

BUSINESS OWNERSHIP INFORMATION:

I am the sole owner/operator of the business for which this license will be granted: Yes No

*If jointly owned or partnership, you must provide the following information on any/all joint owners and partners.
(Use additional sheets as necessary)*

Joint Owner/Partner Name: _____
First Middle Last

Home Address: _____

City, State, Zip: _____

_____ Home Phone Work Phone Cell Phone

_____ E-Mail Address

Date of Birth: _____ Social Security Number: _____

Drivers License # _____

State of Issuance: _____

Joint Owner/Partner Name: _____
First Middle Last

Home Address: _____

City, State, Zip: _____

_____ Home Phone Work Phone Cell Phone

_____ E-Mail Address

Date of Birth: _____ Social Security Number: _____

Drivers License # _____

State of Issuance: _____

If the application is submitted on behalf of a partnership, you must include the following information for each partner. (attach additional sheets as necessary)

1. Have you ever been convicted of any misdemeanor or felony violation of local ordinances (with the exception of misdemeanor traffic violations)? Yes No

If yes, please provide details of convictions (dates of offense, date of conviction, location, charge):

2. Have you ever been denied a license to conduct a like or similar activity or had such license suspended, revoked, or canceled, in any City/State, including Cloquet? Yes No

If yes, please provide details

3. List all names, nicknames and aliases by which you have been known: _____

4. Previous address immediately prior to your present address:

Street Address: _____

City, State, Zip: _____

Dates at Address: _____

(I) do hereby swear that I have submitted all of the required documentation as listed above and that the answers in this application are true and correct to the best of my knowledge. I do authorize the City of Cloquet, its agents, and employees, to obtain any necessary information and to conduct an investigation, if necessary, into the truth of the statements set forth in this application and my qualifications for this license. I do understand that providing false information shall be grounds for denial of my license.

Signature of Applicant _____ Date

Print Name _____
First Middle Last

SEND FUTURE APPLICATION RENEWALS TO:

- Applicant's Residence Address
 Business Address

FOR CITY USE ONLY: (When applicable)				
	Signature:	Approved:	Denied:	Date:
Planning:				
Police Chief:				
Fire Dept.:				
Finance Director:				
City Administrator:				

VEHICLE INFORMATION: *(attach additional sheets as necessary)*

Unit No. _____

Make of Car: _____ Model: _____ Year: _____

Factory VIN _____

State License No. _____ Vehicle Class _____ Passenger Capacity _____

Length of time vehicle has been in use: _____

Holder of legal title to vehicle *(if other than applicant)*:

Name: _____

Address: _____

Unit No. _____

Make of Car: _____ Model: _____ Year: _____

Factory VIN _____

State License No. _____ Vehicle Class _____ Passenger Capacity _____

Length of time vehicle has been in use: _____

Holder of legal title to vehicle *(if other than applicant)*:

Name: _____

Address: _____

Unit No. _____

Make of Car: _____ Model: _____ Year: _____

Factory VIN _____

State License No. _____ Vehicle Class _____ Passenger Capacity _____

Length of time vehicle has been in use: _____

Holder of legal title to vehicle *(if other than applicant)*:

Name: _____

Address: _____

DRIVER INFORMATION: *(include all drivers. Attach additional sheets as necessary)*

Driver: _____
Full First Name Full Middle Full Last Name

Current Address: _____

City, State, Zip: _____

_____ Home Phone Cell Phone _____

Date of Birth: _____ Drivers License # _____

State of Issuance: _____

Driver: _____
Full First Name Full Middle Full Last Name

Current Address: _____

City, State, Zip: _____

_____ Home Phone Cell Phone _____

Date of Birth: _____ Drivers License # _____

State of Issuance: _____

Driver: _____
Full First Name Full Middle Full Last Name

Current Address: _____

City, State, Zip: _____

_____ Home Phone Cell Phone _____

Date of Birth: _____ Drivers License # _____

State of Issuance: _____

TAXICAB LICENSE

SAFETY STATEMENT

I, _____, have examined the following vehicles sought to be licensed as taxi cabs in the City of Cloquet:

Vehicle/make: _____

Factory VIN _____

License Number: _____

Vehicle/make: _____

Factory VIN _____

License Number: _____

Vehicle/make: _____

Factory VIN _____

License Number: _____

I certify that this vehicle is in a thoroughly safe condition for the transportation of passengers.

