City of Minneapolis
Licenses and Consumer Services
505 Fourth Ave S., Room 220
Minneapolis, MN 55415
Phone: 612-673-2080
www.minneapolismn.gov/business-licensing

License Application: Garbage/Solid Waste Hauler

Definition: The collection of garbage (solid waste), recycling, organics recycling, yard waste, building materials, or hazardous waste for disposal.

- The City of Minneapolis' commercial recycling ordinance and multifamily ordinance require recycling for all commercial and multiunit properties.
- Hennepin County Ordinance 13 lists requirements for mixed recycling and organics collection. You can also contact a recycling specialist at 612-543-9298 or businessrecycling@hennepin.us.
- A Regional Hauling License is required by Hennepin County unless you are hauling only non-mixed solid waste materials such as construction waste or demolition debris.
- An annual Hauling Report is required by MN Statute 115A.93.
- A complete set of requirements is available in the Minneapolis Code of Ordinances, Chapter 225.

1. Application Requirements

1. Complete the application and include all the requirements listed below. Incomplete applications may be returned.

2. There is a fee, plus a new license processing charge, for this application. You can pay by
   - ☐ **Cash:** Drop off your application at our office.
   - ☐ **Check**: Mail or drop off your application at our office.
   - ☐ **Credit Card**: Mail, drop off or email your application to businesslicenses@minneapolismn.gov. ***Do not add your credit card information on this application.*** We will call you to securely charge your credit card.

3. ☐ Attach a Certificate of Liability Insurance (Sample Form #1) This must be furnished by your Insurance Agent with $25,000 per occurrence and $50,000 aggregate for personal injury or death and $5,000 per occurrence for property damage.

4. ☐ Attach a list of your vehicles (Form #2)

5. ☐ Attach a copy of the Minnesota DOT Safety Inspection Report for each vehicle.

6. **Who are your customers?** Check all that apply.
   - ☐ Regular collection from residential multi-unit customers
   - ☐ Regular collection from commercial customers
   - ☐ Regular collection from public entity/government accounts
   - ☐ One-time dumpster or roll-off service for clean-outs and construction debris
   - ☐ Self-haul (your own waste)
   - ☐ Transfer only (haul only transfer station waste)
   - ☐ Other: _____

   Continue to next page.

7. **What are you hauling?** (defined by MN Statute 115A.03) Check all that apply.

☐ **Mixed municipal solid waste (MSW):** garbage, refuse, and other solid waste from residential, commercial, industrial, and commercial activities. Mixed municipal solid waste does not include auto hulks, street sweepings, construction debris, mining waste, sludges, tree and agricultural waste, tires, lead acid batteries, motor and vehicle fluids and filters, and other materials collected, processed and disposed of as separate waste streams.

☐ **Recyclable materials:** materials separated from mixed municipal solid waste for the purpose of recycling or composting including paper, glass, plastics, metals, automobile oil, batteries, source-separated compostable materials, and sole source food waste streams.

☐ **Source-separated compostable material:** food waste, fish and animal waste, and plant materials that are collected separately from mixed municipal solid waste and are delivered to a transfer station, mixed municipal solid waste processing facility, or recycling facility for the purposes of composting.

☐ **Yard waste:** garden wastes, leaves, lawn cuttings, weeds, shrub and tree waste, and prunings.

☐ **Construction debris:** waste building materials, packaging and rubble resulting from construction, remodeling, repair, and demolition of buildings and roads.

☐ **Hazardous waste:** Pesticides, acids, caustics, pathological waste, radioactive waste, flammable or explosive material and similar chemicals and harmful waste which require special handling. It shall include all substances defined as hazardous waste in the Minnesota Environmental response and Liability Act.

☐ **Other:** _____

2. Applicant Information

Legal Company Name	Business Name/DBA		
Name (Last, First, MI)	☐ Owner ☐ Partner ☐ On Site Manager		
Business Address	City	State	Zip Code
Mailing Address (if different than business address)	City	State	Zip Code
E-mail Address	Cell Phone Number	Business Telephone Number	
Minnesota Sales Tax ID Number *Required*	**Social Security Number** *Required*		
Type of Ownership: ☐ Corporation ☐ LLC ☐ Sole Proprietor ☐ Partnership ☐ Non-Profit	Date of Incorporation	State of Incorporation	
Is this business publicly traded? ☐ Yes ☐ No	Proposed Opening Date:		

3. Owners

List all owners and partners. Ownership must add up to 100%. Attach additional sheets if necessary.

