

# Commercial Waste Hauler License Application

City Code Chapter 50.07



**Fees:**

License \$350.00

\*Two year licensing term.

\*Licenses expire December 31 of the odd year.

**Business Information**

Name:	
Address:	
City/State/Zip:	
Phone:	
Type: Sole Proprietorship _____	Corporation _____ Partnership _____
Description of Vehicles and Equipment:	
Do you have a waste hauler license from another city or county? Yes _____ No _____ <i>If yes, where?</i>	
List of disposal sites for:	
Solid Waste:	Yard Waste:
Is recycling offered? Yes _____ No _____	

**Contact Person Information**

Name:	
Address:	
City/State/Zip:	
Phone:	Email Address:

**Additional Required Document:**

-Certificate of Insurance in the amount of not less than \$1,000,000.

*I hereby certify that all statements made in this renewal application are true and complete and understand that any misstatements or omissions of material facts may result in disqualification or denial of the license.*

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

### **Application Checklist**

	Application.
	Application fee. Check should be made payable to the City of Hastings. Credit card and cash is also accepted.
	Current Copy of Certificate of Insurance
	Workers Compensation Form
	Tax Identification Form
	Ordinance Review Sign Off Form

Return the completed application packet and the required fees to the Deputy City Clerk. Once all required documents have been received and the fees have been paid, the application will be reviewed. Please allow 10 business days after all materials have been received for review.

Submit Application and Fees to:

Emily King  
Deputy City Clerk  
101 4<sup>th</sup> Street East  
Hastings, MN 55033  
[eking@hastingsmn.gov](mailto:eking@hastingsmn.gov)  
651-480-2343

# 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 Minn. Stat. 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
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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		

**You must complete number 1 or 2 below.**

**Note:** You must resubmit this form to the authority issuing your license if any of the information you have provided changes.

**1.  I have a workers' compensation insurance policy.**

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

**I am self-insured for workers' compensation.** (Attach a copy of the authorization to self-insure from the Minnesota Department of Commerce; see [www.mn.gov/commerce/industries/insurance/licensing/self-insurance](http://www.mn.gov/commerce/industries/insurance/licensing/self-insurance).)

**2. I am not required to have workers' compensation insurance because:**

- I only use independent contractors and do not have employees. (See [Minn. Stat. § 176.043](#) for trucking and messenger courier industries; [Minn. Stat. § 181.723, subd. 4](#), for building construction; and [Minnesota Rules chapter 5224](#) for other industries.)
- I do not use independent contractors and have no employees. (See [Minn. Stat. § 176.011, subd. 9](#), for the definition of an employee.)
- I use independent contractors and I have employees who are not required to be covered by the workers' compensation law. (Explain below.)
- I only have employees who are not required to be covered by the workers' compensation law. (Explain below.) (See [Minn. Stat. § 176.041](#) for a list of excluded employees.)

Explain why your employees are not required to be 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**

Applicant signature (required)	Title	Date
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If you have questions about completing this form or to request this form in Braille, large print or audio, call (651) 284-5032 or 1-800-342-5354.

## TAX IDENTIFICATION FORM

### LICENSE APPLICANT:

Pursuant to \*Minnesota Statute 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:

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:
2. 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.

Name of Applicant \_\_\_\_\_

Social Security #\* \_\_\_\_\_  
For individual business owner only, not partnership, corporation, etc.

Type of Business \_\_\_\_\_

Minnesota Tax Identification # \_\_\_\_\_

Federal Tax Identification # \_\_\_\_\_

Signed by \_\_\_\_\_ Date \_\_\_\_\_

Print Name of Person Signing: \_\_\_\_\_

**If a Minnesota Tax Identification Number is not required, please explain below.**

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

### \*2008 Minnesota Statutes

#### 270C.72 TAX CLEARANCE; ISSUANCE OF LICENSES.

##### Subd. 4. Licensing authority; duties.

All licensing authorities must require the applicant to provide the applicant's Social Security number and Minnesota business identification number on all license applications. Upon request of the commissioner, the licensing authority must provide the commissioner with a list of all applicants, including the name, address, business name and address, Social Security number, and business identification number of each applicant. The commissioner may request from a licensing authority a list of the applicants no more than once each calendar year.

**History:** 2005 c 151 art 1 s 87

**City of Hastings  
Acknowledgement of  
Review of Ordinance**

I hereby acknowledge that I have read, understand and agree to abide by the regulations set forth in the City's Ordinance associated with the license for which I am applying. Furthermore, I also understand that I must comply with the provisions of all applicable state laws.

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Applicant Signature

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Date