



Deputy City Clerk's Office  
333 S. Washington Street, PO Box 526  
Redwood Falls, MN 56283  
507-616-7400  
Email: ckodet@ci.redwood-falls.mn.us

## Procedure to Apply for a Taxi License

- ☐ 1. Complete *Application for Taxi License*.
- ☐ 2. Complete *Certificate of Compliance – Minnesota Workers' Compensation Law* form.
- ☐ 3. Complete *Background Check Form for License Applicants*. One form must be completed for each applicant on your application. This form may be copied as needed.
- ☐ 4. Remit \$75 payable to "The City of Redwood Falls" for each Background Check.
- ☐ 5. Remit \$50 for 1<sup>st</sup> Taxi and \$20 for each additional Taxi you are applying for. Check should be payable to "The City of Redwood Falls". This is an annual fee (January 1 to December 31). Should you be applying during the middle of the year, your fee will be prorated on the basis of 1/12 for each calendar month for the current licensed year, but not less than half (1/2) of the annual license.
- ☐ 6. Have a Certificate of Liability Insurance prepared and included with your application for proof of public liability and bodily injury insurance coverage (See: City Code Chapter 6.25, Subd. 6 for requirements). Name appearing on the Certificate must be exactly as shown on your application.
- ☐ 7. Provide a Schedule of Proposed Maximum Rates to be charged during the licensed period.
- ☐ 8. Provide a Mechanic's Certification showing that the taxicab is in good mechanical condition, is safe for transportation of passengers and that it is in neat and clean condition.
9. The materials with a box in the left margin (#1-8) should be returned to: Caitlin Kodet  
City of Redwood Falls  
333 S. Washington St., PO Box 526  
Redwood Falls MN 56283
10. Upon receiving all completed and required materials and fees and completion of successful background check(s), the application will be on the City Council agenda. If after the meeting the Council is satisfied, a license will be approved and issued to Applicant.
11. The City of Redwood Falls will send you a renewal notice each fall for the next year for any licenses that have been in place.
12. Should you have any questions regarding this application process, please contact Caitlin Kodet at 507-616-7400.

Enclosures: City Form "Application for Taxi License"  
"Certificate of Compliance – Minnesota Workers' Compensation Law"  
"Background Check Form for License Applicants"  
City Code – Chapter 6.25 "Taxicabs"



Deputy City Clerk's Office  
333 S. Washington Street, PO Box 526  
Redwood Falls, MN 56283  
507-616-7400  
Email: ckodet@ci.redwood-falls.mn.us

## Application for Taxi License

Annual License Fee: \$50/1<sup>st</sup> Taxi; \$20 each additional Taxi

Background Check Fee: \$75 per person

Applicant will also be required to bear the cost of publication of required hearing.

License Term: For Calendar year\_\_\_\_\_ (January 1 to December 31) unless stated otherwise.

### APPLICANT INFORMATION:

Applicant/Owner Name:

*First*

*Full Middle Name*

*Last Name*

Address:

City, State, Zip:

Telephone:

*Work:*

*Cell:*

Date of Birth:

Driver's License Number:

E-Mail Address:

### BUSINESS NAME OF TAXI SERVICE:

Business Name:

Address:

City, State, Zip:

Telephone:

*Work:*

*Alternate Phone Number:*

MN Tax ID#:

Federal Tax ID#:

E-Mail Address:

### DESCRIPTION OF VEHICLE(S):

Vehicle Make/Model	Vehicle Year	MN License Plate Number	Title to said Vehicle if other than Applicant	Seating Capacity
1.	1.	1.	1.	1.
2.	2.	2.	2.	2.
3.	3.	3.	3.	3.

**CHECKLIST:**

*The following items need to be completed and/or attached in order for the application to be processed:*

- A schedule of proposed maximum rates to be charged for licensed year is attached? ☐ Yes ☐ No
- The schedule of proposed rates will be posted in the taxicab in full view of passengers riding? ☐ Yes ☐ No
- A certificate signed by a competent and experienced mechanic showing taxicab is in good mechanical condition, that it safe for transportation and is in neat and clean condition is attached? ☐ Yes ☐ No
- Both sides of every licensed taxicab will be plainly and permanently marked showing the name of the licensed operator? ☐ Yes ☐ No
- A copy of your Taxi Driver Training Certificate is attached? ☐ Yes ☐ No
- A copy of your Driver's License is attached? ☐ Yes ☐ No

