



City of Northfield  
 801 Washington Street  
 Northfield, MN 55057  
 Phone: 507-645-3001

**APPLICATION FOR Vehicles for Hire**

**EVERY QUESTION MUST BE ANSWERED. Please type or print legibly.**

APPLICANT INFORMATION			
<b>Applicant's full name:</b>			
First:	Middle:	Last:	
Applicant's ID/Driver's License # (attach copy):		Date of Birth	
Address (where person filing application can be reached):		Phone Number (where person filing application can be reached):	
Business Legal Name:		Trade Name or DBA (if different from legal name):	
Registered agent of business in State of Minnesota (if any):			
Business Address			
Business Phone		E-mail:	
If license will be held by a business entity, indicate type of entity (sole proprietorship, partnership, corporation, limited liability company, etc.) and the State in which the business was established:			
Full names, titles, addresses, and Minnesota identification cards or driver's licenses (attach copies) of all owners, partners, officers and managers of business (attach additional sheet if necessary)			
Full Name & Title	Address		DOB
Full Name & Title	Address		DOB
Full Name & Title	Address		DOB
CORPORATIONS			
Date of incorporation	State of incorporation	Certificate Number	Is corporation authorized to do business in Minnesota?
			Yes                      No

If a subsidiary of another corporation, give name and address of parent corporation	
<b>OTHER INFORMATION</b>	
Please list the last 3 cities where applicant has conducted business:	
City & State:	Contact Person & phone #:
City & State:	Contact Person & phone #:
City & State:	Contact Person & phone #:
Yes      No	1. Have you or has any other owner, partner, officer or manager of the licensee ever been found guilty of any gross misdemeanor or felony of any type? If yes, please attach a separate sheet noting the nature and place of the offense, the court in which the offense was adjudicated, and other pertinent information.
Yes      No	2. Have you or has any other owner, partner, officer or manager of the licensee, within the last five years, been found guilty of or responsible for any misdemeanor, gross misdemeanor, felony or civil offense related to the business of the licensee? If yes, please attach a separate sheet noting the nature and place of the offense, the court or other authority in which the offense was adjudicated, and other pertinent information.
Yes      No	3. Do you certify that the licensee is in compliance with City Code Section 14-145 regarding drivers, background checks and records?
Yes      No	4. Do you acknowledge receipt & review of a copy of Northfield City Code Chapter 14 Article IV?
Yes      No	5. Do you certify that the licensee will strictly comply with the Laws of the State of Minnesota and City of Northfield governing vehicles for hire?
<b>ADDITIONAL INFORMATION TO BE ATTACHED</b>	
<ul style="list-style-type: none"> <li>• Employment history of applicant/business owner</li> <li>• Drivers List - City form attached</li> <li>• Vehicle List – City form attached</li> <li>• Insurance Certificate</li> <li>• Certificate of Compliance Minnesota Workers' Compensation Law</li> <li>• Tax Form</li> </ul>	
<b>CITY OF NORTHFIELD - TENNESSEN WARNING</b>	
<p>Minnesota law requires that you be informed of your rights as they pertain to private information (“private data”) collected from you by the City of Northfield (“the City”). Private data is that information held by the City which is available to you but not to the public.</p> <p>You have the right to refuse to provide the information requested on this application form, however, without certain information the City may be unable to approve the license applied for. If you feel that certain information requested is an unwarranted invasion of privacy, please contact the City Clerk</p> <p>The dissemination and use of the private data we collect is limited to that necessary for the administration and management of the City’s Licensing Program. Persons or agencies with whom this information may be shared include:</p> <ol style="list-style-type: none"> <li>1. City personnel, including law enforcement personnel, administering the licensing program.</li> <li>2. The City Attorney and support staff in the City Attorney's office.</li> <li>3. Federal, state, local and contracted private auditors.</li> <li>4. Federal and State agencies with oversight or responsibility related to the licensed business.</li> <li>5. Those individuals or agencies as to whom you give your express written permission for release of the information.</li> </ol>	

Unless otherwise authorized by state statute or federal law, other government agencies utilizing the reported private data must also treat the information as private.

You may wish to exercise your rights as contained in the Minnesota Government Data Practices Act. These rights include:

1. The right to see and obtain copies of the data maintained about you;
2. The right to be told the contents and meaning of the data; and
3. The right to contest the accuracy and completeness of the data.

To exercise these rights, contact the Northfield City Clerk at 801 Washington St., Northfield, MN 55057; (507) 645-3001. I have read and I understand the above information regarding my rights as a subject of government data.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

I declare that all information provided in this application and in related documents is truthful and accurate. I understand that untruthfulness or inaccuracy in any of this information may result in denial of the license.

I authorize the City of Northfield to investigate and make whatever inquiries are necessary to verify the information provided by me in connection with this application, and I authorize anyone contacted by the City of Northfield in this regard to speak with and provide requested information to the City of Northfield or its representatives.

I authorize the City of Northfield Police Department to undertake a criminal history check on me and I authorize the Minnesota Bureau of Criminal Apprehension to disclose all criminal history record information to the City of Northfield Police Department for purposes of this application. Toward that end, my date of birth is \_\_/\_\_/\_\_\_\_.

This authorization will expire one year after the date of my signature.

**Name of applicant (please print or type) :**

**Applicant's Signature**

**Date:**

**FOR OFFICE USE ONLY:**

Department:	Signature:	Date:	Comments/report attached?
Police Chief			
City Clerk			
City Council	N/A		