



**CITY OF DULUTH
CITY CLERK'S OFFICE**

318 City Hall ● 411 West First Street
Duluth, Minnesota 55802-1189
Phone (218) 730-5500

FOR OFFICE USE ONLY
DATE _____
LICENSE # _____

LICENSE APPLICATION

Type in your information by tabbing through the boxes below. Print, sign and submit all pages 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 =	\$ 176.00
VEHICLE PERMIT =	\$ 21.00
TOTAL =	\$ _____

LICENSEE NAME/ADDRESS/PHONE NO.

MANAGER'S NAME/ADDRESS/PHONE NO.

- LICENSE PERIOD: JANUARY 1 TO DECEMBER 31
- IF LESS THAN A FULL YEAR, PRO-RATE MINIMUM OF 3 MONTHS

TRADE NAME: _____

BUSINESS PHONE: _____

OWNER OF BUSINESS PREMISES:

WORKERS COMPENSATION COMPANY

NAME: (FORM ATTACHED)

POLICY NO.: _____

EXPIRATION DATE: _____

TAXI PLATE # _____ MAKE: _____ MODEL: _____

VIN#: _____ YEAR: _____

COLOR SCHEME: _____ LICENSE PLATE#: _____

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



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TAXI DRIVERS INFORMATION

Licensee Name _____

Trade Name _____

Business Address _____

	Name of Driver	Address	D/O/B	<u>D L# & State#</u>
1				
2				
3				
4				
5				
6				
7				
8				
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FOR OFFICE USE ONLY	
DATE PAID	_____
RECEIPT #	_____

TAXI RATE REGISTRATION FORM

As per the requirement of Section 47-33 of the Duluth City Code, in order to change a rate, the licensee shall do the following:

- (1) At least seven days before a new rate is implemented, register the new rate with the city clerk and pay the rate change registration fee of \$ 5.
- (2) Have prominently displayed:
 - (a) In all taxicabs a rate statement card no smaller than 8.5"x11" setting out in large size print the maximum rates charged to passengers for all the various services offered.
 - (b) All the information on the taxi rate statement card, on each side of the outside of the vehicle in text all of which shall be at least 1.5 inches high. It is a violation of this Code to charge a rate higher than that stated on the rate statement card.

The following taxi rates are being submitted: (or attach)

Licensee: _____ Trade Name: _____

Effective date of rate change: _____ Date of Filing: _____

Authorized Signature: _____

POWER OF ATTORNEY

KNOW ALL BY THESE PRESENTS, that I, _____,
(Applicant's Name)

of the City of Duluth, St. Louis County, Minnesota, having applied for a permit to operate one or more taxicabs or permit a vehicle or vehicles owned or controlled by me to be operated as taxicabs within the City of Duluth, do hereby make, constitute and appoint the City Clerk of said City of Duluth, and his/her successor in office, my true and lawful ATTORNEY, on whom all summonses and all legal processes in any action or legal proceeding against me, arising from or on account of the operation of said taxicabs may be served. And said Attorney is hereby duly authorized and empowered, as my agent, to receive and accept service of all summonses and all legal processes in any action or legal proceeding against me as aforesaid, as provided by the laws of the State of Minnesota, and such service shall be deemed valid personal service upon me, said _____.
(Applicant's Name)

This appointment is to continue in force irrevocably so long as any such taxicab is operated under the abovementioned permit, and so long as any liability arising from or on account of said operation of such taxicab remains outstanding.

IN TESTIMONY WHEREOF, I have hereunto set my hand and seal at the City of Duluth, Minnesota, this _____ day of _____, 2____.

(Signature of Applicant)

STATE OF MINNESOTA)
) ss:
COUNTY OF ST. LOUIS)

On this _____ day of _____, 2____, before me, a Notary Public within and for said County and State, personally appeared _____, to me well known to be the person named in and who executed the foregoing instrument, and acknowledged that they executed said instrument as their free act and deed, for the uses and purposes therein expressed.

