



City Clerk's Office  
221 East Clark Street  
Albert Lea, MN 56007-2496  
Telephone: 507-377-4335  
dmaras@ci.albertlea.mn.us

**LICENSE APPLICATION**  
Taxicab - \$100.00 per year.

Background Check  
\$75 - Individual Ownership  
\$100 - Partnership

Please Type or Print Legibly

**Applicant:**

Full Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ City, State, Zip Code: \_\_\_\_\_

Home Telephone Number (Daytime): \_\_\_\_\_

Email Address: \_\_\_\_\_

**Business:**

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_ City, State, Zip Code: \_\_\_\_\_

Business Telephone Number (Daytime): \_\_\_\_\_

**Insurance Agent:**

Agency: \_\_\_\_\_ Agent: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip Code: \_\_\_\_\_

Telephone Number (Daytime): \_\_\_\_\_

**Vehicles:**

Please give the following information for each vehicle to be licensed:

	<u>Type</u>	<u>Year</u>	<u>Make/Model</u>	<u>VIN</u>	<u>License Number</u>
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____

**Please attach a separate sheet listing your rate schedule.**

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

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Office Use

Date Received: \_\_\_\_\_

Check Number/Cash/CC : \_\_\_\_\_

Processor Initials: \_\_\_\_\_

Council Approval: \_\_\_\_\_

Fee Received: \_\_\_\_\_