



**City of Hastings  
Application for City License**

**Commercial Waste Hauler License  
New**

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

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

Contact Information

Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Other: \_\_\_\_\_ Email: \_\_\_\_\_

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

Type of Organization      Sole Proprietorship      Corporation      Partnership

Description of Equipment to be used:

Description of Vehicle(s) to be used:

List of disposal sites to be used

Solid Waste:

Yard Waste:

Do you hold a waste hauler license from any other governmental unit?    Yes                      No

If yes, please indicate where licensed: \_\_\_\_\_

**Required document: Proof of Insurance**

*I hereby certify that all statements made in this 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

“The City of Hastings distributes general city information and notices electronically through an electronic notification system. As an applicant for a new business license or for a renewal of an existing business license, you can sign up to receive notices through the city’s electronic notification system by sending an email to [OrdinanceAmendment-subscribe@hastingsmn.gov](mailto:OrdinanceAmendment-subscribe@hastingsmn.gov).”

City of Hastings  
101 Fourth Street East  
Hastings, MN 55033  
651-480-2350  
[www.hastingsmn.gov](http://www.hastingsmn.gov)

|                            |                     |
|----------------------------|---------------------|
| City Use Only              |                     |
| Application Received       | License Fee Paid    |
| Background Check Conducted | Background Fee Paid |
| City Council Approval      | License Issued      |

**CITY OF HASTINGS  
RELEASE OF INFORMATION**

Per Hastings City Ordinance 33.01 the City of Hastings requires a check of the criminal history for all potential employees, volunteers of the city, and independent contractors as defined in City Employee handbook (*Chapter 2, D*). The City of Hastings is offering employment to the undersigned, subject to positive results of various investigations. Please complete the below required information, including notarization of your signature, and complete all other documents. You will be informed of your status when your investigation is complete. The City of Hastings has notaries on staff.

The undersigned authorizes the City of Hastings to obtain, and the State of Minnesota and the Hastings Police Department to release all information in the State of Minnesota Justice Information Services (MNJIS), Hastings Police Department Records Management System, and private data, as defined by Minnesota Statute 13.02, Subdivision 12 regarding the undersigned, to include criminal history record information retained by the Minnesota State Bureau of Criminal Apprehension. The undersigned further releases the City of Hastings, the State of Minnesota and the Hastings Police Department or other agencies used in conducting the background investigation from any claims or damages which the undersigned might incur as a result of the City obtaining this information from the State of Minnesota, the Hastings Police Department or other agencies. This authorization is effective for three months following the date of execution.

This information is being requested by the City to determine whether the undersigned is disqualified from being an employee, volunteer or an independent contractor for the City. Under Minnesota State Law, the City can disqualify a person from employment/volunteer service because of a criminal conviction only if the conviction directly relates to the proposed job. This information is classified as private personnel data and will be provided only to those City employees or agents who have a need to review it. The City does not intend to release the information to any other party, but may be required to do so by subpoena or court order. The undersigned may refuse to authorize the release of this information, but refusal will result in disqualification as either an employee, volunteer or independent contractor.

***Please print clearly***

Full Name (*last, first, middle & maiden name if applicable*) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Activity/Position \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Cellular Phone Number \_\_\_\_\_

Driver's License # \_\_\_\_\_ State of DL \_\_\_\_\_

Previous Address(es) (*if different than above*) for last 10 years

\_\_\_\_\_  
Street address city state zip

\_\_\_\_\_  
Street address city state zip

Please use other side if you need to list more addresses

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

***If under 18, parent/guardian signature is also required***

Printed Name of Parent/Guardian \_\_\_\_\_ Parent's Signature \_\_\_\_\_

Parents Address & Phone Number (*if different from above*) \_\_\_\_\_

**NOTARY**

The foregoing was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_ by \_\_\_\_\_

Notary Signature \_\_\_\_\_ Commission Expires on \_\_\_\_\_

Seal:

|                             |                         |                         |                     |
|-----------------------------|-------------------------|-------------------------|---------------------|
| <b>For Office Use Only:</b> | Date to Applicant _____ | Date to Police _____    | Date Returned _____ |
|                             | SASE Enclosed _____     | Reviewed by Staff _____ |                     |

**INFORMATION FOR LICENSE INVESTIGATION FOR CITY OF HASTINGS**

101 4<sup>th</sup> Street East  
 Hastings, MN 55033  
 651-480-2350

Type of license applying for:

- Liquor     Tobacco     Peddlers     Solicitors  
 Haulers     Amusement     Massage     Other \_\_\_\_\_

New  Renewal

**LOCAL BUSINESS INFORMATION**

Local business name \_\_\_\_\_ Store # \_\_\_\_\_

Local business address \_\_\_\_\_ Local business phone \_\_\_\_\_

Local business representative \_\_\_\_\_ e-mail \_\_\_\_\_

Position  manager  
 owner  
 other \_\_\_\_\_

Full name \_\_\_\_\_

Home Address \_\_\_\_\_

Length of Time at this Address \_\_\_\_\_ If less than 3 years, list previous addresses for last 3 years

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Social Security Number \_\_\_\_\_ Drivers License \_\_\_\_\_ State Issued \_\_\_\_\_ Expiration Date \_\_\_\_\_ Number \_\_\_\_\_

Date of Birth \_\_\_\_\_ Race \_\_\_\_\_ Gender  M  F

Current Employer \_\_\_\_\_

Previous Employer(s) past 10 years: \_\_\_\_\_

**CORPORATE INFORMATION: (if applicable)**

|                   |       |        |       |
|-------------------|-------|--------|-------|
| Corporate name    | _____ |        |       |
| Corporate address | _____ |        |       |
| Corporate contact | _____ |        |       |
| Phone             | _____ | e-mail | _____ |

# 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 |
|---|---------------------------|----------------------------|

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 |
|--------------------------------|-------|------|

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.

**TENNESSEN WARNING**

When the City of Hastings ("City") collects private/confidential data from an individual about that individual, the City is required under Minn. Statute § 13.04, subd. 2, to provide a Tennessee warning Notice. The purpose of this Notice is to enable individuals to make an informed decision about whether to give data about themselves to the City.

**Classification of Data Provided**

Under Minnesota Statute § 13.41, subd. 2, regulating licensing data obtained by a public entity, names and the designated contact address and telephone number are public data and available upon request. All other information provided on your application prior to licensure approval is classified by law as private data and is accessible to you, but not to the public. Upon license approval, all information provided on your application is public data, EXCEPT for: date of birth, social security, non-designated or secondary contact address and telephone number, financial data, state and federal tax ID's, or data classified under Minnesota Statute § 13.02, subd. 12, as private or subd. 13 as protected nonpublic. Public data is available to any person upon written request to the City.

**Purpose and Intended Use**

The data requested on each application will be used in determining whether you meet the City qualifications and requirements for the license for which you are applying. Data from your application will also be relied upon for contact and communication purposes by the City and for the Hastings Police Department to perform the background check required by Hastings City Code § 5.02.

Failure to provide any of the requested information could result in the delay or possible denial of your initial or renewal application. All data collected and stored may be shared upon court order or with other government entities as authorized by law.

**I certify that I have read the above questions and that the answers are true and correct to the best of my knowledge.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

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

I hereby certify that I have reviewed the City's Ordinance found on the City of Hastings Website, [www.hastingsmn.gov](http://www.hastingsmn.gov), and applicable resolutions and related information and will familiarize myself with the contents thereof. I understand that it is my responsibility to comply with the provisions of state law and local regulations with regard to the license for which I am applying.

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Business

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Business Representative Name & Title

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Date