



**GARBAGE AND WASTE MATERIALS LICENSE APPLICATION - CITY CODE CHAPTER 50.00  
NEW OR ANNUAL LICENSE FEE: \$50.00**

**NEW** \_\_\_\_\_ **RENEW** \_\_\_\_\_ **YEAR** \_\_\_\_\_

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

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

Business Phone Number(s): \_\_\_\_\_

Business Email: \_\_\_\_\_

**FOR BUSINESSES - Tax information is required by the IRS and MN Department of Revenue**

**FEDERAL TAX ID #** \_\_\_\_\_ **STATE TAX ID #** \_\_\_\_\_

**If you do not have a state or federal tax ID, you must provide your SOCIAL SECURITY #** \_\_\_\_\_

Please provide a description of each piece of equipment to be used in collection: \_\_\_\_\_

\_\_\_\_\_

Description of the kind of service to be rendered and the frequency of collection: \_\_\_\_\_

\_\_\_\_\_

Place(s) to which the refuse will be hauled: \_\_\_\_\_

Describe each type of container that will be used to receive and contain refuse that may accumulate between collections: \_\_\_\_\_

**INSURANCE REQUIREMENTS:** No license shall be issued until the applicant files with the city a current policy of public liability insurance covering vehicles to be used by the applicant in the licensed business. The limits of the insurance shall be not less than \$500,000.00 against liability for bodily injuries or death for each person; not less than \$1,500,000.00 against bodily injuries or death to more than one person from one accident and not less than \$500,000.00 against liability for damage or destruction of property. Applicant must also complete a Worker's Compensation Certification Form. **Failure to provide this information will result in an incomplete application and application will be returned to applicant.**

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Council Signature \_\_\_\_\_ Date \_\_\_\_\_

**Minnesota Government Data Practices Act – Chapter 13  
“Tennessee Warning”**

Data is requested from the applicant on various forms. The purpose and intended use of the requested data is to verify the applicant meets all state statute and city code provisions and, if the license or permit is approved, to verify that all required data remains current.

The following data collected, created, or maintained is classified under the Minnesota Government Data Practices Act as Private data **until license approval** when the data becomes **Public**: (13.41, Subd. 4).

1. Data submitted by applicants (other than names and designated addresses).
2. Orders for hearing and findings of fact.
3. Conclusions of law and specification of the final disciplinary action contained in the record of the disciplinary action.
4. Entire record concerning the disciplinary proceeding.
5. License numbers.
6. License status.

**The following data collected, created, or maintained is classified as Private: (13.41, Subd. 2).**

1. The identity of complainants who have made reports concerning licenses or applicants which appear in inactive complaint data unless the complainant consents to the disclosure.
2. The nature or content of unsubstantiated complaints when the information is not maintained in anticipation of legal action.
3. Inactive investigative data relating to violations of statutes or rules.
4. The record of any disciplinary proceeding except as limited by Subd. 4.

**The following data collected, created, or maintained is classified as Confidential: (13.41, Subd. 3).**

1. Active investigative data relating to the investigation of complaints against any license.

Under law, private data may be shared with licensing and inspection employees, approval authorities, insurance providers, law enforcement employees, contracted inspection officials, as required by court order and City officials who have a bona fide need for it. The City of Forest Lake may make any data classified as private or confidential accessible to an appropriate person or agency if the licensing agency determines that failure to make the data accessible is likely to create a clear and present danger to public health or safety.

We ask that you complete or provide all data requested on the application form(s) unless we have noted that it is not required. Refusal to supply required information may mean that your application cannot be processed.

**I READ AND UNDERSTAND THE ABOVE INFORMATION REGARDING  
MY RIGHTS AS A SUBJECT OF GOVERNMENT DATA.**

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Date

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Signature of Applicant



## CERTIFICATION OF COMPLIANCE - MINNESOTA WORKERS' COMPENSATION

Minnesota State Statute Chapter 176, Section 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. The information required is: The name of the insurance company, the policy number, and dates of coverage or the permit to self-insure. The 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 is falsely stated, it may result in a \$2,000.00 penalty assessed against the applicant by the Commissioner of the Department of Labor and Industry.

Insurance Company Name (NOT the insurance agent): \_\_\_\_\_

Policy Number of Self Insurance Permit Number: \_\_\_\_\_

Effective Dates of Coverage: \_\_\_\_\_ to \_\_\_\_\_

### OR

I am not required to have workers' compensation liability coverage because:

\_\_\_\_\_ I have no employees

\_\_\_\_\_ I am self-insured (you must include permit to self-insure)

\_\_\_\_\_ I have no employees who are covered by workers' compensation law

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.

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

Licensee Business Name (and DBA): \_\_\_\_\_

City, State, and Zip \_\_\_\_\_

Business Phone(s): \_\_\_\_\_

Business Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_