



Taxicab Company License APPLICATION

Fees: \$25.00 per vehicle per year

License Period: January 1 – December 31, 2024

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 Brigam
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#: [Redacted] FEIN: [Redacted]

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 Brigam
Address: [Redacted]
SSN: [Redacted]

VEHICLE INFORMATION – Print or Type all information

Make and Model of Vehicle: 2016 Dodge Charger SXT
Color: White Year: 2016 License Plate #: DKP 096
VIN Number: [REDACTED] Vehicle Capacity: 5

Address where this vehicle will be located when not on duty:



VEHICLE INFORMATION – Print or Type all information

Make and Model of Vehicle: _____
Color: _____ Year: _____ License Plate #: _____
VIN Number: _____ Vehicle Capacity: _____

Address where this vehicle will be located when not on duty:

VEHICLE INFORMATION – Print or Type all information

Make and Model of Vehicle: _____
Color: _____ Year: _____ License Plate #: _____
VIN Number: _____ Vehicle Capacity: _____

Address where this vehicle will be located when not on duty:

VEHICLE INFORMATION – Print or Type all information

Make and Model of Vehicle: _____
Color: _____ Year: _____ License Plate #: _____
VIN Number: _____ Vehicle Capacity: _____

Address where this vehicle will be located when not on duty:

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 Brigant

Owner(s) Signature: 

Owner(s) Name (printed) _____

Owner(s) Signature: _____

Owner(s) Name (printed) _____

Owner(s) Signature: _____




CITY OF GRAND RAPIDS
TAXICAB LICENSE APPLICATION

Business Phone Number 218-398-0346 Applicant's Home Phone Number [REDACTED]

1. I, Roger Brigon, as Owner
(Individual owners, Officer or Partner)
for and on behalf of Iron Angel Taxi
(Legal name and Trade Name, if any)
hereby apply for a Taxicab license to be located at 1601 NW 4th Street Grand Rapids
in the City of Grand Rapids, Minnesota, in accordance with the City Taxicab Chapter 14,
Article III.
2. Applicant's date of birth [REDACTED].
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

I swear that the foregoing statements are true and correct to the best of my knowledge and that I agree to comply with all ordinances under which this license is granted.

Signed: 
Company: Iron Angel Taxi
Date: 11-14-2024

See back for vehicle equipment and operating requirements that will be verified during vehicle inspection.

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' Compensation Law

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 assessed against the applicant by the commissioner of the Department of Labor and Industry.

A valid workers' compensation policy must be kept in effect at all times by employers as required by law.

License or certificate number (if applicable) Business telephone number 218-398-0346

Business name (Provide the legal name of the business entity. If the business is a sole proprietor or partnership, provide the owner's name(s), for example John Doe, or John Dqe and Jane Doe.)
Iron Angel Taxi

DBA ("doing business as" or "also known as" an assumed name), if applicable

Business address (must be physical street address, no P.O. boxes) City Grand Rapids State MN ZIP code 55744

County Itasca County Email address BrigankR2010@gmail.com

You must complete number 1 or 2 below.

Note: You must resubmit this form to the authority issuing your license if any of the information you have provided changes.

1. I have a workers' compensation insurance policy.

Insurance company name (not the insurance agent)

Policy number Effective date Expiration date

I am self-insured for workers' compensation. (Attach a copy of the authorization to self-insure from the Minnesota Department of Commerce.)

2. I am not required to have workers' compensation insurance because:

- I only use independent contractors and do not have employees. (See Minn. Stat. § 176.043 for trucking and messenger courier industries; Minn. Stat. § 181.723, subd. 4, for building construction; and Minnesota Rules chapter 5224 for other industries.)
- I do not use independent contractors and have no employees. (See Minn. Stat. § 176.011, subd. 9, for the definition of an employee.)
- I use independent contractors and I have employees who are not required to be covered by the workers' compensation law. (Explain below.)
- I only have employees who are not required to be covered by the workers' compensation law. (Explain below.) (See Minn. Stat. § 176.041 for a list of excluded employees.)

Explain why your employees are not required to be covered

I certify the information provided on this form is accurate and complete. If I am signing on behalf of a business, I certify I am authorized to sign on behalf of the business.

Print name Roger Brigam
Applicant signature (required) Title Owner Date 11-18-24

If you have questions about completing this form or to request this form in Braille, large print or audio.



GEICO SECURE INSURANCE COMPANY

1-800-841-3000

One GEICO Center
Macon, GA 31295-0001

NAIC
[REDACTED]

Minnesota Insurance ID Card

Policy Number	Effective Date	Expiration Date
[REDACTED]	07/13/2024	01/13/2025

Insured Kelly Olson

[View All Active Drivers](#)

VIN 2C3CDXJG4GH294129

Year	Make	Model
2016	DODGE	CHARGER