

City of Robbinsdale

4100 Lakeview Ave N
Robbinsdale MN 55422
Phone: 763-531-1268 Fax: 763-531-1200
Email; permits@ci.robbinsdale.mn.us

2012 SOLID WASTE HAULER LICENSE APPLICATION

Fee: \$50 Per Vehicle, Per Calendar Year

****PLEASE NOTE that a City *license* is not required if hauling construction debris only (not mixed rubbish). However, a *permit* is required to place a dumpster on any public right-of-way regardless of the items collected.**

I/WE _____, hereby make application to the Honorable City Council for approval of a Solid Waste Haulers' City License subject to provisions of City Ordinances. I do hereby swear that the several answers and statements, and any attached information set forth by me in this application are true.

The City Ordinance requires that the data requested in this application must be submitted in order for the City to determine your eligibility for the license. Refusal to provide the data may result in an automatic denial of the requested license. The data provided shall be classified in accordance with the Minnesota Government Data Practices Act. The data provided shall be investigated by the City Staff. A recommendation for approval or denial, based upon the applicant's eligibility is determined by the provisions of the licensing ordinance and other applicable laws, shall be forwarded to the City Council for final determination. Access to the data provided shall be by officials and employees of the City engaged in administering or monitoring the provisions of the licensing ordinance; and also as allowed for by the Minnesota Government Data Practices Act.

PLEASE PRINT OR TYPE

Applicant Name & Title _____ Trade Name or DBA (Doing Business As) _____

Business Address _____ City _____ State _____ Zip Code _____

Contact Person's Name and Phone Number (please provide a number where this contact person, if needed, can be reached immediately; not a general phone number) _____

The following information is required for obtaining this City license:

- A certificate of insurance stating the City of Robbinsdale as "Certificate Holder" or Additional Insured" on the certificate. The insurance required by this subsection shall protect the city from defense costs and claims for damage for bodily injury, personal injury, including accidental death, and claims for property damage. The insurance requirements are: public liability insurance in an amount of not less than \$1,500,000 for injuries including accidental death to any one person, subject to the same limit for each occurrence and property damage insurance in an amount of not less than \$500,000 for each accident and not less than \$1,000,000 aggregate,
- A certificate of Workers' Compensation Insurance, if applicable, and
- A \$50 Per Vehicle City license fee.

Please provide the following information for each of the vehicles included in the City license:

Vehicle Type	Make & Model	Vehicle Year	License Plate #

Vehicle Type	Make & Model	Vehicle Year	License Plate #

I/WE agree that containers will be well maintained and in good working condition, and display the name and phone number of the owner on all containers placed within the City of Robbinsdale.

Applicant Signature: _____ Date: _____

Applicant Printed Name: _____

MINNESOTA TAX CLEARANCE

- The licensing authority is required to provide to the Minnesota Commissioner of Revenue your Minnesota business tax identification number and the social security number of each license applicant.
- Under the Minnesota Government Data Practices Act and the Federal Privacy Act of 1974, we are required to advise you of the following regarding use of this information: (1) This information may be used to deny insurance, renewal or transfer of your license in the event you owe the Minnesota Department of Revenue delinquent taxes, penalties or interest; (2) Upon receiving this information, the licensing authority will supply it only to the Minnesota Department of Revenue. However, under the Federal exchange of information agreement, the Department of Revenue may supply this information to the Internal Revenue Service; (3) Failure to supply this information may jeopardize or delay the issuance of your license or processing your renewal application.

This information will be collected by the licensing agency and retained in their files.