Date: _____

Signature

Name of Service Station / Garage

Address of Service Station / Garage

Phone Number of Service Station / Garage

THE FOLLOWING INFORMATION MUST BE SUBMITTED WITH THIS APPLICATION IN ORDER TO BE PROCESSED:

- ❑ Certificate of Insurance for each taxicab
(Minimum \$100,000 per person / \$300,000 per accident)
- ❑ Vehicle / Driver Information Sheet (all vehicles and drivers)
- ❑ Taxicab License Safety Statement
- ❑ Authorization & Release/Data Practices Advisory Form
- ❑ Minnesota Business Tax Identification Law
- ❑ Workers Compensation Form.
- ❑ Photocopy of current Minnesota Driver's License (*for each partner/officer and driver.*)

- ❑ New Licenses:
 - ❖ Police Records Liability Waiver (*for each partner/officer and driver.*)

Authorization & Release

The undersigned, having filed an application with the City of Cloquet realizing that the City has need to investigate the background and history of the applicant in order to better evaluate his or her application, does 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 or any of its representatives 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 by it in its 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 way pertaining to the furnishing or inspection of such documents, records and other information.

Data Practices Advisory (*Tennessee Warning*)

Some or all of the information that you are asked to provide on the attached forms are classified by state law as either private or confidential. Private data is information which generally cannot be given to the public but can be given to the subject of the data. Confidential data is information which generally cannot be given to either the public or the subject of the data.

Our purpose and intended use of this information is to perform background investigations of the applicant, manager and others appearing on the application. This information will be used to determine if it is appropriate for the applicant to be issued a license or permit from the City of Cloquet.

You are not legally required to provide this information. However, failure to furnish the requested information may result in your application being denied.

This information will be used by various City departments in the course of their investigations. In addition, various State and Federal law enforcement agencies may be furnished portions of the information you provide.

If you have any questions in this regard, please contact the City Administrator's Office at (218) 879-3347.

I read and understand the above information regarding my rights as a subject of government data.

**I HAVE READ AND UNDERSTAND THE ABOVE
AUTHORIZATION & RELEASE AND DATA PRACTICES ADVISORY.**

Signature of Applicant

Date

MINNESOTA BUSINESS TAX IDENTIFICATION LAW

Pursuant to Minnesota Statute 270C.72 (Tax Clearance; Issuance of Licenses), Subd. 4. **The licensing authority is required to provide the Minnesota Commissioner of Revenue your business tax identification number and social security number of each license applicant. Under the Minnesota Government Data Practices Act and the Federal Privacy Act of 1974, we are required to advise you of the following regarding the use of this information:**

1. This information may be used to deny the issuance, renewal or transfer of your license in the event you owe the Minnesota Department of Revenue delinquent taxes, penalties or interest.
2. Upon receiving this information, the licensing authority will supply it only to the Minnesota Department of Revenue. However, under the Federal Exchange of Information Agreement, the Department of Revenue may supply this information to the Internal Revenue Service.
3. Failure to supply this information may jeopardize or delay the processing of your licensing issuance or renewal application.

License Type: _____

Please supply the following information and return along with your application to the City of Cloquet.

APPLICANT INFORMATION		
Name: First	Full Middle	Last
Current Address:		
City:	State:	Zip Code:
Social Security Number:		

BUSINESS INFORMATION		
Business Name:		
Business Address:		
City:	State:	Zip Code:

TAX IDENTIFICATION NUMBERS
Federal Tax Identification Number:
Minnesota Tax Identification Number:

Signature: _____

Date: _____

Certificate of Compliance Minnesota Workers' Compensation Law

THIS FORM MUST BE COMPLETED BY THE BUSINESS LICENSE APPLICANT

PRINT IN INK or TYPE.

