



City of Minneapolis
Licenses and Consumer Services
 350 South 5th Street – Room 1C
 Minneapolis, MN 55415–1391
 Phone: 612-673-2080
 Fax: 612-673-3399 - TTY: 612-673-2157
www.minneapolis.govus/business-licensing

License Application Guidelines and Checklist

DBA:
Expiration: August 1
License Code: 276
Rev Code: 311008
MCO : 225
Adm Issuance: YES
LICENSE ID #
CSR:

License Type: Solid Waste Hauler (Garbage or Rubbish Hauler)

DEFINITION: An industrial hauler who collects and transports solid waste for the purpose of disposal.

Solid Waste: Building debris, garbage, litter, refuse, and rubbish. Solid waste shall not include human excreted matter, sewage or other water-carried waste, toxic and hazardous substances, or yard waste.

Building Debris: Wood, metal, concrete, earth, stone, sand, brick, plaster, asphalt, and roofing materials.

Dumpsters: Containers which have a capacity of more than five (5) cubic feet and utilized for the collection of building debris, solid waste, or any other material placed on any street, boulevard or alley must have a street use permit. A Solid Waste Hauler license is required before a street use permit will be issued.

Garbage: Animal and vegetable refuse from kitchens, pantries, dining rooms or other parts of hotels, restaurants, boarding houses, tenement houses, dwelling houses, public institutions, market houses, private hospitals, butcher shops, stores, commission houses, grocery stores, fish stores, poultry stores and shall include such paper, sacks or other material used as a container for the garbage or for wrapping garbage.

Refuse: Any combustible material including, but not limited to, trash, rubbish, garbage, paper, and debris.

Rubbish: Combustible or non-combustible waste materials, such as ashes, paper, rags, cartons, boxes, wood, excelsior, rubber, leather, scrap metal, mineral matter, crockery and discarded appliances.

Toxic and Hazardous Waste: Pesticides, acids, caustics, pathological waste, radioactive waste, flammable or explosive material and similar chemicals and harmful waste which require special handling. It shall include all substances defined as hazardous waster in the Minnesota Environmental response and Liability Act (MN Statures, Chapter 115B).

Yard Waste: Grass clippings, leaves, brush, or discarded vegetation including but not limited to acorns, apples, bark, garden plants, hay, pine cones, pine needles, straw, tomatoes, twigs, and weeds.

Staff Initials	Application Checklist
	<input type="checkbox"/> 1. License Application (Form #1)
	<input type="checkbox"/> 2. Certificate of Liability Insurance (Sample Form #2) This must be furnished by your Insurance Agent with the following coverages: <input type="checkbox"/> \$25,000 per occurrence and \$50,000 aggregate for personal injury or death. <input type="checkbox"/> \$5,000 per occurrence for property damage.
	<input type="checkbox"/> 3. Copy of State DOT Safety Inspection Report for each vehicle.
	<input type="checkbox"/> 4. Fee: _____ plus New License Surcharge: _____

Additional Information

Your License Application

- a. Incomplete applications will be returned.
- b. All applications must be signed by an owner, partner or principal.
- c. No license will be issued for a period longer than one year.
- d. Licenses are not transferable.
- e. Make a duplicate copy of this packet for your personal records before submitting.
- f. [Minnesota Sales Tax ID Number](#) or 651-296-6181.
- g. If you are applying for multiple licenses, applications may be combined. Talk to Licenses Staff at 300 Public Service Center.

Pollution Control Annual Billing/PCAB - A PCAB Number is required before a license will be granted. This will be requested by a License Inspector. PCAB# _____.

Information in Other Languages - Call 612-673-3737. Yog xav paub tshaj nos ntxiv, hu 612-673-2800. Macluumaad dheeri ah, kala soo xiriir 612-673-3500. Para mas información llame al 612-673-2700.



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FOR OFFICE USE ONLY:
LICENSE ID #:
LIC CLERK:
FEE: \$
DATE:

LICENSE APPLICATION

1. BACKGROUND INFORMATION

Type of License
Minnesota Sales Tax ID Number, Social Security Number, or Individual Tax ID Number
Legal Corporate Name of Business
Business Address/Location
Mailing Address (if Different than Business Address)
Name of Person Filling out this Application
E-mail Address
Name of Manager and Home Address
Type of Ownership: Sole Proprietor, Corporation, Partnership, LLC, Non-Profit
Date of Incorporation
State of Incorporation

Is this business publicly traded? Yes No

2. LIST ALL OWNERS, PARTNERS AND CORPORATE MEMBERS (Attach additional sheet if necessary.)

Full Name: First, Middle, Last
Date of Birth
% of Ownership
Telephone Number
Home Address
City
State
Zip Code
Full Name: First, Middle, Last
Date of Birth
% of Ownership
Telephone Number
Home Address
City
State
Zip Code
Full Name: First, Middle, Last
Date of Birth
% of Ownership
Telephone Number
Home Address
City
State
Zip Code
Full Name: First, Middle, Last
Date of Birth
% of Ownership
Telephone Number
Home Address
City
State
Zip Code

Have any of the above people been convicted of a crime? Yes No

If Yes, please provide (or attach) dates and conviction specifics.

