



**APPLICATION FOR  
ANNUAL SOLID WASTE HAULER CONTRACTOR LICENSE**

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Applicant Name Address City State Zip Code

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Business Name Address City State Zip Code

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Applicant Telephone # Business Telephone # Business Fax #

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Applicant Email

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Applicant Signature Date

**REQUIREMENTS:**

1. \$300,000 Liability insurance (Attach Copy) (Solid Waste Management, Article II Collection, Generally Each Person Injured, Combined Single Limit Coverage, Together with Evidence of Worker's Compensation Insurance for the Licenses Employees)
2. \$1,000 License bond (Attach Copy)
3. \$150.00 Fee
4. Worker's compensation insurance as required by law (Complete Attached Form)
5. Department of Revenue requirement (Complete Attached Form)

**LICENSE EXPIRES DECEMBER 31ST EACH YEAR**

**Office Use Only**

Date Council Approved \_\_\_\_\_

License Number \_\_\_\_\_

Date Paid \_\_\_\_\_

## NOTICE

Pursuant to Laws of Minnesota, 1984, Chapter 502, Article 8, Section 2 (270.72) (Tax Clearance; Issuance of Licenses), 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 Practices Act and the 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 or renewal of your license in the event you owe Minnesota sales, employer's withholding or motor vehicle excise taxes;
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 processing of your license issuance or renewal application.**

Please supply the following information and return along with your application to the licensing authority.

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**Applicant's Last Name First Name Middle Initial**

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**Applicant's Address City State Zip Code**

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**Applicant's Social Security No. Position (Officer, Partner, etc.)**

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**Business Name Full Business Address**

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**Minnesota Tax Identification Number\***

**\* If a Minnesota Tax ID Number is not required for the business being operated, indicate that by placing an X in the adjacent box.**

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**Signature**

**CERTIFICATE 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 or engage in an activity 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, policy number and dates of coverage or the permit to self-insure. This information will be collected by the licensing agency and retained in their 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 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 Insurance Agent) \_\_\_\_\_

Policy Number: \_\_\_\_\_

Dates of Coverage: \_\_\_\_\_

**(or)**

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

I have no employees.

I am self-insured (include evidence of self-insurance).

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: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
(Street, City, Zip Code)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_