

**CITY OF INVER GROVE HEIGHTS  
TRASH COLLECTOR LICENSE APPLICATION**  
*PLEASE FILL OUT COMPLETELY AND PLEASE PRINT LEGIBLY*

LICENSE PERIOD: 1/1/17-12/31/17 Today's Date: \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_

TRADE NAME (DBA): \_\_\_\_\_

WEBSITE ADDRESS: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

BUSINESS TELEPHONE: (\_\_\_\_\_) \_\_\_\_\_

BUSINESS OWNER: \_\_\_\_\_

**1. Please Indicate the Types of Accounts Serviced:**  
*(As of the date of this license application)*

Type of Account:	Servicing (Mark with an X)	License Fee
Single Family Residential – (Wheeled Push-Bins or Bins)		
Multi-Family Residential – (Dumpster)		
Commercial – (Dumpster)		
Industrial (Construction Debris) – (Dumpster)		
Other (Specify)		
<b>Total Fee Submitted: (\$200 or \$250)</b>		<b>\$</b>

*Any one single Type of Account serviced is \$200 License Fee Total, but if you service more than one (no matter how many) Type of Account there is a single additional \$50 Fee, for a \$250 License Fee Total.*

**2. Provide Name and Location of Trash Disposal Area:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

**3. Manner of Trash Disposal (Choose Type of Operation):**

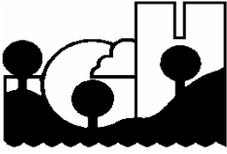
Bury: \_\_\_\_\_ Burn: \_\_\_\_\_

**4. Location of Recycling or Resource Recovery Center:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_



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5. Does Your Firm Provide Separate Collection of Yard Waste?

- a. Yes \_\_\_\_\_  
b. No \_\_\_\_\_

6. If Yes, provide Name and Location of Yard Waste Disposal Area:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

7. Total Number of Trucks to be used for Trash Collection: \_\_\_\_\_

8. Total Number of Trucks to be used for Recycling Collection: \_\_\_\_\_

9. Total Number of Trucks to be used for Yard Waste Collection: \_\_\_\_\_

**Note: A Certificate of Liability Insurance and Workers Compensation Insurance is required for approval of your license application – see attached.**

The undersigned applicant makes this application pursuant to all the laws of the State of Minnesota and such rules and regulations as the Council of the City of Inver Grove Heights may from time to time prescribe.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Ordinance 8-6-2, 8-6-4, 8-6-5	Amended in 2016:
<b>Hours of Operation:</b> (8-6-4(C))	6:00 am – 6:00 pm, Monday through Friday with holiday exceptions.
<b>Scheduled Pick-up Days:</b> (8-6-4(C))	Whatever the designated day for trash pick-up for an individual client, the same day of the week is designated for recycling and yard waste pick-up. For example, if trash is picked up on a Wednesday, recycling and yard waste must also be scheduled for a Wednesday for that individual client.
<b>Mandatory Recycling Offered:</b> (8-6-4(D))	Recycling must be included in your pricing.
<b>Predatory Marketing Prohibited:</b> (8-6-5(A))	No bins can be placed without a signed agreement in place with an individual client.
<b>Number of Licenses Restricted:</b> (8-6-2(E))	No more than 17 licenses will be approved in any given year, and those licenses are restricted to those that were in effect as of September 1, 2016 or any approved transfers of licenses.
<b>Revocation or Suspension of License:</b> (8-6-2(F))	City Council may revoke or suspend a license if: a) licensee is in violation of any provision of this ordinance b) grounds exist under Section 3-2-10 c) any vehicles used by licensee are deemed defective or unsafe

**STATE OF MINNESOTA TAX ID FORM  
LICENSE APPLICATION INFORMATION**

Under Minnesota law (M.S.270C.72), the agency issuing you this license is required to provide the Minnesota Commissioner of Revenue your Minnesota business tax identification. Under the Minnesota Government Data Practices Act and the Federal Privacy Act of 1974, we must advise you that:

- This information may be used to deny the issuance, renewal or transfer of your license if you owe the Minnesota Department of Revenue delinquent taxes, penalties, or interest;
- The licensing agency will supply it only to the Minnesota Department of Revenue. However, under the Federal Exchange in Information Act, the Department of Revenue is allowed to supply this information to the Internal Revenue Service;
- Failing to supply this information may jeopardize or delay the issuance of your license or processing your renewal application.

Please fill in the following information and return this form to the licensing agency. Do not return to the Department of Revenue.

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Type of license being applied for

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Licensing authority (name of city, county, or state agency issuing license)

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License renewal date

**Personal information:**

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Applicant's last name

First name & initial

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Applicant's address

City

State

Zip code

**Business information:**

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Business name

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Business address

City

State

Zip code

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Minnesota tax ID number

Federal tax ID number

If a Minnesota tax ID number is not required, please explain:

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Signature

Title

Date

# Certificate of Compliance Minnesota Workers' Compensation Law

**PRINT IN 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.**

BUSINESS NAME (Individual name only if no company name used)	LICENSE OR PERMIT NO (if applicable)
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DBA (doing business as name) (if applicable)

BUSINESS ADDRESS (PO Box must include street address)	CITY	STATE	ZIP CODE
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**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:**

INSURANCE COMPANY NAME (not the insurance agent)

WORKERS' COMPENSATION INSURANCE POLICY NO.	EFFECTIVE DATE	EXPIRATION DATE
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**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.