



APPLICATION FOR TAXICAB LICENSE

COVERING THE PERIOD OF JANUARY 1, 20____ THROUGH DECEMBER 31, 20____

PLEASE TYPE OR PRINT. Complete the entire application. You may attach supporting documents if needed, but you must still complete all questions; or your application will be deemed incomplete and may not be processed.

Name (Last, First, Middle):			Other names under which you may have used:
Home Address:		City, State & Zip:	
Social Security Number:	Home Phone:	Work Phone:	Other Phone:
Federal ID Number:	State ID Number:	Drive License Number:	State DL Issued:
Date of Birth:			
Name of Business:			
Business Address:		City, State & Zip:	
THE FOLLOWING ITEMS <u>MUST</u> BE COMPLETE AND/OR ACCOMPANY THE COMPLETED APPLICATION			
1. Number of Taxicabs to be licensed:		2. Make, Year, Model, Serial Number, Minnesota Registration Number or License number for each vehicle (use attached form):	
3. License Fee \$18.00 per year per vehicle			
4. Certificate of Insurance covering the following:			
<ul style="list-style-type: none"> Not less than \$100,000.00 for bodily injury to any one person Not less than \$300,000.00 for injuries to more than one person which are sustained in the same accident Not less than \$50,000.00 for property damage resulting from any one accident If employer, proof of worker's compensation coverage (Minnesota Statute 176.182) 			
Make check or money order payable to City of Rochester and return to the office of the City Clerk, Room 135, 201 4 th Street SE, Rochester, MN 55904. Upon issuance of the license, license plates will be made available for each vehicle.			
Signature of Applicant _____		Date of Application _____	

Please visit our website at www.rochestermn.gov for the Ordinance related to taxicabs

RIGHTS OF SUBJECTS OF GOVERNMENT DATA

LICENSE AND PERMIT DATA

“TENNESSEN WARNING”

In accordance with the Minnesota Government Data Practices Act, the City of Rochester is required to inform you of your rights as they pertain to the information collected about you. Public information is that information which is available to the general public; Private information is that information which is available to you, not to the public; and confidential information is that information which is not available to you or the public. The information we collect from you is either public or private. The separation of that information is as follows:

PUBLIC – NAME AND ADDRESS OF APPLICANT(S) AT THE TIME OF APPLICATION

PRIVATE – SOCIAL SECURITY INFORMATION, BIRTH DATE INFORMATION

(MS 13.355 & 13.37(a))

The information collected and required from you is to determine your eligibility for a City of Rochester License or Permit. If you do not supply the required information, the City of Rochester will not be able to determine your eligibility.

The dissemination and use of the private data we collect is limited to that necessary for the administration and management of the licensing program. Persons or agencies with whom this information may be shared include:

CITY, COUNTY, AND STATE PERSONNEL INVOLVED IN DETERMINING YOUR ELIGIBILITY, CONTRACTED PUBLIC AUDITORS, AND THOSE INDIVIDUALS TO WHOM YOU GIVE YOUR EXPRESS WRITTEN PERMISSION.

Unless otherwise authorized by state statute or federal law, other government agencies utilizing the reported private data must also treat the information private.

You may wish to exercise your rights as contained in the Minnesota Government Data Practices Act. These rights include:

**THE RIGHT TO SEE AND OBTAIN COPIES OF THE DATA MAINTAINED ON YOU.
THE RIGHT TO BE TOLD THE CONTENTS AND MEANING OF THE DATA.
THE RIGHT TO CONTEST THE ACCURACY AND COMPLETENESS OF THE DATA.**

To exercise these rights, contact the City Clerk’s Office, Room135, City Hall, Rochester, Mn. 55904

I HAVE READ AND UNDERSTAND THE ABOVE INFORMATION REGARDING MY RIGHTS AS A SUBJECT OF GOVERNMENT DATA.

(Signature of Data Subject)

(Date)

White Copy - City Clerk's Office

Buff Copy - Applicant