

License Application: Taxicab, Medical Transport Company

Definition: A medical transport motor vehicle has seating capacity for fewer than ten passengers and provides prearranged door-to-door transport for patients to/from their home and a contracted medical facility. Vehicles may not accept or discharge passengers at any other place. Payment is a predetermined flat fare. Meters are not allowed.

1. Application requirements	
1.	Complete the application and include all the requirements listed below. Incomplete applications may be returned.
2.	There is a fee for this application. You can pay by <input type="checkbox"/> Cash: Drop off your application at our office. <input type="checkbox"/> Check: Mail or drop off your application at our office. <input type="checkbox"/> Credit Card: Mail, drop off or email your application to businesslicenses@minneapolismn.gov . Do not add your credit card information on this application. We will call you to securely charge your credit card.
3.	Vehicle Information Form (Form #1)
4.	Vehicle Color Scheme and Insignia <input type="checkbox"/> Attach an accurate and detailed description, including name, inscriptions, and monograms. <input type="checkbox"/> Attach a photograph or diagram. Photos can be in Electronic Format. Enclose a disk, flash drive, or send a copy to BusinessLicenses@minneapolismn.gov <input type="checkbox"/> Attach paint samples including the name and code number of the proposed colors.

2. Applicant information

Legal Company Name	Business Name/DBA		
Name (Last, First, MI)	<input type="checkbox"/> Owner <input type="checkbox"/> Partner <input type="checkbox"/> On Site Manager		
Business Address	City	State	Zip Code
Mailing Address (if different than business address)	City	State	Zip Code
E-mail Address	Cell Phone Number	Business Telephone Number	
Minnesota Sales Tax ID Number Required	Social Security Number Required		
Type of Ownership: <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Non-Profit	Date of Incorporation	State of Incorporation	
Is this business publicly traded? <input type="checkbox"/> Yes <input type="checkbox"/> No	Proposed Opening Date:		

3. Owners

List all owners and partners. Ownership must add up to 100%. Attach additional sheets if necessary.

Full Name: Last, First, Middle	Telephone		
Home Address	City	State	Zip
Title	Date of Birth	Ownership %	
Full Name: Last, First, Middle			Telephone
Home Address	City	State	Zip
Title	Date of Birth	Ownership %	
Full Name: Last, First, Middle			Telephone
Home Address	City	State	Zip
Title	Date of Birth	Ownership %	

List any licenses you currently have or previously held in Minneapolis (business or individual).

Have you ever had a business license denied or revoked by any government entity?
 Yes
 No
 If Yes, Indicate the Date of Denial/Revocation, Government Agency, and Reason for Denial or Revocation.

4. Workers compensation

Workers' Compensation Company

Policy Number

Dates of Coverage

-----Or-----

I certify that I am not required to carry workers compensation insurance because I am self-insured. I am the sole proprietor and I have no employees. I have no employees who are covered by workers compensation law. Only employees who are specifically exempted by statute are not covered by the workers compensation law. These include spouse, parents, and children regardless of age. All other workers whose work is controllable by the employer must be covered.

5. Verification

The City of Minneapolis uses the information on this application to determine qualifications for a license. You are not legally required to provide this information. If you refuse, we cannot approve your application. MN Statute 270C.72 requires your Minnesota Tax ID Number and either a Social Security Number or Individual Tax ID Number. These may be given to the Minnesota Commissioner of Revenue if requested. After we approve your license, all information except your Social Security Number is public (MN Statutes, Chapter 13).

A signature is required.

I have read and agree to the [Terms and Conditions](#) for electronic signatures, records and payment.

I, (print name) _____, certify or declare under penalty of perjury under the laws of the State of Minnesota that the information on this application, checklist, and attached documents is true and correct. All information is subject to verification by the State of Minnesota. I understand that false information may result in the denial, suspension or revocation of my business license.

By typing your name, you are electronically signing this application.

Signature of Applicant _____ Title _____ Date _____

6. Additional information

1. No license will be issued for longer than one year.
2. You cannot transfer your license to any other person or location.
3. For reasonable accommodations or alternative formats, please call us at 612-673-2080 or send an email to businesslicenses@minneapolismn.gov. Individuals who are deaf or hard of hearing can use a relay service by calling 311 at 612-673-3000.
4. Information in other languages: Para asistencia 612-673-2700. Rau kev pab 612-673-2800. Hadii aad Caawimaad u baahantahay 612-673-3500.



City of Minneapolis
Licenses and Consumer Services
 220 South Fourth Ave, Room 220
 Minneapolis, MN 55415
 Phone: 612-673-2080
www.minneapolismn.gov/business-licensing

#1

Taxicab vehicle information form
 (Attach additional sheets if necessary)

	MAKE	MODEL	YEAR	LICENSE PLATE	VIN	Legal Holder of Title	Maximum Seating	Wheelchair Accessible?	Security System*
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									

*Security System must be one of the following: C = Digital Camera; G = Global Positioning System; S = Security Shield