

**Application for License to Operate Vehicles for Hire
City of Detroit Lakes MN**

To the City Council of the City of Detroit Lakes, County of Becker, and State of Minnesota:

In compliance with Ordinance No. 610.00 of the City of Detroit Lakes, Minnesota, the undersigned hereby makes application to the City Council for a license to operate vehicles for hire for the period terminating **December 31, 2022.**

The applicant herewith deposits the sum of **\$90.00** for the first vehicle to be licensed and **\$25.00** for each additional vehicle.

The number and description of the vehicles to be used in said service by the undersigned are as follows:

MAKE OF VEHICLE: _____ STATE LICENSE NO: _____

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The name and drivers license of all persons that will be driving under this license are as follow:

NAME OF DRIVER: _____ DRIVERS LICENSE #: _____

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NAME OF DRIVER: _____ DRIVERS LICENSE #: _____

Do you carry a Certificate of Registration Motor Carrier of Passengers in the State of Minnesota or any other State?

Yes/Certificate Number: _____ Expiration Date: _____ No: _____

Name of Business: _____ Date: _____

Applicant Name: _____ Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Email: _____

Signature: _____ **TOTAL FEE:** _____

State of Minnesota License Applicant Information

Under Minnesota law (M.S. 270.72), 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

Name of license being applied for and license number (if renewal):		License Number #:	
Licensing Authority (name of city, county, or state agency issuing license):			
License Renewal Date:			

PERSONAL INFORMATION:

Applicant's last name	Applicant's first name and middle initial	Social Security Number	
Applicant's address	City	State	Zip Code

BUSINESS INFORMATION:

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

Applicant Signature:

Signature _____ Title _____ Date _____

Certificate of Compliance Minnesota Workers' Compensation Law

THIS FORM MUST BE COMPLETED BY THE BUSINESS LICENSE APPLICANT

PRINT IN INK or TYPE

Minnesota Statutes §176.182 requires every state and local licensing agency to withhold the issuance or renewal of a license or permit to operate a business in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Minnesota Statutes Chapter 176. If the required information is not provided or is falsely stated it shall result in a \$2,000 penalty assessed against the applicant by the commissioner of the Department of Labor and Industry.

A valid workers' compensation policy must be kept in effect at all times by employers as required by law.

License or certificate number (if applicable)	Business telephone number	Alternate telephone number
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Business name (Provide the legal name of the business entity. If the business is a sole proprietor or partnership, provide the owner's name(s), for example John Doe, or John Doe and Jane Doe.)

DBA ("doing business as" or "also known as" an assumed name), if applicable

Business address (must be physical street address, no P.O. boxes)	City	State	ZIP code
County	Email address		

YOUR LICENSE OR CERTIFICATE WILL NOT BE ISSUED WITHOUT THE FOLLOWING INFORMATION. *You must complete number 1 or 2 below.*

Number 1 – Workers' compensation insurance policy information

Insurance company name (not the insurance agent)	NAIC number	
Policy number	Effective date	Expiration date

Number 2 – Reason for exemption from workers' compensation insurance

If you have questions regarding the need to obtain workers' compensation coverage, including exemptions, call (651) 284-5032 or 1-800-342-5354.

- I have no employees. (See [Minnesota Statute § 176.011, subd. 9](#) for the definition of an employee.)
- I am self-insured for workers' compensation (attach a copy of the authorization to self-insure from the [Minnesota Department of Commerce](#)).
- I have employees but they are not covered by the workers' compensation law. (See [Minnesota Statute § 176.041](#) for a list of excluded employees.) Explain why your employees are not covered:

I certify the information provided on this form is accurate and complete. If I am signing on behalf of a business, I certify I am authorized to sign on behalf of the business.

Print name

Applicant signature (required)	Title	Date
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NOTE: You must notify the authority issuing your license if there is any change to your workers' compensation insurance information or an employee status change by resubmitting this form. This material can be made available in different forms, such as large print, Braille or audio.