
Have you submitted . . .

- Completed Taxicab License Application
- Driver Information Form(s) for Each Taxicab Driver
- Criminal History Record for Each Taxicab Driver
- License Fee
- Certificate of Insurance
- Copy of an inspection certificate for each vehicle that confirms that the vehicle passed an inspection at a qualified service station or garage that employs a Master ASE (Automotive Service Excellence) Technician

Questions . . .

To obtain a taxicab license application or for more information please call:

Deputy City Clerk
(763) 569-3308
Monday – Friday
8:00 a.m. – 4:30 p.m.



6301 Shingle Creek Parkway
Brooklyn Center, MN 55430-2199
Telephone (763) 569-3300
TTY/Voice 711
Fax (763) 569-3494
www.cityofbrooklyncenter.org

Taxicab License Procedures

Revised 10/17

City of Brooklyn Center

License Requirements

The City of Brooklyn Center requires the licensing of taxicabs as defined in Sections 23-701 through 23-712 of its Ordinance. The license period is the calendar year January 1 through December 31. The annual license fee for a taxicab license is \$100. Please complete or provide the following:

License Application – completed application for each taxicab owner/lessee

Driver Information Form(s) – completed for each taxicab driver who will operate the taxicabs listed on the license application

Criminal History Record – must be submitted with each Driver Information Form

License Fee – \$100 per taxicab (checks made payable to the City of Brooklyn Center)

Certificate of Insurance – certificate of insurance from your insurance carrier

Vehicle Inspection Certificate – must submit a copy of an inspection certificate for each vehicle that confirms that the vehicle passed an inspection at a qualified service station or garage that employs a Master ASE (Automotive Service Excellence) Technician

Insurance Requirements

Section 23-708. **INSURANCE POLICIES.** The City will not issue a taxicab license until the applicant has filed with the City Manager's designee an insurance policy, a certificate of insurance or insurance binder, subject to approval as to form by the City Attorney, that evidences that the owner of the taxicab is insured against claims, demands or losses in the minimum amounts of \$150,000 for a single injury or death in a single accident and at least \$300,000 for more than one injury or death in a single accident and \$25,000 for property damage. The policy must contain a clause obligating the insurer to give a 10-day written notice to the City for cancellation.

Criminal History Records can be obtained from the Minnesota Bureau of Criminal Apprehension, Criminal Justice Information Systems – CHA, 1430 Maryland Avenue East, St. Paul, MN 55106. Call the BCA at (651) 793-2400 from 8:00 a.m. to 4:30 p.m. if you need additional information. BCA lobby hours are 8:15 a.m. to 4:00 p.m., Monday through Friday, closed holidays. BCA website is www.dps.state.mn.us/bca.

License Approval

Upon the City Clerk's receipt of a completed taxicab license application, including the driver information forms for all taxicab drivers who will operate the listed taxicabs, criminal history records to accompany the driver information forms, appropriate license fee, certificate of insurance, and copy of vehicle inspection certificates, the Police Department will run a records check and, based on the records check, will approve or deny the taxicab license application.

If approved, the license application shall be presented to the City Council for consideration at its next regular meeting. The City Council meets the 2nd and 4th Monday of the month. License materials must be submitted at least seven (7) days prior to a City Council meeting.

If denied, the license application procedure ends until the record has been cleared. The license fee is non-refundable.

License Application

Taxicab

Annual Fee: \$100/vehicle
Annual Expiration: December 31

TO THE HONORABLE CITY COUNCIL:

Date: _____

OWNER INFORMATION

Taxicab Owner/Lessee: _____
Name (Full Name, if individual)

Type of Owner (please circle):	Individual	Corporation	Partnership	Association
If Individual , are you at least 18 years of age?			YES	NO
If Corporation or Association , are you properly chartered or authorized to do business as such under state law?			YES	NO

Owner Address: _____

Owner Telephone Number: _____

Business Address: _____

Business Telephone Number: _____

VEHICLE INFORMATION

Number of taxicabs to be licensed: _____

List taxicab number, make and model of vehicle, and Vehicle Identification Number (VIN) – use additional sheets if necessary:

FOR EACH VEHICLE, SUBMIT AN INSPECTION CERTIFICATE THAT CONFIRMS THAT THE VEHICLE PASSED AN INSPECTION AT A QUALIFIED SERVICE STATION OR GARAGE THAT EMPLOYS A MASTER ASE (AUTOMOTIVE SERVICE EXCELLENCE) TECHNICIAN.

DRIVER INFORMATION

Number of drivers to be licensed: _____

Complete and submit a separate Driver Information application for each driver who will operate the taxicabs listed on this license application (see page 3 of the taxicab license application).

The undersigned hereby applies for a taxicab license and acknowledges receipt of a copy of City Ordinance Section 23-701 through 23-712 and agrees to comply at all times with all laws, ordinances, or regulations applicable whether they be federal, state, county, or municipal. The undersigned also authorizes the Brooklyn Center Police Department to conduct any and all necessary investigations to verify the information on the application, including a criminal history and driver's license history inquiry on the applicant or any driver. Submitted with this application is certificate of insurance coverage, vehicle inspection certificate for each vehicle, and criminal and driver's license history for each driver. Information is collected to determine eligibility for license. Failure to provide information requested may result in denial of application.

Signature of Applicant: _____

CITY USE ONLY	Application Number:
Receipt Number:	Cash or Check #:
Inspection Certificate:	Insurance Certificate:
Date to Police:	Date Returned:
Council Approval Date:	License Number:
License Mail Date:	

DRIVER INFORMATION

A separate Driver Information application must be completed for each driver who will operate the taxicabs listed on the license application.

Taxicab Driver: _____
Name (Full Name, First, Middle, Last)

Address: _____

Date of Birth: _____

Does the Taxicab Driver have a valid State of Minnesota Driver’s License? YES NO

Driver’s License Number: _____

Has the driver been convicted of any of the following violations of Minnesota Statutes?

- Murder, criminal vehicular homicide, and injury YES NO
- Assault in the first, second, or third degree YES NO
- Criminal sexual conduct YES NO
- Felony or gross misdemeanor indecent exposure YES NO
- Controlled substances punishable by a maximum sentence of 15 years or more YES NO
- Driving under the influence, leaving the scene of an accident, or reckless or careless driving YES NO

Has the driver been adjudged legally incompetent by reason of mental illness, mental deficiency, or inebriety? YES NO

Has the driver been convicted of a crime of violence or theft, a sex crime, or a crime involving the illegal use of drugs? YES NO

Has the driver had driving violations within five years prior to the license application? YES NO

A CRIMINAL HISTORY RECORD MUST BE SUBMITTED FOR EACH DRIVER INFORMATION APPLICATION

Criminal History Records can be obtained from the Minnesota Bureau of Criminal Apprehension, Criminal Justice Information Systems – CHA, 1430 Maryland Avenue East, St. Paul, MN 55106. Call the BCA at (651) 793-2400 from 8:00 a.m. to 4:30 p.m. if you need additional information. BCA lobby hours are 8:15 a.m. to 4:00 p.m., Monday through Friday, closed holidays. BCA website is www.dps.state.mn.us/bca.

Has the driver submitted a FULL criminal history record? YES NO

Driver’s Signature _____

Date _____