



**CITY OF RICHFIELD**

2021

**Application for  
Taxi Driver License**

**TAXI DRIVER FEE: \$ 62.00  
STICKER FEE: \$ 81.00**

**Taxi Cab Employer**

Applicant: \_\_\_\_\_

(Last, First and Full Middle Name)

\_\_\_\_\_ Gold Star Taxi

Address: \_\_\_\_\_

\_\_\_\_\_  
(City) (State) 10300(Zip Code)

Home Phone: \_\_\_\_\_

MN Driver's License#: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

(Month, Day, Year)

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

Do you wear corrective lenses?  Yes  No

**PRIVACY ACT STATEMENT:** The data you supply on this form will be used to assess your qualifications for a taxicab driver's license. You are not legally required to provide this data, but we will not be able to grant the license without it. This data will constitute a public record if the license is granted, and at that time copies may be issued to anyone requesting them. We are asking for this information for the following reasons:

1. To use in distinguishing you from other applicants and to identify you in our license files.
2. To enable us to verify that you are the individual who is applying for this application.
3. To enable us to contact you when, and if, additional information or clarification is needed.
4. To determine if you meet the minimum age requirements, if any, for this license.
5. To determine whether your conviction record may be a job-related consideration affecting your suitability to receive a Richfield taxi cab driver's license.
6. To meet federal and state reporting requirements.
7. To make processing of license applications more efficient.

Has your driver's license ever been suspended or revoked?  YES  NO (If yes, Explain below)

\_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted of any crime, other than a traffic related offense?  YES  NO (If yes, Explain below)

\_\_\_\_\_  
\_\_\_\_\_

Have you ever used a name other than the one used on this application?  YES  NO (If yes, Explain below)

Previous addresses, other than current, for the past (5) five years:

DATES                      STREET ADDRESS                      CITY                      STATE                      COUNTY

\*\*\*\*\* NOTICE: YOUR APPLICATION WILL BE DENIED UNLESS ALL QUESTIONS ARE ANSWERED.

APPLICANT PRINT NAME: \_\_\_\_\_

APPLICANT SIGNATURE: \_\_\_\_\_

**RICHFIELD PUBLIC SAFETY**  
**TAXI DRIVER HEALTH STATEMENT**

Name of applicant: \_\_\_\_\_

Address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Business phone: \_\_\_\_\_

**Health History**

Have you been treated within the last year for any of the following?

1. Eye problems:     Yes  No (if yes, explain) \_\_\_\_\_  
(is your eyesight at least 20/40 (corrected/uncorrected)  Yes  No
2. Heart problems:     Yes  No (if yes, explain) \_\_\_\_\_
3. Mental or nervous problems:     Yes  No (if yes, explain) \_\_\_\_\_
4. Alcohol abuse:     Yes  No (if yes, explain) \_\_\_\_\_
5. Drug abuse:     Yes  No (if yes, explain) \_\_\_\_\_
6. Epilepsy, seizures:     Yes  No if yes, explain \_\_\_\_\_
7. Are you currently taking prescribed medication?                       Yes  No  
If yes, what kind and for what reason? \_\_\_\_\_
8. I certify that I have good eyesight and am not now subject to any disease or infirmity of body or mind which might render me unfit to operate a taxi cab.

THE ABOVE ANSWERS ARE TRUE AND COMPLETE AND ARE GIVEN AS A CONDITION FOR OBTAINING A LICENSE TO OPERATE A TAXI CAB IN THE CITY OF RICHFIELD. ANY FALSE OR INCOMPLETE STATEMENTS OR FAILURE TO REVEAL A MEDICAL CONDITION MAY BE REASON TO DENY OR REVOKE THE REQUESTED LICENSE.

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

# City of Richfield

## License Applicant Information

Under Minnesota Law (M.S. 270C.72), the agency issuing you this license is required to provide to the Minnesota Commissioner of Revenue your Minnesota business tax identification number and the Social Security number of each license applicant.

Under the Minnesota Government Data Practices Act and the Federal Privacy Act of 1974, we must advise you that:

- This information may be used to deny the issuance, renewal, or transfer of your license if you owe the Minnesota Department of Revenue delinquent taxes, penalties, or interest;
- The licensing agency will supply it only to the Minnesota Department of Revenue. However, under the Federal Exchange of Information Act, the Department of Revenue is allowed to supply this information to the Internal Revenue Service;
- Failing to supply this information may jeopardize or delay the issuance of your license or processing your renewal application.

Please fill in the following information and return this form along with your application to the agency issuing the license. Do not return this form to the Department of Revenue.

*Please print or type*

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Name of license being applied for or renewed: \_\_\_\_\_

Licensing Authority (Name of city, county, or state agency issuing license): \_\_\_\_\_

Licensing (or renewal) date: \_\_\_\_\_

### **Personal Information:**

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Applicant's last name	First name and initial	SSN or ITIN (if applicable)
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Applicant's address	City	State	Zip Code
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### **Business Information (if applicable):**

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Business name

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Business address	City	State	Zip Code
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Minnesota tax identification number	Federal tax identification number
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*If a Minnesota tax identification number is not required, please explain on the reverse side of this form.*

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Signature	Title	Date
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**Application for license involving  
Private or confidential information  
(Tennessee Warning)**

In connection with your request for a license, the city has asked that you provide it with information about yourself which is classified as either private or confidential by the Minnesota government data practices act (m.s.a 13.04). Accordingly, the city is required to inform you of the following:

1. The purpose and intended use of the information requested is: To determine if you are eligible for a license from the city of Richfield.
2. You are not legally obligated to supply the requested information.
3. The known consequences of supplying the requested information is: The information or further investigation could disclose information, which could cause your application to be denied.
4. The known consequences of refusing to supply the requested information is: Your request for a license cannot be processed.
5. The following persons and entities are authorized by law to receive the information if provided: staff of the Richfield police department, bureau of criminal apprehension, Hennepin county warrant office, Ramsey county warrant office, state of Minnesota - driver license section, Hennepin county auditor, other governmental agencies necessary to process your application.

The undersigned, by signing this notice, acknowledges that he/she has read and understood the contents of this notice and has received a copy of this notice.

Signature \_\_\_\_\_

Date \_\_\_\_\_