

Commercial Waste Hauler License Application

City Code Chapter 50.07 & 50.08



*Two year licensing term

Fees:

License Fee	\$350.00
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APPLICATION CHECKLIST:

To prevent delay, please ensure the following information is submitted.
Incomplete applications are not accepted and will be returned.

- ☐ Commercial Waste Hauler License Application
- ☐ Application Fees
 - Check should be made payable to the City of Hastings. Credit card and cash are also accepted. Fees can be paid online with a credit card payment.
 - *All credit/debit card payments will be assessed a convenience fee.*
- ☐ Current Copy of Certificate of Insurance in the amount of not less than the amounts listed in [City Code Chapter 50.07](#).
 - The City of Hastings must be listed as additional insured

APPLICATION PROCESS:

- ☐ Return the complete application accompanied with the required documents and fee(s) to the Deputy City Clerk at cityclerk@hastingsmn.gov or deliver to the reception staff at City Hall, 101 4th Street E., Hastings, MN 55033
- ☐ Once all required documents have been received, the application will be reviewed. Please allow 10 business days after all materials have been received for review. If additional information is required, the applicant will be contacted by the Deputy City Clerk.
- ☐ Once review is complete and all fees are paid, the commercial waste hauler license application will be considered by City Council.
- ☐ Upon approval, the license certificate will be issued. The license shall be posted in a conspicuous place with the license holder at all times throughout the licensing period.

The data you furnish on this application will be used by the City of Hastings in the issuance of your license. 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 Hastings may be unable to process this application. Disclosure of your Minnesota Business Tax ID Number and Social Security Number is required by Minnesota Statutes 270C.72, and your Minnesota Tax ID Number and/or Social Security Number may be requested by and released to the Minnesota Commissioner of Revenue. After submission, all information contained in this application except your Social Security Number will be public information pursuant to Minnesota Statutes, Chapter 13.

Applicant Signature

Date

Business Information

Business Name:		
DBA <i>(Doing Business As)</i> :		
Business Address:		
City:	State:	Zip Code:
Mailing Address <i>(if different than above)</i> :		
City:	State:	Zip Code:
Phone:		
Email:		
Type of Business:		
_____ Sole Proprietorship _____ Corporation _____ Partnership		
Do you have a waste hauler license from another City or County?		
_____ No _____ Yes		
If yes, where?: _____		
What services will you offer to Commercial customers in Hastings? Check all that apply:		
<input type="checkbox"/> Commercial Waste Hauling		
<input type="checkbox"/> Commercial Recycling		
<input type="checkbox"/> Construction/Demolition		
<input type="checkbox"/> Roll-off Containers		
<input type="checkbox"/> Multi-Unit Buildings <i>(as defined by City Ordinance)</i>		
<input type="checkbox"/> Other: _____		
List of Disposal Sites for:		
Solid Waste:		
Recycling:		
Yard Waste:		
Other:		

Scheduled Collection Days (check all that apply):

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday

Description of Vehicles and Equipment: *(attach more sheets if necessary)*

Year	Make/Model

Contact Information:

Information for a staff contact must be provided to ensure the City is able to reach the business in the event of any issues, questions or complaints.

Contact Name:

Contact Phone Number:

Contact Email Address:

Minnesota Workers' Compensation

A valid workers' compensation policy must be kept in effect at all times by employers in accordance with statutory requirements. One of the following must be selected with the appropriate explanation *(if applicable)*.

- ☐ I have a worker's compensation insurance policy.
Policy information must be listed on the submitted certificate of insurance.
- ☐ I am not required to have workers' compensation insurance because:
 - ☐ I only use independent contractors and do not have employees.
 - ☐ I do not use independent contractors and do not have employees.
 - ☐ I use independent contractors and I have employees who are not required to be covered by the workers' compensation law. (Attach an explanation).
 - ☐ I only have employees who are not required to be covered by the workers' compensation law. (Attach an explanation) *See Minn. Stat. § 176.041 for a list of excluded employees.*

Ordinance Review

(Please initial)

_____ 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.

Department of Revenue Information

Pursuant to Minn. Stat. § 270C.72 Tax Clearance: Issuance of Licenses, the licensing authority is required to provide the Minnesota Commissioner of Revenue your Minnesota business tax identification number and the social security number or individual taxpayer identification number of each license applicant (person signing the application).

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 for licensing authority: City of Hastings

Minnesota Tax ID Number: _____ *If not available, please attach an explanation.*

Federal Tax ID Number: _____

OR if a Sole Proprietorship, Social Security Number: _____

Minnesota Government Data Practices Act – Tennesen Warning

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: (Minn. Stat. § 13.41, Subd. 4).

1. Data submitted by applicants (other than names and designated addresses).
2. Orders for hearings 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 and license status.

The following data collected, created, or maintained is classified as Private: (Minn. Stat. §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 Minn. Stat. §13.41, Subd. 4.

Under law, private data may be shared with licensing and inspection employees, approval authorities, insurance providers, law enforcement employees, and/or contracted inspection officials as required by court order; this may include City officials who have a bona fide need to review it. The City of Hastings 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.

(Please initial)

_____ I have read and understand the above information regarding my rights as a subject of government data.