

CITY OF SHAKOPEE
TAXICAB DRIVERS LICENSE

Attached is an application for a Taxicab Drivers License. Fill out the application completely and return it with the \$100.00 investigation fee and a copy of your driver's license.

Falsification of answers may result in denial of the application.

Allow 10 days for the application to be processed.

After background investigation is completed and approved the following information will be required prior to issuance of the license:

License fee (\$35.00/year)

A 1" x 1" photo of applicant

Proof of insurance from the taxi company

A certificate from a physician licensed by the State of Minnesota stating that, in his/her opinion, you are not afflicted with a disease or infirmity, which might make you an unsafe or unsatisfactory driver or a copy of a current D.O.T. medical card

If you have any questions, please call 952-233-9318.

APPLICATION FOR TAXICAB DRIVERS LICENSE

City of Shakopee
129 Holmes Street South
Shakopee, MN 55379
952-233-9300

Applicant _____
First Middle Last

Address _____
City State Zip Code

Phone Number _____ Marital Status _____

Date of Birth _____ Place of Birth _____
Month/Day/Year City State

Social Sec. # _____ MN Tax ID# _____ Fed. Tax ID # _____

Name of Taxicab Company you will be driving for _____

Addresses for past five years (list addresses and dates)

Have you ever been convicted of a crime? Yes _____ No _____

If yes, give information as to time, place and offense for which convictions were had. Failure to answer accurately may result in denial of the license.

List all traffic violations, including dates _____

Driver's License Number _____ State _____

Was your Minnesota Driver's License ever Revoked _____ Suspended _____

Give experience in the transportation of passengers and list all previous employment in transporting persons, if any _____

Have you ever been refused a taxicab drivers license? _____

By whom? _____ Why? _____

Educational Background _____

History of employment for the past ten years (attach additional sheet if necessary)

Name/Address

Dates of Employment

Names, addresses, and phone numbers of two residents of the State of Minnesota who have known you for a period of not less than two years who will vouch for your sobriety, honesty, and general good character.

DATA PRIVACY NOTICE:
The data you supply on this form will be used to assess your qualifications for the license. You are not legally required to provide this data, but the city will not be able to grant the license without it. The data requested is considered to be public data pursuant to the Minnesota Government Data Practices Act. The data you supply will constitute a public record, and copies may be obtained by anyone.

I have read the Data Privacy Notice above and understand that the data is necessary to process the application.

I declare that the information I have provided on the application is truthful and I understand that falsification of answers on this application will result in denial of the application. I authorize the City of Shakopee to investigate and make whatever inquiries that are necessary to verify the information provided.

Applicant Signature

Date

Subscribed and sworn to before me this _____ day of _____, 20_____,

Notary Signature

**Pursuant to Minn. Stat. 13.05, Subd. 4
Minnesota Data Practices Act**

I, _____, birth date _____, hereby authorize and grant my informed consent to allow the City of Shakopee Police Department to conduct a criminal history check in conjunction with my Taxicab Driver's license application. Minnesota Statutes Section 299C.72 authorizes the City to conduct criminal history checks in these situations, provided to City receives the informed consent of the individual.

I understand that the Shakopee Police Department will be conducting a criminal history check on me, and that this information (data), in addition to the information in my application, will be considered by the City in determining whether or not to grant approval of my license application. A criminal history check is authorized to be performed by the City relating to this type of license application by Section 6.46, subdivision 5 (B) of the City Code.

I understand the criminal history data consists of private data on individuals, as defined by Minnesota Statutes Section 13.02, subdivision 12 and Minnesota Statutes Section 13.87. The City of Shakopee Police Department will not disseminate my criminal history data and will maintain it securely within the department. However, the City of Shakopee Police Department will inform the appropriate City personnel involved in the processing of the license application whether I have a criminal history that would prevent issuance of the license.

I understand that the purpose of permitting the City of Shakopee to have access to this information is to determine my suitability to engage in a Taxicab driver license and that I am not legally required to provide this information, however the City will not license persons who refuse to submit to this investigation.

This authorization shall be valid for a period of one year, but I reserve the right to, at any time prior to that expiration, cancel the written authorization by providing written notice to the City.

Signature

Date

Form SP: C1 License Applicant

Pursuant to Minnesota Statute MS 270C.72 Tax Clearance : Issuance of licenses, 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 Minnesota Government Data Practices Act and 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 MN Dept. of Revenue delinquent taxes, penalties or interest.
- 2 Upon receiving this information, the licensing authority will supply it only to the MN Dept. of Revenue. However, the Federal Exchange of Information Agreement, the Dept. of Revenue may supply this information to the I.R.S.
- 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 you application to the agency issuing the license.

License applied for or renewed: _____

Licensing Authority: (Example: City, County, State) _____

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 on the reverse side of this form)

Signature _____ Date _____