



# TAXICAB DRIVERS LICENSE APPLICATION

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

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



# DATA PRACTICES WARNING

## DATA PRACTICES ADVISORY FOR PROTECTED INFORMATION

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### **Read before completing this packet.**

As an applicant for a license/permit at the City of Savage, you are being asked to provide information about yourself which will be used in evaluating your suitability for licensure/permit. The purpose of this request is to obtain information about you to allow us to thoroughly analyze your qualifications and suitability for licensure/permit.

Attached are several documents which ask for your signature and/or personal information. You are not legally required to supply any of the data requested or to sign any of the release and authorization forms. However, should you not provide that information, the City may be unable to fully and adequately determine your suitability for license/permit with this agency which may in turn reduce the chance you may have for licensure/permit with this agency.

Under Minn. Statute § 13.04 subd. 2, names and the designated contact address and telephone number are public data and available upon request. All other information provided on your application prior to licensure approval is classified by law as private data and is accessible to you, but not to the public. Upon license approval, all information provided on your application, except for: date of birth, social security, non-designated or secondary contact address and telephone number, financial data, state and federal tax ID's, or data classified under Minn. Statute § 13.02 subd. 12 as private or subd. 13 as protected nonpublic, is public data.

Private data may be distributed to and used by personnel of the City of Savage who are involved directly and/or indirectly in the approval/denial of, and maintenance of records on licenses/permits. The data may be used and disseminated to individuals or agencies specifically authorized access to the data by state, local or federal law or when approved by the State Commissioner of Administration or by you. Public data is available to any person upon written request to the City of Savage.

This information will be maintained through the time of your licensure/permit with the City of Savage and thereafter. If granted a license/permit, the City may request that you supply this information at additional times in the future for the purpose indicated above. This information may also need to be updated periodically.

### **I HAVE READ AND UNDERSTAND THE DATA PRACTICES ADVISORY.**

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**Applicant Signature**

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**Date**



# BACKGROUND INVESTIGATION DATA PRACTICES ADVISORY FOR PROTECTED INFORMATION

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Read this Advisory before completing the attached Consent for Release of Information and providing the protected information on said form.

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 Consent for Release of Information 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
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			
Date of Birth			
Address			
City	State	Zip	
Driver's License No.			State Issued
Please list any other names you are or have been known by:			
Business/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**