

### Taxicab Company License APPLICATION

Fees: \$25.00 per vehicle per year Fee Received: \$_25.00	Date Received: 11/19/2024
Instructions	

This application must be filled out in full and signed by the applicant(s).

Please type or print clearly all information. Any false statement is sufficient cause for exclusion of the applicant from consideration of licensing. Read each question carefully and answer all that is asked. All applications are subject to City Council approval.

OWNERS: All applications must include:

- copy of vehicle(s) registration
- certificate of insurance for each vehicle
- approved vehicle inspection form for each vehicle
- applicable fees

### OWNERS INFORMATION - Print or Type all information

Name of Applicant:	Roger Brigan			
Company Name:	Iron Angel Taxi			
Company Address:	1601 NW 4th st, Grand Rapids MN 55744			
Telephone Number:	218-398-0346			
If applicant is a corporation, give name and address of registered agent, Minnesota Tax ID Number, Federal Employer Identification Number:  MN Tax ID#: FEIN:				
If applicant is a sole proprietor or partnership, give names, addresses and Social Security Number of owner/partners. (Attach sheet with additional owners/partners if necessary.)				
Name: Roger 31	Name:			
Addres	Address:			
SSN: _	SSN:			

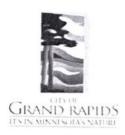
## VEHICLE INFORMATION - Print or Type all information

tion
License Plate #:
Vehicle Capacity:
License Plate #:
tion
License Plate #:
Vehicle Capacity:

By my signature below, I hereby swear and affirm that:

- I agree that I will inform the City of Grand Rapids in writing within three (3) days of any change in, or addition to, the information set forth in this application.
- I am the owner/owners of the above named company; that the answers provide by me are statements of fact and are true to the best of my knowledge, information and belief.

Owner(s) Name (printed) Roger Brigan	
Owner(s) Signature:	-
Owner(s) Name (printed)	
Owner(s) Signature:	
Owner(s) Name (printed)	
Owner(s) Signature:	



# CITY OF GRAND RAPIDS TAXICAB LICENSE APPLICATION

Busine	ess Phone Number 218-398-0346 Applicant's Home Phone Number
1.	I, Roger Brigan, as Owner  (Individual owners, Officer or Partner)  for and on behalf of Iron Angel Toxi  (Legal name and Trade Name, if any)  hereby apply for a Taxicab license to be located at 1601 NW 4th street Grand Rapin in the City of Grand Rapids, Minnesota, in accordance with the City Taxicab Chapter 14, Article III.
2.	Applicant's date of birth
3.	Are all drivers or operators in possession of a current valid Minnesota Class C driver's license?  Yes No
4.	Are all drivers and operators citizens of the United States and of legal age to own and operate a motor vehicle? Yes No
5.	Are taxicabs in good, safe operating condition and comply with all federal, state and local laws and regulations pertaining to the condition and operation of a motor vehicle to be operated on streets? Yes No
6.	Is each taxicab insured for not less than State Statute amount as listed in Minnesota Statute 466.04? (attached)  Yes No
l swear	that the foregoing statements are true and correct to the best of my knowledge and that I to comply with all ordinances under which this license is granted.
	Company: Iron Argel fax i
	Date: 11-14-2024

Construction Codes and Licensing Division Licensing and Certification Services 443 Lafayette Road North PO Box 64217 St. Paul, MN 55155



E-mail: dli.license@state.mn.us

Website: www.dli.mn.gov Phone: (651) 284-5034

# **Certificate of Compliance** Minnesota Workers' CompensationLaw

This form must be completed by the business license applicant.

### Print in ink or type

Minnesota Statutes § 176.182 requires every state and local licensing agency to withhold the issuance or renewal of a license or permit to operate a business in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Minn. Stat. chapter 176. If the required information is not provided or is falsely stated, it shall result in a \$2,000 penalty

valid workers' compensation policy must	be kept in effect at all times	by employers as required by law.	
icense or certificate number (if applicable	Busines	s telephone number Al	
Business name (Provide the legal name of		siness is a sole proprietor or parti	leising, provide the owner whame(s)
or example John Doe, or John Doe and Ja	ane Doe.)		
HON ANGEL IOXI  DBA ("doing business as" or "also known a	os" an assumed name) if an	licable	
BA ( during business as or also known a	as an assumed name), if app	nicable	
usiness address (must be physical street	address no P.O. hoxes)	City . 2	State ZIP code
Business address (must be physical street address, no P.O. 1601 NW 4425+		Grand Kapids	MN SS744
ounty			0 /
Itasca County		Bringer K20101	agmail.com
I was county	V	number 1 or Toplow	0
		number 1 or 2 below.	provided changes
ote: You must resubmit this form to the a	authority issuing your license	if any of the information you have	provided changes
I have a workers' compensa	ation insurance policy.		
Insurance company name (not the ins	surance agent)		
TOTAL PROPERTY AND ADMINISTRATION OF THE PROPERTY OF THE PROPE			
Policy number	Eff	ective date	xpiration date
l am self-insured for workers'	compensation. (Attach a co	py of the authorization to self-insu	ire from the Minnesota Department
of Commerce.)  . I am not required to have workers	compensation insurance	because:	-
I am not required to have workers	compensation insurance	e because:	or trucking and messenger courier
I am not required to have workers  I only use independent contraction industries; Minn, Stat. § 181.72	compensation insurance ors and do not have employ 3, subd. 4, for building cons	e because: ees. (See Minn. Stat. § 176.043 fo ruction; and Minnesota Rules cha	or trucking and messenger courier apter 5224 for other industries.)
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Certificate of Compliance MN Workers' Compensation Law 4.20.2023



### GEICO SECURE INSURANCE COMPANY

One GEICO Center Macon, GA 31295-0001



Minnesota Insurance ID Card

Policy Number

Effective Date 07/13/2024

Expiration Date 01/13/2025

Insured Kelly Olson

View All Active Drivers

VIN 2	2C3CDXJG4GH294129	
Year	Make	Model
2016	DODGE	CHARGER