

CITY OF SHAKOPEE
129 Holmes Street South
Shakopee, Minnesota 55379
(952) 233-9300

APPLICATION FOR REFUSE/RECYCLING LICENSE

1. Applicant _____
(Individual, partnership, or corporation)
2. Business Address _____

3. Phone No. _____ Fax No. _____
4. Minn. Tax ID No. _____ Federal Tax ID No. _____
5. List other municipalities in which you are licensed _____

6. List the place or places to which mixed municipal solid wastes collected in Shakopee are to be hauled. (Attach additional sheets, if necessary.)

7. General description of applicant's service area (need not include information about specific customers):

8. Describe services to be rendered, including a brief description of recycling service offered. (Attach additional sheets, if necessary.)

9. Attach a list of the equipment proposed to be used in the collection, including information about the number, type, license plate identification, and capacity of the collection vehicles and equipment to be used in the City of Shakopee.
10. Attach a current address list of every account collected by the applicant.
11. Attach a certificate of insurance evidencing that the applicant carries insurance in the amount of \$1,000,000 for comprehensive general liability, personal injury, and automobile liability, completed operations.

12. Attach license fee in the amount of \$125.00.
13. Applicant agrees to provide the City with an annual report by January 23rd of the license year that identifies the weight, in tons, of refuse, recyclables materials, and special pick-up materials that were collected by the licensee from Shakopee sources in the previous calendar year. The report also shall identify the weight of each type of collected recyclable. It shall distinguish residential collection tonnage from business tonnage. The report shall include a brief description of how the reported weights were calculated.
14. Fill out and Return Attached Worker's Compensation Form
15. Return Completed Minnesota Department of Revenue Form

I will be providing refuse/recycling service for properties within the corporate limits of the City of Shakopee and hereby apply for a license to do so beginning _____.

I declare that the information I have provided on this application is truthful to the best of my knowledge.

Signature

Print Name

Title

Date

Subscribed and sworn to before me this _____ day of _____ 20_____.

Notary Signature

Form SP: C1 License Applicant

Pursuant to Minnesota Statute MS 270C.72 Tax Clearance : Issuance of licenses, the licensing authority is required to provide the Minnesota Commissioner of Revenue the business tax identification number and Social Security number of each applicant. Under Minnesota Government Data Practices Act and Federal Privacy Act of 1974, we are required to advise you of the following regarding the use of this information:

1. This information may be used to deny the issuance, renewal or transfer of your license in the event you owe the MN Dept. of Revenue delinquent taxes, penalties or interest.
2. Upon receiving this information, the licensing authority will supply it only to the MN Dept. of Revenue. However, the Federal Exchange of Information Agreement, the Dept. of Revenue may supply this information to the I.R.S.
3. Failure to supply this information may jeopardize or delay the processing of your licensing issuance or renewal application.

Please supply the following information and return along with you application to the agency issuing the license.

License applied for or renewed: _____

Licensing Authority: (Example: City. County, State) _____

License Renewal date: _____

Personal Information (If applicable)

Applicant's Name: _____

Applicant's Address: _____

Social Security Number: _____

Business Information (If applicable)

Business Name: _____

Business Address: _____

Minnesota tax Identification Number: _____

Federal Tax Identification Number: _____

(If a MN Tax I.D. is not required, please explain on the reverse side of this form)

Signature _____ Date _____

**CERTIFICATION OF COMPLIANCE
MINNESOTA WORKERS' COMPENSATION LAW**

Minnesota Statute 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 in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of MSS Chapter 176. The information required is: The name of the insurance company, the policy number, and dates of coverage or the permit to self-insure. This information will be collected by the licensing agency and put in their company files.

This information is required by law, and licenses and permits to operate a business may not be issued or renewed if it is not provided and/or is falsely reported. Furthermore, if this information is not provided and/or falsely stated, it may result in a \$1,000 penalty assessed against the applicant by the Commissioner of the Department of Labor and Industry.

Insurance Company Name: _____
(NOT the insurance agent)

Policy Number: _____

Dates of Coverage: _____ to _____

OR

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

- () I have no employees.
- () I am self-insured (include permit to self-insure)
- () I have no employees who are covered by the workers' compensation law
(These include: Spouse, Parents, Children and certain farm employees)

I certify that the information provided above is accurate and complete and that a valid workers' compensation policy will be kept in effect at all times as required by law.

Name: _____
(Last, First, Middle)

Doing Business As: _____
(Business name if different than your name)

Business Address: _____

City, State, Zip: _____ Phone: _____

Signature: _____ Date: _____

CITY OF SHAKOPEE

DUTIES AND OBLIGATIONS OF REFUSE/RECYCLING LICENSEES

A licensed hauler must comply with the following operational requirements. Failure to observe these provisions may be a basis for suspension or revocation of a license:

- A. The licensee shall operate in a manner consistent with its application materials and shall provide notice to the City within ten (10) days of any changes in the information, forms, or certificates filed as a part of the license application process (except for the thirty-day notice required for insurance in Subd. 14. D).
- B. No collections of refuse or recyclable materials shall be made except between the hours of 6:30 A.M. and 6:00 P.M., Monday through Friday. Operations during these hours also may be conducted on Saturdays, to accommodate recognized national holidays and snow emergencies. Customers shall be notified of the specific day and approximate hours for the collection of their refuse and recyclable materials and the licensee shall collect the materials within those time periods.
- C. Each licensed hauler shall only use vehicles and equipment so constructed that the contents will not leak or spill. The vehicles and equipment also shall be kept clean and free from offensive odor, and shall not stand in any street, alley, or public place longer than is reasonably necessary to collect mixed municipal solid waste. The licensee also shall ensure that the collection site is left tidy and free of litter.
- D. Each licensed hauler shall provide its customers with an opportunity to recycle through the weekly curbside collection of recyclable materials.
- E. Each licensee shall submit an annual report to the City that identifies the weight, in tons, of refuse, recyclable materials, and special pick-up materials that were collected by the licensee from Shakopee sources. The report shall be provided on or before the 23rd day of January. The report also shall identify the weight of each type of collected recyclable. It shall distinguish residential collection tonnage from business tonnage. The report shall include a brief description of how the reported weights were calculated. The report must include an address list of every account collected by the licensee.