



CITY OF VIRGINIA APPLICATION FOR TAXI LICENSE

LICENSE YEAR ENDING DECEMBER 31, _____
New _____ Renewal _____

ANNUAL LICENSE FEE (\$25.00 per vehicle/\$25.00 per driver)

Amount Paid: _____

Date Paid: _____

APPLICANT INFORMATION:

First Middle (No Initials) Last

Applicant Address City, State, Zip

Applicant Phone Number

Applicant Driver's License No. Driver's License Type

BUSINESS INFORMATION:

Business Name

Business Address City, State, Zip

Business Phone Number

State Tax ID Federal Tax ID

VEHICLE DESCRIPTIONS:

Failure to supply this information may jeopardize or delay the processing of your licensing issuance or renewal application.

VEHICLE NO. 1

Make and Model of Vehicle

VIN #

License Plate No. Seating Capacity

VEHICLE NO. 2

Make and Model of Vehicle

VIN #

License Plate No. Seating Capacity

VEHICLE NO. 3

Make and Model of Vehicle

VIN #

License Plate No. Seating Capacity

VEHICLE NO. 4

Make and Model of Vehicle

VIN #

License Plate No. Seating Capacity

VEHICLE NO. 5

Make and Model of Vehicle

VIN #

License Plate No. Seating Capacity

VEHICLE NO. 6

Make and Model of Vehicle

VIN #

License Plate No. Seating Capacity

DRIVERS INFORMATION:

This information will be used to perform a driver’s license check. Failure to supply this information may jeopardize or delay the processing of your licensing issuance or renewal application.

DRIVER NO. 1

_____	_____	_____
First	Middle (No Initials)	Last
_____		_____
Driver’s Address		City, State, Zip
_____		____/____/____
_____	_____	_____
Driver’s Phone Number	Date of Birth	
_____	_____	_____
Driver’s License No.	Driver’s License Type	

DRIVER NO. 2

_____	_____	_____
First	Middle (No Initials)	Last
_____		_____
Driver’s Address		City, State, Zip
_____		____/____/____
_____	_____	_____
Driver’s Phone Number	Date of Birth	
_____	_____	_____
Driver’s License No.	Driver’s License Type	

DRIVER NO. 3

_____	_____	_____
First	Middle (No Initials)	Last
_____		_____
Driver’s Address		City, State, Zip
_____		____/____/____
_____	_____	_____
Driver’s Phone Number	Date of Birth	
_____	_____	_____
Driver’s License No.	Driver’s License Type	

DRIVER NO. 4

_____	_____	_____
First	Middle (No Initials)	Last
_____		_____
Driver’s Address		City, State, Zip
_____		____/____/____
_____	_____	_____
Driver’s Phone Number	Date of Birth	
_____	_____	_____
Driver’s License No.	Driver’s License Type	

DRIVER NO. 5

_____	_____	_____
First	Middle (No Initials)	Last
_____		_____
Driver’s Address		City, State, Zip
_____		____/____/____
_____	_____	_____
Driver’s Phone Number	Date of Birth	
_____	_____	_____
Driver’s License No.	Driver’s License Type	

DRIVER NO. 6

_____	_____	_____
First	Middle (No Initials)	Last
_____		_____
Driver’s Address		City, State, Zip
_____		____/____/____
_____	_____	_____
Driver’s Phone Number	Date of Birth	
_____	_____	_____
Driver’s License No.	Driver’s License Type	

OTHER REQUIREMENTS

Insurance

No such license shall be issued until the applicant shall obtain a policy of insurance through an insurance company authorized to do business under the laws of the State of Minnesota, insuring said person, co-partnership or corporation operating such vehicles against loss by reason of any damages that may result to any person or persons from the operation of such motor vehicle. Such policy of insurance shall insure such operator in at least the minimum amount required by Minnesota State Statutes against claims for damage by reason of injuries to any one person injured or killed through the operation of such motor vehicle. Such policy of insurance shall guarantee payment of any final judgment rendered against the owner or licensee of such motor vehicle within the limits hereinbefore provided, because of injury or damage resulting to any person or persons from the negligent operation of said motor vehicle. It shall be in a form satisfactory to the City Council of the City which may require the licensee to replace said policy of insurance if the Council shall at any time deem it or the insurer thereon unsatisfactory or insufficient. The default or refusal of said licensee to comply with any such order of the Council shall be ground for revocation of the license of said licensee.

Insurance Company	_____
Policy Number	_____
Coverage Dates	_____

Vehicle Inspection

As part of the application process, all parties seeking taxi licensure in the City of Virginia must pass MN DOT’s annual vehicle inspection. Please complete vehicle inspection form for each vehicle.

THE UNDERSIGNED HEREBY AGREES TO OPERATE IN THE CITY OF VIRGINIA IN ACCORDANCE WITH THE REGULATIONS GOVERNING TAXIS AS SET FORTH IN THE CITY OF VIRGINIA CITY CODE. IT IS UNDERSTOOD THAT FAILURE TO CONFORM OR ABIDE RENDERS THIS LICENSE NULL AND VOID.

SIGNATURE OF APPLICANT

DATE

TO BE COMPLETED BY POLICE DEPARTMENT

Criminal Background Check

Applicant and drivers must pass a criminal background check.

Police Department _____

Title _____

Notes _____
