

*If applicant is an individual, it shall be completed by such person; if a corporation, by an officer; if a partnership, by one of the general partners; if an unincorporated association, by the manager or managing officer.*

1. Type of applicant     Individual             Partnership             Corporation             Other organization

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2. Legal name of licensee (individual, partnership, corporation, organization or club) \_\_\_\_\_

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3. Corporate name \_\_\_\_\_

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4. Business name \_\_\_\_\_ Dispatch phone ( \_\_\_\_\_ ) \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

**Phone contacts**    Owner ( \_\_\_\_\_ ) \_\_\_\_\_            General manager ( \_\_\_\_\_ ) \_\_\_\_\_

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5. Minnesota Business Tax ID Number (Per *Minnesota Statute 270C.72*) \_\_\_\_\_            Applicant's Social Security Number \_\_\_\_\_

Federal Business Tax ID Number \_\_\_\_\_

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6. Proof of **Workers' Compensation Insurance Coverage:**

Insurance company name \_\_\_\_\_            Dates of coverage \_\_\_\_\_

Policy number/Self-insurance permit number (Per *Minnesota Statute Section 176.182*) \_\_\_\_\_

I am **not** required to have workers' compensation liability coverage because  
 I have no employees covered by the law             Other (*Specify on the reverse side.*)

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7. **Drivers must present a letter from company when applying for a taxi driver license. List person(s) authorized to sign letter.**

\_\_\_\_\_

## Section 1: Type of applicant

*Refer to question 1 for type of applicant.*

8. **Individual** *If applicable, complete this question. Then proceed to next section.*

Name \_\_\_\_\_            Date of Birth \_\_\_\_\_  
Last First Full middle Maiden name

Residence \_\_\_\_\_            Phone ( \_\_\_\_\_ ) \_\_\_\_\_  
Street City State Zip

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9. **Partnership** *If applicable, complete this question for general partners, then proceed to next section.*

Name \_\_\_\_\_            Date of Birth \_\_\_\_\_  
Last First Full middle Maiden name

Residence \_\_\_\_\_            Phone ( \_\_\_\_\_ ) \_\_\_\_\_  
Street City State Zip

Name \_\_\_\_\_            Date of Birth \_\_\_\_\_  
Last First Full middle Maiden name

Residence \_\_\_\_\_            Phone ( \_\_\_\_\_ ) \_\_\_\_\_  
Street City State Zip

Name \_\_\_\_\_            Date of Birth \_\_\_\_\_  
Last First Full middle Maiden name

Residence \_\_\_\_\_            Phone ( \_\_\_\_\_ ) \_\_\_\_\_  
Street City State Zip

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10. **Corporation/other organization** *If applicable, complete this question for officers, then proceed to next section.*

**President**

**Name** \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Last First Full middle Maiden name

Residence \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_  
Street City State Zip

**Vice President**

**Name** \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Last First Full middle Maiden name

Residence \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_  
Street City State Zip

**Secretary**

**Name** \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Last First Full middle Maiden name

Residence \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_  
Street City State Zip

**Treasurer**

**Name** \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Last First Full middle Maiden name

Residence \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_  
Street City State Zip

**Notice and notarized signature**

The data on this form will be used to approve your license. Some requested data is private. Private data is available to you and the City or State staff who need this information to perform their duties, but it is not available to the public. You are not legally required to provide this data, but the City may not be able to approve your license if you do not provide it.

I have received from the City of Bloomington a copy of the city ordinance relating to taxicab licenses and I will familiarize myself with its provisions. I understand that a criminal conviction will not bar me from obtaining a license unless the conviction is directly related to the occupation for which the license is sought and there is no showing of sufficient rehabilitation and present fitness to perform the duties of the occupation (*Minnesota Statute 364.03*). I understand that falsification of the application, including failure to reveal a criminal conviction, constitutes grounds for denial of the license.

The information I have provided on this application is truthful. I authorize the City of Bloomington to investigate the information and contact persons/organizations named on this application.

**X** \_\_\_\_\_  
*Applicant signature*

Subscribed and sworn to before me, a  
 Notary Public, on this \_\_\_\_\_ day  
 of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
*Notary signature*

Commission expires on \_\_\_\_\_.