

# ROCHESTER



## Office of the City Clerk

### TAXICAB BUSINESS ANNUAL RENEWAL FOR 2019

[Rochester Code of Ordinances, Chapter 95A](#) applies to Taxicabs and Taxicab Driver licenses. A taxicab business is an entity owning and operating a minimum of ten taxicabs for hire, to or from any point in the city, with dispatch available. A taxicab business is required to operate pursuant to and in compliance with a franchise issued by the City to operate taxicabs in the city. A separate license is required annually for each vehicle operated under the authority of the franchise.

### ANNUAL VEHICLE LICENSE CHECKLIST

REQUIRED TO BE SUBMITTED & COMPLETE AT TIME OF APPLICATION BEFORE APPLICATION CAN BE PROCESSED:

- 1.** Fully complete all parts of the application (*Every question must be answered – write 'N/A' or 'not applicable' if necessary on any questions*):
  - The application must be signed in Section D
  - Section E must be completed with information on each vehicle to be licensed – a minimum of 10 vehicles must be licensed in order for a taxicab business to operate in the city of Rochester, and vehicles must have a manufacture date of no more than 10 years ago
- 2.** Submit a copy of your current rates of fare card as kept in each car
- 3.** Fee Paid of \$18 per vehicle - \$18 x \_\_\_\_ (number of vehicles) = \_\_\_\_\_ (total license fee)
- 4.** Copies of each current vehicle annual inspection report filed with the City Clerk – required for every vehicle every year
- 5.** Copy of insurance certificate of coverage for liability insurance covering each vehicle operated as a taxicab, having limits of not less than \$300,000 for bodily injury to any one person, not less than \$500,000 for injuries to more than one person which are sustained from the same accident, and not less than \$50,000 for property damage resulting from any one accident, in accordance with RCO §95A.04 Subd. 1. – The certificate of insurance must list all vehicles covered.

-or-

File an indemnity bond or bonds having as surety thereon a surety company authorized to do business in the state of Minnesota, and conforming to the provisions of RCO §95A.04 relating to insurance. The bond(s) must be approved by the City Council.

- 6.** Proof of workers' compensation insurance coverage, or certification in Section C by applicant it is not required.
- 7.** List of all drivers submitted on Section F.

ADDITIONAL STEPS TO BE COMPLETED BY THE CITY PRIOR TO ISSUING A LICENSE:

- 8.** Approval of the licenses by the City Council
- 9.** Issuance of license and updated license plates for each vehicle once all other steps are complete

<b>A. BUSINESS APPLICANT INFORMATION</b>			
<b>Please provide the following information about your business</b>			
Entity license is issued to (Legal Corporate Name of Business, or, only if sole proprietor, name of individual)		Business Trade Name (DBA) if different than legal name	
Business Address		City	State Zip Code
Business Email Address		Business Telephone Number Cell Phone Number	
Mailing Address (if different than Business Address)		City	State Zip Code
Business Federal Tax ID Number		Business State Tax ID Number	
Please send official notices relating to licenses for this business to (check all that apply): <input type="checkbox"/> Business Address <input type="checkbox"/> Mailing Address <input type="checkbox"/> Email		Type of Ownership: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Non Profit <input type="checkbox"/> Other _____	
Date of Incorporation/Organization	State of Incorporation/Organization	Name (First, Last) of Primary Contact Person	
Role of Primary Contact Person: <input type="checkbox"/> Owner <input type="checkbox"/> Officer <input type="checkbox"/> Partner <input type="checkbox"/> Manager <input type="checkbox"/> Other _____		Direct Phone Number of Primary Contact Person	
Email of Primary Contact	Is there a manager other than the listed primary contact person? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name (First, Last) of Manager, if any	
Name of Person Completing this application		Role of person completing application: <input type="checkbox"/> Owner <input type="checkbox"/> Officer <input type="checkbox"/> Partner <input type="checkbox"/> Manager <input type="checkbox"/> Agent for the Owner <input type="checkbox"/> Other _____	
<b>B. INFORMATION ABOUT BUSINESS OPERATIONS</b>			
Date Current Franchise Expires	Number of Vehicle Info Sheets Attached: _____	Number of Taxicabs to be Licensed (min. of 10 required by RCO 95A)	Fee (No. of Cabs x \$18)
Street Address of Dispatch Location in Rochester		Date of Last Update to Rates of Fare	Is your current rate card on file with the City Clerk? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>C. REQUIRED INSURANCE</b>			
Do you have the liability insurance required by RCO 95A.04 Subd. 1 covering each vehicle to be licensed for the term of the license? – <i>Please note, you must supply a certificate of insurance that lists out all insured vehicles.</i> <input type="checkbox"/> Yes <input type="checkbox"/> No			
If not, are you instead providing an indemnity bond or bonds meeting the requirements of RCO 95A.04 Subd. 2? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Workers' Compensation Company	Policy Number	Dates of Coverage	
<b>OR:</b>			
I certify that I am not required to carry workers' compensation insurance because: <input type="checkbox"/> I am self-insured. <input type="checkbox"/> I am the sole proprietor and I have no employees. <input type="checkbox"/> I have no employees who are covered by workers' compensation law. Only employees who are specifically exempted by statute are not covered by the workers' compensation law. These include spouse, parents, and children regardless of age. All other workers whose work is controllable by the employer must be covered.			

