

**Transportation Network Company**

**Application**





# TRANSPORTATION NETWORK COMPANY LICENSE APPLICATION

Transportation Network Company (TNC): A corporation, partnership, sole proprietorship, or other entity that is operating in Minnesota that uses a digital network to connect transportation network company riders to transportation network company drivers who provide prearranged rides.

## Applicant Information

Applicant's Name (First, Middle, Last)

Applicant's Social Security #

Applicant's Address

Applicant's Cell Phone Number

City State Zip

Applicant's Email Address

- INSURANCE REQUIRED:**
  - Every licensee and TNC driver shall comply with all applicable insurance requirements mandated by Minnesota statutes 65B.472.
  - Documentation evidencing that the TNC has named the city as an additional named insured
  - Insurance policies required shall contain a clause providing for thirty (30) days' written notice to the city clerk before cancellation
  - Existence of the insurance required shall be disclosed on the TNC's website, and no contractual hold harmless provisions required in the company's terms of service shall be used to evade the insurance requirements
  
- BACKGROUND CHECK**
  - As part of this application you must certify that every driver currently in or proposed to be in the applicants transportation network has been subject to a criminal background check under the Minnesota Statutes Section 299 C.67 (See attached form)
  
- CERTIFICATION OF APPLICATION AND COMPLIANCE**
  - Must be notarized
  
- If **CORPORATION**, must list names and addresses of the officers and directors:

Names
_____
_____
_____
_____
_____

Address
_____
_____
_____
_____
_____

## Business Information

Business Name

Business Phone Number

Doing Business As

Business Address

City

State

Zip

Name and address of ALL persons having a financial interest in applicant's business, including ownership or financing interests:

### Type of entity – See Details

If the responsible Party is listed as the Registered Agent or Chief Executive Officer of the Entity on the Minnesota Secretary of State's website, no further documentation is necessary. However, if not so identified, the following information for specific types of Entities is necessary.

State where created: \_\_\_\_\_ Registered with MN Secretary of State: Yes No

#### Sole Proprietorship

- Certificate of Assumed Name (if any)

#### Partnerships (all Types)

- Partnership Agreement and subsequent Amendments and/or
- Additional Documentation\*\*

General Partnership

Limited Partnership

Limited Liability Partnership

Limited Liability Limited Partnership

#### Limited Liability

- Operating Agreement and subsequent Amendments and/or
- Additional Documentation\*\*

Limited Liability Company

#### Corporations (all Types)

- Articles of Incorporations and/or
- Bylaws of the Corporation and subsequent Amendments and/or
- Additional Documentation

Business Corporation

Nonprofit Corporation

#### Trusts

- Trust title page with name of Trust, date of Trust, and name of Trustee and
- Trust Signature page and
- Any Amendments affecting Trusteeship

\*\* Additional documentation showing that the Responsible Party is authorized to act on behalf of the Partnership/LLC/Corp. Such documentation may include a signed and notarized written document authorizing the responsible Party to act executed by a Registered Agent or Chief Executive Officer so identified on the Minnesota secretary of State's website.

**The failure to provide the above requested information will result in your application being rejected as incomplete.**

Send Future Renewals To: \_\_\_\_\_  
\_\_\_\_\_

**Affidavit by Responsible Party**

I, the above named individual, do hereby state that all information contained in this document is complete, true, and accurate, and that I am authorized to act on behalf of any entity herein named according to the organizational rules, regulations, and applicable laws. I understand that any incomplete, incorrect, or misleading information contained within this document may make me liable in a criminal proceeding under Minnesota law or the City of Moorhead criminal ordinances.

\_\_\_\_\_  
Responsible Party Signature

\_\_\_\_\_  
Date

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**Office Use Only: Fees payable to the City of Moorhead**

\_\_\_\_\_ Application Fee

Payment:     Cash             Check # \_\_\_\_\_             Credit Card             Other \_\_\_\_\_

Payment Date: \_\_\_\_\_                      Received By: \_\_\_\_\_

# **Transportation Network Company**

## **\*Please see City Code for complete list of regulations\***

Title 2. Business and License Regulations  
Chapter 6: Service Businesses  
Article E. Transportation Network Companies

### **Background Check Required:**

- Applicant and/or Entity are subject to background checks

### **Record Maintenance:**

- A transportation network company must maintain the following records: 1) individual trip records for at least one year from the date each trip was provided; and 2) individual records of the transportation network company's drivers at least until the one year anniversary of the date on which a transportation network company driver's relationship with the transportation network company has ended.
- For the sole purpose of verifying that a transportation network company is in compliance with the requirements of this section and no more than annually, the city of Moorhead shall have the right to visually inspect a sample of records that the transportation network company is required to maintain. The sample shall be chosen randomly by the city of Moorhead in a manner agreeable to both parties. The audit shall take place at a mutually agreed upon location. Any record furnished to the city of Moorhead may exclude information that would tend to identify specific drivers or riders to protect their privacy.

