

ROCHESTER



Office of the City Clerk

TAXICAB BUSINESS LICENSE NEW AND RENEWAL APPLICATION

[Rochester Code of Ordinances, Chapter 5-5](#) 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 license is required annually for each vehicle operated under the authority of the franchise.

Instead of sending in this form, applications can be submitted online through the Accela Citizen Access portal. See the following instructions:

Register Public User Account (video): <https://lf.rochestermn.gov/Documents/ElectronicFile.aspx?dbid=0&docid=761310>

Applying for a New License (PDF): <https://lf.rochestermn.gov/Documents/ElectronicFile.aspx?dbid=0&docid=1210117>

Submitting a License Renewal (PDF): <https://www.rochestermn.gov/Home/ShowDocument?id=25701>

CHECKLIST OF REQUIRED ITEMS THAT MUST BE SUBMITTED WHEN APPLICATION IS SUBMITTED

- 1. Fully complete all parts of the application and submit **ALL** pages including this checklist (**Every question must be answered – write ‘N/A’ or ‘not applicable’ if necessary on any questions**):
 - License Application must be signed by the applicant or an owner/member/officer
 - Addendum 1 completed with information on each vehicle to be licensed
- 2. Annual license fee of \$40 per vehicle - \$40 x ___ (number of vehicles) = _____ (total license fee)
 - License fees are not prorated regardless of when issued during the course of the calendar year.
 - Renewal applications not submitted by Nov. 30 will incur a 20% late fee.
 - Renewal applications not submitted by Dec. 31 will incur a 50% late fee.
- 3. Submit a copy of your current rates of fare card as kept in each car.
- 4. Current [vehicle annual inspection reports](#) 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 Addendum 2.

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 licenses and updated license plates for each vehicle once all other steps are complete.

Fill in all blanks. Write N/A if a question is not applicable.

Licenses run on the calendar year, expiring on Dec. 31, and are not prorated.

Calendar Year Applying for: _____

Is this a renewal of an existing or previous license with the City of Rochester?

YES NO APPLICANT

STEP 1. INFORMATION

Please provide the following information about your business

| | | | | |
|--|--|--|--|--------------|
| 1. First Name | | 2. Last Name | | |
| 3. Primary Telephone Number | 4. Type of Phone: <input type="checkbox"/> Cell <input type="checkbox"/> Business <input type="checkbox"/> Home <input type="checkbox"/> Other | 5. Alternate Phone Number | 6. Type of Phone: <input type="checkbox"/> Cell <input type="checkbox"/> Business <input type="checkbox"/> Home <input type="checkbox"/> Other | |
| 7. Email Address | | | | |
| 8. Mailing Address | | 9. City | 10. State | 11. Zip Code |
| 12. Please send official notices relating to this license to: <input type="checkbox"/> Mailing Address <input type="checkbox"/> Email <input type="checkbox"/> Business Address | | 13. 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 _____ | | |

Information about primary point of contact for this license (if different than above)

| | | | |
|------------------------------|---|--|---|
| 14. First Name | | 15. Last Name | |
| 16. Primary Telephone Number | 17. Type of Phone: <input type="checkbox"/> Cell <input type="checkbox"/> Business <input type="checkbox"/> Home <input type="checkbox"/> Other | 18. Alternate Phone Number | 19. Type of Phone: <input type="checkbox"/> Cell <input type="checkbox"/> Business <input type="checkbox"/> Home <input type="checkbox"/> Other |
| 20. Email Address | | 21. Role of primary contact: <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 _____ | |

License Holder Information

Provide information about who this license will be issued to

| | | | | |
|---|--|--|-----------|--------------|
| 22. Business Federal Tax ID Number | | 23. Business State Tax ID Number | | |
| 24. Entity license will be issued to (Legal Corporate Name of Business including LLC, Inc., Co., etc., or, <i>only if sole proprietor</i> , name of individual) | | 25. Business Trade Name (DBA) if different than legal name | | |
| 26. Business Address | | 27. City | 28. State | 29. Zip Code |

STEP 2. LICENSE INFORMATION

License Details - attach additional sheets if necessary

| | | | |
|--|--|--|-----------------------|
| 30. 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 _____ | | 31. Date of Incorporation/ Organization | 32. State of Inc./Org |
|--|--|--|-----------------------|

Office of the City Clerk www.rochestermn.gov 507-328-2900 licenses@rochestermn.gov

Last Updated: 10/2/2020

| | | |
|--|--|--|
| 33. Date Current Franchise Expires | 34. Number of Vehicles to be Licensed | |
| 35. Street Address of Dispatch Location in Rochester | 36. Date of Last Update to Rates of Fare | 37. Is your current rate card on file with the City Clerk? <input type="checkbox"/> Yes <input type="checkbox"/> No |

STEP 3. BUSINESS DATA

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? – *Please note, you must supply a certificate of insurance that lists out all insured vehicles.*
 Yes No
 If not, are you instead providing an indemnity bond or bonds meeting the requirements of RCO 95A.04 Subd. 2?
 Yes No

WORKER’S COMPENSATION INSURANCE

| | | |
|-------------------------------|---------------|-------------------|
| Workers’ Compensation Company | Policy Number | Dates of Coverage |
|-------------------------------|---------------|-------------------|

OR:

I certify that I am not required to carry workers’ compensation insurance because:
 I am self-insured.
 I am the sole proprietor and I have no employees.
 I have no employees who are covered by workers’ compensation law.
 Only employees who are specifically exempted by statute are not covered by 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.

STEP 4. DOCUMENTS TO ATTACH

- Addendum 1 listing all vehicles to be licensed
- Current inspection reports for each vehicle
- Addendum 2 listing all drivers to be licensed separately for the business
- Copy of current fare card
- Proof of Liability Insurance covering all licensed vehicles or indemnity bond
- Proof of Workers Comp insurance, if required

STEP 5. PAYMENT

SUBMIT THE REQUIRED LICENSE FEE WITH THIS APPLICATION

License fees are not prorated, and cover the license year being applied for, expiring on Dec. 31.

ANNUAL LICENSE FEE FOR THE PERIOD OF JAN. 1- DEC. 31: \$40/vehicle
ADD: \$8/vehicle late fee for renewals submitted between Dec. 1 and 31 of the license year.
ADD: \$20/vehicle late fee for renewals submitted after Dec. 31 of the license year

Total paid: _____

STEP 6. 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

ADDENDUM 1. INFORMATION ABOUT VEHICLES TO BE LICENSED – PAGE ___ OF ___

| | MAKE | MODEL | YEAR | LICENSE PLATE OR REGISTRATION | VIN | MAX SEATING | CURRENT INSPECTION REPORT |
|----|------|-------|------|-------------------------------|-----|-------------|---------------------------|
| 1 | | | | | | | |
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| 17 | | | | | | | |

ADDENDUM 2. LIST OF DRIVERS – PAGE __ OF __

| | LAST NAME | FIRST NAME | EMPLOYEE OR INDEPENDENT CONTRACTOR | DRIVER'S LICENSE NO. |
|-----------|------------------|-------------------|---|-----------------------------|
| 1 | | | | |
| 2 | | | | |
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