



## TAXI CAB DRIVER LICENSE NEW & RENEWAL APPLICATION

[Rochester Code of Ordinances, Chapter 5-5](#) applies to Taxicabs and Taxicab Driver licenses. Every person who desires to become a taxicab driver must first obtain a permit from the City.

Licenses must be renewed every year, with the license period running from January 1 through December 31. The current license fee is \$100, and is not prorated. A new license, or a license that has lapsed for more than one year, requires payment of a \$100 investigation fee. Required fees must be paid at the time an application is submitted.

**Instead of sending in this form, applications can be submitted online through the Accela Citizen Access portal. See the following instructions:**

**Register Public User Account (video):** <https://lf.rochestermn.gov/Documents/ElectronicFile.aspx?dbid=0&docid=761310>

**Applying for a New License (PDF):** <https://lf.rochestermn.gov/Documents/ElectronicFile.aspx?dbid=0&docid=1210117>

**Submitting a License Renewal (PDF):** <https://www.rochestermn.gov/Home/ShowDocument?id=25701>

### CHECKLIST OF REQUIRED ITEMS THAT MUST BE SUBMITTED WHEN APPLICATION IS SUBMITTED

- 1.** Fully complete all parts of the application (*Every question must be answered – write 'N/A' or 'not applicable' if necessary on any questions*):
  - Application must include notarized signature of applicant; this can be done at the City Clerk's Office
- 2.** Proof of identification and proof the applicant is a U.S. citizen or is legally permitted to be in the United States by providing a valid driver's license including a photograph and date of birth
- 3.** Annual License Fee of \$100.
  - License fees are not prorated regardless of when issued during the course of the calendar year.
  - Renewal applications not submitted by Nov. 30 will incur a 20% late fee.
  - Renewal applications not submitted by Dec. 31 will incur a 50% late fee.
- 4.** If not a current renewal, investigation fee of \$100

### ADDITIONAL STEPS TO BE COMPLETED BY THE CITY PRIOR TO ISSUING A LICENSE:

- 5.** Updated background investigation completed on the Applicant
- 6.** Approval of the license application by the City Council
- 7.** Issuance of license once all other steps are complete. **YOU ARE NOT AUTHORIZED TO ACT AS A TAXI CAB DRIVER IN THE CITY OF ROCHESTER UNTIL YOU HAVE YOUR PHYSICAL LICENSE.**

**Fill in all blanks. Write N/A if a question is not applicable.**

**Is this a renewal of an existing or previous license with the City of Rochester?**

YES  NO

\*Please note, if your license has been expired for a full license period, you need to submit as a new application and pay a new investigation fee.

**STEP 1. APPLICANT INFORMATION**

**APPLICANT - Provide information about who is completing this application**

1. First Name		2. Last Name	
3. Primary Telephone Number	4. Type of Phone: <input type="checkbox"/> Cell <input type="checkbox"/> Business <input type="checkbox"/> Home <input type="checkbox"/> Other	5. Alternate Phone Number	6. Type of Phone: <input type="checkbox"/> Cell <input type="checkbox"/> Business <input type="checkbox"/> Home <input type="checkbox"/> Other
7. Email Address			
8. Account Mailing Address	9. City	10. State	11. Zip Code

12. Please send official notices relating to this license to:

Mailing Address     Email

**STEP 2. LICENSE INFORMATION**

**LICENSE HOLDER - Provide information about who this license will be issued to**

13. First Name		14. Last Name	
15. Primary Telephone Number	16. Type of Phone: <input type="checkbox"/> Cell <input type="checkbox"/> Business <input type="checkbox"/> Home <input type="checkbox"/> Other	17. Alternate Phone Number	18. Type of Phone: <input type="checkbox"/> Cell <input type="checkbox"/> Business <input type="checkbox"/> Home <input type="checkbox"/> Other
18. Preferred Spoken Language		19. Preferred Written Language	
20. Do You Need An Interpreter <input type="checkbox"/> Yes <input type="checkbox"/> No			
21.. Email Address			
22. Home Address	23. City	24. State	25. Zip Code

*Minn. Stat. § 270C.72 requires the City to collect social security numbers of all individual license applicants. A license cannot be issued without this information. Social security numbers are private data but may be provided to the Minnesota Department of Revenue as required by law.*

26. Social Security Number

**LICENSE DETAILS – LICENSE INFORMATION**

27. Have you ever been known by any name other than the one listed above on this application?  
 Yes  No

If Yes, List all other names or aliases ever used, as well as the dates of the use of each name and the city and state or country where you resided when using each name

