



TAXICAB LICENSE APPLICATION

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

| APPLICANT INFORMATION | | | |
|--|------|---------------|---------------|
| Applicants Full Name <i>(First, Middle, Last)</i> | | | Maiden Name |
| Address | City | State | Zip |
| Home Phone | | Company Phone | |
| Company Name | | | |
| Address | City | State | Zip |
| If corporation, list officers names, addresses and date of birth (attach additional sheet if necessary). | | | |
| Name <i>(First, Middle, Last)</i> | | | Date of Birth |
| Address | City | State | Zip |
| Name <i>(First, Middle, Last)</i> | | | Date of Birth |
| Address | City | State | Zip |
| GENERAL INFORMATION | | | |
| Give experience in the transportation of passengers | | | |
| Financial status, including the amounts of all unpaid judgments against the applicant and the nature of the transaction or acts giving rise to said or acts giving rise to said judgments. | | | |
| Give any facts that you believe tend to prove that public convenience and necessity requires the granting of a license. | | | |
| Give the color scheme or insignia to be used to designate the vehicle or vehicles to be operated. | | | |
| Location of proposed depots and terminals. | | | |

VEHICLE INFORMATION

For each car proposed to be operated upon the streets of Savage as a taxicab, please complete the following (attach additional sheets if necessary).

| License No. | Serial No. | Year | Make | Registered Owner |
|-------------|------------|------|------|------------------|
| | | | | |
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| | | | | |
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Name, address and phone number of company that carries public liability on said vehicle(s).

| | | | |
|--|------|------------------------------------|-----|
| Company Name | | Company Phone | |
| Address | City | State | Zip |
| Insurance Limits \$ | | Personal Injury in One Accident \$ | |
| Property Damage Each Accident \$ | | | |
| Other municipalities in which you are licensed | | | |
| Have you ever been refused a taxicab license? <input type="checkbox"/> Yes <input type="checkbox"/> No | | If yes, by whom? | |
| Why were you refused a license? | | | |

Please attach a rate schedule. **Any increases in rates shall be subject to approval to the Savage City Council.**

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