Zip Code

Correspondence Mailed To:

[ ] Corporate

[ ] DBA

Indicate type of entity: Sole proprietorship [ ] Partnership [ ] Corporation [ ]

US Citizen:

Yes [ ] No [ ]

Naturalized? Yes [ ] No [ ]

If yes, give date & place

Social Security

Number:

Date and Place of Birth:

Indicate type of entity: Sole proprietorship [ ] Partnership [ ] Corporation [ ]

Yes [ ] No [ ]

Have you or ever been charged with or convicted of any traffic violations? If yes, complete below.

City and State:

Date of violation:

City and State:

Date of violation:

City and State:

Date of violation:

**SECTION C. Corporations and partnerships must complete this section.**

Corporate Name			
Corporate Address:	City:	State:	Zip:
Full Name & Title:	Home Address	DOB	Social Security #
Full Name & Title:	Home Address	DOB	Social Security #
Full Name & Title:	Home Address	DOB	Social Security #
Date of Incorporation	State of Incorporation	Certificate No.	Is corporation authorized to do business in Minnesota?

**SECTION D. Physician's Certification**

I, a licensed physician practicing in the State of Minnesota do hereby certify that I have made a complete and thorough examination of the applicant for a Taxi Cab License in the City of Austin, Minnesota. As a result of my examination, I hereby certify that he/she is of sound physique, has good eyesight, and is not subject to epilepsy, vertigo, heart disease, or any other infirmity of body or mind which would render him/her unfit to operate a taxicab upon and long the streets and highways of the City of Austin either during the day or night time.

\_\_\_\_\_  
Physician's Signature\_\_\_\_\_  
Date

**SECTION E. Background investigation consent release**

*I declare that all information provided in this application is truthful and accurate. I understand that untruthfulness or inaccuracy in any of this information may result in denial of the license. I authorize the City of Austin Police Department to undertake a background check on me.*

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date:

**SECTION F: For Police Department use only**

Photo ID or valid driver's license verified by:

Date:

Fingerprints taken by:

Date:

Police Department Records:

Sheriff's Office Records:

FBI Records:

BCA Records:

Other Agencies:

Summary:

**SECTION G: Police Department use only**

As a result of investigation, **I recommend** that this license be granted.

Date:

Chief of Police \_\_\_\_\_

As a result of investigation, **I do not recommend** that this license be granted.

Date:

Chief of Police \_\_\_\_\_

**SECTION H – Tax Identification Information**

Pursuant to Minnesota Statute 270C.72, 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 use of this information:

- 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;
- Upon receiving this information, the City of Austin will supply it only to the Minnesota Department of Revenue. However, under the Federal Exchange Information Agreement, the Department of Revenue may supply this information to the Internal Revenue Service.
- **Failure to supply this information may jeopardize or delay the processing of your license issuance or renewal application.**

Applicant's Name (Last, First, MI)		Social Security Number	
Home Address	City	State	ZIP
Business Name			
Business Address	City	State	ZIP
Minnesota Business ID Number:	Federal Tax ID Number:		

**SECTION I: Certification of Compliance – Minnesota Workers' Compensation Law**

Minnesota Statute 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 in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of MSS Chapter 176. If the required information is not provided or is falsely stated, it shall result in a \$2000 penalty assessed against the applicant by the commissioner of the Department of Labor and Industry.

Insurance Company Name (not the agent)	Policy Number
Dates of Coverage. _____ to _____	

**OR**

I am not required to have workers' compensation liability coverage because:

- I have no employees
- I am self-insured (include permit to self-insure)
- I have no employees who are covered by the workers' compensation law (these include spouse, parents, children, and certain farm employees)

Government Data Practices Act: The data you supply on this form will be used to process the license you are applying for. You are not legally required to provide this data, but we will not be able to process the license without it. Some of the data will be classified as public data if and when the license is granted. Private financial information including tax identification numbers and social security numbers are classified as private data and will be available to governmental personnel and other governmental agencies whose access is necessary to perform their official duties.

*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.*

\_\_\_\_\_  
SIGNATURE\_\_\_\_\_  
POSITION\_\_\_\_\_  
DATE SIGNED

## City Based Rates

Seat Capacity

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Base Fare

\$

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Price Per Minute

\$

---

Price Per Mile

\$

---

Cancellation Fee

\$

---

Minimum Cost

\$

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**City of Austin  
Small Vehicle Passenger Service  
Inspection Report**

*Fill out one report for each vehicle.*

Business Name:		Owner:		Phone Number:	
Vehicle Make:			Vehicle Model:		
VIN:			License Number		

High Beams:		Low Beams			
Tail Lights:					
RF Turn Signal:	RR Turn Signal:	LF Turn Signal:	LR Turn Signal:		
Brakes:					
Steering:					
Windshield Wipers:					
Horn:					
Seat Belts:					
RF Tire:	RR Tire:	LF Tire:	LR Tire:		
Carbon Monoxide Testing:					
		Pass:	Fail:		

Inspected by (Business and Mechanic):					
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