



**TAXICAB, PEDICAB & PEDAL CAR DRIVER
- RENEWAL -
LICENSE APPLICATION**

THIS APPLICATION IS SUBJECT TO REVIEW BY THE PUBLIC
PLEASE TYPE OR PRINT IN INK

CITY OF SAINT PAUL
Department of Safety & Inspections
375 Jackson Street, Suite 220
Saint Paul, Minnesota 55101-1806
(651) 266-8989 Fax (651) 266-9124
Web: www.stpaul.gov/dsi

Name: Jemal Omer Tahiro
First Middle (Maiden) Last Title

Home Address: 554 Central Ave W St. Paul MN 55103
Street (#, Name, Type Direction) City State Zip+4

Mail to Address: _____
(if different than home address) Street (#, Name, Type, Direction) City State Zip+4

Primary Phone: (651)-497-5813 Alternative Phone: ()

Email Address: jtahiro@yahoo.com Date of Birth: 12/03/1980

Driver's License State/#: Minnesota Expiration Date: ?

License Type (Circle): TAXICAB DRIVER (\$44) PEDICAB DRIVER (\$44) PEDAL CAR DRIVER (\$44)

Name of company you will be driving for: _____

To review all applicable license and operating requirements, the **CITY OF SAINT PAUL LEGISLATIVE CODE** is available online at www.stpaul.gov and www.municode.com. Search Chapter 374 - Commercial pedal car drivers, Chapter 375 - License application (pedicab driver) and/or Chapter 376 - Taxicab driver's license. Contact the Department of Safety and Inspections for more detail.

TAXICAB DRIVER applicants must present a valid State of Minnesota or Wisconsin Driver's License and a current D.O.T. medical card at time of application. Drivers licensed in a state other than Minnesota within ten (10) years preceding application must also provide an official copy of their driving record for the last ten (10) years from each state in which they were licensed.

PEDICAB DRIVER applicants must present a valid State of Minnesota, Wisconsin, Iowa, North Dakota, or South Dakota Driver's License at time of application and drivers licensed in a state other than Minnesota within three (3) years preceding application must also provide an official copy their driving record for the last three (3) years from each state in which they were licensed.

PEDAL CAR DRIVER applicants must present a valid state driver's license at time of application and drivers licensed in a state other than Minnesota within three (3) years preceding application must also provide an official copy their driving record for the last three (3) years from each state in which they were licensed.

TAX IDENTIFICATION NUMBER must be submitted or updated at renewal, per Minnesota Statutes section 270C.72 requiring licensing authorities to collect a tax identification number for each license applicant. The following are acceptable: a Minnesota Tax Identification Number, a Federal Tax Identification Number (FEIN), or a Social Security Number (SSN).

FALSIFICATION OF ANSWERS GIVEN OR MATERIAL SUBMITTED WILL RESULT IN DENIAL OF APPLICATION

I hereby state that I have answered all of the preceding questions and that the information contained herein is true and correct to the best of my knowledge and belief.

CONSENT TO BACKGROUND CHECK

I hereby consent to and authorize the Saint Paul Police Department and the Department of Safety and Inspections (DSI) to use the information I have provided to check criminal histories, arrest and driving records, and warrant information; and for the Police Department to provide these records to DSI and its City Attorney to determine my eligibility for a Taxicab Driver, Pedicab Driver, or Commercial Pedal Car Driver License. I understand that the information contained in the criminal background investigation is not public, except that it may be conveyed to other law enforcement or licensing agencies. This consent expires one year from the date below.

