

CITY OF PRIOR LAKE

APPLICATION FOR TAXICAB LICENSE

NAME:

ADDRESS:

HOME PHONE #: _____ WORK PHONE #: _____

DATE OF BIRTH: _____ PLACE OF BIRTH: _____

() US Citizen () Naturalized Person () Legal Immigrant of the U.S.

The following must accompany this application:

- _____ License fee of \$100.00 (\$50.00 for each additional vehicle).
- _____ Copy of the current vehicle inspection certification confirming that the taxicab is in thoroughly safe condition for transportation of passengers.
- _____ Copy of insurance policy certificate for each vehicle being licensed. Each Vehicle shall be insured in the amount of \$100,000 for bodily injury to any one (1) person, \$300,000 in injuries to more than one (1) person which are sustained in the same accident, and \$50,000 for property damage resulting from one (1) accident.
- _____ Proof of valid driver's license for each taxicab driver to be licensed in the city.

Signature of Applicant

Date

VEHICLE INFORMATION

VEHICLE OWNER: _____

ADDRESS: _____

CLASS: _____ PASSENGER CARRYING CAPACITY: _____

LENGTH OF TIME VEHICLE HAS BEEN IN USE: _____

YEAR AND MAKE OF VEHICLE: _____

SERIAL NUMBER: _____ ENGINE NUMBER: _____

MORTGAGEE: _____ AMOUNT OF MORTGAGE: _____

HOLDER OF TITLE (IF OTHER THAN APPLICANT): _____

IS VEHICLE LEASED, LICENSED OR UNDER ANY FORM OF CONTRACT TO BE USED AND OPERATED BY A PERSON OTHER THAN ONE HOLDING TITLE:

WHO COLLECTS THE REVENUES FROM THE OPERATION OF SAID TAXICAB AND PAYS THE EXPENSES OF OPERATING THE SAME:

ADDITIONAL VEHICLE INFORMATION

VEHICLE OWNER: _____

ADDRESS: _____

CLASS: _____ PASSENGER CARRYING CAPACITY: _____

LENGTH OF TIME VEHICLE HAS BEEN IN USE: _____

YEAR AND MAKE OF VEHICLE: _____

SERIAL NUMBER: _____ ENGINE NUMBER: _____

MORTGAGEE: _____ AMOUNT OF MORTGAGE: _____

HOLDER OF TITLE (IF OTHER THAN APPLICANT): _____

IS VEHICLE LEASED, LICENSED OR UNDER ANY FORM OF CONTRACT TO
BE USED AND OPERATED BY A PERSON OTHER THAN ONE HOLDING
TITLE:

WHO COLLECTS THE REVENUES FROM THE OPERATION OF SAID
TAXICAB AND PAYS THE EXPENSES OF OPERATING THE SAME:

CITY OF PRIOR LAKE

CONSENT FOR RELEASE OF INFORMATION

I, _____
Print Full Name (First) (Full Middle) (Last)

Residing at _____
(Address) (City) (State) (Zip Code)

Driver's License/State Date of Birth

Authorize the Prior Lake Police Department to disclose to the Prior Lake City Manager, Accounting Clerk and the Prior Lake City Council all information collected as a result of the background investigation done for the purpose of evaluating the attached license application.

I understand that failure to provide this release will result in a denial of my application.

I understand that my records are subject to the State Data Practices Act and become public documents unless otherwise provided for by state or federal law. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it and that in any event, the consent expires automatically as described below.

This authorization is valid for six (6) months from the date indicated below.

Signature of above individual authorizing release

Witness: _____