

CITY OF SHAKOPEE  
TAXICAB BUSINESS LICENSE

Attached is an application for a Taxicab License. Fill out the application completely and return it with the \$150.00 investigation fee and a copy of your driver's license.

Falsification of answers may result in denial of the application.

A background check by the Police Department must be completed before the application can be put before the City Council for approval.

Allow 3-4 weeks for the application to be processed.

After background investigation is complete and approved by council the following information is required prior to issuance of the license:

License fee - \$275.00/year + \$16.00 per vehicle/year  
Certificate of insurance listing all driver's names  
Vehicle inspection report  
Verification of taxi meter

A separate license is required for each driver.

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



10) For each car proposed to be operated upon the streets of Shakopee as a taxicab, please complete (Attach additional sheets, if necessary):

LICENSE NO.	SERIAL NO.	YEAR	MAKE	REGISTERED OWNER
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

11) Name of Insurance Company covering said vehicle (s) \_\_\_\_\_

(Provide copy of certificate of insurance)

12) Other municipalities in which you are licensed \_\_\_\_\_

13) Have you ever been convicted of a crime? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes please specify the crimes committed and the dates: \_\_\_\_\_

14) Have you ever been refused a taxicab license? \_\_\_\_\_ By whom? \_\_\_\_\_  
Why? \_\_\_\_\_

15) Have you ever had a taxicab business license revoked or suspended? Yes \_\_\_\_\_ No \_\_\_\_\_  
By whom? \_\_\_\_\_  
Why? \_\_\_\_\_

16) Please attach a rate schedule. Any increases in rates shall be subject to approval by the City Council.

**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 Business 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 business 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

**CERTIFICATION OF COMPLIANCE  
MINNESOTA WORKERS' COMPENSATION LAW**

Minnesota Statute 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 Section 176.181, subdivision 2. The information required is: The name of the insurance company, the policy number, and dates of coverage or the permit to self-insure. This information will be collected by the City and put in the City's licensing file.

This information is required by law, and licenses and permits to operate a business may not be issued or renewed if it is not provided and/or is falsely reported. Furthermore, if this information is not provided and/or falsely stated, it may result in a \$2,000 penalty assessed against the applicant by the Commissioner of the Department of Labor and Industry.

Insurance Company Name: \_\_\_\_\_  
(NOT the insurance agent)

Policy Number: \_\_\_\_\_

Dates of Coverage: \_\_\_\_\_ to \_\_\_\_\_  
OR

I am not required to have workers' compensation liability coverage because:

- ( ) I have no employees.
- ( ) I am self insured (include permit to self-insure)
- ( ) I have no employees who are covered by the workers' compensation law  
(These include: Spouse, Parents, Children and certain farm employees)

I certify that the information provided above is accurate and complete and that a valid workers' compensation policy will be kept in effect at all times as required by law.

Name: \_\_\_\_\_  
(Last, First, Middle)

Doing Business As: \_\_\_\_\_  
(Business name if different than your name)

Business Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<p><b>DATA PRIVACY NOTICE:</b> 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.</p>
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**STATE OF MINNESOTA  
LICENSE APPLICANT INFORMATION**

Under Minnesota law (Minn. Stat. 270C.72), the agency issuing you this license is required to provide to the Minnesota Commissioner of Revenue your Minnesota business tax identification number and the Social Security number of each license applicant.

Under the Minnesota Government Data Practices Act and the Federal Privacy Act of 1974, we must advise you that:

- ⇒ This information may be used to deny the issuance, renewal or transfer of your license if you owe the Minnesota Department of Revenue delinquent taxes, penalties, or interest;
- ⇒ The licensing agency will supply it only to the Minnesota Department of Revenue. However, under the Federal Exchange of Information Act, the Department of Revenue is allowed to supply this information to the Internal Revenue Service;
- ⇒ Failing to supply this information may jeopardize or delay the issuance of your license or processing your renewal application.

Please fill in the following information and return this form along with your application to the agency issuing the license. Do not return this form to the Department of Revenue.

Please print or type

Type of License Being Applied For Taxicab

Licensing Authority Shakopee

License Renewal Date \_\_\_\_\_

**Personal Information:**

Applicant's Full Name \_\_\_\_\_ Social Security Number \_\_\_\_\_  
First, Middle, Last

Applicant's Address \_\_\_\_\_  
Street, City, State, Zip Code

**Business Information (if applicable):**

Business Name \_\_\_\_\_

Business Address \_\_\_\_\_  
Street, City, State, Zip Code

Minnesota Tax Identification Number (Sales & Use Tax) \_\_\_\_\_

Federal Tax Identification Number \_\_\_\_\_

If a Minnesota tax identification number is not required, please explain on the reverse of this form.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date