Jemal Tahiro
Applicant Signature (REQUIRED)

5-3-2016
Date



MINNESOTA DRIVER'S LICENSE/ENHANCED DRIVER'S LICENSE IDENTIFICATION CARD/INSTRUCTION PERMIT APPLICATION APPLICATION RECEIPT

2016752124028

THIS IS NOT A STANDALONE IDENTIFICATION DOCUMENT

MINNESOTA DRIVER'S LICENSE, INSTRUCTION PERMIT OR IDENTIFICATION CARD NUMBER: **116166091708** BIRTH DATE (MONTH/DAY/YEAR): **12/03/1980**

FULL LEGAL NAME: **Jamal Omar Tahiro** COMPLETE MIDDLE NAME: **Omar** COMPLETE LAST NAME: **Tahiro**

PREVIOUS LEGAL NAME (ONLY APPLIES IF YOU CHANGED IT SINCE LAST MN DRIVER'S LICENSE, EDL, ID OR IP APPLICATION):

COMPLETE FIRST NAME: **Jamal** COMPLETE MIDDLE NAME: **Omar** COMPLETE LAST NAME: **Tahiro**

FULL RESIDENCE ADDRESS (WHERE YOU LIVE) NOTE: MAKE SURE THIS IS YOUR CURRENT AND VALID ADDRESS. THE POST OFFICE WILL NOT FORWARD YOUR CARD. **554 Central Ave W Apt# 1204**

NUMBER: **554** STREET: **Central Ave W** STATE: **MN** ZIP CODE: **55103** MN COUNTY: **Ramsey**

CITY: **St. Paul**

OPTIONAL MAILING ADDRESS (SEE #1 ON BACK OF WHITE COPY) MAKE SURE THIS IS A VALID ADDRESS. THE POST OFFICE WILL NOT FORWARD YOUR CARD. **554 Central Ave W Apt# 1204**

I AFFIRM THAT THE U.S. POSTAL SERVICE WILL NOT DELIVER MAIL TO MY RESIDENCE ADDRESS SHOWN ABOVE. INITIAL HERE _____ TO HAVE YOUR CARD SENT TO THE ADDRESS BELOW.

NUMBER: **82N** STREET: _____ STATE: _____ ZIP CODE: _____ MN COUNTY: _____

CITY: _____

APPLICANT'S PHYSICAL DESCRIPTION: EYE COLOR: **BRN** HEIGHT: **6** FT. **05** IN. WEIGHT IN POUNDS: **182** SEX: MALE FEMALE

Visit dvs.dps.mn.gov to:



Driver's License TDD/

RESTRICT/ENDORSE: MC ORIGINAL MC RENEWAL ADD/REMOVE

TESTS PASSED (STATE EXAM USE ONLY): EDL DUP A B C D PROV ID MBOP CLP REG IP

INDICATORS: SENIOR LTD MOBILITY SNOWMOBILE FIREARM S OF TC VETERAN

VISION: PASS NR PASS WITH CL INCOMPLETE ATTACHED:

PROPER ID: YES NO **MD-DL**

FEES PAID APPLICATION: \$ **26.25** OTHER FEES: MC \$ SB PHYS \$ REIN FEE \$ OTHER \$ ORGAN DONATION \$

INVALIDATED: **DL/ID/IP STATE: MN EXP: 2015**

NOTES: I was provided all privacy warnings as required by state and federal law. Submission of this application constitutes consent to registration with the selective service system, if required by federal law. I certify that the information on this application is correct. If I am applying for driving privileges, I am aware of the duties, responsibilities, and penalties outlined in M.S. § 169.444 regarding the safety of children around school buses.

X **Jemal Tahiro** Applicant Signature Application Date: **05/03/16**

Minnesota Department of Public Safety Driver and Vehicle Services 445 Minnesota Street St. Paul, MN 55104

05/03/2016	1:21 PM	015656
15	curtis	
75	Testing Fee	10.00
REMOVED	Testing Fee	-10.00
16	Class D DL Renewal	26.25
Credit		26.25
Verification Number: 037672		
SUBTOTAL		26.25
TOTAL		26.25
TOTAL TENDERED		26.25
CHANGE		0.00

mndriveinfo.org
651-284-1234

(DVS USE ONLY)