

<b>July 1, 2020 – June 30, 2022</b> <b>REGIONAL MIXED MUNICIPAL SOLID WASTE</b> <b>COLLECTION AND TRANSPORTATION LICENSE APPLICATION</b>	<b>BASE COUNTY:</b> <u><b>Washington</b></u>
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**NOTE TO APPLICANT:** Please print in black ink or type all requested information. Be sure to complete all sections of the application. An Instruction sheet is included to aid in completing this form. Information contained in this application becomes part of the county's official records upon receipt and may be released to others to the extent authorized by the Minnesota Data Practices Act, Minnesota Statutes Chapter 13.

**Applications are due on or before April 30, 2020**

**INCOMPLETE APPLICATIONS WILL BE RETURNED AND NOT CREDITED AS BEING RECEIVED**

<b>1. OPERATING COUNTY(-IES).</b> Application is hereby made for a Regional Mixed Municipal Solid Waste ("MSW") Collection and Transportation "Base License," and for an "Operating License," in the following county/counties. Check the box of the county/counties you currently operate in. <i>(See Instructions sheet.)</i> <b>Anoka</b> <input type="checkbox"/> <b>Carver</b> <input type="checkbox"/> <b>Dakota</b> <input type="checkbox"/> <b>Hennepin</b> <input type="checkbox"/> <b>Ramsey</b> <input type="checkbox"/> <b>Scott</b> <input type="checkbox"/> <b>Washington</b> <input type="checkbox"/>				
<b>2. BUSINESS NAME:</b>		<b>4. BUSINESS STATUS:</b> (Check one) Corporation: <input type="checkbox"/> Partnership: <input type="checkbox"/> Sole proprietor: <input type="checkbox"/> Government: <input type="checkbox"/> Other: _____		
<b>3. LICENSEE NAME:</b>				
<b>5. BUSINESS ADDRESS</b> (Number, Street, City, State, Zip Code):				
<b>6. OFFICIAL MAILING ADDRESS</b> - <i>If different than Business Address in #5</i> - (Number, Street, City, State, Zip Code):				
<b>7. BUSINESS LOCATION.</b> If different than business address in #5, location where vehicle(s), containers, and business records are maintained. List the location with majority of vehicles first. If more than two (2) locations, attach additional information on a separate sheet.				
Item (vehicle, containers, records, etc.)		Address (Street no., City, Zip Code)		
<b>8. CONTACT PERSON RESPONSIBLE FOR COMPANY OPERATIONS:</b>		<b>9. TITLE:</b>	<b>10. CONTACT INFORMATION:</b> Phone Number: FAX Number: Email:	
<b>11. OWNER INFORMATION.</b> If a partnership or individually-owned; use additional sheets if necessary.				
Name		Address	Phone No.	
<b>12. OFFICER INFORMATION.</b> If a corporation, list all corporate officers, regardless of title, in the table below.				
Name		Title	Address	Phone No.

**13. WORKER'S COMPENSATION INSURANCE.** Minnesota Statutes 176.182 requires that you provide the county with acceptable evidence of compliance with the worker's compensation insurance law. Complete either Part A or Part B below. The county will not issue a license without this information.

Part A. Insurance company name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone number: \_\_\_\_\_  
 Policy number: \_\_\_\_\_  
 Effective dates: \_\_\_\_\_

Part B. Worker's compensation insurance is not required because (check appropriate box):

- I have no employees.
- I have employees who are not required to be covered by the workers compensation law (spouse, parents, children and certain farm employees).
- I am self-insured. Provide self-insurance permit number: \_\_\_\_\_

**14. LIABILITY INSURANCE.** Submit along with this application a certificate of insurance which provides the limits set forth in Minnesota Statutes Chapter 466:

- a. Commercial General Liability in the amount of \$1,500,000 per occurrence, \$2,000,000 aggregate.
- b. Auto Liability in the amount of \$1,500,000 per occurrence, combined single limit. The policy shall cover owned, hired, and non-owned vehicles.

Complete the information in the table below:

Name of insurance company	
Name of insurance agent	
Phone number	
Email address	
Policy term: from _____ (day/month/year) to _____ (day/month/year)	

The certificate of insurance must name the Regional Hauler Licensing Board, and Anoka, Carver, Dakota, Hennepin, Ramsey, Scott, and Washington Counties as additional insureds.

All policies and certificates shall be endorsed to require that the insurer provide at least sixty (60) day written notice to the County prior to the effective date of policy cancellation, non-renewal, or material adverse change in the coverage terms. The hauler shall maintain insurance in compliance with this section throughout the two-year term of this license.

**Please see Instructions for complete insurance liability coverage limits and certificate requirements.**

**15. TOTAL NUMBER OF ACCOUNTS BY COUNTY.** Enter the number of accounts, by type, as indicated.

COUNTY	Number of Accounts		COUNTY	Number of Accounts	
	Residential	Non-Residential		Residential	Non-Residential
Anoka			Ramsey		
Carver			Scott		
Dakota			Washington		
Hennepin			Other: _____		

**16. MSW BY COUNTY.** Of the total MSW you collect annually, enter the percent that comes from each county.

Anoka	%	Dakota	%	Ramsey	%	Washington	%
Carver	%	Hennepin	%	Scott	%	Other: _____	%



