



City of Duluth – City Clerk’s Office
 411 W First Street – City Hall 330
 Duluth, MN 55802-1189
 Phone: (218) 730-5500
 Fax: (218) 730-5923

For Office Use Only Date: _____ License No. _____

TRANSPORTATION NETWORK COMPANY LICENSE APPLICATION

GOVERNMENT DATA PRACTICES ACT - CLASSIFICATION WARNING: The data you supply on this form will be used to process the license you are applying for. You are not legally required to provide this data, but we will not be able to process the license without it. Some of the data will be classified as public data if and when the license is granted. Private financial information including a tax identification number and social security number are classified as private data and will be available to governmental personnel and other governmental agencies whose access is necessary to perform their official duties.

TRANSPORTATION NETWORK COMPANY (“TNC”)

FEE = \$3597.00

TOTAL \$ _____

LICENSEE BUSINESS NAME & ADDRESS, PHONE AND EMAIL ADDRESS
 (Individual, Partnership, Corporation, LLC)

EMAIL ADDRESS: _____

BUSINESS PHONE NO: _____

CONTACT/AGENT NAME[s] & ADDRESS[ES]:

CONTACT/AGENT PHONE & EMAIL ADDRESS

EMAIL ADDRESS _____

BUSINESS PHONE NUMBER _____

LICENSEE HEREBY SWEARS AND ATTESTS THAT ALL INFORMATION PROVIDED HEREIN IS TRUE AND CORRECT TO THE BEST OF ITS KNOWLEDGE AND THAT LICENSEE SHALL COMPLY WITH ALL PROVISIONS GOVERNING ITS OPERATION SET FORTH IN CHAPTER 47 OF DULUTH CITY CODE, ALONG WITH ALL OTHER APPLICABLE PROVISIONS OF LOCAL, STATE OR FEDERAL LAW, AS MAY BE AMENDED.

BY: _____
LICENSEE OR ITS DULY AUTHORIZED AGENT OR REPRESENTATIVE

On this _____ day of _____, 2____, before me, a Notary Public within and for said County and State, personally appeared _____, to me well known to be the person named in and who executed the foregoing instrument, and acknowledged that they executed said instrument as their free act and deed, for the uses and purposes therein expressed.

 NOTARY PUBLIC

My Commission Expires: _____



CITY OF DULUTH
CITY CLERK'S OFFICE
330 City Hall ! 411 West First Street
Duluth, Minnesota 55802-1189
URL: www.duluthmn.gov
Phone (218) 730-5500
Fax (218) 730-5923

TRANSPORTATION NETWORK COMPANY LICENSE APPLICATION SPECIFICS/REQUIRED DOCUMENTATION

All of the following items must be submitted before an application is deemed complete for consideration.

___ 1. License Fee Payment (annual fee, no prorating) \$ 3,597.00

___ 2. Certificate of Compliance/Exemption - Minnesota Workers' Compliance Law form.

___ 3. Corporate Documentation

If incorporated or a partnership please provide:

- Copy of your company's Certificate of Incorporation from the Minnesota Secretary of State (SOS) or proof of current registration with the SOS demonstrating you have legal authorization to operate within Minnesota;
- Signed statement listing the owners of the corporation (including the percentage of ownership held by each individual).

___ 4. Photo of Distinctive Trade Dress

Trade dress must be readable during daylight hours at a distance of at least 50 feet, reflective, illuminated or otherwise patently visible so as to be seen in darkness, and suitable for identifying that a particular vehicle is endorsed by, and affiliated with, a particular licensee.

___ 5. TNC policies for (a) non-discrimination and driver notice under Section 47-56; (b) zero tolerance for drug and alcohol abuse under Section 47-61; and (c) evaluating and investigating negative feedback received about the condition of a vehicle under Section 47-52(a).

___ 6. Insurance Certification in accordance with Minn. Stat. § 65B.472.

The TNC must file insurance documentation (i.e., certificate of insurance, policy binder, etc.) evidencing compliance with the coverage limits provided under Minn. Stat. § 65B.472, as may be amended.

___ 7. Form appointing TNC Agent/Power of Attorney for official notices and service of legal process.

___ 8. Tax Identification Form required under Minn. Stat. § 270C.72, subd. 4, as may be amended (attached)

___ 9. If different from the agent identified under No. 7 above, TNC preferred contact information for any and all designated TNC representatives and agents - including name, business email, address, and phone number – for receipt of city communications relating to (a) legal process and official notices under Sections 47-51 and 47-67; (b) service-related investigations and complaints pursuant to Sections 47-51 and 47-68; (c) police investigations and/or vehicle inspection matters; and (d) records requests pursuant to Section 47-66.

