



**CITY OF DULUTH
CITY CLERK'S OFFICE**
330 City Hall ● 411 West First Street
Duluth, Minnesota 55802-1189
Phone (218) 730-5500
Fax (218) 730-5923

FOR OFFICE USE ONLY	
DATE	_____
LICENSE #	_____

LICENSE APPLICATION

Type in your information by tabbing through the boxes below. Print, sign and submit to the address above.

GOVERNMENT DATA PRACTICES ACT - CLASSIFICATION WARNING: The data you supply on this form will be used to process the license you are applying for. You are not legally required to provide this data, but we will not be able to process the license without it. Some of the data will be classified as public data if and when the license is granted. Private financial information including a tax identification number and social security number are classified as private data and will be available to governmental personnel and other governmental agencies whose access is necessary to perform their official duties.

	LICENSE	FEE
	TAXICAB CHANGE =	\$ 5.00
	TAXI VEHICLE CHANGE =	\$ 5.00
	TOTAL =	\$10.00

LICENSEE NAME & BUSINESS. ADDRESS

MANAGER'S NAME, ADDRESS & PHONE

LICENSE PERIOD: JANUARY 1 TO DECEMBER 31

TRADE NAME: _____

BUSINESS PHONE: _____

CELL/HOME PHONE: _____

OWNER OF BUSINESS PREMISES:

WORKERS COMPENSATION COMPANY

NAME: _____

POLICY NO. _____

EXP. DATE _____

DELETE: CAB # _____ YEAR: _____ MAKE _____ MODEL _____ LIC # _____

ADD NEW: CAB # _____ YEAR: _____ MAKE _____ MODEL _____ LIC # _____

VIN#: _____ COLOR SCHEME: _____

I HEREBY STATE THAT ALL INFORMATION HERE IS TRUE AND CORRECT AND THAT I SHALL COMPLY WITH ALL PROVISION OF THE ORDINANCES OF THE CITY OF DULUTH AND LAWS OF THE STATE OF MINNESOTA AND THEIR AMENDMENTS.

MAILING ADDRESS:

Signature of Applicant