Full Name: Last, First, Middle		Telephone	
Home Address	City	State	Zip
Title	Date of Birth	Ownership %	

Full Name: Last, First, Middle		Telephone	
Home Address	City	State	Zip
Title	Date of Birth	Ownership %	

Full Name: Last, First, Middle		Telephone	
Home Address	City	State	Zip
Title	Date of Birth	Ownership %	

List any licenses you currently have or previously held in Minneapolis (business or individual).

Have you ever had a business license denied or revoked by any government entity?　☐ Yes　☐ No
If Yes, Indicate the Date of Denial/Revocation, Government Agency, and Reason for Denial or Revocation.

4. Workers Compensation

Workers' Compensation Company	Policy Number	Dates of Coverage

------Or------

I certify that I am not required to carry workers compensation insurance because ☐ I am self-insured. ☐ I am the sole proprietor and I have no employees. ☐ I have no employees who are covered by workers compensation law. Only employees who are specifically exempted by statute are not covered by the workers compensation law. These include spouse, parents, and children regardless of age. All other workers whose work is controllable by the employer must be covered.

5. Verification

The City of Minneapolis uses the information on this application to determine qualifications for a license. You are not legally required to provide this information. If you refuse, we cannot approve your application. MN Statute 270C.72 requires your Minnesota Tax ID Number and either a Social Security Number or Individual Tax ID Number. These may be given to the Minnesota Commissioner of Revenue if requested. After we approve your license, all information except your Social Security Number is public (MN Statutes, Chapter 13).

A signature is required.

☐ I have read and agree to the **Terms and Conditions** for electronic signatures, records and payment.

I, (print name) _____, certify or declare under penalty of perjury under the laws of the State of Minnesota that the information on this application, checklist, and attached documents is true and correct. All information is subject to verification by the State of Minnesota. I understand that false information may result in the denial, suspension or revocation of my business license.

By typing your name, you are electronically signing this application.

Signature of Applicant _____ Title _____ Date _____

6. Additional Information

1. No license will be issued for longer than one year.
2. You cannot transfer your license to any other person or location.
3. For reasonable accommodations or alternative formats, please call us at 612-673-2080 or send an email to **businesslicenses@minneapolismn.gov**. Individuals who are deaf or hard of hearing can use a relay service by calling 311 at 612-673-3000.
4. Information in other languages: Para asistencia 612-673-2700. Rau kev pab 612-673-2800. Hadii aad Caawimaad u baahantahay 612-673-3500.

City of Minneapolis
Requirements for Insurance Certificates
Certificate of Liability Insurance

Certificate cannot be pending, binder or TBA.

PRODUCER Agency Address City, State, Zip	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.
	INSURERS AFFORDING COVERAGE

The Legal/Corporate Name must match exactly (word for word) to the Approved Licensee Name (including Inc, or LLC), Trade Name (DBA) and address of premises.

INSURED	
→	INSURER A:
	INSURER B:
	INSURER C:
	INSURER D:
	INSURER E:

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
	GENERAL LIABILITY ☐ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS MADE ☐ OCCUR ☐ _____ ☐ _____				EACH OCCURRENCE FIRE DAMAGE (Any one fire) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE	$ $ $ $ $
	GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☐ PROJECT ☐ LOC **AUTOMOBILE LIABILITY** ☐ ANY AUTO ☐ ALL OWNED AUTOS				PRODUCTS – COMP/OP AGG COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY	$ $
	☐ SCHEDULED AUTOS ☐ HIRED AUTOS ☐ NON – OWNED AUTOS ☐				(Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE	$ $
	☐ **GARAGE LIABILITY** ☐ ANY AUTO ☐ _____				(Per accident) AUTO ONLY – (Ea Accident) OTHER THAN EA ACC AUTO ONLY: AGG	$ $ $ $
	EXCESS LIABILITY ☐ OCCUR ☐ CLAIMS MADE ☐ DEDUCTIBLE ☐ RETENTION				EACH OCCURRENCE AGGREGATE	$ $ $ $ $
A	**WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY**				X/WC STATUTORY LIMITS / OTHER E.L. EACH ACCIDENT E.L. DISEASE – EA EMPLOYEE E.L. DISEASE – POLICY LIMIT	
	OTHER					

Original signature or stamp of agent →

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS:

ADDITIONAL INSURED; INSURER LETTER
CERTIFICATE HOLDER
City of Minneapolis
Licenses and Consumer Services
505 Fourth Ave. S., Room 220
Minneapolis, MN 55415
AUTHORIZED REPRESENTATIVE

Applications will be returned if requirements are not complete.

Vehicle Information

Name of Company: _____

	Make	Model	Year	VIN	License Plate	Company Vehicle Number	MN Dot Inspection Report
1							☐
2							☐
3							☐
4							☐
5							☐
6							☐
7							☐
8							☐
9							☐
10							☐
11							☐
12							☐