



City of Coon Rapids
Office of the City Clerk
 11155 Robinson Drive
 Coon Rapids, MN 55433-3761
 Phone: 763-767-6432
 Fax: 763-767-6531
<http://www.coonrapidsmn.gov>

License Application Guidelines and Checklist

License Type: Taxi Driver

DEFINITIONS: A “Taxicab Driver” shall mean and include any person who drives a taxicab, whether such person be the owner of such taxicab or be employed by a taxicab owner or operator.

| | |
|--|---|
| Staff Initials: | Application Checklist Submit completed items below to: Office of the City Clerk Attn: Deputy City Clerk 11155 Robinson Drive Coon Rapids, MN 55433 |
| | <input type="checkbox"/> 1. License Application (Form #1) |
| | <input type="checkbox"/> 2. Authorization of Release of Data (Form #2) |
| | <input type="checkbox"/> 3. Supplemental Investigation Information (Form #3) |
| | <input type="checkbox"/> 4. License Applicant Information (Form #4) |
| | <input type="checkbox"/> 5. Current State-Issued Photo ID |
| | <input type="checkbox"/> 6. License Fee Per Driver: \$31 (2020) |
| | <input type="checkbox"/> 7. Investigation Fee Per Driver: \$31 (2020) |
| Your License Application: <ul style="list-style-type: none"> Incomplete and/or illegible applications will be returned. All applications must be signed by the individual. Licenses are not transferable. Make a duplicate copy of this packet for your personal records before submitting. Minnesota Sales Tax ID (651) 296-6181 Federal Tax ID/Employer Identification Number (651) 312-8082 Multiple licenses must be filed individually and may not be combined. | |



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Form #1

License Application for Taxicab Driver

| Taxicab Driver Personal Information: | | | | | | |
|---|--|------|---|---------|-------------|------------|
| Driver's First Name: | | | | | | |
| Driver's Middle Name: | | | | | | |
| Driver's Last Name: | | | | | | |
| Date of Birth: | | | | | | |
| Email Address: | | | | | | |
| Permanent Home Address: | Street: | | | | | |
| | City: | | | | | |
| | State: | | | | | |
| | Zip: | | | | | |
| Driver's Physical Description: | <input type="checkbox"/> Male <input type="checkbox"/> Female | Age: | Height: | Weight: | Hair Color: | Eye Color: |
| MN Driver's License # | | | | | | |
| Home/Cell Telephone: | | | | | | |
| Business Telephone: | | | | | | |
| Taxicab Business Information: | | | | | | |
| Name of Taxi Cab Company you will be driving for: | | | | | | |
| Company Contact Person: | | | | | | |
| Company Business Phone #: | | | | | | |
| Company Business Address: | Street: | | | | | |
| | City: | | | | | |
| | State: | | | | | |
| | Zip: | | | | | |
| MN Business Tax ID#: | | | | | | |
| Federal Tax ID#: | | | | | | |
| Please send the 2020 License Certificate(s) to the following address: | | | Please send the 2020 Renewal Application(s) to the following address: | | | |
| | | | | | | |



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Form #1

As a vehicle driver, have you been involved in any accidents in the past ten years? No Yes
 If the answer is yes, explain dates, locations, and any deaths or injuries resulting:

Have you ever, at any time since your 18th birthday, been arrested for any offense? No Yes
 If the answer is yes, explain charges, dates, locations, and dispositions, (fines, jail sentences, etc.):

Have you been convicted of or plead guilty to more than three motor vehicle moving violations within the immediately preceding 12 months? No Yes
 If the answer is yes, explain charges, dates, locations, and dispositions, (fines, jail sentences, etc.):

Have you ever had a drivers or chauffeurs license revoked or suspended in any state?
 No Yes If the answer is yes, explain fully:

Have you ever been denied automobile liability insurance or required to obtain a high risk policy as a condition of retaining or receiving a driver's license or chauffeurs license in any state?
 No Yes If the answer is yes, explain in detail:

Employment Record: Give a complete account of your previous employment. List last or present employer first (if you need additional space, please attach more sheets):

| From | To | Job Title | Employers Name and Address | Reason for Leaving: |
|------|----|-----------|----------------------------|---------------------|
| | | | | |
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Form #1

List the names of three persons (not relatives) who can give information relative to your character to be engaged in public transportation:

| Name: | Address: | Telephone #: | Occupation: |
|-------|----------|--------------|-------------|
| | | | |
| | | | |
| | | | |

I understand that all questions must be answered and the application must be signed before consideration will be given.

I understand that the City of Coon Rapids has an electronic notification system where all proposed ordinances are posted for Council consideration. To receive Coon Rapids ordinance updates, go to www.coonrapidsmn.gov and click on **NotifyMe**. Then click the envelope icon to subscribe to the list titled "City Proposed Ordinance Changes".