### **Vehicle Restrictions:**

- No licensee shall own, provide financing for the obtaining, leasing, or ownership of, or have a beneficial interest in transportation network company vehicles unless approved by the city clerk
- Has a manufacturer's rated seating capacity of seven (7) persons or less, including the transportation network company driver;
- Has at least four (4) doors and meets applicable federal motor vehicle safety standards for vehicles of its size, type, and proposed use;
- Is a sedan or light duty vehicle, including a minivan, sport utility vehicle, pickup truck, hatchback, or convertible; and
- At the time of annual inspection, is not more than ten (10) model years of age from the current model year (as measured from June 30 of the calendar year following the model year)





## Certification of Application and Compliance

I \_\_\_\_\_ hereby affirmatively attest that every driver currently in or proposed to be in my transportation network has been or will be subjected to a comprehensive criminal background check pursuant to Minnesota Statute Section 299C.67. I further certify that every driver currently in or proposed to be in my transportation network is not a predatory sex offender and has not been convicted of any violent offenses, including, willful homicide, sex offenses, human trafficking, theft of a motor vehicle, felonious restraint, unlawful or false imprisonment, rioting, or attempt, facilitation, solicitation, or conspiracy of any of the previously listed offenses. I understand and acknowledge that the failure to comply with the requirement to complete background checks may subject me and my company to both civil and criminal liability.

\_\_\_\_\_  
Signature of above individual authorizing release

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

Subscribed and sworn before me this

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
(Notary Public)

My commission expires: \_\_\_\_\_

# TAX IDENTIFICATION FORM

## LICENSE APPLICANT:

Pursuant to \*Minnesota Statute 270C.72 Tax Clearance: Issuance of Licenses, the licensing authority is required to provide to the Minnesota Commissioner of Revenue your Minnesota business tax identification number and the Social Security number of each license 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. DO NOT RETURN TO THE DEPARTMENT OF REVENUE.

Name of Applicant \_\_\_\_\_

Type of Business \_\_\_\_\_

Minnesota Tax Identification # \_\_\_\_\_

Federal Tax Identification # \_\_\_\_\_

Social Security # (if MN & Federal Tax ID are not provided)\* \_\_\_\_\_

**If a Minnesota Tax Identification Number is not required, please explain below.**

\_\_\_\_\_  
\_\_\_\_\_

Signed by \_\_\_\_\_ Date \_\_\_\_\_

Print Name of Person Signing: \_\_\_\_\_

**\*2008 Minnesota Statutes  
270C.72 TAX CLEARANCE; ISSUANCE OF LICENSES.**

**Subd. 4. Licensing authority; duties.**

All licensing authorities must require the applicant to provide the applicant's Social Security number and Minnesota business identification number on all license applications. Upon request of the commissioner, the licensing authority must provide the commissioner with a list of all applicants, including the name, address, business name and address, Social Security number, and business identification number of each applicant. The commissioner may request from a licensing authority a list of the applicants no more than once each calendar year.

**History:** 2005 c 151 art 1 s 87





**CONSENT TO PERFORM CRIMINAL HISTORY/  
DRIVER'S LICENSE BACKGROUND CHECK  
TENNESSEN WARNING**

\_\_\_\_\_  
Print Full Name      (First)                      (Full Middle)                      (Last)

\_\_\_\_\_  
Print Maiden / Previous Name(s) and/or Aliases

Residing at \_\_\_\_\_  
(Address)                                      (City)                      (State)                      (Zip Code)

\_\_\_\_\_  
Driver's License No. / State

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Cell Phone Number

\_\_\_\_\_  
E-Mail

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Place of Birth

I do hereby authorize the Moorhead Police Department to disclose criminal history, driver's license, and local records check information to the Moorhead City Manager, City Clerk, and City Council all collected as a result of the background investigation completed for the purpose of evaluating the license application. I understand that failure to provide this release will result in a denial of my application.

I understand that my records are subject to the State Data Practices Act and become public documents unless otherwise provided for by state or federal law. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it and that in any event, the consent expires automatically as described below.

Does your business have a security alarm?      No      Yes

If Yes, please provide the following key holder information:

\_\_\_\_\_  
First & Last Name

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
Position

This authorization is valid for six (6) months from the date indicated below.

\_\_\_\_\_  
Signature of above individual authorizing release

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

Subscribed and sworn before me this

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
(Notary Public)

My commission expires \_\_\_\_\_

**All owners, partners, and managers are to complete a copy of this form.**