

City of Melrose
225 E First St N, PO Box 216
Melrose, MN 56352
Phone: 320-256-4278 Fax: 320-256-7766

**BACKGROUND CHECK INFORMATION
& TAXICAB LICENSE APPLICATION**

PERSONAL INFORMATION

Name: _____		Date: _____	
LAST	FIRST	MI	
Permanent Address: _____			
ADDRESS	CITY	STATE	ZIP
Phone Number: _____		Social Security No.: _____	
		Date of Birth: ____ / ____ / ____	
DRIVER'S LICENSE NUMBER	STATE OF ISSUE		
Class of Driver's License: _____		US Citizen: ____ Yes ____ No	
Eye Color: _____		Place of Birth: _____	
Has your driver's license ever been suspended or revoked? ____ Yes ____ No			
Do you ever been convicted of a felony or misdemeanor? ____ Yes ____ No			
If so, when, where and for what reason? _____			

Have you ever claimed bankruptcy? ____ Yes ____ No			
Please list all former addresses from most recent back 10 years:			
ADDRESS	CITY	STATE	ZIP

ADDRESS	CITY	STATE	ZIP

ADDRESS	CITY	STATE	ZIP

ADDRESS	CITY	STATE	ZIP
ADDRESS	CITY	STATE	ZIP

EMPLOYMENT INFORMATION

Please list all employers from most recent back 10 years. Be sure there are no gaps that are unaccounted for. If you were unemployed for any period of time please use a space to indicate the time period you were unemployed. Use a space for any military time as well.

Company: _____

Address: _____
ADDRESS CITY STATE ZIP

Phone Number: _____ **Job Title:** _____

Dates (MM/YY): Start ___/___/___ End ___/___/___

Supervisor Name: _____

Company: _____

Address: _____
ADDRESS CITY STATE ZIP

Phone Number: _____ **Job Title:** _____

Dates (MM/YY): Start ___/___/___ End ___/___/___

Supervisor Name: _____

Company: _____

Address: _____
ADDRESS CITY STATE ZIP

Phone Number: _____ **Job Title:** _____

Dates (MM/YY): Start ____ / ____ End ____ / ____

Supervisor Name: _____

Company: _____

Address: _____
ADDRESS CITY STATE ZIP

Phone Number: _____ **Job Title:** _____

Dates (MM/YY): Start ____ / ____ End ____ / ____

Supervisor Name: _____

Company: _____

Address: _____
ADDRESS CITY STATE ZIP

Phone Number: _____ **Job Title:** _____

Dates (MM/YY): Start ____ / ____ End ____ / ____

Supervisor Name: _____

TAXICAB LICENSE INFORMATION

Experience in the Transportation of Passengers: _____

Make of Vehicle: _____ Year of Vehicle: _____

Body Style of Vehicle: _____

Make of Vehicle: _____ Year of Vehicle: _____

Body Style of Vehicle: _____

If more than one vehicle will be driven, list information for all vehicles.

Locations of all proposed depots and taxicab terminals: _____

Color Scheme or Insignia to designate the vehicle(s): _____

Rates, Fees, & Charges: _____

Have you previously been denied a taxicab driver's license or had such license revoked and, if so, when, where and for what reason? _____

INSURANCE INFORMATION

A current policy of insurance on each vehicle that is to be licensed needs to be submitted with this application. Vehicles must be covered against loss or injury in the following amounts:

- (a) each passenger, at least \$100,000
- (b) each accident, at least \$300,000
- (c) property damage, at least \$50,000

ADDITIONAL INFORMATION

The applicant must obtain and provide a doctor's certificate indicating the applicant is free from any infirmity, physical or mental, which would render the applicant unfit for the safe operation of the licensed vehicle.

The applicant must provide testimonials to the applicant's good character from two reputable citizens of Melrose who have known the applicant personally and observed the applicant's conduct during the year preceding the date of the application.

This information must be attached to this completed application in order to be considered for approval.

AUTHORIZATION FOR RELEASE OF INFORMATION

CONSENT

I have applied for a taxi cab license through the City of Melrose and authorize whatever investigation which you may consider appropriate. I authorize any Federal, State or local agency, organization, business or individual to release to the City of Melrose any information or materials needed to complete and verify my application for a taxi cab license.

INFORMATION

I understand that past and present verification and inquiries that may be requested include but are not limited to:

- | | |
|-------------------------------|--------------------|
| Residency and Rental Activity | Criminal Activity |
| Credit History | Employment History |

GROUPS OR INDIVIDUALS THAT MAY BE ASKED

- | | |
|--------------------|---------------------------|
| Previous Landlords | Law Enforcement Agencies |
| Present Landlords | Credit Reporting Agencies |
| Previous Employers | Courts & Post Offices |
| Present Employers | Banks & Credit Unions |

USE AND DISCLOSURE (TENNESSEN WARNING)

The data, which I authorize to be released, consists of private data as defined by Minnesota Statutes 13.01, subd. 12, and has been collected by you as a result of my contacts and associations with you and/or your agents and representatives. Use of data obtained is limited to that necessary for the City of Melrose to determine licensing for a taxi cab service.

