

ROCHESTER



Office of the City Clerk

TAXI CAB DRIVER LICENSE APPLICATION

[Rochester Code of Ordinances, Chapter 95A](#) applies to Taxicabs and Taxicab Driver licenses. Every person who desires to become a taxicab driver must first obtain a permit from the City.

A license is valid through December 31 of the year for which it is issued. The current yearly license fee is \$50, and is not prorated. A new license, or a license that has lapsed for more than one year and is not a renewal, requires payment of a \$100 investigation fee. Fees must be paid at the time an application is submitted.

TAXI CAB DRIVER 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*):
 - Application must include notarized signature of applicant-this can be done at the City Clerk's Office
- 2.** Proof of identification and proof the applicant is a U.S. citizen or is legally permitted to be in the United States by providing a valid Minnesota driver's license including a photograph and date of birth
- 3.** Annual License Fee of \$50 – license expires on December 31 of the year issued
- 4.** If not a current renewal, investigation fee of \$100

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

- 5.** Updated background investigation completed on the Applicant
- 6.** Approval of the license application by the City Council
- 7.** Issuance of license once all other steps are complete.

All questions must be answered. Write N/A if a question is not applicable.

A. APPLICANT INFORMATION			
1. First Name	2. Middle Name(s)	3. Last Name(s)	
4. Driver's License Number		5. Driver's License Issuing state	
6. Proof of identification: <input type="checkbox"/> A valid Minnesota driver's license including a photo & date of birth – attach a color copy or bring to the City Clerk's Office to copy NOTE: If warranted by the Police Department's review of the Applicant's criminal history, the Department may require the applicant to provide fingerprints or a photograph			
7. Place of Birth (City & State, or City & Country if outside U.S.)		8. Date of Birth	
9. Height and Weight		10. Eye Color	
11. Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, are you legally permitted to be in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No			
12. Home Address	13. City	14. State	15. Zip Code
16. Email Address			
17. Primary Telephone Number		18. Type of Phone: <input type="checkbox"/> Cell <input type="checkbox"/> Business <input type="checkbox"/> Home <input type="checkbox"/> Other	
19. Mailing Address (if different than Home Address)	20. City	21. State	22. Zip Code
23. Please send official notices relating to this license to (check all that apply): <input type="checkbox"/> Home Address <input type="checkbox"/> Mailing Address <input type="checkbox"/> Email			
24. Name of Taxicab Business working for:			
ATTACH ADDITIONAL SHEETS FOR ANY QUESTIONS THAT REQUIRE MORE SPACE THAN PROVIDED			
25. Have you ever been known by any name other than the one listed above on this application? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, List all other names or aliases ever used, as well as the dates of the use of each name and the city and state or country where you resided when using each name _____ _____			
26. Has your license or privilege to drive been withdrawn by the Commissioner of Public Safety in the last five years? <input type="checkbox"/> Yes <input type="checkbox"/> No If the answer to this question is yes, provide details about any revocation or suspension, including dates. _____ _____ _____			

27. Addresses used for Last Five years

<u>Dates</u>	<u>Addresses</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

28. Employment History for Last Five years, beginning with current employment

Name of employer_____	Dates of employment_____
Address_____	Phone number_____
Name of employer_____	Dates of employment_____
Address_____	Phone number_____
Name of employer_____	Dates of employment_____
Address_____	Phone number_____
Name of employer_____	Dates of employment_____
Address_____	Phone number_____
Name of employer_____	Dates of employment_____
Address_____	Phone number_____

29. Provide information on any and all charges or conviction(s) of violating any state, county, or local law or regulation, including traffic violations

<u>Date</u>	<u>Offense</u>	<u>Location</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

B. INFORMATION ABOUT APPLICANT INCLUDING NOT PUBLIC INFORMATION

Date of Birth (MM/DD/YYYY)	Social Security Number
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C. NOTIFICATION AND 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) 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 THIS 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 for me as an individual 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 that may apply to me governing the taxation of business and all ordinances of the City of Rochester, and understand I can review all current City ordinances on the City website or in the City Clerk’s Office. I further 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, and contains a full and true account of the information requested. I execute this statement and application with the knowledge that misrepresentation or failure to reveal information requested may be sufficient cause for denial or revocation of my license/permit and may be punishable by law. I further understand that I may not conduct the activity applied for until a permit has been granted.

I understand that by submitting this application, I consent to allow the appropriate City personnel, or any authorized representative or agents, to seek information and conduct an investigation into the truth of the statements set forth in the application and to insure compliance with the applicable provisions of law, including conducting a background investigation. My signature will further agree to hold the City of Rochester, its officers, agents or lawfully delegated representative harmless from any action or actions or damages whatsoever or at all, which may result from the background investigation.

Signature of Applicant _____ Date _____

Subscribed and sworn to before me this _____ day of _____, 201__

(NOTARY PUBLIC)

(NOTARY SEAL)