



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

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

## Taxicab Vehicle License Transfer Application Guidelines and Checklist

|   |             |
|---|-------------|
| <input type="checkbox"/> <b>CAR to CAR TRANSFER:</b> 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.   |             |
| <input type="checkbox"/> <b>1. License Application</b> (Form #1 attached)   |             |
| <input type="checkbox"/> <b>2. Attach a Certificate of Liability Insurance.</b> (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: |             |
| <input type="checkbox"/> \$100,000 per occurrence and not less than \$300,000 aggregate for personal injury or death and  |             |
| <input type="checkbox"/> \$100,000 for per occurrence for property damage.  |             |
| <input type="checkbox"/> <b>3. Title of Vehicle –</b> Attach a copy of the vehicle title, lease agreement, or receipt of title transfer.  |             |
| <input type="checkbox"/> <b>4. License Decal –</b> Enclose the decal you removed from the original taxi vehicle. You may receive a temporary decal until the date of the inspection.  |             |
| <input type="checkbox"/> <b>5. Fee:</b> _____   |             |
| <input type="checkbox"/> <b>COMPANY TO COMPANY TRANSFER:</b> A vehicle license that is approved for transfer from one service company to another.   |             |
| <input type="checkbox"/> <b>1. License Application</b> (Form #1 attached)   |             |
| <input type="checkbox"/> <b>2. Attach a Certificate of Liability Insurance.</b> (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: |             |
| <input type="checkbox"/> \$100,000 per occurrence and not less than \$300,000 aggregate for personal injury or death and  |             |
| <input type="checkbox"/> \$100,000 for per occurrence for property damage.  |             |
| <input type="checkbox"/> <b>3. Title of Vehicle –</b> Attach a copy of the vehicle title.   |             |
| <input type="checkbox"/> <b>4. License Decal –</b> Enclose the decal you removed from the original taxi vehicle. You may receive a temporary decal until the date of the inspection.  |             |
| <input type="checkbox"/> Not Required if transfer is within the same company.   |             |
| <input type="checkbox"/> <b>5. Fee:</b> _____   |             |
| <b>Report on Application by License Representative</b>  |             |
| This is to certify that this application has been reviewed and is recommended for <input type="checkbox"/> Approval <input type="checkbox"/> Denial   |             |
| <b>License Representative</b>   | <b>Date</b> |

## **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.



City of Minneapolis
Licenses and Consumer Services
350 South 5th Street, Room 1C
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, Car to Car Transfer, 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.

| <b>PRODUCER</b><br>Agency<br>Address<br>City, State, Zip | <b>CONTACT NAME:</b><br>PHONE (A/C, No, Ext):      FAX (A/C, No):<br>E-MAIL ADDRESS:<br><br><table style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 80%;">INSURER(S) AFFORDING COVERAGE</th> <th style="width: 20%;">NAIC #</th> </tr> <tr> <td>INSURER A:</td> <td></td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table> | INSURER(S) AFFORDING COVERAGE | NAIC # | INSURER A: |  | INSURER B: |  | INSURER C: |  | INSURER D: |  | INSURER E: |  | INSURER F: |  |
|--|--|-------------------------------|--------|------------|--|------------|--|------------|--|------------|--|------------|--|------------|--|
| INSURER(S) AFFORDING COVERAGE                            | NAIC #   |                               |        |            |  |            |  |            |  |            |  |            |  |            |  |
| INSURER A:   |  |                               |        |            |  |            |  |            |  |            |  |            |  |            |  |
| INSURER B:   |  |                               |        |            |  |            |  |            |  |            |  |            |  |            |  |
| INSURER C:   |  |                               |        |            |  |            |  |            |  |            |  |            |  |            |  |
| INSURER D:   |  |                               |        |            |  |            |  |            |  |            |  |            |  |            |  |
| INSURER E:   |  |                               |        |            |  |            |  |            |  |            |  |            |  |            |  |
| INSURER F:   |  |                               |        |            |  |            |  |            |  |            |  |            |  |            |  |

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

|  |  |
|--|--|
| <b>CERTIFICATE HOLDER</b><br>ADDITIONAL INSURED:<br>City of Minneapolis - Licenses and Consumer Services<br>350 South 5th Street, Room 1C City Hall<br>Minneapolis, MN 55415 | <b>CANCELLATION</b><br>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.<br><br>AUTHORIZED REPRESENTATIVE |
|--|--|

**Applications will be returned if requirements are not complete.**