

**PERMIT APPLICATION FOR LIMOUSINE SERVICES**

Use this form for New Operators and for Annual Renewals

New Operator \_\_\_\_\_ Updating Information \_\_\_\_\_ **MnDOT #** \_\_\_\_\_  
(For updates)

**Applicant's Name** \_\_\_\_\_

**NAME OF BUSINESS** as filed with Secretary of State: \_\_\_\_\_

**Doing Business As (DBA)**, if applicable: \_\_\_\_\_

**TYPE OF BUSINESS ENTITY** (mark only one): Sole Proprietorship \_\_\_\_\_ Partnership \_\_\_\_\_  
Corporation \_\_\_\_\_ Limited Liability Partnership (LLP) \_\_\_\_\_ Limited Liability Co. (LLC) \_\_\_\_\_

**BUSINESS MAILING ADDRESS:** \_\_\_\_\_  
(street) (apt/unit) (city) (state) (zip)  
\_\_\_\_\_  
(Business phone) (Business Fax) (Business email)

**BUSINESS PHYSICAL ADDRESS:** \_\_\_\_\_  
(Where records are kept) (street) (apt/unit) (city) (state) (zip)

*Is the business a foreign corporation authorized to transact business in Minnesota?* Yes \_\_\_\_\_ No \_\_\_\_\_ *If yes, provide the Name of resident agent:* \_\_\_\_\_ *Address:* \_\_\_\_\_

**INDIVIDUAL RESPONSIBLE FOR DAILY BUSINESS OPERATION:** \_\_\_\_\_  
(Name) (Title)  
\_\_\_\_\_  
(Contact's Business Phone) (Alternative Phone #) (Fax Number) (Contact's Email Address)

**OWNERSHIP** (List names of corporate directors and officers, general and limited partners, LLC board members, or owners of business)

\_\_\_\_\_  
(Name) (Title) Choose one: Yes No **Current Limousine Permit Holder?**

**Limousine Permit revoked** during the preceding year? Choose one: Yes No If yes, provide MnDOT # \_\_\_\_\_ USDOT # \_\_\_\_\_

\_\_\_\_\_  
(Name) (Title) Choose one: Yes No **Current Limousine Permit Holder?**

**Limousine Permit revoked** during the preceding year? Choose one: Yes No If yes, provide MnDOT # \_\_\_\_\_ USDOT # \_\_\_\_\_

\_\_\_\_\_  
(Name) (Title) Choose one: Yes No **Current Limousine Permit Holder?**

**Limousine Permit revoked** during the preceding year? Choose one: Yes No If yes, provide MnDOT # \_\_\_\_\_ USDOT # \_\_\_\_\_

\_\_\_\_\_  
(Name) (Title) Choose one: Yes No **Current Limousine Permit Holder?**

**Limousine Permit revoked** during the preceding year? Choose one: Yes No If yes, provide MnDOT # \_\_\_\_\_ USDOT # \_\_\_\_\_

## PERMIT APPLICATION FOR LIMOUSINE SERVICES

### PAYMENT INFORMATION

**FOR NEW OPERATORS ONLY:** There is a \$150 processing fee that must accompany the Permit Application.

**FOR ALL OPERATORS:** A decal fee of \$80 per vehicle must accompany the Vehicle Registration form.

**FORMS OF PAYMENT ACCEPTED:** In person – check, money order, credit card or cash.

By postal mail – check only.

*Checks should be made out to: Commissioner of Transportation*

I have attached a completed and signed Workers' Compensation form. Yes \_\_\_\_\_ *The signed form must be attached.*

I have contacted my insurance company and requested a FORM E to be sent to OFCVO. Yes \_\_\_\_\_

My insurance company requires a MnDOT # before they will send a FORM E. Yes \_\_\_\_\_ No \_\_\_\_\_

I verify the information submitted is true: \_\_\_\_\_  
*Signature of corporate officer, partner, LLC board member or sole proprietor Date*

### NOTARY PUBLIC

STATE OF MINNESOTA, County of \_\_\_\_\_

This application was acknowledged before me on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
Date Month Year

by \_\_\_\_\_, as the \_\_\_\_\_  
Title

\_\_\_\_\_ Notary Public My commission expires \_\_\_\_\_

(SEAL)

*To help us better serve you, please let us know the following information:*

Would you prefer this form in a second language? What language? \_\_\_\_\_

The best way to reach you is: Postal mail \_\_\_ Phone \_\_\_ Email (please fill in) \_\_\_\_\_