



COMMUNITY DEVELOPMENT – LICENSING  
14600 MINNETONKA BLVD  
MINNETONKA, MN 55345  
Phone: (952) 939-8274  
Email: [fgolden@minnetonkamn.gov](mailto:fgolden@minnetonkamn.gov)

TO: APPLICANT FOR A WASTE COLLECTION LICENSE  
(Definition—collecting recyclables, waste, or both)

FROM: FIONA GOLDEN, COMMUNITY DEVELOPMENT COORDINATOR

Attached are the license application forms for a waste collector license in the City of Minnetonka.

Please complete the following attached forms and return to the above address:

1. Minnetonka Application form
2. Minnesota Business Tax Identification form
3. Minnesota Workers' Compensation Insurance form
4. Certificate of General Liability
5. License fee. Make checks payable to the City of Minnetonka.

The fee for a Waste Collector License is listed below:

First vehicle	\$150.00
Each additional vehicle	\$75.00
Re-inspection fees, if necessary	\$45.00

The licensing year is August 1 through July 31. An annual renewal notice will be sent approximately 30 days prior to the expiration date of the license. If the renewal forms do not reach you, it is your responsibility to contact the city to renew your license every year by July 31.



**CITY OF  
MINNETONKA**  
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# Application for a Waste Collector License \_\_\_\_\_

(insert year)

**ESTABLISHMENT INFORMATION**

State Law: this must be a corporation, partnership, or proprietor name, etc. that carries the income tax liability.

Company Name	
Address	
City, State, Zip	
Phone Number	
Local Manager	

**LICENSEE INFORMATION**

Legal Name	
Primary Officer	
Address	
City, State, Zip	
Owner Phone Number	

**BILLING INFORMATION**

Company Name	
Attention	
Address	
City, State, Zip	

**WASTE COLLECTION**

Residential:	
How many residential stops in Minnetonka are expected:	
What fees will be charged:	
\$ _____ Per household per month for weekly collection of _____ gallon size cart	
\$ _____ Per household per month for weekly collection of _____ gallon size cart	
\$ _____ Per household per month for weekly collection of _____ gallon size cart	
\$ _____ Per household per month for weekly collection of _____ gallon size cart	
Yard Waste: Describe yard-waste collection service and the rates charged for each level of service	
Commercial:	
How many commercial stops in Minnetonka are expected:	
What days of the week will you be collecting?	
<input type="checkbox"/> Sunday <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday	
<b>RECYCLING</b>	
How many commercial stops in Minnetonka are expected:	
Describe the materials collected:	

**I, (WE) THE UNDERSIGNED, HAVE COMPLIED WITH ALL REQUIREMENTS OF THE CITY CODE OF THE CITY OF MINNETONKA NECESSARY FOR OBTAINING THIS LICENSE. NOW, THEREFORE, I (WE) HEREBY MAKE APPLICATION TO OPERATE THE ABOVE NAMED ESTABLISHMENT SUBJECT TO ALL CONDITIONS AND PROVISIONS OF THESE ORDINANCES.**

Signature _____	Date _____	Print Name & Title _____
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Waste Collector Application

VEHICLE INFORMATION: VEHICLES PROPOSED TO BE USED						
No.	License Plate Number	Company Truck Number	Henn. Co. License Number (or county of residence)	Make of Truck	Year	LOAD TYPE: Roll-off (RO); Front (FL), Side (SL), TOP (TL), Rear (RL), Recycling (R)
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						
16.						
17.						
18.						
19.						
20.						

21. For more than 20 vehicles, attach an additional page – **but continue to use the column titles above!**

What is your **TOTAL** number of trucks: \_\_\_\_\_

**LICENSE FEES:**

The first vehicle fee = \$150.00: \$ 150.00

Then only each ***additional*** vehicle fee (– ***after*** the 1<sup>st</sup> one) is \$75.00 + \$ \_\_\_\_\_

**GRAND TOTAL LICENSE FEE - and check enclosed:** \$ \_\_\_\_\_

(Make checks payable to “City of Minnetonka”)

I, (we), the undersigned, have complied with all the requirements of the City Code of Ordinances of the City of Minnetonka necessary for obtaining this license. Now, therefore, I (we) hereby make application to operate the above named vehicles subject to all conditions and provisions of these Ordinances.

