



TAXICAB DRIVERS LICENSE APPLICATION

City of Savage | 6000 McColl Drive, Savage, MN 55378 | Office: 952-882-2660 | Fax: 952-882-2656

GENERAL INFORMATION			
APPLICANT INFORMATION			
Applicants Full Name <i>(First, Middle, Last)</i>			
Address	City	State	Zip
County	Social Security Number		
Date of Birth <i>(MM/DD/YYYY)</i>		Place of Birth <i>(City/State)</i>	
Marital Status	Home Phone	Company Phone	
ADDRESS(ES) AT WHICH YOU HAVE LIVED DURING THE PRECEDING FIVE (5) YEARS			
Address	City	State	Zip
Address	City	State	Zip
Address	City	State	Zip
Address	City	State	Zip
Address	City	State	Zip
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been convicted of any felony, crime or violation of any ordinance other than a minor traffic offense? If yes, provide the time, place and offense:		
	Time	Place	Offence
<input type="checkbox"/> Yes <input type="checkbox"/> No	List all traffic violations, including dates.		
	Date	Violation	
	Date	Violation	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a Classified Driver's License obtained from the State of Minnesota Driver's License Examiners?		
	Driver's License No.		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Was your Minnesota Driver's License ever revoked?		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Was your Minnesota Driver's License ever suspended?		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been refused a taxicab driver's license? If yes, why and by whom?		
	Why?	By Whom	
EDUCATION			
<input type="checkbox"/> High School	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> GED	Successful completion of High School Equivalent. If no, identify highest grade completed:		
<input type="checkbox"/> College/University Trade School	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Give experience in the transportation of passengers, if any.

EMPLOYMENT HISTORY

Employment history for the past ten years (attach additional sheets if necessary).

Employer	Start Date	End Date	
Address	City	State	Zip
Employer	Start Date	End Date	
Address	City	State	Zip
Employer	Start Date	End Date	
Address	City	State	Zip
Employer	Start Date	End Date	
Address	City	State	Zip

REFERENCES

Name, address and phone number of two residents of the State of Minnesota, who have known you for a period of no less than two years and will vouch for your sobriety, honesty and general good character.

Full Name (<i>First, Middle, Last</i>)		Phone No.	
Address	City	State	Zip
Full Name (<i>First, Middle, Last</i>)		Phone No.	
Address	City	State	Zip

DATA PRIVACY NOTICE

The data you supply on this form will be used to access your qualifications for the license. You are not legally required to provide this data, but we will not be able to grant the license without it. The data requested is not private data under the data privacy law. The data you supply will constitute a public record and copies may be obtained by anyone.

I have read the Data Privacy Notice and understand that the data is necessary to process the application.

I declare that the information I have provided on the application is truthful and I understand that falsification of answers on this application will result in denial of the application. I authorize the City of Savage to investigate and make whatever inquiries are necessary to verify the information provided.

Subscribed and sworn to before me, a Notary Public, on this _____ day of _____, 20_____.

Commission expires on _____.

Applicant Signature

Date

Notary Signature



BACKGROUND INVESTIGATION DATA PRACTICES ADVISORY FOR PROTECTED INFORMATION

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Read this Advisory before completing the consent for release information and providing the protected information on the reverse side.

As an applicant for a license/permit with the City of Savage, you are being asked to provide information about yourself that will be used to evaluate your eligibility to obtain a license/permit.

The purpose and intended use of the data requested on the reverse side is to conduct the background inquiries that this City uses to establish your eligibility to obtain a license/permit. A complete criminal history and driver's license check is conducted to determine whether there are any factors that affect your suitability for a license/permit.

DATA WE HAVE REQUESTED	INTENDED USE
All names you are known by, or have been known by	To conduct a complete criminal history and background check
Date of birth	To access driver's license and criminal history data
Gender	To access driver's license and criminal history data
Driver's license number	To access driver's license data

This data will be used solely for the above-mentioned purposes. This data will be forwarded to the appropriate City staff as determined necessary for completion for the background investigation.

You are not legally required to provide the requested information. However, if you do not, the City of Savage will be unable to conduct the required background inquiries and will not be able to issue a license/permit.

I have read and understand the information stated above.

Applicant Signature

Date



CONSENT FOR RELEASE OF INFORMATION IN ACCORDANCE WITH MSA 13.05, SUBD. 4(D)

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I, _____, authorize the City of Savage Police Department to release criminal history data, as defined by Minnesota Statute 13.87, subd. 1 and driver's license and traffic record data to the City Clerk for the City of Savage. I understand that some of this data may be classified as private data under Minnesota statutes and I hereby give my informed consent to the release of that private data by the City of Savage Police Department to the City Clerk for the City of Savage.

This consent for the release of data is for the purpose of determining my eligibility to obtain a license/permit with the City of Savage. This information cannot be used for any other purposes.

I may revoke this authorization in writing at any time and in no event will it be valid for more than one year from the date below.

Signature of Individual Authorizing Release

Date

PLEASE COMPLETE THE FOLLOWING INFORMATION			
First	Middle		
Last			
Sex	Date of Birth		
Address			
City	State	Zip	
Drivers License No.			State Issued
Please list any other names you are or have been known by:			
Employer			

I certify that all statements by me on this form are true and complete. I understand that any false statements or omissions on this form shall be sufficient cause for rejection of my application for a license/permit.

I hereby authorize the City of Savage to use this information to determine my eligibility to obtain a license/permit.

Applicant Signature

Date