GARBAGE/REFUSE HAULERS LICENSE APPLICATION FORM

City of Marshall ~ 344 West Main Street ~ Marshall MN 56258 Phone (507) 537-6775 ~ Fax (507) 537-6830

ANNUAL FEE: \$160.00 (ATTACH TO APPLICATION) Receipt No. ___

LICENSE PERIOD FROM APRIL1, 20 TO MARCH 31, 20

TO COMPLY WITH THE CITY CODE OF THE CITY OF MARSHALL, MINNESOTA, REGULATING THE LICENSING OF REFUSE HAULERS

NAME OF APPLICANT:				
	(First)	(Full Middle)	(Last)	
HOME ADDRESS:	(RR, P.O. Box or St	reet)		
	(City)	(State)	(Zip Code)	
BUSINESS NAME:				
BUSINESS ADDRESS:	(RR, P.O. Box or St			
	(City)	(State)	(Zip Code)	-
PHONE NUMBER:	() (Home)	((Busines	_)	
REFERENCES:	1)	(
	(Name)			
	(Address) 2) (Name)			
VELUCIE	(Address)			
VEHICLE INSURANCE POLICY:				
(Certificate required)	(Name of Agent)		(Name of Company)	•
	(Period of Coverag	e)	(Amount of Coverage)	
		t provide that said policy sha		
VEHICLES:	prevent loss in tra	nsit of liquid or solid cargo, a and will not stand on any st	packer type vehicles in good condition and that the vehicles will be keperet longer than reasonable ne	ot clean and free
TYPE OF LICENSE:	Garbage a	and/orRefuse	(check applicable license	e type)
TYPE OF EMPLOYMENT:	Owner a	and/orOperator	(check applicable license	e type)
"All items removed by the c Lyon County solid waste pla			inty Landfill and in accorda	nce with the
Signature of Applicant			 Date	

CONSENT FOR THE RELEASE OF INFORMATION

Date:				
The following named individ	dual has made application	with this agency for (li	cense type)	
Last Name:				
First Name:				
Middle:				
Maiden, Alias or Former:				
Date of Birth:				
Sex (M or F):	(MM/DD/YYYY)			
Drivers License Number:				
Drivers License State:				
Phone Number:				
Minn. Stat. § 340A.402).	larshall for the purpose of	f licensure (pursuant to	Minn. Stat. § 299C.72 and/or	î
The expiration of this autho signature.	rization shall be for a peri	od no longer than one	year from the date of my	
Signature of Applicant	 Date			

Pursuant to Minnesota Statute MS 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 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:

- 1. This information may be used to deny the issuance, renewal or transfer of your license in the event you owe the Minnesota Department of Revenue delinquent taxes, penalties or interest;
- 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 licensing issuance or renewal application.

Please supply the following information and return along with your application to the agency issuing the license. DO NOT RETURN TO THE DEPARTMENT OF REVENUE.

LICENSE BEING APPLIED FOR OF	RENEWED:					
LICENSING AUTHORITY:	<u>(n</u>	<u>CITY OF MARSHALL</u> (name of city, county or state agency issuing				
LICENSE RENEWAL DATE:						
PERSONAL INFORMATION (if ap Applicant's Name:	oplicable):					
Applicant's Address:						
City		State	Zip Code	Phone Number		
Social Security Number						
BUSINESS INFORMATION (if app	plicable):					
Business Name:						
Business Address:						
Street Address	City	Stat	e Zip	Code		
Phone Number:						
Minnesota Tax Identification						
Federal Tax Identification No.: _						
If a Minnesota Tax Identificatio						
Signature	Position (Officer, Partner, etc.)			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	ESS NAME (Individual name only if no company name used)		
DBA (doing business as name) (if applicable)			
BUSINESS ADDRESS (PO Box must include street address)	CITY	STATE	ZIP CODE
YOUR LICENSE OR CERTIFICATE WILL NOT BE ISSUED WIT 1, 2 or 3 below. NUMBER 1 COMPLETE THIS PORTION IF YOU ARE INSUR		WING INFORMATION.	You must complete number
INSURANCE COMPANY NAME (not the insurance agent)			
WORKERS' COMPENSATION INSURANCE POLICY NO.	EFFECTIVE	DATE EXPI	RATION DATE
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 insuran	ice coverage becat	ıse:	
I have no employees.			
I have employees but they are not covered by the vexcluded employees.) Explain why your employees are no	•		
Other:			
ALL APPLICANTS COMPLETE THIS PORTION: I certify that the information provided on this form is acceptant I am authorized to sign on behalf of the business.	curate and comple	ete. If I am signing on b	ehalf of a business, I certify
APPLICANT SIGNATURE (mandatory)	TITLI	E	DATE
NOTE: If your Workers' Compensation policy is car agency who issued the license or permit by resubmitting This material can be made available in different forms, s	g this form.		

MN LIC 04 (11/08)

5354 (DIAL-DLI) Voice or TDD (651) 297-4198.