

Minneapolis Health Department
Environmental Programs Division
505 Fourth Ave S, Room number 520
Minneapolis, MN 55415
EnvironmentalHealthPermit@minneapolismn.gov
(612) 673-3000 PAY ONLY BY MAIL OR PHONE

## HAZARDOUS WASTE FACILITY APPLICATION

| Submittals: The following information must be submitted with this application.   |  |
|--|--|
| Letter of transmittal: requesting a permit to operate a facility in the City of Minneapolis.   |  |
| Hazardous Waste Site Plan to scale: include information to evaluate the environmental characteristics of the affected areas.   |  |
| Spill Pollution Prevention Plan: describe what measures, training and equipment exist to prevent spills and contain a release.   |  |
| Select Facility:   |  |
| Hazardous waste generating facility – a facility that generates, handles, stores, or disposes of hazardous waste from their site.  |  |
| Hazardous waste process facility – a hazardous waste facility that also or receives hazardous waste from another address.  |  |
| Site Operating Address:  |  |
| BUSINESS NAME:   | PHONE NUMBER:                              |
| CONTACT:   | PHONE NUMBER:                              |
| LEGAL STREET ADDRESS   | SITE MAILING ADDRESS                       |
| CONTACT ADDRESS, CITY, STATE, ZIP CODE   |  |
| DESCRIPTION OF BUSINESS  |  |
| Applicant Information:   |  |
| COMPANY NAME:  | PHONE NUMBER:                              |
| CONTACT PERSON:  | EMAIL:                                     |
|  |  |
| CONTACT ADDRESS, CITY, STATE, ZIP CODE   |  |
| I understand that all information provided in this permit application is true and complete. I understand that misstatements of facts   |  |
| may result in forfeiture of all rights to licensure/registration in acco   |  |
| BUSINESS OWNER OR AGENT PRINTED NAME:  BUSINESS OWNER OR AGENT SIGNATURE:  | DATE: (M/D/YYYY) RELATIONSHIP TO PROPERTY: |
| Failure to obtain an operation permit is a violation and subject to penalties as outlined in MCO Section 46.100.   |  |
| Send my permit: Pickup Mail to contractor or Email:  |  |
| See Environmental Programs Fee Schedule for permit fees. Make checks to "Minneapolis Finance Department". Credit cards accepted by phone. Credit Card Contact telephone number:  |  |
| DATA PRIVACY ADVISORY  |  |
| As part of the application process, you may provide payment information to pay the appropriate fee for your Application or Notification. Some payment information (e.g., credit card and bank account data) is protected under the Minnesota Government Data Practices Act. You are not required to provide this payment information. If you do provide your credit card data or bank account data, after your Application or Notification is processed and approved, your credit card will be charged the appropriate amount or your bank account data (e.g., check) will be used for payment. If you refuse to provide either of these forms of payment, you would have to use another means of payment. This application, the City's website, or staff will provide information on the other means of payment. If you submit your credit card data or bank account data at any point in the payment process, individuals who may access the data include individuals in the City who reasonably require access to process your Application or Notification and your payment and to perform related duties; attorneys representing those individuals; auditors; and others who are legally authorized to access the data.  I HAVE READ AND UNDERSTAND THE ABOVE DATA PRACTICES ADVISORY. |  |
| Signature  | Date                                       |