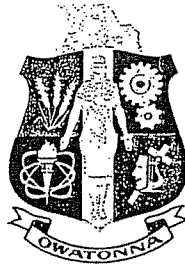


THE CITY OF



OWATONNA

**APPLICATION
TAXICAB LICENSE
SECTION 491 1992 ORDINANCE CODE OF OWATONNA**

Name of Applicant _____

Name of Business _____

Address _____

Phone Number _____

Term: From _____ to _____

VEHICLES:

Make _____ Model _____ Year _____

of Engine _____ Serial Number _____

Make _____ Model _____ Year _____

of Engine _____ Serial Number _____

Make _____ Model _____ Year _____

of Engine _____ Serial Number _____

Make _____ Model _____ Year _____

of Engine _____ Serial Number _____

VEHICLE INSPECTION:

Place _____ Date _____

_____ Schedule of Proposed maximum rates *★*

_____ Certificate of Liability Insurance naming City as Additional Insured *★*

Signature of Applicant

Date

Fee Paid

CITY OF OWATONNA TAXICAB INSPECTION REPORT

Inspection Station _____

LICENSEE _____

Date _____ VEHICLE DESC. _____ (Year, Make, Model)

UNDER CAR INSPECTION

COMPONENT	CHECKED	OK	DEFECT NOTED	DEFECT CORRECTED
TIRES:				
Left Front				
Right Front				
Left Rear				
Right Rear				
SHOCKS: Front				
Rear				
EXHAUST: Muffler				
Pipes				
Clamps				
BRAKES: Front				
Rear				
OIL LEAKS:				
Engine				
Transmission				
Transfer Case				
Differential				
SUSPENSION				
STEERING				
LIGHTS:				
Head Lights				
Tail Lights				
Turn Indicator Lights				
Brake Lights				

UNDER HOOD INSPECTION

COMPONENT	CHECKED	OK	DEFECT NOTED	DEFECT CORRECTED
W/S WIPERS				
W/S WASHER LEVEL				
FILTERS:				
Oil				
Air				
Fuel				
FAN BELTS				
P.S. BELTS				
ENGINE TUNE-UP				
RADIATOR				
RADIATOR HOSES				
HEATER HOSES				
FLUID LEVELS:				
Oil				
A.T.F.				
Antifreeze				
Brake Fluid				
Power Steering				
BATTERY				
BATTERY CABLES				

Technician/Service Advisor additional comments:

X

Signature of Inspector

INSPECTION STATION:

1. Mail Original To: City Clerk-Treasurer
540 West Hills Circle
Owatonna, Minnesota 55060
2. Forward one (1) copy to Licensee
3. Keep one (1) copy for your files

CITY OF OWATONNA TAXICAB INSPECTION REPORT

Inspection Station _____

LICENSEE _____

Date _____ VEHICLE DESC. _____ (Year, Make, Model)

UNDER CAR INSPECTION				
COMPONENT	CHECKED	OK	DEFECT NOTED	DEFECT CORRECTED
TIRES:				
Left Front				
Right Front				
Left Rear				
Right Rear				
SHOCKS: Front				
Rear				
EXHAUST: Muffler				
Pipes				
Clamps				
BRAKES: Front				
Rear				
OIL LEAKS:				
Engine				
Transmission				
Transfer Case				
Differential				
SUSPENSION				
STEERING				
LIGHTS:				
Head Lights				
Tail Lights				
Turn Indicator Lights				
Brake Lights				

UNDER HOOD INSPECTION				
COMPONENT	CHECKED	OK	DEFECT NOTED	DEFECT CORRECTED
W/S WIPERS				
W/S WASHER LEVEL				
FILTERS:				
Oil				
Air				
Fuel				
FAN BELTS				
P.S. BELTS				
ENGINE TUNE-UP				
RADIATOR				
RADIATOR HOSES				
HEATER HOSES				
FLUID LEVELS:				
Oil				
A.T.F.				
Antifreeze				
Brake Fluid				
Power Steering				
BATTERY				
BATTERY CABLES				

Technician/Service Advisor additional comments:

 X

 Signature of Inspector

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**-CERTIFICATION OF COMPLIANCE-
MINNESOTA WORKERS' COMPENSATION LAW**

Minnesota Statute, 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 or engage in an activity in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of MSS Chapter 176. The information required is: the name of the insurance company, the policy number, and dates of coverage or the permit to self-insure. This information will be collected by the licensing agency and retained in their files.

This information is required by law, and licenses and permits to operate a business may not be issued or renewed if it is not provided and/or is falsely reported. Furthermore, if this information is not provided or falsely stated, it may result in a \$1,000 penalty assessed against the applicant by the Commissioner of the Department of Labor and Industry.

Insurance Company Name: _____
(NOT the insurance agent)

Policy Number: _____

Dates of Coverage: _____ to _____
(or)

I am not required to have workers' compensation liability coverage because:

- I have no employees
- I am self insured (include permit to self-insure)
- I have no employees who are covered by the workers' compensation law (these include: Spouse, Parents, Children and certain farm employees)

I certify that the information provided above is accurate and complete and that a valid workers' compensation policy will be kept in effect at all times as required by law.

Name: _____
(last, first, middle)

Doing Business As: _____
(business name if different than your name)

Business Address: _____

City, State, Zip: _____ Phone: () _____

Signature: _____ Date: _____