<b>26. TYPE OF SERVICE.</b> Circle <b>Yes</b> or <b>No</b> which type(s) of service(s) you offer as part of your business:			
Non-residential collection	<b>Yes</b>	<b>No</b>	Construction/demolition
Residential collection (weekly/bi-weekly)	<b>Yes</b>	<b>No</b>	Self-hauler (haul <u>ONLY</u> your own waste)
Public entity/governmental accounts	<b>Yes</b>	<b>No</b>	Transfer (haul <u>ONLY</u> transfer station waste)
One-time clean-outs	<b>Yes</b>	<b>No</b>	Other: _____
<b>27. LICENSE FEE.</b> The Regional Mixed Municipal Solid Waste Collection and Transportation License fee is <b>\$100.00 per vehicle</b> , payable to the county in which your company is based. Calculate the fee as follows:			
a. Number of vehicles from table on page 3: _____	x	\$100.00 per vehicle	= \$ _____
c. Late application fee (if applicable; see Instructions sheet)			= \$ _____
d. <b>Total fee remitted</b> (add lines a + b)			= \$ _____
<b>28. APPLICATION CERTIFICATION:</b> I hereby certify that I am authorized by law, and if applicable, I am authorized by all necessary board action, to sign this application on behalf of the licensee, intending this application for license to be a legally binding obligation of the licensee. Further, I hereby certify that I have read, understand and will comply with all applicable local, state, and federal laws, rules, and regulations and the requirements of all applicable ordinances. I further certify that the information provided on this license application, and any and all attachments, is correct and complete to the best of my knowledge.			
a. _____ Printed name		c. _____ Title	
b. _____ Signature		d. _____ Date	
<b>29. APPENDIX A (attached): Recycling Services Provided.</b> This information is collected to assure accuracy in counties' educational outreach to residents and businesses. Please indicate with a check mark in the Residential and Non-residential columns which materials you accept for recycling and organics collection. Respond, where applicable, to the additional questions or add any comments.			
<b>30. APPENDIX B (attached): Recycling/Organics Services Offered to Non-Residential Customers.</b> Pursuant to Minnesota Statute, Section 115A.151, commercial building owners that contract for 4 cubic yards or more per week of MSW collection must provide recycling for at least three types of material. The counties are committed to identifying ways to assist businesses in meeting this requirement. The counties intend to use answers provided in this appendix to consider what services businesses are already receiving and to work with haulers to provide additional services that businesses may need.			

## APPENDIX A - Recycling Services Provided

1. Do you offer recycling collection services to residential and/or non-residential customers? Check all that apply:  
Residential  // Non-Residential
2. Do you offer organics diversion services to residential and/or non-residential customers? Check all that apply:  
Residential  // Non-Residential  // Non-Residential required by ordinance
3. Do you collect residential recycling weekly or bi-weekly? Check all that apply: No  // Yes - Weekly   
// Yes - Bi-weekly

If yes to question 3, please indicate below which materials you collect for recycling and/or organics diversion. This information will be used for regional outreach purposes.

Material for Recycling and Organics Diversion		Account Type (check: x)		Additional Information or Comments
		Residential	Non-Residential	
Organic Waste	Organics/source-separated food waste			
	Yard Waste			
	Co-mingled yard waste and organics/source-separated food waste			
Cardboard and paper	Corrugated cardboard/OCC			
	Cereal, cracker, cake mix boxes			
	Refrigerated food boxes (Pop & beer cases)			
	Frozen food boxes			
	Pizza boxes from delivery			
	Paper towel/toilet paper rolls (empty core)			
	Mail, newspaper, office/school papers, magazines/catalogs			
	Paperback books and phone books			Hardcover also accepted? Circle: Yes OR No
	Paper egg cartons			
Shredded paper			Describe prep:	
Cartons	Milk cartons			Circle accepted: Caps on? Caps off?
	Juice cartons			Circle accepted: Caps on? Caps off?
	Soup, broth & wine cartons			Circle accepted: Caps on? Caps off?
Plastics	Bottles: beverage & food, shampoo, soap, lotion, dishwashing liquid			Circle accepted: Caps on? Caps off?
	Disposable beverage cups			Circle accepted: Solo-type? Clear?
	Food product cups (eg. yogurt & fruit)			
	Jugs: milk, juice & detergent			Circle accepted: Caps on? Caps off?
	Tubs: cottage cheese & margarine			
	Containers: produce, deli & take out			
	Plastic toys			
	Rigid plastic packaging/ Clear packaging from toys & electronics			
	Microwavable food trays			
	Plastic bags/ film/ wrap			
Styrofoam (expanded polystyrene foam)				
Glass	Bottles (food & beverage)			Circle accepted: Caps on? Caps off?
	Jars (food & beverage)			Circle accepted: Caps on? Caps off?
Metal	Aluminum, tin & steel cans (food & beverage)			
	Aluminum foil			
	Aluminum trays/pie pans			
	Empty aerosol cans			
	Empty paint cans			
	Scrap metal			If size limit, please describe:
Other	Clothes & linens			

**APPENDIX B: Recycling/Organics Services Offered to Non-Residential Customers**

Service	Recyclables		Organics		Comments:
	Circle Answer (Yes or No)		Circle Answer (Yes or No)		
Single Sort	Yes	No	Yes	No	
Multiple Sort	Yes	No	Yes	No	
Provide interior containers	Yes	No	Yes	No	
Provide Labels	Yes	No	Yes	No	
Label carts, dumpsters, and compactors with signage in compliance with county ordinance	Yes	No	Yes	No	
Help place with businesses containers adjacent to SW receptacles	Yes	No	Yes	No	
Provide written information and education	Yes	No	Yes	No	
Help develop a company-wide recycling/organics management plan	Yes	No	Yes	No	
Audit the company's waste stream	Yes	No	Yes	No	
Right size garbage dumpsters after adding recycling/organics service	Yes	No	Yes	No	
Share market revenues	Yes	No	Yes	No	
Offer onsite technical assistance	Yes	No	Yes	No	
Weigh individual recycling/organics containers	Yes	No	Yes	No	

Business Name \_\_\_\_\_