

July 1, 2020 – June 30, 2022 REGIONAL MIXED MUNICIPAL SOLID WASTE COLLECTION AND TRANSPORTATION LICENSE APPLICATION	BASE COUNTY: <div style="text-align: center; border: 1px solid black; padding: 2px;">HENNEPIN</div>
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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

1. OPERATING COUNTY(-IES). 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. *(See Instructions sheet.)*

Anoka Carver Dakota Hennepin Ramsey Scott Washington

2. BUSINESS NAME:	4. BUSINESS STATUS: (Check one) Corporation: <input type="checkbox"/> Partnership: <input type="checkbox"/> Sole proprietor: <input type="checkbox"/> Government: <input type="checkbox"/> Other: _____
3. LICENSEE NAME:	

5. BUSINESS ADDRESS (Number, Street, City, State, Zip Code):

6. OFFICIAL MAILING ADDRESS - *If different than Business Address in #5* - (Number, Street, City, State, Zip Code):

7. BUSINESS LOCATION. 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)

8. CONTACT PERSON RESPONSIBLE FOR COMPANY OPERATIONS:	9. TITLE:	10. CONTACT INFORMATION: Phone Number: _____ FAX Number: _____ Email: _____
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11. OWNER INFORMATION. If a partnership or individually-owned; use additional sheets if necessary.

Name	Address	Phone No.

12. OFFICER INFORMATION. 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: _____ %

17-25. VEHICLE INFORMATION.

For this application to be considered complete, you must provide information, in the table below, for each vehicle used to collect and transport MSW within each County. Attach or reference additional sheets if necessary. *Check if additional sheets attached:*

17. LICENSE PLATE NUMBER	18. YEAR	19. MAKE	20. MODEL	21. TYPE	22. CAPACITY (CU. YDS)	23. FLEET NUMBER	24. OTHER IDENTIFICATION NUMBERS	25. NUMBER OF AXLES

Total number of MSW vehicles to be licensed: _____ . Use this number to calculate the License Fee (Line 27 on page 4).

26. TYPE OF SERVICE. Check Yes or No which type(s) of service(s) you offer as part of your business:			
Non-residential collection	Yes <input type="checkbox"/> No <input type="checkbox"/>	Construction/demolition	Yes <input type="checkbox"/> No <input type="checkbox"/>
Residential collection (weekly/bi-weekly)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Self-hauler (haul ONLY your own waste)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Public entity/governmental accounts	Yes <input type="checkbox"/> No <input type="checkbox"/>	Transfer (haul ONLY transfer station waste)	Yes <input type="checkbox"/> No <input type="checkbox"/>
One-time clean-outs	Yes <input type="checkbox"/> No <input type="checkbox"/>	Other:	Yes <input type="checkbox"/> No <input type="checkbox"/>

27. LICENSE FEE. The Regional Mixed Municipal Solid Waste Collection and Transportation License fee is **\$100.00 per vehicle**, 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. Total fee remitted (add lines a + b)	=	\$ _____

28. APPLICATION CERTIFICATION: 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 – (Sign in Adobe or type your name)

d. _____
Date

I have agreed to submit this application by electronic means. I understand that an electronic signature has the same legal effect and can be enforced in the same way as a written signature.

Check the box below:
 By checking this box and typing my name above, I am electronically signing my application.

29. APPENDIX A (attached): Recycling Services Provided. 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.

30. APPENDIX B (attached): Recycling/Organics Services Offered to Non-Residential Customers. 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

- Do you offer recycling collection services to residential and/or non-residential customers? Check all that apply:
Residential // Non-Residential
- 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
- 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 (Type: 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 accepted? Check: Yes <input type="checkbox"/> or No <input type="checkbox"/>
	Paper egg cartons			
	Shredded paper			Describe prep:
Cartons	Milk cartons			Check accepted: Caps on <input type="checkbox"/> Caps off <input type="checkbox"/>
	Juice cartons			Check accepted: Caps on <input type="checkbox"/> Caps off <input type="checkbox"/>
	Soup, broth & wine cartons			Check accepted: Caps on <input type="checkbox"/> Caps off <input type="checkbox"/>
Plastics	Bottles: beverage & food, shampoo, soap, lotion, dishwashing liquid			Check accepted: Caps on <input type="checkbox"/> Caps off <input type="checkbox"/>
	Disposable beverage cups			Check accepted: Solo-type <input type="checkbox"/> Clear <input type="checkbox"/>
	Food product cups (eg. yogurt & fruit)			
	Jugs: milk, juice & detergent			Check accepted: Caps on <input type="checkbox"/> Caps off <input type="checkbox"/>
	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			
Glass	Bottles (food & beverage)			Check accepted: Caps on <input type="checkbox"/> Caps off <input type="checkbox"/>
	Jars (food & beverage)			Check accepted: Caps on <input type="checkbox"/> Caps off <input type="checkbox"/>
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:
	Check Answer (Yes or No)		Check Answer (Yes or No)		
Single Sort	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Multiple Sort	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Provide interior containers	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Provide Labels	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Label carts, dumpsters, and compactors with signage in compliance with county ordinance	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Help place with businesses containers adjacent to SW receptacles	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Provide written information and education	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Help develop a company-wide recycling/organics management plan	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Audit the company's waste stream	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Right size garbage dumpsters after adding recycling/organics service	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Share market revenues	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Offer onsite technical assistance	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Weigh individual recycling/organics containers	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

Business Name: _____