***Certificates of Insurance required:***

- Public liability and bodily injury insurance having coverages of at least \$100,000 per individual, \$300,000 per occurrence, and \$100,000 for property damage. The insurance shall cover all passengers carried by the insured licensee as well as other persons injured or damaged by the negligent operation of the taxicab. The policy shall contain a clause providing for ten days written notice to the City Administrator prior to cancellation.
  - A Certificate of the Insurance is attached? ☐ Yes ☐ No
- Workers' Compensation Insurance in accordance with MN Statute Chapter 176.
  - A Certificate of the Insurance is attached? ☐ Yes ☐ No

**Please answer all questions truthfully and to the best of your knowledge. Providing false information may be cause for denial of your license. If answering yes to any of these questions, please attach additional information to this application.**

☐ Yes ☐ No Have you previously operated in another city or state under a license or permit which was denied, suspended, revoked or disciplined in any manner by federal, state or local entities? If yes, please explain.

☐ Yes ☐ No Have you had any driving citations in the last five (5) years? If Yes, please list:

The City of Redwood Falls reserves the right to request additional information to assist in the evaluation of this application. The City Council shall have at least 30 days from and after receipt of the complete application for review prior to granting or denying issuance of a license.

I do hereby swear that the answers in this application are true and correct to the best of my knowledge. I do authorize the City of Redwood Falls, its agents and employees, to obtain 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. Terms and Conditions of License shall be followed as stipulated by City Code Section 6.25.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_  
First Middle Last

FOR CITY USE ONLY:			
<input type="checkbox"/> Completed Application with supporting docs; license fee and hearing fee received	<input type="checkbox"/> Background Check completed		
<input type="checkbox"/> Public Hearing Scheduled	<input type="checkbox"/> City Council approved Application by Resolution		
<input type="checkbox"/> Permit mailed to Applicant	<input type="checkbox"/> Copy of Permit to Police Department		
<input type="checkbox"/> Application, Supporting Documents and Permit scanned to Business License; BL Binder Index updated			

# Certificate of Compliance

## Minnesota Workers' Compensation Law

This form must be completed by the business license applicant.

### Print in ink or type

Minnesota Statutes § 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 Minn. Stat. 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 number (if applicable)	Business telephone number	Alternate telephone number
---	---------------------------	----------------------------

Business name (Provide the legal name of the business entity. If the business is a sole proprietor or partnership, provide the owner's name(s), for example John Doe, or John Doe and Jane Doe.)

DBA ("doing business as" or "also known as" an assumed name), if applicable

Business address (must be physical street address, no P.O. boxes)	City	State	ZIP code
---	------	-------	----------

County	Email address
--------	---------------

### You must complete number 1 or 2 below.

**Note:** You must resubmit this form to the authority issuing your license if any of the information you have provided changes.

1. ☐ **I have a workers' compensation insurance policy.**

Insurance company name (not the insurance agent)

Policy number	Effective date	Expiration date
---------------	----------------	-----------------

☐ **I am self-insured for workers' compensation.** (Attach a copy of the authorization to self-insure from the Minnesota Department of Commerce; see [www.mn.gov/commerce/industries/insurance/licensing/self-insurance](http://www.mn.gov/commerce/industries/insurance/licensing/self-insurance).)

2. **I am not required to have workers' compensation insurance because:**

- ☐ I only use independent contractors and do not have employees. (See [Minn. Stat. § 176.043](#) for trucking and messenger courier industries; [Minn. Stat. § 181.723, subd. 4](#), for building construction; and [Minnesota Rules chapter 5224](#) for other industries.)
- ☐ I do not use independent contractors and have no employees. (See [Minn. Stat. § 176.011, subd. 9](#), for the definition of an employee.)
- ☐ I use independent contractors and I have employees who are not required to be covered by the workers' compensation law. (Explain below.)
- ☐ I only have employees who are not required to be covered by the workers' compensation law. (Explain below.) (See [Minn. Stat. § 176.041](#) for a list of excluded employees.)

Explain why your employees are not required to be covered

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

### Print name

Applicant signature (required)	Title	Date
--------------------------------	-------	------

If you have questions about completing this form or to request this form in Braille, large print or audio, call (651) 284-5032 or 1-800-342-5354.