TNC AGENT FOR NOTICES/SERVICE OF PROCESS/POWER OF ATTORNEY

KNOW ALL BY THESE PRESENTS, that I, _____,
(Name of Licensee and/or Its Duly Authorized Representative or Agent),
having applied for a license to operate a Transportation Network Company ("TNC") within the
City of Duluth, do hereby make, constitute and appoint:

TNC AGENT NAME & BUSINESS ADDRESS:

TNC AGENT PHONE & EMAIL ADDRESS

EMAIL ADDRESS _____

BUSINESS PHONE NUMBER _____

and his/her successor in office, my true and lawful ATTORNEY, on whom all notices, summonses
and all legal processes in any action or legal proceeding against me, arising from or on account
of the operation of said Transportation Network Company within the City of Duluth, may be served.
Said Attorney is hereby duly authorized and empowered, as my agent, to receive and accept
service of all notices, summonses and all legal processes in any action or legal proceeding against
me as aforesaid, as provided by the laws of the State of Minnesota, and such service shall be
deemed valid personal service upon me, said _____.

(Name of Licensee)

This appointment is to continue in force irrevocably so long as any such TNC is operated under
the above-mentioned permit, and so long as any liability arising from or on account of said
operation of such TNC remains outstanding.

IN TESTIMONY WHEREOF, I have hereunto set my hand and seal at the City of Duluth,
Minnesota, this _____ day of _____, 2____.

(Signature of Applicant/Licensee)

STATE OF MINNESOTA)

) ss:

COUNTY OF ST. LOUIS)

On this _____ day of _____, 2____, before me, a Notary Public within and for said County
and State, personally appeared _____, to me well known to be the person named in
and who executed the foregoing instrument, and acknowledged that they executed said instrument as their free act and
deed, for the uses and purposes therein expressed.

NOTARY PUBLIC

My Commission Expires: _____

MN STATUTE 270C.72 TAX IDENTIFICATION FORM

Pursuant to Minnesota Statute 270C.72, Tax Clearance Required: The licensing authority is required to provide the Minnesota Commissioner of Revenue the business tax identification number and social security number of each applicant. Under the Minnesota Government Data Practices Act and the Federal Privacy Act of 1974, we are required to advise you of the following regarding the use of this information:

1. This information may be used to deny the issuance, renewal or transfer of your license in the event you owe the Minnesota Department of Revenue delinquent taxes, penalties or interest.
2. Upon receiving this information, the licensing authority will supply it only to the Minnesota Department of Revenue. However, under the Federal Exchange of Information Agreement, the Department of Revenue may supply this information to the Internal Revenue Service.
3. Failure to supply this information may jeopardize or delay the processing of your licensing issuance or renewal application.

Please supply the following information and return along with your application to the agency issuing the license.

License applied for or renewed: _____

Licensing authority: City of Duluth, St. Louis County, Minnesota

License renewal date: _____

Personal Information (if applicable)

Applicant's Name: _____

Applicant's Address: _____

Social Security Number: _____

Business Information (if applicable)

Business Name: _____

Business Address: _____

Minnesota Tax Identification Number: _____

Federal Tax Identification Number: _____

If a MN Tax I.D. is not required, please explain:

Signature _____

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, Section 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 NO (if applicable)	BUSINESS TELEPHONE NO.	FAX TELEPHONE NO.
BUSINESS NAME (Use the person(s) name if business structure is sole proprietor or partnership (i.e., John Doe, or John Doe and Jane Doe), otherwise it is the legal name of the business entity.)		
DBA ("doing business as" or also known as an assumed name) (if applicable)		
BUSINESS ADDRESS (must be physical street address, no PO boxes)	CITY	STATE ZIP CODE
COUNTY	E-MAIL 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 NO.	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, contact 651.284.5032 or 1-800-342-5354.

- I have no employees. (See Minn. Stat. § 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 Minn. Stat. § 176.041 for a list of excluded employees.) Explain why your employees are not covered:

Other: _____

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

PRINT NAME		
APPLICANT SIGNATURE (required)	TITLE	DATE

NOTE: You must notify us if there is any change to your Workers' Compensation Insurance Information or Employee Status Change by resubmitting this form. This material can be made available in different forms, such as large print, Braille or on a tape.

