



Waste Collection License Application

Community Development Department
Business Licensing Division

5200 85th Avenue North / Brooklyn Park, MN 55443

Phone: (763) 493-8182 / Fax: (763) 493 8171

GOVERNMENT DATA PRACTICES ACT - TENNESON WARNING:

The data you supply on this form will be used to process the license you are applying for. You are not legally required to provide this data, but we will not be able to process the license without it. The data will constitute a public record if and when the license is granted.

The following information is required. All applications are subject to a 10-day approval period.

- Completed application / License Fee: \$115.00 first truck / \$55.00 each additional truck
- Is worker's compensation coverage required? _____ Yes _____ No
- Minnesota Tax Identification Number
- Copy of current DOT inspection report for each vehicle
- List all vehicles for use
- Number of stickers issued: _____
- Certificate of liability insurance / \$1 million coverage / 30 day cancellation
- License fees are not transferable or refundable
- Late fees (1 – 15 days late = 50% of license fee / 16 + days late = 100% of license fee)

The undersigned hereby makes application to the City of Brooklyn Park, Hennepin County, Minnesota, for license subject to the laws of the State of Minnesota and of the City of Brooklyn Park.

Applicant's Full Name: _____

Business Name: _____

Partnership { } Corporation { } Proprietorship { } Other (specify) _____ Owner _____

Business Address: _____

Business Contact: _____ **Business Phone #:** _____

Email Address: _____

Emergency Contact: _____ **Emergency Phone #:** _____

Owner Contact: _____ **Owner Phone#:** _____

Are you licensed by any other agency (e.g. Hennepin County, MPCA, MNDOT, Other) License # _____

Please list all types of materials you collect and specify where they are taken for disposal/processing/recycling and indicate the type of service you provide.

Applicant Signature: _____ **Date:** _____

If paying by credit card, please complete the information below:

Payment: Visa MasterCard Discover Card Number: _____

Expiration Date: _____ Security Code (three digit number on back of card): _____

Signature: _____ Date: _____

Waste Collector's Collection Form

<input type="checkbox"/> Appliances	
<input type="checkbox"/> Corrugated	
<input type="checkbox"/> Edible food waste	
<input type="checkbox"/> Scrap metal	
<input type="checkbox"/> Yard waste	
<input type="checkbox"/> Demolition/ construction debris	
<input type="checkbox"/> Paper/ paper products	
<input type="checkbox"/> Plastics	
<input type="checkbox"/> Newspaper	
<input type="checkbox"/> Ashes	
<input type="checkbox"/> Tree debris	
<input type="checkbox"/> Office paper	
<input type="checkbox"/> Glass	
<input type="checkbox"/> Other (specify)	

Where do you collect from? Complete all that apply.

SOURCE	GARBAGE	RECYCLABLES	BOTH
Residential			
• Individual Pickup	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Dumpster	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Business/Commercial			
• Industrial	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Office	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Hospitality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Restaurant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Medical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Institutional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**MINNESOTA BUSINESS TAX IDENTIFICATION/
SOCIAL SECURITY NUMBER**

Pursuant to 2011 Minnesota Statute, Chapter 270C DEPARTMENT OF REVENUE, (section 270C.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 Data Practices Act and the Federal Privacy Act of 1974, we are required to advise you of the following regarding the use of this information:

- 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;
- Upon receiving the 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;
- **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.

Applicant's Full Name	
Applicant's Address	
City, State & Zip	
Applicant's Social Security Number	
Position (Officer, Partner, Etc.)	
Business Name	
Business Address	
City, State & Zip	
Minnesota Tax Identification Number	
Signature	Date

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

(FORM MUST ACCOMPANY LICENSE OR PERMIT APPLICATION)

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, the 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 and/or falsely stated, it may result in a \$2,000 penalty assessed against the applicant by the Commissioner of the Department of Labor and Industry.

Full Name (Last, First, Middle)	
Doing Business As: (Business name if different than your name)	
Business Address	
City, State, Zip	Phone ()

I am not required to have workers' compensation liability coverage because: <ul style="list-style-type: none"><input type="checkbox"/> I have no employees.<input type="checkbox"/> I am self-insured (include permit to self-insure).<input type="checkbox"/> 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.	
Signature	Date

OR

Insurance Company Name (NOT the insurance agent)
Policy Number
Dates of Coverage

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.	
Signature	Date