



1685 CROSSTOWN BOULEVARD N.W. • ANDOVER, MINNESOTA 55304 • (763) 755-5100
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**LICENSE APPLICATION
REFUSE/RECYCLE HAULERS**

1. Business Name _____

2. Address of Business:

Street City State Zip

3. Business Phone Number _____ E-mail Address _____

4. Owner of the collection service:

Name (Please print) Phone Number

Street Address City State Zip

5. Attach a description of each piece of equipment proposed to be used in the collection operation.
6. Attach a schedule of services to be made to the customer including, but not limited to, proposed days of collection in different areas of the city.
7. Attach a schedule of varying rates based on the volume of weight of the refuse collected indicating the charge for each size container or other schedule of charges.
8. Provide a certificate of public liability insurance in the amount of at least \$100,000 for injuries, including accidental death, to any one person and in an amount not less than \$300,000 for each accident; and for loss or damage to property in the amount of \$50,000.
9. Check all types of materials you collect and indicate where they are taken for disposal/processing or recycling:

Name & Location of Disposal/Processing/Recycling

_____ Garbage _____

_____ Tires _____

_____ Used Oil _____

_____ Appliances _____

Name & Location of Disposal/Processing/Recycling

- _____ Corrugated _____
- _____ Edible Food Waste _____
- _____ Scrap Metal _____
- _____ Yard Waste _____
- _____ Demolition/Construction Debris _____
- _____ Paper/Paper Products _____
- _____ Plastics _____
- _____ Newspaper _____
- _____ Ashes _____
- _____ Tree Debris _____
- _____ Office Paper _____
- _____ Glass _____
- _____ Other - specify _____

10. License(s) Requested: _____ Residential **(\$150)** _____ Commercial **(\$150)**

11. Number of trucks proposed to be licensed _____ **(\$25 per truck)**

Applicant acknowledges receipt of a copy of City Code Title 4, Chapter 2 and agrees to comply at all times with the provisions of said ordinance.

Signature

Date

License Fees: Residential License	<u>\$150.00</u>	License/Receipt # _____
Commercial License	<u>\$150.00</u>	Insurance Expiration Date: _____
Per Truck Fee*	<u>\$25.00</u>	* \$50.00 re-inspection fee per truck if 1 st inspection fails.
Council Action: _____ Approved _____ Denied _____ Date _____		

CITY OF ANDOVER TAX CLEARANCE

Pursuant to Minnesota Statute 270.72 Tax Clearance: Issuance of Licenses, the licensing authority required to provide to the Minnesota Commissioners of Revenue your 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 licensing authority will supply the information 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 application.

Please supply the following information and return along with your application to the agency issuing the license. **DO NOT RETURN TO THE DEPARTMENT OF REVENUE.**

License Being Applied for or Renewed: _____

Licensing Authority: CITY OF ANDOVER

License Renewal Date: _____

Personal Information:

Applicant's Name: _____

Applicant's Address: _____

Social Security Number: _____

Or Individual Tax Identification Number (ITIN) _____

Business Information:

Business Name: _____

Business Address: _____

Minnesota Tax Identification # _____

Federal Tax Identification # _____

If Minnesota Tax Identification number is not required, please explain. _____

Signature: _____

Company: _____



TENNESSEN WARNING

In connection with your request for a license the City of Andover has asked that you provide information about yourself which is classified as either *private* or *confidential* by the Minnesota Government Data Practices Act (M.S.A. 13.04). Accordingly, the City is required to inform you of the following:

1. The private or confidential information requested includes, but may not necessarily be limited to, the following: *Your social security number or Minnesota business identification number.*
2. The purpose and intended use of the information requested is: *To comply with Minnesota Statutes, Section 270.72.*
3. You are required to supply the requested information.
4. The known consequences of supplying the requested information are as follows: *Loss or denial of the requested license if you owe the State of Minnesota delinquent taxes, penalties or interest.*
5. The known consequences of refusing to supply the requested information is: *Your request for a license cannot be processed.*
6. The following persons and entities are authorized by law to receive the information if provided: *State of Minnesota – Department of Revenue and other government agencies as provided by law.*

The undersigned, by signing this notice, acknowledges that he/she has read and understood the contents of this notice.

Date

Signature of Applicant

Print Name