Type of Inspection:
 INITIAL ANNUAL

City of Duluth TNC Vehicle Inspection Report

Facility Name:
Address:
Telephone:

Vehicle Owner Name				
Vehicle Year	Make	VIN (last 6 digits)	License Plate	Odometer

F = FAIL/ OUT OF SERVICE P = PASS

1. BELTS, HOSES, LUBRICANTS	F	P	7. STEERING	F	P	11. BODY	F	P
<input type="checkbox"/> P/S			STEERING LINKAGES /COMPONENTS			PAINT COLOR, DENTS, DINGS, RUST		
<input type="checkbox"/> ALT			BALL JOINTS			WINDSHIELD		
<input type="checkbox"/> AIR PUMP			PINION SEALS			DOORS-AT LEAST 5 INCLUDING TRUNK		
<input type="checkbox"/> A/C			TIRE WEAR <input type="checkbox"/> LF <input type="checkbox"/> RF <input type="checkbox"/> LR <input type="checkbox"/> RR			DOOR HANDLES <input type="checkbox"/> LF <input type="checkbox"/> RF <input type="checkbox"/> LR <input type="checkbox"/> RR		
<input type="checkbox"/> CRACK			TIRE WEAR/RIM CONDITION			DOOR WINDOW <input type="checkbox"/> LF <input type="checkbox"/> RF <input type="checkbox"/> LR <input type="checkbox"/> RR		
<input type="checkbox"/> HEATER			WHEEL ALIGNMENT- TEST/VISUAL			FENDERS – FRONT		
<input type="checkbox"/> RAD			PS PUMP AND LEAKS			QUARTER PANELS - REAR		
PULLEYS & WATER PUMP			8. INSTRUMENTS	F	P	MIRRORS <input type="checkbox"/> LF <input type="checkbox"/> INTERIOR <input type="checkbox"/> RF		
RADIATOR & PRESSURE CAP			OIL PRESSURE			BUMPER COVERS		
COOLANT: <input type="checkbox"/> LEVEL <input type="checkbox"/> COND			ENGINE TEMP			DECAL/COMPANY MARKING		
TRANS FLUID <input type="checkbox"/> LEVEL <input type="checkbox"/> COND			CHARGING SYSTEM					
ENGINE OIL: <input type="checkbox"/> LEVEL <input type="checkbox"/> COND			SPEEDOMETER			GLASS		
PWR STR FLUID <input type="checkbox"/> LEVEL			ODOMETER			GENERAL BODY CONDITION		
BATTERY POSTS & CABLES			HEATER/DEFROSTER			12. GENERAL	F	P
2. POLLUTION CTRL/FUEL SYS	F	P	AIR CONDITIONING			HORN		
FUEL LEADS (VISUAL)			SRS AIRBAGS			AIR CONDITIONER		
GAS TANK						FAN SPEED		
GAS GAUGE						WS WIPERS/WASHER		
IDLE NORMAL:						HEADLIGHTS		
3. ENGINE/POWER ANALYSIS	F	P				FOCUS/CANDLE POWER		
TEST ENGINE PERFORMANCE						HI LOW PARKING		
DRIVE ENGINE NOISES						RIGHT TURN LIGHTS		
NORMAL ACCELERATION						LEFT TURN LIGHTS		
ENGINE MOUNTS						BRAKE LIGHTS		
OIL LEAKS						13. TRUNK	F	P
4. TRANSMISSION	F	P	9. BRAKING SYSTEM	F	P	SPARE TIRE <input type="checkbox"/> N/A		
TEST NORMAL TRAN OPERATION			FLUID LEVEL			TRUNK UPHOLSTERY CONDITION		
DRIVE SPEEDOMETER OPERATION			PEDAL RESERVE			LATCH OPENS CLOSSES		
GEAR SHIFT INDICATOR			BRAKE HOSES & LINES			FUEL LEAKS/SMELLS		
5. DRIVE TRAIN	F	P	MASTER CYLINDER/ABS			14. INTERIOR	F	P
TEST DRIVE LINE:			PARKING BRAKE			DRIVER/PASSENGER INTERIOR		
<input type="checkbox"/> NOISE			REMAINING LINING/PAD			UNCLEAN/DIRTY/SOIL/ODORS		
<input type="checkbox"/> VIBRATION			FRONT REAR			FRONT SEAT # REAR SEAT #		
			WHEEL CYLINDERS/CALIPERS			CONDITION:		
			DRUM/DISC CONDITION			DASHBOARD		
6. EXHAUST SYSTEM	F	P	10. SUSPENSION/FRAME	F	P	HEADLINER		
CATALYTIC CONVERTER			FRAME/ENERGY ABSORB BUMPER			SEATBELTS (FRONT/REAR)		
EXHAUST PIPE/TAIL PIPE			FRAME/CROSS BARS			FLOORS		
MUFFLER			STABILIZER BAR & LINKS					
HANGER/CLAMPS			STRUT/SOCKS <input type="checkbox"/> LF <input type="checkbox"/> RF <input type="checkbox"/> LR <input type="checkbox"/> RR					
			SPRINGS/BRUSHINGS					

Comments:

Date of Inspection	Inspection Results <input type="checkbox"/> Pass <input type="checkbox"/> Fail	Technician Name (print)	Technician Signature	Employee #
Date of Inspection	Reinspection Results <input type="checkbox"/> Pass <input type="checkbox"/> Fail	Technician Name (print)	Technician Signature	Employee #