NOTARY PUBLIC

My Commission Expires: _____

Certificate of Compliance Minnesota Workers' Compensation Law

THIS FORM MUST BE COMPLETED BY THE BUSINESS LICENSE APPLICANT

PRINT IN INK or TYPE.

Minnesota Statutes, Section 176.182 requires every state and local licensing agency to withhold the issuance or renewal of a license or permit to operate a business in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Minnesota Statutes, Chapter 176. If the required information is not provided or is falsely stated, it shall result in a \$2,000 penalty assessed against the applicant by the commissioner of the Department of Labor and Industry.

A valid workers' compensation policy must be kept in effect at all times by employers as required by law.

LICENSE or CERTIFICATE NO (if applicable)	BUSINESS TELEPHONE NO.	FAX TELEPHONE NO.
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BUSINESS NAME (Use the person(s) name if business structure is sole proprietor or partnership (i.e., John Doe, or John Doe and Jane Doe), otherwise it is the legal name of the business entity.)

DBA ("doing business as" or also known as an assumed name) (if applicable)

BUSINESS ADDRESS (must be physical street address, no PO boxes)	CITY	STATE	ZIP CODE
COUNTY	E-MAIL ADDRESS		

YOUR LICENSE OR CERTIFICATE WILL NOT BE ISSUED WITHOUT THE FOLLOWING INFORMATION. *You must complete number 1 or 2 below.*

NUMBER 1 – Workers' compensation insurance policy information

INSURANCE COMPANY NAME (not the insurance agent)	NAIC Number	
POLICY NO.	EFFECTIVE DATE	EXPIRATION DATE

NUMBER 2 – Reason for exemption from workers' compensation insurance

If you have questions regarding the need to obtain workers' compensation coverage, including exemptions, contact 651.284.5032 or 1-800-342-5354.

- I have no employees. (See Minn. Stat. § 176.011, subd. 9 for the definition of an employee.)
- I am self-insured for workers' compensation (attach a copy of the authorization to self-insure from the Minnesota Department of Commerce).
- I have employees but they are not covered by the workers' compensation law. (See Minn. Stat. § 176.041 for a list of excluded employees.) Explain why your employees are not covered:

Other: _____

I certify that the information provided on this form is accurate and complete. If I am signing on behalf of a business, I certify that I am authorized to sign on behalf of the business.

PRINT NAME

APPLICANT SIGNATURE (required)	TITLE	DATE
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NOTE: You must notify us if there is any change to your Workers' Compensation Insurance Information or Employee Status Change by resubmitting this form. This material can be made available in different forms, such as large print, Braille or on a tape.

MN STATUTE 270C.72 TAX IDENTIFICATION FORM

Pursuant to Minnesota Statute 270C.72, Tax Clearance Required: The licensing authority is required to provide the Minnesota Commissioner of Revenue the business tax identification number and social security number of each applicant. Under the Minnesota Government Data Practices Act and the Federal Privacy Act of 1974, we are required to advise you of the following regarding the use of this information:

1. This information may be used to deny the issuance, renewal or transfer of your license in the event you owe the Minnesota Department of Revenue delinquent taxes, penalties or interest.
2. Upon receiving this information, the licensing authority will supply it only to the Minnesota Department of Revenue. However, under the Federal Exchange of Information Agreement, the Department of Revenue may supply this information to the Internal Revenue Service.
3. Failure to supply this information may jeopardize or delay the processing of your licensing issuance or renewal application.

Please supply the following information and return along with your application to the agency issuing the license.

License applied for or renewed: _____

Licensing authority: City of Duluth, St. Louis County, Minnesota

License renewal date: _____

Personal Information (if applicable)

Applicant's Name: _____

Applicant's Address: _____

Social Security Number: _____

Business Information (if applicable)

Business Name: _____

Business Address: _____

Minnesota Tax Identification Number: _____

Federal Tax Identification Number: _____

If a MN Tax I.D. is not required, please explain:

Signature _____

Date _____