

**SOLID WASTE COLLECTION LICENSE APPLICATION  
AND REQUEST TO ENTER INTO AN AGREEMENT WITH  
THE CITY OF DETROIT LAKES**

**A. GENERAL INFORMATION:**

Name of Business/Applicant: \_\_\_\_\_

DBA (if applicable): \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Tax ID or SSN: \_\_\_\_\_

**B. TYPE OF BUSINESS:**

\_\_\_\_\_ Sole Proprietor *(include owner name and address)* \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Partnership *(include names and addresses of managing partners, general partners, management committees and limited partners)*  
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\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Corporation *(include names and addresses of each Director and Officer and each stockholder of the corporation)*  
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**C. DESCRIPTION OF EQUIPMENT USED FOR SOLID WASTE COLLECTION:**

<i>Equipment</i>	<i>Make</i>	<i>Year</i>	<i>Size</i>	<i>Weight</i>	<i>Condition</i>	<i>Years in Service</i>
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**D. PROPOSED PICK UP DATES:** \_\_\_\_\_

**E. FINANCING PLAN:** Attach a schedule of rates for all services to be provided.

**METHOD OF SOLID WASTE HAULING:**

**F. List places where all types of solid waste is to be hauled:**

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**G. Describe the manner in which solid waste is to be hauled:**

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**H. Description of the type of container to be used to receive and contain refuse between collections:**

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**I. The location of the principal site from which applicator will conduct business, including address and legal description**

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**BACKGROUND INFORMATION:**

**J. Describe applicant's experience in the collection, hauling, and disposal of solid waste**

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**K. List of date, name and place, if any, where the applicant has ever had a license revoked or rejected by municipal, state, or federal authority**

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**L. List date and places, if any, where the applicant has been convicted for the violation of any law of the United States or of any state, or for the violation of any municipal ordinance**

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**M. Provide the names and addresses of at least three business references with brief statement of the nature and extent of the business relationship**

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# State of Minnesota License Applicant Information

Under Minnesota law (M.S. 270.72), the agency issuing you this license 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 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 of 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 along with your application to the agency issuing the license. **DO NOT RETURN THIS FORM TO THE DEPARTMENT OF REVENUE.**

Please print or type

Name of license being applied for and license number (if renewal):		License Number #:	
Licensing Authority (name of city, county, or state agency issuing license):			
License Renewal Date:			

<b>PERSONAL INFORMATION:</b>			
Applicant's last name	Applicant's first name and middle initial	Social Security Number	
Applicant's address	City	State	Zip Code

<b>BUSINESS INFORMATION:</b>			
Business name			
Business address	City	State	Zip Code
Minnesota tax identification number	Federal tax identification number		
<b>If a Minnesota tax identification is not required, please explain on the reverse side of this form.</b>			

Applicant Signature:

\_\_\_\_\_  
Signature Title Date

# Certificate of Compliance Minnesota Workers' Compensation Law

**THIS FORM MUST BE COMPLETED BY THE BUSINESS LICENSE APPLICANT**

**PRINT IN INK or TYPE**

Minnesota Statutes §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 Minnesota Statutes Chapter 176. 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.

License or certificate number (if applicable)	Business telephone number	Alternate telephone number	
Business name (Provide the legal name of the business entity. If the business is a sole proprietor or partnership, provide the owner's name(s), for example John Doe, or John Doe and Jane Doe.)			
DBA ("doing business as" or "also known as" an assumed name), if applicable			
Business address (must be physical street address, no P.O. boxes)	City	State	ZIP code
County	Email address		

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

## Number 1 – Workers' compensation insurance policy information

Insurance company name (not the insurance agent)	NAIC number	
Policy number	Effective date	Expiration date

## Number 2 – Reason for exemption from workers' compensation insurance

If you have questions regarding the need to obtain workers' compensation coverage, including exemptions, call (651) 284-5032 or 1-800-342-5354.

- I have no employees. (See [Minnesota Statute § 176.011, subd. 9](#) for the definition of an employee.)
- I am self-insured for workers' compensation (attach a copy of the authorization to self-insure from the [Minnesota Department of Commerce](#)).
- I have employees but they are not covered by the workers' compensation law. (See [Minnesota Statute § 176.041](#) for a list of excluded employees.) Explain why your employees are not covered:

\_\_\_\_\_  
\_\_\_\_\_

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

**Print name**

<b>Applicant signature (required)</b>	<b>Title</b>	<b>Date</b>
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NOTE: You must notify the authority issuing your license if there is any change to your workers' compensation insurance information or an employee status change by resubmitting this form. This material can be made available in different forms, such as large print, Braille or audio.