



**CITY OF RICHFIELD**

**Application for  
Taxi Cab Company**

Business Name: \_\_\_\_\_ **FIRST CAR \$ 660.00**

Business Address: \_\_\_\_\_ **EA. ADD'L \$ 81.00**

Business Phone: \_\_\_\_\_ **TOTAL DUE \$ \_\_\_\_\_**

Applicants Full Name: \_\_\_\_\_  
(First) (Middle) (Last)

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

Date Of Birth: \_\_\_\_\_ Home Phone: \_\_\_\_\_

**INSURANCE INFORMATION MUST ACCOMPANY APPLICATION: MIN. \$100,000 ea. Pass.  
\$300,000 ea.Occ.  
\$ 50,000 Prop. Damage**

How many vehicles do you propose operating? \_\_\_\_\_. List vehicles and requested information on attached form.

Your experience in the transportation of passengers: \_\_\_\_\_  
\_\_\_\_\_

List all your rates, fares & charges: \_\_\_\_\_  
\_\_\_\_\_

(you must notify us of any change in the above)

State below whether said motor vehicles are being operated by the person, firm, or corporation having a legal title thereto, or whether said vehicles are leased, licensed or under any form of contract permitted to be used and operated by some person other than the one holding legal title thereto. \_\_\_\_\_  
\_\_\_\_\_

Describe in detail the general color scheme and monogram to be used: \_\_\_\_\_  
\_\_\_\_\_

What person, firm, or corporation collects the revenues from the operation of said vehicles and pays the expense of operation of same? \_\_\_\_\_  
\_\_\_\_\_

## INDIVIDUAL OATH

STATE OF MINNESOTA )  
COUNTY OF HENNEPIN )

\_\_\_\_\_ being duly sworn says that the several answers and statements in this application are true to the best of his/her knowledge and belief. Further, I (we) hereby agree to operate such business in accordance with the laws of the State of Minnesota and the ordinances of the City of Richfield. Any willful false statement made in this application may result in the refusal of the City to consider the application or if the license is granted, may result in the suspension or revocation of the license. Further, such willful misrepresentation in the application constitutes a misdemeanor.

\_\_\_\_\_  
Signature of Applicant

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
Notary Public, Hennepin County, MN

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

My Commission Expires: \_\_\_\_\_

## CORPORATION OATH

STATE OF MINNESOTA )  
COUNTY OF HENNEPIN )

\_\_\_\_\_ being duly sworn says he/she is the \_\_\_\_\_

\_\_\_\_\_ of \_\_\_\_\_  
described in and who sign the foregoing application; that the several answers and statements in said application are true to the best of his/her knowledge and belief. Further, I (we) hereby agree to operate such business in accordance with the laws of the State of Minnesota and the ordinances of the City of Richfield. Any willful false statement made in this application may result in the refusal of the City to consider the application or if the license is granted, may result in the suspension or revocation of the license. Further, such willful misrepresentation in the application constitutes a misdemeanor.

\_\_\_\_\_  
Signature of Applicant

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
Notary Public, Hennepin County, MN

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

My Commission Expires: \_\_\_\_\_

