

Permit Application: Taxi Driver License Replacement

Definition: Replacement of your current Minneapolis taxi driver license.

1. Application requirements		
Complete the information below. Incomplete applications may be returned. You may send your application by email (businesslicenses@minneapolismn.gov), US mail, or drop it off at our office.		
There is a fee for this replacement license.		
<input type="checkbox"/> Cash or Check: Drop off your application at our office. We will not process your application without payment enclosed.		
<input type="checkbox"/> Credit Card: If you would like to pay by credit card, email to businesslicenses@minneapolismn.gov , mail, or drop off your application in our office. Do not add your credit card information on this application. We will call you to securely charge your credit card.		
2. Background information		
Applicant Name (Last, First, Middle)		Email Address
Street Address	City, State	Zip
Driver's License Number	Cell Phone Number	
3. Service company		
Name of Current Service Company	Company Representative Signature	Date
4. Verification		
<p>The data you furnish on this application will be used by the City of Minneapolis to assess your qualifications for licensure. Disclosure of this information is voluntary. You are not legally required to provide this data; however, if you fail to do so, the City of Minneapolis may be unable to process this application. Disclosure of your Minnesota Tax ID Number, Social Security Number, or Individual Tax ID Number is required by Minnesota Statutes 270C.72, and your Social Security number may be requested by and released to the Minnesota Commissioner of Revenue. After issuance of a license, all information contained in this application, except your Social Security Number, will be public information pursuant to Minnesota Statutes, Chapter 13.</p> <p style="text-align: center;">A signature is required.</p> <p>I, (print name) _____, certify or declare under penalty of perjury under the laws of the State of Minnesota that the foregoing is true and correct. All information given 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.</p> <p><input type="checkbox"/> I have read and agree to the Terms and Conditions for electronic signatures.</p> <p><input type="checkbox"/> I understand the license fee is nonrefundable.</p> <p>Signature of Applicant: _____ Date: _____</p>		