DATA PRACTICES RIGHTS ADVISORY:

- As an applicant for License from the City of Coon Rapids, you are being asked to provide information about yourself which will be used by the City Council in rendering a decision. The purpose of this request for information is to meet the standards set forth by City Code and allows the City Council to thoroughly analyze your suitability and qualification to hold a License.
- If you choose not to provide all or parts of the data requested, it may diminish the possibility of the City Council appropriately evaluating the application.
- The data you provide is defined by Minnesota State Statute 13.41 (Minnesota Government Data Practices Act) as Licensing Data. While in other settings much of the data requested would be classified as "Private" or "Confidential", Subdivision 4 makes application data for licenses "Public". Your original application and data supplied, the information collected by the Coon Rapids Police Department regarding your application and the record of the action taken regarding your application by the City Council will be placed on file in the office of the City Clerk. This information may be subject for review in accordance with the provisions governing Public Data set forth by the Minnesota Government Data Practices Act.

I HAVE READ AND UNDERSTAND THE ABOVE. I hereby certify that all statements made in this application are true. I understand that if any of the above statements or answers are found to be untrue, that such fact will be grounds for denial of a license in the city of Coon Rapids, Minnesota.

Date

Signature of Applicant



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Form #2

Authorization of Release of Data

In order to comply with State and Federal Data Privacy Acts, the City of Coon Rapids is required to ask the following information. This authorization expires one year from date of application.

| Personal Information | | | |
|--|---------|--|--|
| First Name: | | | |
| Middle Name: | | | |
| Last Name: | | | |
| Date of Birth: | | | |
| Email Address: | | | |
| Address of Residence: | Street: | | |
| | City: | | |
| | State: | | |
| | Zip: | | |
| Driver's License # | | State of Issue: | |
| Day Telephone: | | | |
| Evening Telephone: | | | |
| Organization Associated with: | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | Have you EVER been convicted of ANY crime, either felony or misdemeanor? | |
| If applicant has been convicted, please state the following: (NOTE: Failure to document all crime history completely and accurately will be grounds for disqualification of license.) | | | |
| Conviction #1 | | | |
| Date: | | | |
| Location: | | | |
| Nature of Conviction: | | | |
| Conviction #2 | | | |
| Date: | | | |
| Location: | | | |
| Nature of Conviction: | | | |
| Conviction #3 | | | |
| Date: | | | |
| Location: | | | |
| Nature of Conviction: | | | |



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Form #2

| | | |
|---|-----------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Have you ever been convicted of any traffic offense? If yes, please state |
| the following: | | |
| Offense #1 | | |
| Date: | | |
| Location: | | |
| Nature of Offense: | | |
| Offense #2 | | |
| Date: | | |
| Location: | | |
| Nature of Offense: | | |
| Offense #3 | | |
| Date: | | |
| Location: | | |
| Nature of Offense: | | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Have you violated any provisions in the Coon Rapids City Code during |
| the last two (2) years? If yes, please explain: | | |

I, the undersigned, have made a license application with the City of Coon Rapids. Realizing the City has need to investigate my background and history in order to better evaluate my application, I hereby authorize and request every law enforcement official and every other person, firm, officer, corporation, association, organization or institution having control of any documents, records or other information pertaining to me to furnish the original or copies of any such documents, records and other information to the City, and to permit said City or any of its representatives to inspect and make copies of any such documents, records and other information. I further authorize any such persons to answer any inquiries, questions or interrogatories concerning the undersigned which may be submitted to them by the City or its authorized representative. I fully understand that the information so obtained by the City may be used in the evaluation of my application.

I hereby release and exonerate any person who shall comply with the authorization and request made herein from any and all liability of every nature and kind growing out of and in any ways pertaining to the furnishing or inspection of such documents, records or other information.

I am a resident of the State of Minnesota. Yes; No

If not a Minnesota resident, I authorize the appropriate authorities to conduct a background investigation in the state of residence listed on the valid identification card provided as part of this application.

Date

Signature



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Form #3



Supplemental Investigation Information

Print Full Name

Date of Birth

The following information is necessary for the Police Department to properly identify the applicant for purposes of the required background investigation. This information will be retained only by the Police Department as required by law and will not be included in any investigative report submitted to the City Council and will not become a part of the public record or released to the public except as authorized by law.

Sex: Male; Female

Race: _____



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Form #4

License Applicant Information

Under Minnesota Law (M.S. 270C.03) 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, we must advise you:
- This information may be used to deny the issuance, renewal or transfer of your license if you owe the Minnesota Department of Revenue, or any other Department of Revenue in the United States, 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 print or type in the following information and return along with your application.

| Personal Information: | | | |
|--|---------|------------------|--|
| First Name: | | Middle Name: | |
| Last Name: | | | |
| Email Address: | | | |
| Address of Residence: | Street: | | |
| | City: | | |
| | State: | Zip: | |
| Driver's License # | | State of Issue: | |
| Social Security # | | | |
| Business Information: | | | |
| Complete Legal Business Name: | | | |
| Doing Business As Name: | | | |
| Store Phone #: | | | |
| Business Address in Coon Rapids: | Street: | | |
| | City: | Coon Rapids | |
| | State: | Zip: | |
| Minnesota Tax ID # | | Federal Tax ID # | |
| If Minnesota Tax ID # is not required, please explain: | | | |
| | | | |

Date _____ Signature _____ Title _____