



Renewal Invoice

CITY OF SAINT PAUL

Check this box if making any name, mailing address or phone # corrections. Please write the changes on this form. If your business license address is changing, please request a new business license application

September 3, 2013

Department of Safety and Inspections
375 Jackson Street, Suite 220
Saint Paul, MN 55101-1806
PHONE: (651) 266-8989
FAX: (651) 266-9124
An Equal Opportunity Employer

ABDI WALI AHMED
CONTACT: ABDI W AHMED
1515 PARK AVE S APT 1801
MINNEAPOLIS MN 55404

Invoice #: 869321

Invoice Due Date : 11/02/2013

Account Balance: \$43.00

Pay this Amount: \$43.00

HOME PHONE: 612-655-0987

Transaction Description

Transaction Total

120005205 Taxicab Driver (Renew) Expires: 11/02/2013
@ 1515 PARK AVE S APT 1801

43.00

Requirements

Invoice Amount Due: \$43.00

This license is cancelled thirty (30) days after the expiration date. You may not drive a taxicab if your license has been cancelled.

Please make any necessary changes to the above address and complete the following:

Date of Birth: 06-15-1966 Phone #: 612-655-0987

Driver's License #: L-992179 286 420 Expiration Date: 06-15-2017

Name and Address of Cab Company you will be driving for:

Company Name: Air Port Taxi

Company Address: 5010 Hillsboro Av N NEW HOPE MN

ANY FALSIFICATION OF ANSWERS GIVEN OR MATERIAL SUBMITTED WILL RESULT IN DENIAL OF THIS 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. I hereby authorize the Saint Paul Police Department to use the information I have provided to check criminal histories, arrest records, and warrant information; and for the police department to provide these records to the Department of Safety and Inspections to determine my eligibility for a taxicab driver license. I understand that the information contained in the criminal background investigation is confidential, except that it may be conveyed to other law enforcement or licensing agencies. I also hereby state that I have read and understand the rules and regulations set forth in Chapter 376.16 (Taxicab Driver's License of the Saint Paul Legislative Code).

Abdi W. Ahmed

Signature (required)

Security # here: [scribble]