333 S. Washington Street, PO Box 526  
Redwood Falls MN 56283  
507-616-7400

## Release of Information & Background Check Informed Consent for License or Permit

Type of License or Permit

Email Address

Printed Name (First, Middle, Last, Maiden,)

Telephone Number

Other Names Known by Within the Last Ten (10) Years

Social Security Number

Date of Birth

Driver's License #

Class

Issuing State

Current Address (Street, City, State and Zip Code)

Previous Addresses within the Last Ten (10) Years (Street, City, State and Zip Code)

I recognize that any license or permit issued to me by the City of Redwood Falls is conditional upon my successfully passing reference and/or background screenings. I understand that the City of Redwood Falls shall conduct background checks thoroughly and within the confines of all applicable State and Federal laws.

I hereby voluntarily consent to and authorize the City of Redwood Falls, or its agents, designees, or authorized representative(s) bearing this release or copy thereof, in connection with my application for license or permit with the City of Redwood Falls, to obtain the following background information for licensure or permitting purposes including: **Criminal History Records; Motor Vehicle and Driver's License Records; Certification of Licensing; Educational Credentials; Employment Eligibility (Social Security Number verification) Employment Checks; Reference Checks; Predatory Offender Checks; Credit Checks; and all other public records that may be found.**

I realize I am not legally required to sign this form, but if I do not, the City of Redwood Falls will not be able to determine whether my conviction record or other background information is directly related to the occupation or license sought by me. In the event the City of Redwood Falls determines my conviction record or other background information is directly related to the occupation or license sought by me, I will be notified in writing and will be given any rights to processing of complaints or grievances afforded by Minnesota Statute Chapter 364. I understand that all information collected and prepared by the City of Redwood Falls through this background check process may be released only pursuant to the statutory provisions of Minnesota Statute Chapter 13.

I also authorize investigation of any information contained in my application for licensure or permit and/or supplemental materials I have submitted in consideration for licensure or permit. I hereby authorize all persons who may have information relevant to this search to disclose such information to the City of Redwood Falls, or its agents, designees, or authorized representative(s) and I hereby release all persons, entities, and the City of Redwood Falls from all claims or liabilities that might arise from the inquiry into or disclosure of such information, including claims under any Federal, State or Local Civil Rights Law and any claims for defamation or invasion of privacy on account of a true and accurate disclosure. I hereby further authorize that a photocopy of this authorization be considered as valid as the original.

The expiration of this authorization shall be for a period of no longer than one year from the date of my signature.

Signature of Applicant

Date

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_

This instrument was acknowledged before me on \_\_\_\_\_ by \_\_\_\_\_

Notary Public

My Commission Expires on \_\_\_\_\_



## Exhibit 7-2

### DATA PRACTICES ADVISORY (Tennessen Warning – Permits and Licenses)

You are being asked to answer questions and provide information pursuant to the license and application process that is required by Minnesota State law and/or Redwood Falls City Code. The purpose and intended use of the requested data is to verify that applicants meet the requirements of the State statutes and City code provisions and, if the license or permit is approved, to verify that all required data remains current.

Some of the information you provide on this application is considered private data under the Minnesota Government Data Practices Act (the "Act"). This information will be used by the City and its agents involved in the review of this application. You are not required by State law or City Code to answer questions or provide the information requested. However, a refusal to answer questions or provide the information requested will prevent the City from processing the permit or license for which you are applying.

The following data collected, created, or maintained is classified under the Act as public data once a license has been approved (Minn. Stat. § 13.41, subd. 5):

1. Data submitted by applicants (including name, email, telephone numbers, and addresses).
2. Orders for hearing, findings of fact, conclusions of law, and specification of any final disciplinary action.
3. Entire record concerning any disciplinary proceeding.
4. License numbers and status.

The following data collected, created, or maintained is classified under the Act as private and/or confidential data (Minn. Stat. § 13.41, subd. 2; Minn. Stat. § 13.37, subd. 1):

1. Active investigative data relating to complaints against any license.
2. The identity of complainants who have made reports concerning licenses or applicants which appear in inactive complaint data unless the complainant consents to disclosure.
3. The information related to unsubstantiated complaints when it is not maintained in anticipation of legal action.
4. Inactive investigative data relating to violations of statutes or rules.
5. Record of disciplinary proceedings, except as limited by the provisions above.
6. Trade secrets, as defined under Minnesota law.
7. Sensitive security and safety information.

The City of Redwood Falls may make any private or confidential data accessible to an appropriate person or agency if the City determines that failure to make the data accessible is likely to create a clear and present danger to public health or safety.

**Certification:** I have read and certify the information in this application is true and correct. I further understand that the giving of false information in this form and/or the failure to give requested information may be cause for immediate revocation of any and all licenses and/or permits issued hereunder. I understand the above information regarding my rights as a subject of government data and applicant for a license or permit from the City of Redwood Falls.

