



SAINT PAUL
SAFETY & INSPECTIONS

Saint Paul, Minnesota 55101
Phone: 651-266-8989
Web: www.stpaul.gov/dsi

Class "R" License Application

LICENSES ARE NOT TRANSFERRABLE

Payment must be received with each application. This application is subject to review by the public.

Driver Application Taxicab / Pedicab / Pedal Car

Applicant Information:

Name and Title: _____
First Middle (Maiden) Last Title

Home Address: _____
Street (#, Name, Type Direction) City State Zip+4

Mail to Address: _____
(if different than home address) Street (#, Name, Type, Direction) City State Zip+4

Cell Phone: _____ Alternative Phone: _____

Email Address: _____ Date of Birth: ___ / ___ / ___

Driver's License State#: _____ Expiration Date: _____

License Type (Check One): **Taxicab Driver (\$51)** **Pedicab Driver (\$51)** **Pedal Car Driver (\$51)**

Name of company you will be driving for: _____

PREVIOUS RESIDENCE(S)

Date(s)	Street Address	City	County	State	Zip Code

TAXICAB DRIVERS - ten (10) years preceding date of application required.

PEDICAB & PEDAL CAR DRIVERS - three (3) years preceding date of application required.

TAXICAB DRIVER applicants must present a valid State of Minnesota or Wisconsin Driver's License and a current D.O.T. medical card at time of application. Drivers licensed in a state other than Minnesota within ten (10) years preceding application must also provide an official copy of their driving record for the last ten (10) years from each state in which they were licensed. Drivers new to the City of Saint Paul must complete a drivers training course. Chapter 376 - Saint Paul Legislative Code.

PEDICAB DRIVER applicants must present a valid State of Minnesota, Wisconsin, Iowa, North Dakota, or South Dakota Driver's License at time of application and drivers licensed in a state other than Minnesota within three (3) years preceding application must also provide an official copy their driving record for the last three (3) years from each state in which they were licensed. Chapter 375 - Saint Paul Legislative Code.

PEDAL CAR DRIVER applicants must present a valid state driver's license at time of application and drivers licensed in a state other than Minnesota within three (3) years preceding application must also provide an official copy their driving record for the last three (3) years from each state in which they were licensed. Chapter 374 - Saint Paul Legislative Code.



SAINT PAUL
SAFETY & INSPECTIONS

Saint Paul, Minnesota 55101
Phone: 651-266-8989
Web: www.stpaul.gov/dsi

Personal Affidavit

Personal Information:

Full Name:

(First) (Middle) (Last)

Previous Name(s):

(Include maiden name, also known as (AKA's), "aliases".)

Current Address:

(Number & Street) (City) (State) (Zip)

Home Phone:

Cell Phone:

Date of Birth:

Drivers License:

State: License #

Work History:

(Past 5 years)	Company	Title	Dates Employed
	Company	Title	Dates Employed
	Company	Title	Dates Employed

Previous Addresses:

(Past 5 years)	(Number & Street)	(City)	(State)	(Zip)
	(Number & Street)	(City)	(State)	(Zip)
	(Number & Street)	(City)	(State)	(Zip)

Arrest History:

Date	State	Conviction(s)
Date	State	Conviction(s)

Ownership:

(Check all that apply):

<input type="checkbox"/> Sole Owner	<input type="checkbox"/> Partner	<input type="checkbox"/> Officer	<input type="checkbox"/> Member (LLC Only)	<input type="checkbox"/> Other - Specify
<input type="checkbox"/> General Partner	<input type="checkbox"/> Director	<input type="checkbox"/> Financier/Lender	<input type="checkbox"/> Stockholder ____ %	_____

FALSIFICATION OF ANSWERS GIVEN OR MATERIAL SUBMITTED WILL RESULT IN DENIAL OF APPLICATION

I hereby state that I have answered all of the preceding questions and that the information contained herein is true and correct to the best of my knowledge and belief.

CONSENT TO BACKGROUND CHECK

I hereby consent to and authorize the Saint Paul Police Department and the Department of Safety and Inspections (DSI) to use the information I have provided to check criminal histories, arrest and driving records, and warrant information; and for the Police Department to provide these records to DSI and its City Attorney to determine my eligibility for a Class N License. I understand that the information contained in the criminal background investigation is not public, except that it may be conveyed to other law enforcement or licensing agencies. This consent expires one year from the date below.

Applicant Signature:

Date:

Subscribed and affirmed before me in the county of _____, State of _____
this _____ day of _____, 20_____.

Notary Signature _____

Commission Expiration _____

Certificate of Compliance Minnesota Workers' Compensation Law

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 or engage in any activity in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Minnesota Statutes, Chapter 176. The required workers' compensation insurance information is the name of the insurance company, the policy number, and the dates of coverage, or the permit to self-insure. 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.

BUSINESS NAME (Individual name only if no company name used)	LICENSE OR PERMIT NO (if applicable)
--	--------------------------------------

DBA (doing business as name) (if applicable)

BUSINESS ADDRESS (PO Box must include street address)	CITY	STATE	ZIP CODE
---	------	-------	----------

**YOUR LICENSE OR CERTIFICATE WILL NOT BE ISSUED WITHOUT THE FOLLOWING INFORMATION.
You must complete number 1, 2 or 3 below.**

NUMBER 1 COMPLETE THIS PORTION IF YOU HAVE INSURANCE:

INSURANCE COMPANY NAME (not the insurance agent)

WORKERS' COMPENSATION INSURANCE POLICY NO.	EFFECTIVE DATE	EXPIRATION DATE
--	----------------	-----------------

NUMBER 2 COMPLETE THIS PORTION IF SELF-INSURED:

I have attached a copy of the permit to self-insure.

NUMBER 3 COMPLETE THIS PORTION IF EXEMPT:

I am not required to have workers' compensation insurance coverage because:

- I have no employees.
- 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:

ALL APPLICANTS COMPLETE THIS PORTION:

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.

APPLICANT SIGNATURE (mandatory)	TITLE	DATE
---------------------------------	-------	------

NOTE: If your Workers' Compensation policy is cancelled within the license or permit period, you must notify the agency who issued the license or permit by resubmitting this form.

This material can be made available in different forms, such as large print, Braille or on a tape. To request, call 1-800-342-5354 (DIAL-DLI) Voice or TDD (651) 297-4198.