Authorized Signature: \_\_\_\_\_

Print your name & title: \_\_\_\_\_,

Date of signing: \_\_\_\_\_

# MINNESOTA BUSINESS TAX IDENTIFICATION LAW

Pursuant to Minnesota Statute 270C.72 (Tax Clearance; Issuance of Licenses), Subd.4, the licensing authority is required to provide, upon request of the Minnesota Commissioner of Revenue, either the applicant's Minnesota business tax identification number with the business name and address – or the social security number of the primary officer, along with their complete name, home address, and home phone number.

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 or renewal of your license in the event you owe Minnesota sales, employer's withholding, or motor vehicle excise taxes.
2. Upon receiving this information, the licensing authority will supply it 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 license issuance or renewal application.

<b>NAME UNDER WHICH THE MN TAX ID IS FILED (<u>licensee</u> name)</b>			<b>Type of license applying for:</b>	
			<b>Waste Collector License</b>	
<b>Licensee: Address</b>	<b>L City</b>	<b>L State</b>	<b>L Zip</b>	<b>L Phone</b>
<b>Establishment: Name</b>			<b>Minnetonka License Number</b> (completed by Minnetonka)	
<b>Establishment: Address</b>	<b>E City</b>	<b>E State</b>	<b>E Zip</b>	<b>E Phone</b>
<b>Minnesota Tax Identification Number</b>		<b>Federal Tax Identification Number</b>		

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### INSTRUCTIONS FOR BOXES BELOW:

1. **If all boxes above are completed**, including both the Minnesota and Federal Tax numbers, no additional information is required by the MN Department of Revenue below.
2. **However, if all boxes above are not completed**, Minnesota law requires personal information about the primary owner or primary officer. In this case you must complete all boxes below, including the owner or primary officer's social security number, home address, and home phone. (NOTE: If the business and home address are the same, please check the box indicating this.)

<b>Applicant's (person's) name (LAST, first, middle initial)</b>		<b>Social Security Number</b>
<b>Home address</b>	<b>Home City, State, Zip code</b>	<b>Home Phone number</b>
<input type="checkbox"/> <b>Check if address is for both home &amp; business</b>		

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Certificate of Compliance

## Minnesota Workers' Compensation Law

**PRINT IN INK or TYPE.**

Minnesota Statutes, 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 or engage in any activity in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Minnesota Statutes, Chapter 176. The required workers' compensation insurance information is the name of the insurance company, the policy number, and the dates of coverage, or the permit to self-insure. If the required information is not provided or is falsely stated, it shall result in a \$2,000 penalty assessed against the applicant by the commissioner of the Department of Labor and Industry.

**A valid workers' compensation policy must be kept in effect at all times by employers as required by law.**

BUSINESS NAME (Individual name only if no company name used)	LICENSE OR PERMIT NO (if applicable)
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DBA (doing business as name – local establishment name – only if different than above)

DBA/LOCAL BUSINESS ADDRESS (PO Box must include street address)	CITY	STATE	ZIP CODE
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**YOUR LICENSE OR CERTIFICATE WILL NOT BE ISSUED WITHOUT THE FOLLOWING INFORMATION.**  
**You must complete number 1, 2 or 3 below.**

**NUMBER 1 COMPLETE THIS PORTION IF YOU ARE INSURED:**

INSURANCE COMPANY NAME (not the insurance agent)

WORKERS' COMPENSATION INSURANCE POLICY NO.	EFFECTIVE DATE	EXPIRATION DATE
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**NUMBER 2 COMPLETE THIS PORTION IF YOU ARE SELF-INSURED:**

I have attached a copy of the permit to self-insure.

**NUMBER 3 COMPLETE THIS PORTION IF YOU ARE EXEMPT:**

I am not required to have workers' compensation insurance coverage because:

I have no employees.

I have employees but they are not covered by the workers' compensation law. (See Minn. Stat. § 176.041 for a list of excluded employees.) Explain why your employees are not covered: \_\_\_\_\_.

Other: \_\_\_\_\_

**ALL APPLICANTS COMPLETE THIS PORTION:**

**I certify that the information provided on this form is accurate and complete. If I am signing on behalf of a business, I certify that I am authorized to sign on behalf of the business.**

APPLICANT SIGNATURE (mandatory)	TITLE	DATE
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**NOTE: If your Workers' Compensation policy is cancelled within the license or permit period, you must notify the agency who issued the license or permit by resubmitting this form.**

This material can be made available in different forms, such as large print, Braille or on a tape. To request, call 1-800-342-5354 (DIAL-DLI) Voice or TDD (651) 297-419