Minnesota Statutes, Section 176.182 requires every state and local licensing agency to withhold the issuance or renewal of a license or permit to operate a business in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Minnesota Statutes, Chapter 176. If the required information is not provided or is falsely stated, it shall result in a \$2,000 penalty assessed against the applicant by the commissioner of the Department of Labor and Industry.

A valid workers' compensation policy must be kept in effect at all times by employers as required by law.

LICENSE or CERTIFICATE NO (if applicable)	BUSINESS TELEPHONE NO.	FAX TELEPHONE NO.
BUSINESS NAME (Use the person(s) name if business structure is sole proprietor or partnership (i.e., John Doe, or John Doe and Jane Doe), otherwise it is the legal name of the business entity.)		
DBA ("doing business as" or also known as an assumed name) (if applicable)		
BUSINESS ADDRESS (must be physical street address, no PO boxes)	CITY	STATE ZIP CODE
COUNTY	E-MAIL ADDRESS	

YOUR LICENSE OR CERTIFICATE WILL NOT BE ISSUED WITHOUT THE FOLLOWING INFORMATION. *You must complete number 1 or 2 below.*

NUMBER 1 – Workers' compensation insurance policy information

INSURANCE COMPANY NAME (not the insurance agent)	NAIC Number	
POLICY NO.	EFFECTIVE DATE	EXPIRATION DATE

NUMBER 2 – Reason for exemption from workers' compensation insurance

If you have questions regarding the need to obtain workers' compensation coverage, including exemptions, contact 651.284.5032 or 1-800-342-5354.

- I have no employees. (See Minn. Stat. § 176.011, subd. 9 for the definition of an employee.)
- I am self-insured for workers' compensation (attach a copy of the authorization to self-insure from the Minnesota Department of Commerce).
- I have employees but they are not covered by the workers' compensation law. (See Minn. Stat. § 176.041 for a list of excluded employees.) Explain why your employees are not covered:

Other: _____

I certify that the information provided on this form is accurate and complete. If I am signing on behalf of a business, I certify that I am authorized to sign on behalf of the business.

PRINT NAME		
APPLICANT SIGNATURE (required)	TITLE	DATE

NOTE: You must notify us if there is any change to your Workers' Compensation Insurance Information or Employee Status Change by resubmitting this form. This material can be made available in different forms, such as large print, Braille or on a tape.

**CLOQUET POLICE DEPARTMENT
101 14th Street - Cloquet, MN 55720**

POLICE RECORDS LIABILITY WAIVER

I respectfully request and expressly authorize the Cloquet Police Department to inspect criminal history records maintained on me by any and all law enforcement agencies, the Bureau of Criminal Apprehension and/or the Federal Bureau of Investigation. I further authorize the Cloquet Police Department to release any information obtained from these sources to the City of Cloquet as may be required. Information obtained in this manner is to be used solely for the purpose of determining my eligibility for the following:

License you are applying for: _____

APPLICANT INFORMATION		
First Name:	Full Middle Name:	Last Name:
Current Home Address:		
City:	State:	Zip:
Previous Address:		
City:	State:	Zip:
Home Phone:	Cell Phone:	Work Phone:
E-mail address: <i>(if applicable)</i>		
Date of Birth:	Social Security Number:	
Driver's License Number:		
Other names by which applicant has been known, including maiden name, names from previous marriages or aliases:		
First Name:	Full Middle Name:	Last Name:
First Name:	Full Middle Name:	Last Name:
Business Name:		
Business Address:		
Business Phone Number:		

I hereby expressly release the Cloquet Police Department and its employees from any liability for damage to me which may result from the furnishing of such information:

X _____
Signature of Individual Authorizing Release

Date

(Please submit copy of Driver's License)