CITY OF RICHFIELD

Application for
Garbage and Refuse Collection
License

License Fees: 1st Truck - $271.00
Each Additional Truck - $ 57.00

Residential _____   **Commercial** _____

Company Name: _____

Company Address: _____
          Number Street   City   State   Zip

Contact Name: _____ **Position:** _____

Phone: _____ **Email:** _____

License Numbers	**Truck Make**	**Trailer Make**
1st vehicle _____	_____	_____
2nd Vehicle _____	_____	_____
3rd Vehicle _____	_____	_____
4th Vehicle _____	_____	_____
5th Vehicle _____	_____	_____

(Attach Additional Sheet if Necessary)

Charge per residence per week collection:

Annually_____   Quarterly _____   Monthly_____

Charge for Commercial per year for twice a week collection: _____

Charge on a call basis only, _____to_____. Bi-Monthly Collection _____

Other Arrangements (ie. Charge per stop) _____

Amount of material to be collected at a residence once a week in terms of number of trash receptacles and refuse: _____

Day which your trucks will pick up in the City: M___T___W___Th___F___S___Su___

Number of Customers: _____

Schedule of collection including customer names and addresses must be attached to this application. Is it attached?

A verifiable summary of designated recyclable and yard waste tonnages collected in Richfield the previous year must be attached to this application. This applies to residential haulers and commercial haulers collecting at multi-unit apartment dwellings. (See Richfield City Code – Sec. 601.15, subd. 3)

IMPORTANT

Insurance must be provided to cover all vehicles:

Minimum $200,000 each person injured
Minimum $600,000 each occurrence
Minimum $300,000 property damage

Is your current insurance policy attached to this application?

A certified bond in the sum of $1,000 for each vehicle must be filed with this application. Is this attached?

**** No license application will be processed without the proper insurance and bond papers.

The operation of vehicles used for the hauling of refuse on private property shall be limited in residential districts, and within 50 feet of such districts, to the period between 7:00 a.m. and 10:00 p.m. on weekdays.

SWORN STATEMENT

I (we) hereby agree to operate such business in accordance with the laws of Minnesota and the ordinances of the City of Richfield. The foregoing statements are true and correct to the best of my knowledge and belief.

Firm name: _____

Authorized Signature:_____

Name: _____   Position: _____

Phone: _____   Date: _____

PROOF OF WORKERS' COMPENSATION INSURANCE COVERAGE

   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 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 Licensing   6700 Portland Avenue S. Richfield, MN 55423   612-861-9870