



CITY OF RICHFIELD

2019

**Application for
Taxi Driver License**

TAXI DRIVER FEE: \$58.00
STICKER FEE: \$77.00

Taxi Cab Employer

Applicant: _____

(Last, First and Full Middle Name)

____ Airport Taxi (Also Yellow & Town Taxi)

Address: _____

____ Gold Star Taxi

(City) (State) 10300(Zip Code)

Home Phone: _____

MN Driver's License#: _____

Date of Birth: _____

(Month, Day, Year)

Height: _____ Weight: _____

Eye Color: _____ Hair Color: _____

Do you wear corrective lenses? Yes No

PRIVACY ACT STATEMENT: The data you supply on this form will be used to assess your qualifications for a taxicab driver's license. You are not legally required to provide this data, but we will not be able to grant the license without it. This data will constitute a public record if the license is granted, and at that time copies may be issued to anyone requesting them. We are asking for this information for the following reasons:

1. To use in distinguishing you from other applicants and to identify you in our license files.
2. To enable us to verify that you are the individual who is applying for this application.
3. To enable us to contact you when, and if, additional information or clarification is needed.
4. To determine if you meet the minimum age requirements, if any, for this license.
5. To determine whether your conviction record may be a job-related consideration affecting your suitability to receive a Richfield taxi cab driver's license.
6. To meet federal and state reporting requirements.
7. To make processing of license applications more efficient.

Has your driver's license ever been suspended or revoked? YES NO (If yes, Explain below)

Have you ever been convicted of any crime, other than a traffic related offense? YES NO (If yes, Explain below)

Have you ever used a name other than the one used on this application? YES NO (If yes, Explain below)

Previous addresses, other than current, for the past (5) five years:

DATES STREET ADDRESS CITY STATE COUNTY

***** NOTICE: YOUR APPLICATION WILL BE DENIED UNLESS ALL QUESTIONS ARE ANSWERED.

APPLICANT PRINT NAME: _____

APPLICANT SIGNATURE: _____

RICHFIELD PUBLIC SAFETY
TAXI DRIVER HEALTH STATEMENT

Name of applicant: _____

Address: _____

Home phone: _____ Business phone: _____

Health History

Have you been treated within the last year for any of the following?

1. Eye problems: Yes No (if yes, explain) _____
(is your eyesight at least 20/40 (corrected/uncorrected) Yes No
2. Heart problems: Yes No (if yes, explain) _____
3. Mental or nervous problems: Yes No (if yes, explain) _____
4. Alcohol abuse: Yes No (if yes, explain) _____
5. Drug abuse: Yes No (if yes, explain) _____
6. Epilepsy, seizures: Yes No if yes, explain _____
7. Are you currently taking prescribed medication? Yes No
If yes, what kind and for what reason? _____
8. I certify that I have good eyesight and am not now subject to any disease or infirmity of body or mind which might render me unfit to operate a taxi cab.

THE ABOVE ANSWERS ARE TRUE AND COMPLETE AND ARE GIVEN AS A CONDITION FOR OBTAINING A LICENSE TO OPERATE A TAXI CAB IN THE CITY OF RICHFIELD. ANY FALSE OR INCOMPLETE STATEMENTS OR FAILURE TO REVEAL A MEDICAL CONDITION MAY BE REASON TO DENY OR REVOKE THE REQUESTED LICENSE.

SIGNATURE OF APPLICANT: _____ DATE: _____

CITY OF RICHFIELD
License Applicant Information

Pursuant to Minnesota statute 270.70 tax clearance: Issuance of licenses

The licensing authority is required to provide to the Minnesota commissioner of revenue your Minnesota business tax identification number and the 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 license issuance or renewal application.

Please supply the following information and return along with your application to the agency issuing the license.
Do not return to the department of revenue.

License being applied for or renewed: _____

Licensing authority: _____
(Name of City, County or State Agency Issuing License)

PERSONAL INFORMATION

APPLICANT'S NAME: _____

APPLICANT'S ADDRESS: _____
City County State Zip Code

BUSINESS INFORMATION

BUSINESS NAME: _____

BUSINESS ADDRESS: _____
City County State Zip Code

SIGNATURE _____ DATE _____

**Application for license involving
Private or confidential information
(Tennessen Warning)**

In connection with your request for a license, the city has asked that you provide it with information about yourself which is classified as either private or confidential by the Minnesota government data practices act (m.s.a 13.04). Accordingly, the city is required to inform you of the following:

1. The purpose and intended use of the information requested is: To determine if you are eligible for a license from the city of Richfield.
2. You are not legally obligated to supply the requested information.
3. The known consequences of supplying the requested information is: The information or further investigation could disclose information, which could cause your application to be denied.
4. The known consequences of refusing to supply the requested information is: Your request for a license cannot be processed.
5. The following persons and entities are authorized by law to receive the information if provided: staff of the Richfield police department, bureau of criminal apprehension, Hennepin county warrant office, Ramsey county warrant office, state of Minnesota - driver license section, Hennepin county auditor, other governmental agencies necessary to process your application.

The undersigned, by signing this notice, acknowledges that he/she has read and understood the contents of this notice and has received a copy of this notice.

Signature _____

Date _____