Note: Proper signature is required. If a corporation owns this establishment, an officer of the corporation must sign below; if a partnership, the managing partner; if an individual, the owner.

---

Date

---

Signature

---

Print Title

---

Print Name

---

Establishment Name (DBA) or Trade Name

## § 6.25 TAXICABS.

Subd. 1. *Definitions.* The following terms, as used in this section, shall have the meanings stated.

A. The term "driver" means the person driving and having physical control over a taxicab whether he or she be the licensee or in the employ of the licensed operator.

B. The term "operator" means a licensee owning or otherwise having control of one or more taxicabs.

C. The term "taxicab" means any passenger conveyance being driven, on call or traversing a scheduled or unscheduled route for public use or hire upon payment of a fare or at regular fare rates, but not including such as are designed for mass transportation as buses, trains or streetcars.

Subd. 2. *License Required.* It is unlawful for any person to drive or operate a taxicab without a license therefor from the city.

Subd. 3. *License Fees.* The annual license fee for a taxicab shall be set by resolution of the Council. Provided, however, that, if a licensed vehicle is disabled through mechanical failure or for needed repairs, the license may be temporarily transferred to another conveyance for a seven-day period upon approval by the city.

Subd. 4. *Granting of Licenses and Renewals.*

A. Upon the filing of an application for a license, the Council shall order a hearing thereon to determine whether the public convenience and necessity require the proposed taxicab service. Notice of the hearing shall be published once in the official newspaper at least seven days prior to the time fixed for the hearing. The cost of the publication shall be borne by the applicant and the notice shall state the name of the applicant, the type of license applied for, a schedule of rates to be charged, the number of vehicles to be operated under the license and the time and place of hearing.

B. If, after the hearing, the Council is satisfied and, by resolution, finds and determines that the public convenience and necessity require the issuance of a license period, it shall grant the license period. Provided, however, that, the hearing shall not be required for renewal of any license, but the applicant for a renewal license shall file an application at least 30 days prior to the expiration of the license, and failure by the applicant to file the application within the time limited shall be deemed an abandonment by the licensee of the right to renewal without a hearing. This time requirement may be waived by the Council for good and sufficient cause as determined by the Council.

Subd. 5. *License Issuance and Display, and Vehicle Marking.* All licenses shall be issued for specific conveyances, except as otherwise herein provided. Both sides of every licensed taxicab, when in use, shall be plainly and permanently marked as such with a painted sign or appurtenances showing the full or abbreviated name of the licensed operator.

Subd. 6. *Insurance Required.* Before a taxicab license is issued by the Council and, at all times, effective during the licensed period, the licensee shall have and maintain public liability and bodily injury insurance having coverages of at least \$100,000 per individual, \$300,000 per occurrence and \$100,000 for property damage. The insurance shall cover all passengers carried by the insured licensee as well as other persons injured or damaged by the negligent operation of the taxicab. The policy shall contain a clause providing for ten days written notice to the City Administrator prior to cancellation. A memorandum or certificate of the insurance shall be furnished to the city before the license is issued.

Subd. 7. *Rates.* Each applicant shall file with the City Administrator, before a taxicab license is issued or renewed, a schedule of proposed maximum rates to be charged by him or her during the licensed period for which the application is made. The schedule of proposed maximum rates, or a compromise schedule thereof, shall be approved by the Council before granting the license. The schedule shall be posted in a

conspicuous place in the taxicab in full view of passengers riding therein. Nothing herein shall prevent a taxicab licensee from petitioning the Council for review of the rates during the licensed period, and the Council may, likewise, consider the petition and make new rates effective at any time. No taxicab licensee shall charge rates in excess of maximum rates approved by the Council.

Subd. 8. ***Mechanical Condition.*** Before issuing a taxicab license, the Council may require a mechanic's certification showing that the taxicab conveyance is in good mechanical condition, that it is thoroughly safe for transportation of passengers and that it is in neat and clean condition. Such similar certificate may be required from time to time during the licensed period.

Subd. 9. *Unlawful Acts.* It is unlawful for the operator or driver of any taxicab to:

- A. Carry any other than the passenger first employing a taxicab without the consent of the passenger;
- B. Charge or attempt to charge any passenger a greater rate of fare than that to which the taxicab is entitled under resolution of the Council; and
- C. Deceive any passenger who may ride with him or her or who may desire to ride in any such vehicle as to his or her destination or distance traveled or to be traveled.