

City of Austin



500 Fourth Avenue N.E.

Austin, MN 55912-3773

Phone: 507-437-9940

www.ci.austin.mn.us

Taxicab Driver License

New License Requirements:

- City of Austin Application
- Investigation Fee - \$30.00
 - Applicant must take application to the Austin Police Department for fingerprinting and photograph.
 - Licensed physician must sign application.
- Certificate of Compliance for Workers' Compensation
- Annual Fee - \$50.00 (Minimum Pro-Rate \$25.00)

OFFICE USE ONLY

License No. _____

Date: _____

Receipt No. _____



City of Austin
Application for Taxicab License
City of Austin ♦ 500 4th Avenue NE

New License Renewal Transfer

SECTION A. Type of License Requested

Taxicab Company

Taxicab Driver

SECTION B. Applicant Information

Applicant's First Name:

Applicant's Middle Name:

Applicant's Last Name:

Applicant's ID/Driver's License Number:

DBA:

Email Address:

Business/Legal 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 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

Minnesota Business ID Number:

Federal Tax ID Number:

If Minnesota Tax Identification is not required, please explain:

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