<u>TYPE OF LICENSE BEING APPLIED FOR OR RENEWED:</u>				
PERSONAL INFORMATION				
<u>APPLICANT'S NAME (LAST, FIRST, MI):</u>		<u>*SOCIAL SECURITY NUMBER:</u> (if State and/or Federal Tax IDs are provided below, it is not necessary to provide the SS#)		
<u>HOME ADDRESS:</u>	<u>CITY</u>	<u>STATE</u>	<u>ZIP CODE</u>	<u>PHONE NUMBER</u>
BUSINESS INFORMATION				
<u>BUSINESS NAME:</u>				
<u>BUSINESS ADDRESS:</u>	<u>CITY</u>	<u>STATE</u>	<u>ZIP CODE</u>	<u>PHONE NUMBER</u>
<u>*MINNESOTA TAX IDENTIFICATION NUMBER:</u>		<u>*FEDERAL TAX IDENTIFICATION NUMBER:</u>		
<u>IF A MINNESOTA TAX IDENTIFICATION NUMBER IS NOT REQUIRED PLEASE EXPLAIN:</u>				

SIGNATURE

POSITION (Officer, Partner, etc.):

DATE SIGNED

Certificate of Compliance Minnesota Workers' Compensation Law

PLEASE PRINT CLEARLY USING INK or TYPE.

Minnesota Statutes, Section 176.182 requires every state and local licensing agency to withhold the issuance or renewal of a license or permit to operate a business or engage in any activity in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Minnesota Statutes, Chapter 176. The required workers' compensation insurance information is the name of the insurance company, the policy number, and the dates of coverage, or the permit to self-insure. 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.

CONTRACTOR'S LICENSE or CERTIFICATE NO (if applicable):	BUSINESS PHONE NO:	FAX NO:	
BUSINESS NAME (Use the person's name if business structure is a sole proprietor or partnership (i.e., John Doe, or John Doe and Jane Doe), otherwise it is the legal name of the business entity.):			
DBA or AKA ("doing business as" or "also known as" an assumed name) (if applicable):			
BUSINESS ADDRESS (must be physical address, no PO Boxes)	CITY	STATE	ZIP CODE
COUNTY:	E-MAIL ADDRESS:		

YOUR LICENSE OR CERTIFICATE WILL NOT BE ISSUED WITHOUT THE FOLLOWING INFORMATION. You must complete number 1, 2, or 3 below.

NUMBER 1: COMPLETE THIS PORTION IF YOU ARE INSURED:

WORKERS' COMPENSATION INSURANCE COMPANY NAME (not the insurance agent)		
WORKERS' COMPENSATION INSURANCE POLICY NO.	EFFECTIVE DATE	EXPIRATION DATE

NUMBER 2: COMPLETE THIS PORTION IF SELF-INSURED:

I have attached a copy of the permit to self-insure.

NUMBER 3: COMPLETE THIS PORTION IF EXEMPT:

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

I have no employees.

I have employees but they are not covered by the workers' compensation law. (See Minn. Stat. § 176.041 for a list of

excluded employees.) Explain why your employees are not covered:

Other: _____.

ALL APPLICANTS COMPLETE THIS PORTION:

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

APPLICANT SIGNATURE (mandatory)	TITLE	DATE
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NOTE: If your Workers' Compensation policy is cancelled within the license or permit period, you must notify the agency who issued the license or permit by resubmitting this form. This material can be made available in different forms, such as large print, Braille or on a tape. To request, call 1-800-342-5354 (DIAL-DLI) Voice or TDD (651) 297-4198.
MN LIC 04 (3/10)

CHARGE CARD INFORMATION

(We accept MasterCard, Visa, American Express and Discover)

1) To make a payment by charge card, please furnish the following information:

Type of Charge Card _____

Charge Account Holder's Name _____

Charge Account Number _____

Charge Card Expiration Date _____

2) For security purposes and to guard against fraud, we need the following information:

Numerical Address where Charge Card Bill is Mailed _____

(For example, if the charge card you are using has a billing address of 4100 Lakeview Ave. N., Robbinsdale, MN 55422, the "numerical address" entered on this line is; 4100)

Zip Code where Charge Card Bill is Mailed _____

(For example, if the charge card you are using has a billing address of 4100 Lakeview Ave. N., Robbinsdale, MN, 55422, the zip code entered on this line is; 55422)