



TAXICAB 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 and Inspections
375 Jackson Street, Suite 220
Saint Paul, MN 55101-1806
(651) 266-9090 Fax (651) 266-9124
Web: www.stpaul.gov/dsi

Licensee Information

Name and Title: BIMANSEED ELMI
First Middle (Maiden) Last Title

Home Address: 2773 ASHBY ST N ROSEMIRE MN 55113
Street (#, Name, Type Direction) City State Zip+4

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

Home Phone: (651) 442-2641 Date of Birth: 01/01/1969 Place of Birth: SOMALIA

Driver's License #: 2848124986320 Expiration Date: 01-01-2015

Name and Address of cab company you will be driving for: Blue and White

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 Office of License, Inspections, and Environmental Protection to determine my eligibility for a taxicab driver license. I understand 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).

[Signature] 9/1/2011
Signature (REQUIRED for all applications) Date

Preferred methods of communication from this office (please rank in order of preference -- "1" is most preferred):

____ Phone Number with area code: (____) _____ Extension _____
(Circle the type of phone number you have listed above): Business Home Cell Fax Pager

____ Phone Number with area code: (____) _____ Extension _____
(Circle the type of phone number you have listed above): Business Home Cell Fax Pager

____ Mail: _____
Street (#, Name, Type, Direction) City State Zip+4

____ Internet: _____
E-Mail Address