**D. VERIFICATION**

**Notice of Collection of Private Data**

The information collected and required as part of a license application will be used to determine eligibility for a City of Rochester License or Permit. Disclosure of this information is voluntary. It is not legally required to provide requested data, however, failure to do so may mean the City of Rochester is unable to process this application.

Social Security Numbers and Birth Dates are classified as private data, and are not available to the public. Access to this data is limited to staff with a business need in order to determine license eligibility, and to administer and manage the licensing program.

Disclosure of a Social Security Number (or Individual Tax ID Number only for individuals without a social security number), and a Minnesota Tax ID Number is required by Minnesota Statutes 270C.72, and may be requested by and released to the Minnesota Commissioner of Revenue.

All other information contained in this application is public information upon submission pursuant to the Government Data Practices Act, Minnesota Statutes Chapter 13. Individuals have the right to see and obtain copies of the data maintained on them, including private data, and also have the right to be told the contents and meaning of the data, and to contest the accuracy and completeness of the data.

**Notice of Ability to Sign up for Electronic Notifications of Proposed City Ordinances**

As an applicant for a business license or renewal of an existing business license, you are also hereby notified that the City of Rochester distributes general city information and notices through an electronic notification system, and you may sign up to receive notices through this electronic notification system on the City’s website at <http://www.rochestermn.gov/i-want-to/sign-up-for/email-updates> This includes notice of proposed ordinances at least 10 days prior to final adoption by the City Council in accordance with Minn. Stat. 415.19.

**A SIGNATURE IS REQUIRED IN ORDER TO PROCESS YOUR LICENSE APPLICATION**

I, (print name) \_\_\_\_\_, have read and understand the above information regarding my rights as a subject of government data. I acknowledge I have been provided information about what is required to obtain a business license from the City of Rochester, and how to receive notifications of proposed City ordinances. I agree I will strictly comply with all the laws of the State of Minnesota governing the taxation of business and all ordinances of the City of Rochester, and understand I can review all City ordinances on the City website or in the City Clerk’s Office. I further understand that the giving of false information as part of this application, regardless of when it is discovered, and/or failure to give required pertinent information can constitute cause for denial, suspension, or revocation of my business license.

I attest I am an authorized corporate officer, partner, owner or agent for the business for which this application is being completed. I certify that I have read and understand every question in this application, and that the answer to every question is true to my knowledge, information and belief.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

# ROCHESTER

Minnesota

## Office of the City Clerk



E. INFORMATION ABOUT VEHICLES TO BE LICENSED – PAGE \_\_\_ OF \_\_\_

	MAKE	MODEL	YEAR	LICENSE PLATE OR REGISTRATION	VIN	MAX SEATING	CURRENT INSPECTION REPORT
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							

F. LIST OF DRIVERS – PAGE \_\_ OF \_\_

	LAST NAME	FIRST NAME	EMPLOYEE OR INDEPENDENT CONTRACTOR	DRIVER'S LICENSE NO.
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				