

10. Partnership *If applicable, complete this question for general partners, then proceed to Question 13.*

Name _____ <small>Last First Full middle Maiden name</small>	Date of Birth _____
Residence _____ <small>Street City State Zip</small>	Phone (_____) _____
Name _____ <small>Last First Full middle Maiden name</small>	Date of Birth _____
Residence _____ <small>Street City State Zip</small>	Phone (_____) _____
Name _____ <small>Last First Full middle Maiden name</small>	Date of Birth _____
Residence _____ <small>Street City State Zip</small>	Phone (_____) _____

11. Corporation/other organization *If applicable, complete this question for officers, then proceed to Question 13.*

President

Name _____ <small>Last First Full middle Maiden name</small>	Date of Birth _____
Residence _____ <small>Street City State Zip</small>	Phone (_____) _____

Vice President

Name _____ <small>Last First Full middle Maiden name</small>	Date of Birth _____
Residence _____ <small>Street City State Zip</small>	Phone (_____) _____

Secretary

Name _____ <small>Last First Full middle Maiden name</small>	Date of Birth _____
Residence _____ <small>Street City State Zip</small>	Phone (_____) _____

Treasurer

Name _____ <small>Last First Full middle Maiden name</small>	Date of Birth _____
Residence _____ <small>Street City State Zip</small>	Phone (_____) _____

12. Has applicant, any officer or partner been convicted of a crime other than a minor traffic offense? *If yes, give date, place and nature of convictions.* Yes No

13. Has applicant, any officer or partner been the subject of an investigation by any consumer protection agency, state attorney general, better business bureau or similar group? *If yes, list date and type of investigation, agency or office conducting investigation and outcome.* Yes No

Documentation

14. Please attach the following:

- 1) Financial status of applicant, including amounts of judgments against applicant and nature of transaction or acts giving rise to said judgment.
- 2) Number of vehicles to be operated or controlled by applicant, location of depots, terminals and garages, owner of said vehicles and license number of each vehicle.
- 3) Color scheme or insignia used to designate vehicles of applicant. Include photos showing front and side of vehicle.
- 4) Statement or bill showing proof of FCC two-way radio with 24 hour use.
- 5) Copy of current rate schedule.
- 6) Certificate of assumed name.

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 _____.