



City of Minneapolis
 Licenses and Consumer Services
 350 South 5th Street – Room 1C
 Minneapolis, MN 55415-1391
 Phone: 612-673-3001 or 311
www.ci.minneapolis.mn.us/business-licensing

For Office Use Only	
DBA:	
Adm Issuance: YES	
License ID #	
CSR:	
Inspection	Date
<input type="checkbox"/> Garage	
<input type="checkbox"/> LCS	
<input type="checkbox"/> N/A	

Taxicab Vehicle License Transfer Application Guidelines and Checklist

CAR to CAR TRANSFER: A vehicle license that is approved for transfer from one taxicab vehicle to another. Wheelchair accessible vehicle licenses may only be transferred to other wheelchair accessible vehicles.

- 1. License Application** (Form #1 attached)
- 2. Attach a Certificate of Liability Insurance.** (Sample Form #2) This must be furnished by your insurance agent. Policy may not contain any liability limitation for the vehicle, driver or occupants related to intoxication or illegal transportation of liquor. You are required to have a policy for the negligent operation, use or defective condition of any taxicab with the following coverages:
 - \$100,000 per occurrence and not less than \$300,000 aggregate for personal injury or death and
 - \$100,000 for per occurrence for property damage.
- 3. Title of Vehicle –** Attach a copy of the vehicle title, lease agreement, or receipt of title transfer.
- 4. License Decal –** Enclose the decal you removed from the original taxi vehicle. You may receive a temporary decal until the date of the inspection.
- 5. Fee:** _____

COMPANY TO COMPANY TRANSFER: A vehicle license that is approved for transfer from one service company to another.

- 1. License Application** (Form #1 attached)
- 2. Attach a Certificate of Liability Insurance.** (Sample Form #2) This must be furnished by your insurance agent. Policy may not contain any liability limitation for the vehicle, driver or occupants related to intoxication or illegal transportation of liquor. You are required to have a policy for the negligent operation, use or defective condition of any taxicab with the following coverages:
 - \$100,000 per occurrence and not less than \$300,000 aggregate for personal injury or death and
 - \$100,000 for per occurrence for property damage.
- 3. Title of Vehicle –** Attach a copy of the vehicle title.
- 4. License Decal –** Enclose the decal you removed from the original taxi vehicle. You may receive a temporary decal until the date of the inspection.
 - Not Required if transfer is within the same company.
- 5. Fee:** _____

Report on Application by License Representative

This is to certify that this application has been reviewed and is recommended for Approval Denial

License Representative

Date

Additional Information

1. Your License Application

- a. Incomplete applications will be returned.
- b. All applications must be signed by the owner.
- c. No license will be issued for a period longer than one year.
- d. Licenses are not transferable.
- e. Make a duplicate copy of this packet for your personal records before submitting.

2. 1C City Hall Hours of Operation: Mondays – Thursdays: 8:00 am – 4:00 pm. Fridays: 10:00 am – 4:00 pm

3. Information in Other Languages: Yog xav paub tshaj nos ntxiv, hu 612-673-2800. Macluumaad dheeri ah, kala soo xiriir 612-673-3500. Para mas información llame al 612-673-2700.



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Minneapolis, MN 55415-1391
Phone: 612-673-3001 or 311
Fax: 612-673-3399 TTY 612-673-2157
www.minneapolismn.gov/business-licensing

Table with 1 column and 4 rows: FOR OFFICE USE ONLY, License ID#, CSR:, Fee: \$, Date:

TAXI VEHICLE LICENSE TRANSFER APPLICATION

Name (Last, First, Middle), Home Address, City, State, Zip Code, Email Address, Cell Phone Number, Social Security Number, checkboxes for Car to Car Transfer and Company to Company Transfer

NEW VEHICLE DATA

Year, Make, Model, Cab #, Seating Capacity, VIN Number, License Plate #, State

CAR TO CAR TRANSFER only

OLD VEHICLE DATA

Year, Make, Model, Cab #, Seating Capacity, VIN Number, License Plate #, State

COMPANY TO COMPANY TRANSFER only

Former Service Company, Cab #, New Service Company, Cab #

VERIFICATION

The data you furnish on this application will be used by the City of Minneapolis to assess your qualifications for licensure. Disclosure of this information is voluntary. You are not legally required to provide this data; however, if you fail to do so, the City of Minneapolis may be unable to process this application. Disclosure of your Social Security Number is required by Minnesota Statutes 270C.72 and it may be requested by and released to the Minnesota Commissioner of Revenue. After issuance of a license, all information contained in this application, except your Social Security Number, will be public information pursuant to Minnesota Statutes, Chapter 13.

A SIGNATURE IS REQUIRED IN ORDER TO PROCESS THIS APPLICATION

I, (print name) _____, certify or declare under penalty of perjury under the laws of the State of Minnesota that the foregoing is true and correct. All information given is subject to verification by the State of Minnesota. I understand that false information may result in the denial, suspension or revocation of my business license.

SIGNATURE OF APPLICANT _____ DATE _____

SEVICE COMPANY VERIFICATION – TO BE COMPLETED BY SERVICE COMPANY REPRESENTATIVE

I, officer of (Service Company) _____ on behalf of (Applicant) _____ being first duly sworn, depose and say that the statement made in this application are true and that the provisions of Section 341. 960 of the Minneapolis Code of Ordinances have been completely complied with to the best of my knowledge and belief.

Print Name _____ Signature _____ Date _____

CERTIFICATE OF LIABILITY INSURANCE

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

Certificate cannot be pending binder or TBA.

The Legal/Corporate name must match exactly (word for word) to the Approved License Name (including Inc or LLC). Include Trade Name (DBA), address of premises, and vehicle title.

PRODUCER Agency Address City, State, Zip	CONTACT NAME: PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS: INSURER(S) AFFORDING COVERAGE NAIC # INSURER A : INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :
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COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR L WVD	POLICY NUMBER	POLICY (MM/DD/Y)	POLICY (MM/DD)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					EACH OCCURRENCE \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMPIOP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICEMEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A				WC STATUTORY LIMITS OTHER \$ E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

Notice of Cancellation required by MN Statute 60a.39. Add this statement to certificate or attach policy provisions.

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 CANCELLATION: Ten (10) day written notice of cancellation will be provided to the Certificate Holder for non-payment of premium.

The city must be named on the policy as an additional insured.

Original signature or stamp of agent.

CERTIFICATE HOLDER ADDITIONAL INSURED: City of Minneapolis - Licenses and Consumer Services 350 South 5th Street, Room 1C City Hall Minneapolis, MN 55415	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
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Applications will be returned if requirements are not complete.