



CITY OF SHOREWOOD

5755 Country Club Road • Shorewood, Minnesota 55331 • (952) 960-7900

REFUSE COLLECTOR LICENSE APPLICATION (pursuant to City Code Section 507)

Office Use:

License Year: _____ Application Fee*: _____ Receipt # _____ Permit #: _____

Date: _____

Company Name: _____

Business Contact: _____

Business Address: _____ (street) _____ (city) _____ (zip)

Phone: _____ (business)

Description of Vehicles/Equipment:

Table with 3 columns: License #, Make/Model, Weight Unloaded. Includes multiple rows for data entry.

Charges for Collection Service:

Table with 2 columns: Type of Service, Charge \$. Includes multiple rows for data entry.

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Location of Disposal:

Location	Manner of Disposal

Insurance:

Applicant must provide to the City proof of public liability insurance coverage for all vehicles to be used by applicant in the licensed business within the City limits of Shorewood.

\$ _____ each person injured Yes () No ()
Expiration Date: _____

\$ _____ maximum coverage for each accident
Yes () No ()
against loss or damage to property
Yes () No ()
Expiration Date: _____

License Application Fee:

*Application Fee \$50 plus License Fee \$25 per truck operating within the City limits

I (we) hereby agree to operate the refuse collection business in accordance with the laws of the State of Minnesota and the Ordinances of the City of Shorewood. The foregoing statements are true and correct to the best of my knowledge and belief.

Company
Owner's Signature: _____

Representative's
Signature: _____

(title)

CERTIFICATION OF COMPLIANCE
MINNESOTA WORKERS' COMPENSATION LAW

Minnesota Statute, 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 an activity in Minnesota until the applicant present acceptable evidence of compliance with the workers' compensation insurance coverage requirement of MSS Chapter 176. The information required is: the name of the insurance company, the policy number, and dates of coverage or the permit to self-insure. This 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 or falsely stated, it may result in a \$1,000 penalty assessed against the applicant by the Commissioner of the Department of Labor and Industry.

Insurance Company Name: _____
(NOT the insurance agenda)

Policy Number: _____

Dates of Coverage: _____ to _____

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

- I have no employees
- I am self insured (include permit to self-insure)
- I have no employees who are covered by the workers' compensation law (these include: Spouse, Parents, Children and certain farm employees)

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.

Name: _____
(last) *(first)* *(middle)*

Doing Business As: _____
(business name if different than your name)

Business Address: _____

City, State, Zip: _____

Phone: _____

Signature: _____ Date: _____

CITY OF SHOREWOOD
CERTIFICATE OF COMPLIANCE
DEPARTMENT OF REVENUE INFORMATION
City of Shorewood, 5755 Country Club Road, Shorewood, MN 55331
Phone: 952-960-7900 / Fax: 952-474-0128 / Email: cityhall@ci.shorewood.mn.us

Pursuant to Minnesota Statute 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 (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:

- You are not legally obligated to supply the requested information.
- The known consequences of supplying the requested information is that the information or further investigation could disclose information which could cause your application to be denied.
- The known consequences of refusing to supply the requested information is that your request for a license cannot be processed.
- A criminal charge, arrest, or conviction will not necessarily bar you from obtaining a license with the City, unless the conviction is related to the matter for which the license is sought, according to Minnesota Statute 364.03. However, failure to reveal the requested criminal information will be considered falsification of the application and may be used as grounds for the denial of the application.
- Upon receiving this information, the license 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

Please supply the following information and return along with your application:

Type of License _____

PERSONAL INFORMATION

Applicant Name _____

Applicant Address _____

City, State, Zip _____

Social Security Number _____ Phone Number _____

BUSINESS INFORMATION

Business Name _____

Business Address _____

City, State, Zip _____

MN Tax ID #: _____ Federal Tax ID# _____

If a MN Tax ID# is not required, explain on the reverse side

Signature Title Date