This authorization is for this transaction only and continues in effect for one (1) year unless limited by state law, in which case the authorization continues in effect for the maximum period, not to exceed one (1) year, allowed by law. I reserve the right to, at any time prior to that expiration, cancel the written authorization by providing written

notice to the City.

I understand I do not have to supply the information requested; however, I understand that failure to do so will likely result in my application being denied.

I agree that a photo copy of this authorization may be used for the purpose stated above.

Last Name First Middle Maiden

Signature: _____ Date: _____

OFFICE USE ONLY

Date Approved/Denied (circle one) by the Police Chief: _____

Date Approved/Denied (circle one) by the City Council: _____

License Effective: _____ - December 31, _____

Date License Fee Paid: _____ Amount Paid _____ Receipt No. _____

Yes No Insurance information attached

Yes No Rates, fares, or charges attached

City of Melrose
225 E First St N PO Box 216
Melrose, MN 56352
Phone: 320-256-4278 Fax: 320-256-7766

AUTHORIZATION FOR RELEASE OF INFORMATION

CONSENT

I have applied for a taxi cab license through the City of Melrose and authorize whatever investigation which you may consider appropriate. I authorize any Federal, State or local agency, organization, business or individual to release to the City of Melrose any information or materials needed to complete and verify my application for a taxi cab license.

INFORMATION

I understand that past and present verification and inquiries that may be requested include but are not limited to:

Residency and Rental Activity
Credit History

Criminal Activity
Employment History

GROUPS OR INDIVIDUALS THAT MAY BE ASKED

Previous Landlords
Present Landlords
Previous Employers
Present Employers

Law Enforcement Agencies
Credit Reporting Agencies
Courts & Post Offices
Banks & Credit Unions

USE AND DISCLOSURE

The data, which I authorize to be released, consists of private data as defined by Minnesota Statutes 13.01, subd. 12, and has been collected by you as a result of my contacts and associations with you and/or your agents and representatives. Use of data obtained is limited to that necessary for the City of Melrose to determine licensing for a taxi cab service.

This authorization is for this transaction only and continues in effect for one (1) year unless limited by state law, in which case the authorization continues in effect for the maximum period, not to exceed one (1) year, allowed by law. I reserve the right to, at any time prior to that expiration, cancel the written authorization by providing written notice to the City.

I agree that a photo copy of this authorization may be used for the purpose stated above.

Last Name First Middle Maiden

Date of Birth: _____ Social Security Number: _____

Driver's License Number: _____

Signature: _____ Date: _____

City of Melrose
225 E First St N, PO Box 216
Melrose, MN 56352
Phone: 320-256-4278 Fax: 320-256-7766

BACKGROUND CHECK INFORMATION
& TAXICAB DRIVER LICENSE APPLICATION

PERSONAL INFORMATION

Name: _____		Date: _____	
LAST	FIRST	MI	
Permanent Address: _____			
ADDRESS	CITY	STATE	ZIP
Phone Number: _____		Social Security No.: _____	
		Date of Birth: ____ / ____ / ____	
DRIVER'S LICENSE NUMBER	STATE OF ISSUE		
Class of Driver's License: _____	US Citizen: ____ Yes ____ No		
Eye Color: _____	Place of Birth: _____		
Height: _____			
Has your driver's license ever been suspended or revoked? ____ Yes ____ No			
Do you ever been convicted of a felony or misdemeanor? ____ Yes ____ No			
If so, when, where and for what reason? _____			

Have you ever claimed bankruptcy? ____ Yes ____ No			
Please list all former addresses from most recent back 5 years:			
ADDRESS	CITY	STATE	ZIP

ADDRESS	CITY	STATE	ZIP

ADDRESS	CITY	STATE	ZIP
ADDRESS	CITY	STATE	ZIP
ADDRESS	CITY	STATE	ZIP

EMPLOYMENT INFORMATION

Please list all employers from most recent back 10 years. Be sure there are no gaps that are unaccounted for. If you were unemployed for any period of time please use a space to indicate the time period you were unemployed. Use a space for any military time as well.

Company: _____

Address: _____

ADDRESS	CITY	STATE	ZIP
---------	------	-------	-----

Phone Number: _____ **Job Title:** _____

Dates (MM/YY): Start ___/___/___ **End** ___/___/___

Supervisor Name: _____

Company: _____

Address: _____

ADDRESS	CITY	STATE	ZIP
---------	------	-------	-----

Phone Number: _____ **Job Title:** _____

Dates (MM/YY): Start ___/___/___ **End** ___/___/___

Supervisor Name: _____

Company: _____

Address: _____
ADDRESS CITY STATE ZIP

Phone Number: _____ **Job Title:** _____

Dates (MM/YY): Start ____ / ____ End ____ / ____

Supervisor Name: _____

Company: _____

Address: _____
ADDRESS CITY STATE ZIP

Phone Number: _____ **Job Title:** _____

Dates (MM/YY): Start ____ / ____ End ____ / ____

Supervisor Name: _____

Company: _____

Address: _____
ADDRESS CITY STATE ZIP

Phone Number: _____ **Job Title:** _____

Dates (MM/YY): Start ____ / ____ End ____ / ____

Supervisor Name: _____