

Return completed form to:
City Clerk's Office
City of Albert Lea
221 E. Clark St., Albert Lea, MN 56007
507-377-4335

LICENSE APPLICATION Taxicab - \$100.00 per year

Background check: \$100.00 individual ownership

dmaras@ci.albertlea.mn.us (call to arrange payment) \$125.00 partnership

Please type or print legibly

| Applica | int: | | | | |
|------------------------------|---|--|-------------------------------------|------------|-----------------------|
| Full nan | ne | | | | |
| Home address | | | city | | |
| Home to | elephone number | (daytime) | | | |
| Email a | ddress | | | | |
| Busine | ss: | | | | |
| Busines | ss name | | | | |
| Business address | | | city | | |
| Busines | s telephone numl | per (daytime) | | | |
| | • | - (aay | | | |
| Minneso | ota Tax ID numbe | | | | |
| Minneso Vehicle For eac | ota Tax ID numbe e s: h vehicle, please <u>Type</u> | r provide the follov <u>Year</u> | wing information: Make/Model | <u>VIN</u> | <u>License number</u> |
| Minneso Vehicle For eac | ota Tax ID numbe es: h vehicle, please <u>Type</u> | r provide the follow <u>Year</u> | wing information: <u>Make/Model</u> | <u>VIN</u> | |
| Minneso Vehicle For eac 1 2 | ota Tax ID numbe e s: h vehicle, please <u>Type</u> | r provide the follow <u>Year</u> | wing information: Make/Model | <u>VIN</u> | |
| Wehicle For eac 1 2 3 | ota Tax ID numbe e s: h vehicle, please <u>Type</u> | r provide the follow <u>Year</u> | wing information: <u>Make/Model</u> | <u>VIN</u> | |
| Wehicle For eac 1 2 3 4 | ota Tax ID numbe es: h vehicle, please <u>Type</u> | r provide the follow <u>Year</u> | wing information: <u>Make/Model</u> | VIN | |

State of Minnesota) County of Freeborn) ss City of Albert Lea)

THE UNDERSIGNED HEREBY AGREES TO COMPLY WITH THE TERMS OF THE ALBERT LEA CITY CODE AND THE LAWS OF THE STATE OF MINNESOTA AS THEY RELATE TO THE LICENSING AND OPERATION OF THE LICENSES BEING APPLIED FOR. I UNDERSTAND FALSIFICATION OF ANY PART OF THIS APPLICATION IS CAUSE FOR DENIAL OR REVOCATION.

| Signature | Date | | |
|--------------------|--------------------------------|--|--|
| FOR OFFICE USE | | | |
| Date received | Check number/cash/CC | | |
| Fee received | City Council approval date | | |
| Processor initials | Insurance certificate received | | |



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Individual ownership Corporate ownership

Investigation fee:

\$100 plus \$25 for each employee Partnership ownership \$125 plus \$25 for each employee \$175 plus \$25 for each employee

dmaras@ci.albertlea.mn.us (call to arrange payment)

| Investigation Application | | | | | | | |
|--|--|--|--|--|--|--|--|
| Date | | | | | | | |
| The following named individual has made applicate | tion with this agency for a | | | | | | |
| | license. | | | | | | |
| First, middle, and last name of applicant (please pr | int) | | | | | | |
| Maiden, alias or former name (please print) | | | | | | | |
| Date of birth: month/day/year | How many years living in MN | | | | | | |
| Social security number | | | | | | | |
| Driver's license number | State of issuance | | | | | | |
| Business name | | | | | | | |
| Business address | | | | | | | |
| I authorize the City of Albert Lea Law Enforcement record information to the City of Albert Lea City conducting the statutorily required background of applying for as indicated on this application. | Clerk or her designee for the purpose of | | | | | | |
| The expiration of this authorization shall be for a pof my signature. | period no longer than one year from the date | | | | | | |
| Signature of applicant | Date | | | | | | |
| Police Chief | Date | | | | | | |
| City Clerk | Date | | | | | | |



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INDEMNITY AGREEMENT

| AGREEMENT made thisda | ay of | , by and between the |
|---|---|---|
| City of Albert Lea, Minnesota herein referred to herein referred, herein referred to | • | see". |
| WHEREAS, the licensee shall execute a for said purpose, an indemnification agreement damage resulting from the operation of said bus | holding City harmless t | |
| NOW, THEREFORE, in consideration o | f the foregoing, the part | ties hereto agree as follows: |
| 1. Subject to the terms and condition defend, and hold harmless the City against any judgments, including reasonable attorney's fees matters, for death or injuries to persons or for lowith the operation and maintenance by licensees business within the public right of ways of the Control of | and all claims, demand s, costs and expenses it can be so or damage to pro e or any of their agents, | ncurred in connection with such perty arising out of or in connection |
| 2. Indemnity under this agreement of Albert Lea. | shall commence as of t | he date of the agreement by the City |
| 3. The City agrees to notify licensed Notice of any indemnified claim. IN WITNESS WHEREOF, the parties he | | (30) days of the receipt By the City of s |
| APPLICANT/LICENSEE | CITY OF ALBERT | LEA, MINNESOTA |
| | By: Its: Mayor | |
| | By: Its: City Clerk | |



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RIGHTS OF SUBJECTS OF GOVERNMENT DATA 'TENNESSEN WARNING'

In accordance with the Minnesota Government Data Practices Act, the City of Albert Lea is required to inform you of your rights as they pertain to the information collected about you. Public information is that information which is available to the general public; private information is that information which is available to you, not to the general public; and confidential information is that information which is not available to you or the public. The information we collect from you is either public or private. The separation of that information is as follows:

<u>Public</u> – name and address of applicant(s) <u>Private</u> – all other information collected on the application

The information collected and required from you is to determine your eligibility for a City of Albert Lea license. If you do not supply the required information, the City of Albert Lea will not be able to determine your eligibility.

The dissemination and use of the private data we collect is limited to that necessary for the administration and management of regulatory licenses. Persons or agencies with whom this information may be shared include:

- City of Albert Lea departmental personnel involved in determining your eligibility for a license or administering the program in connection with which the application is submitted.
- Freeborn County departmental personnel involved in the program.
- City Council members (only that information needed to approve the application for a license).
- Federal, State, County, and local and contracted public auditors.
- Law enforcement personnel in the cases of suspected fraud related to the application or license.
- Those individuals or agencies to which you give your express written permission.

Unless otherwise authorized by state statute or federal law, other government agencies utilizing the reported private data must also treat the information as private.

You may wish to exercise your rights as contained in the Minnesota Government Data Practices Act. These rights include:

- The right to see and obtain copies of the data maintained on you.
- The right to be told the contents and meaning of the data.
- The right to contest the accuracy and completeness of the data.

Title Business Name or Individual's Name