3. BUSINESS INFORMATION

Square Footage for Business Use

Hours of Operation

Describe in detail the principal products, types of entertainment or services rendered.

List any licenses currently or previously held in Minneapolis (Business or Individual).

Have you ever had a business license denied or revoked by Minneapolis or another government entity? Yes No
If Yes, indicate date of denial/revocation, government agency, reason for denial or revocation.

Are you planning or have you completed any construction or remodeling? Yes No

Name of Contractor or Building Manager

Explain the scope of the remodeling or construction:

Workers' Compensation Company

Policy Number

Dates of Coverage

-----Or-----

I certify that I am not required to carry workers' compensation insurance because: I am self insured. I am the sole proprietor and I have no employees. I have no employees who are covered by workers' compensation law. Only employees who are specifically exempted by statute are not covered by the workers' compensation law. These include spouse, parents, and children regardless of age. All other workers whose work is controllable by the employer must be covered.

4. VEHICLES

Will there be vehicles used in the business? Yes No (Attach additional sheets if necessary)

Year/Make/Model	Vehicle Company ID Number	VIN Number	License Plate Number (State)

5. VERIFICATION

The data you furnish on this application will be used by the City of Minneapolis to assess your qualifications for licensure. Disclosure of this information is voluntary. You are not legally required to provide this data; however, if you fail to do so, the City of Minneapolis may be unable to process this application. Disclosure of your Social Security number, Minnesota Tax ID Number, or Individual Tax ID Number is required by Minnesota Statutes 270C.72 and your Social Security number may be requested by and released to the Minnesota Commissioner of Revenue. Upon submission of this application, all information except your Social Security Number will be public information pursuant to Minnesota Statutes, Chapter 13.

A SIGNATURE IS REQUIRED IN ORDER TO PROCESS THIS APPLICATION

I, (print name) _____, certify or declare under penalty of perjury under the laws of the State of Minnesota that the foregoing is true and correct. All information given is subject to verification by the State of Minnesota.

SIGNATURE OF APPLICANT _____ TITLE _____ DATE _____

City of Minneapolis Requirements for Insurance Certificates

#2

CERTIFICATE OF LIABILITY INSURANCE

Certificate cannot be pending, binder or TBA.

The Legal/Corporate Name must match exactly (word for word) to the Approved Licensee Name (including Inc, or LLC), Trade Name (DBA) and address of premises.

PRODUCER Agency Address City, State, Zip	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. <hr/> INSURERS AFFORDING COVERAGE INSURER A: _____ INSURER B: _____ INSURER C: _____ INSURER D: _____ INSURER E: _____
INSURED	

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> _____ <input type="checkbox"/> _____ GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC				EACH OCCURRENCE	\$
					FIRE DAMAGE (Any one fire)	\$
					MED EXP (Any one person)	\$
					& ADV	\$
						\$
						\$
						\$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED A <input type="checkbox"/> SCHEDULED A <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON - OWNED A <input type="checkbox"/> _____ <input type="checkbox"/> _____				COMBINED SINGLE LIMIT (Ea accident)	\$
					BODILY INJURY (Per person)	\$
					BODILY INJURY (Per accident)	\$
					PROPERTY DAMAGE (Per accident)	\$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> _____				AUTO ONLY - (Ea Accident)	\$
					OTHER THAN AUTO ONLY:	EA ACC \$
						AGG \$
	EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION				EACH OCCURRENCE	\$
					AGGREGATE	\$
						\$
						\$
A	WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY				XWC STATUTORY LIMITS / OTHER	
					E.L. EACH ACCIDENT	
					E.L. DISEASE - EA EMPLOYEE	
					E.L. DISEASE - POLICY LIMIT	

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS:

ADDITIONAL INSURED; INSURER LETTER

Original signature or stamp of Agent.

CERTIFICATE HOLDER City of Minneapolis Licenses and Consumer Services 1-C City Hall 350 South 5th Street Minneapolis, MN 55415	AUTHORIZED REPRESENTATIVE _____
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Applications will be returned if requirements are not complete.