\_\_\_\_\_

\_\_\_\_\_

28. Has your license or privilege to drive been withdrawn by the Commissioner of Public Safety in the last five years?  Yes  No If the answer to this question is yes, provide details about any revocation or suspension, including dates:  
 \_\_\_\_\_

29. Name of Taxicab Business working for:

30. Place of Birth (City & State, or City & Country if outside U.S.)	31. Date of Birth
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32. Height and Weight	33. Eye Color
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34. Are you a U.S. Citizen?  Yes  No  
 If no, are you legally permitted to be in the U.S.?  Yes  No

35. Driver's License Number	36. Driver's License Issuing state
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37. Proof of identification:  
 A valid driver's license including a photo & date of birth – **attach a color copy or bring to the City Clerk's Office to copy**  
**NOTE:** If warranted by the Police Department's review of the Applicant's criminal history, the Department may require the applicant to provide fingerprints or a photograph

ATTACH ADDITIONAL SHEETS FOR ANY QUESTIONS THAT REQUIRE MORE SPACE THAN PROVIDED

38. Addresses used for Last Five years

<u>Dates (MM/YY)</u>	<u>Addresses</u>
_____	_____
_____	_____
_____	_____
_____	_____

39. Employment History for Last Five years, beginning with current employment

Name of employer _____	Dates of employment _____
Address _____	Phone number _____
Name of employer _____	Dates of employment _____
Address _____	Phone number _____
Name of employer _____	Dates of employment _____
Address _____	Phone number _____
Name of employer _____	Dates of employment _____
Address _____	Phone number _____
Name of employer _____	Dates of employment _____
Address _____	Phone number _____

40. Provide information on any and all charges or conviction(s) of violating any state, county, or local law or regulation, including traffic violations

<u>Date</u>	<u>Offense</u>	<u>Location</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**STEP 3. NOTIFICATION AND VERIFICATION**

**Notice of Collection of Private Data**

The information collected and required as part of a license application will be used to determine eligibility for a City of Rochester License or Permit. Disclosure of this information is voluntary. It is not legally required to provide requested data, however, failure to do so may mean the City of Rochester is unable to process this application.

Social Security Numbers and Birth Dates are classified as private data, and are not available to the public. Access to this data is limited to staff with a business need in order to determine license eligibility, and to administer and manage the licensing program.

Disclosure of a Social Security Number (or Individual Tax ID Number only for individuals without a social security number) is required by Minnesota Statutes 270C.72, and may be requested by and released to the Minnesota Commissioner of Revenue. All other information contained in this application is public information upon submission pursuant to the Government Data Practices Act, Minnesota Statutes Chapter 13. Individuals have the right to see and obtain copies of the data maintained on them, including private data, and also have the right to be told the contents and meaning of the data, and to contest the accuracy and completeness of the data.

**Notice of Ability to Sign up for Electronic Notifications of Proposed City Ordinances**

As an applicant for a business license or renewal of an existing business license, you are also hereby notified that the City of Rochester distributes general city information and notices through an electronic notification system, and you may sign up to receive notices through this electronic notification system on the City’s website at <http://www.rochestermn.gov/i-want-to/sign-up-for/email-updates> This includes notice of proposed ordinances at least 10 days prior to final adoption by the City Council in accordance with Minn. Stat. 415.19.

**A SIGNATURE IS REQUIRED IN ORDER TO PROCESS THIS LICENSE APPLICATION**

I, (print name) \_\_\_\_\_, have read and understand the above information regarding my rights as a subject of government data. I acknowledge I have been provided information about what is required for me as an individual to obtain a business license from the City of Rochester, and how to receive notifications of proposed City ordinances. I agree I will strictly comply with all the laws of the State of Minnesota that may apply to me governing the taxation of business and all ordinances of the City of Rochester, and understand I can review all current City ordinances on the City website or in the City Clerk’s Office. I further certify that I have read and understand every question in this application and that the answer to every question is true to my knowledge, information and belief, and contains a full and true account of the information requested. I execute this statement and application with the knowledge that misrepresentation or failure to reveal information requested may be sufficient cause for denial or revocation of my license/permit and may be punishable by law. I further understand that I may not conduct the activity applied for until a permit has been granted.

I understand that by submitting this application, I consent to allow the appropriate City personnel, or any authorized representative or agents, to seek information and conduct an investigation into the truth of the statements set forth in the application and to insure compliance with the applicable provisions of law, including conducting a background investigation. My signature will further agree to hold the City of Rochester, its officers, agents or lawfully delegated representative harmless from any action or actions or damages whatsoever or at all, which may result from the background investigation.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_