

APPLICATION FOR LICENSE 2019
SOLID, RECYCLABLE AND YARD WASTE COLLECTORS



CITY OF EDEN PRAIRIE

Sustainability Specialist
 8080 Mitchell Road
 Eden Prairie, MN 55344-4485
 Phone: 952-949-8313 Fax: 952-949-8326

FOR OFFICE USE ONLY

Approval: _____
 Amount: \$ _____
 Date: _____

BUSINESS INFORMATION

Licensee Name(s): _____
 Owner or Manager: _____
 Contact Person (if not Owner): _____
 Phone: _____ Fax: _____
 E-mail: _____
 Website: _____
 Licensee Address: _____

LICENSE & INSURANCE INFORMATION

MN Tax ID #: _____ Federal Tax ID #: _____
 Insurance Company: _____
 Insurance Policy #: _____

VEHICLE INFORMATION/FEES (*Attach check for amount required made out to the City of Eden Prairie*)

1st Vehicle (License No., Type & Capacity) _____ Fee: \$160.00
 2nd Vehicle (License No., Type & Capacity) _____ Fee: _____
 TOTAL FEE _____ Total: _____

Number and Type of Roll-Offs included in License Application _____

- *The fee for each additional vehicle is **\$35.00 per vehicle**.*
- *Attach information for each additional vehicle or roll-off if more space is required.*

TYPES OF COLLECTION – Please check each type that applies. This section must be completed.

Type	Check if Applies
Commercial	
Residential (Single-family – curbside recycling)	
Residential (Multi-family – curbside recycling)	
Residential (Multi-family - communal pickup)	
Roll-off / dumpster	
Organics Collection	
Other (attach explanation)	

SUPPLEMENTARY MATERIALS REQUIRED FOR APPLICATION

Please attach the following information with your application:

- Certificate of Insurance
- Proof of Minnesota Worker's Compensation coverage if it is not included on the Certificate of Insurance (enclosed).
- Check for the appropriate amount (make checks payable to the City of Eden Prairie).
- Description and license number of each vehicle to be licensed.
- Minnesota Tax Identification Information Form (enclosed).

The data you supply will be used to assess your qualifications for a License. You are not legally required to provide this data, but we will not be able to grant the license without it. The data will constitute a public record if and when the license is granted, and at the time copies may be issued to anyone.

We ask for this information for the following reasons:

- *To distinguish you from other applicants and identify you in our license files.*
- *To enable us to verify that you are the individual who applies for the license.*
- *To enable us to contact you when additional information is required.*
- *To determine if you meet the minimum age requirements (if any).*
- *To make processing more efficient.*

Residence address and telephone number will be considered public data, and be made available to anyone, unless you request this information to be private, and that you provide an alternative address and phone number.

I have read and understand the purpose and intent of the City Code Section 5.36, and agree to comply with all its part. I hereby make application for a commercial solid, recyclable and yard waste collector license from the City of Eden Prairie. The above information furnished to support this application is to the best of my knowledge true and accurate.

Signature of Applicant

Date

MINNESOTA TAX IDENTIFICATION INFORMATION FORM

LICENSE APPLICANT:

Pursuant to Minnesota Statute 270.72 Tax Clearance; Issuance of Licenses, the City of Eden Prairie is required to provide to the Minnesota Commissioner of Revenue the 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 City of Eden Prairie 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 (City of Eden Prairie). **DO NOT RETURN TO THE DEPARTMENT OF REVENUE.**

License being applied for or renewed: Solid, Recyclable and Yard Waste Collection

Licensing Authority: City of Eden Prairie

License Renewal Date: December 31

PERSONAL INFORMATION (if applicable):

Applicant's Name: _____

Applicant's Address: _____

City *State* *Zip*

Social Security Number: _____

BUSINESS INFORMATION (if applicable):

Business Name: _____

Business Address: _____

City *State* *Zip*

Minnesota Tax Identification No.: _____

Federal Tax Identification No.: _____

If a Minnesota Tax Identification number is not required, please explain on the reverse side.

Signature

Position (Officer, Partner, etc.)

Date

PROOF OF WORKERS' COMPENSATION INSURANCE COVERAGE

City Of Eden Prairie
Attn License Department
8080 Mitchell Rd, Eden Prairie, MN 55344
Phone: 952-949-8377 * Fax: 952-949-8383

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 in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Section 176.181, Subd. 2. 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 put in their company file. It will be furnished, upon request, to the Department of Labor and Industry to check for compliance with Minnesota Statute Sec. 176.181, Subd. 2.

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 falsely reported, it may result in a \$1,000 penalty assessed against the applicant by the Commissioner of the Department of Labor and Industry payable to the Special Compensation Fund.

Provide the information specified above in the spaces provided, or certify the precise reason your business is excluded from compliance with the insurance coverage requirement for workers' compensation.

Insurance Company Name: _____

(NOT the insurance agency)

Policy Number or Self-Insurance Permit Number: _____

Dates of Coverage: _____

OR

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

() I have no employees covered by the law.

() Other (Specify) _____

I have read and understand my rights and obligations with regards to business licenses, permits and workers' compensation coverage, and I certify that the information provided is true and correct.

Signature

Date

Business Name: _____