

**REGIONAL SELF HAULER  
MIXED MUNICIPAL SOLID WASTE COLLECTION AND TRANSPORTATION LICENSE APPLICATION  
July 1, 2020 - June 30, 2022**

**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 has been included to aid in the completion of the application form. Information contained in this application becomes part of the County's official records and may be released to others in accordance with the provisions of the Minnesota Government Data Practices Act, Minnesota Statutes Chapter 13.

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

**INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED AND WILL BE RETURNED.**

1. Application is hereby made for a Regional Mixed Municipal Solid Waste Collection and Transportation "Base License" from **Hennepin County**, and for the following "Operating Licenses" (see instructions before completing):  
 Anoka  Carver  Dakota  Ramsey  Scott  Washington

2. Licensee Name:	4. Business Status: Corporation: <input type="checkbox"/> Partnership: <input type="checkbox"/> Individually owned: <input type="checkbox"/> Government: <input type="checkbox"/> Other: (Specify) _____	
3. Business Name:		
5. Business Address (Street, City, State, ZIP Code):		
6. Official Mailing Address (Street, City, State, Zip Code) (if other than business address): _____		
7. Contact Person:	8. Title:	9. Phone Number: _____ FAX: _____ Email: _____
10. If a Partnership or a Proprietorship, list the names and addresses of all owners. If a Corporation, list all officers.  _____ _____ _____		

11. 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: \_\_\_\_\_

12. **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**

13-20. Vehicle Identification. Please complete this table for all vehicles used for the collection and transportation of mixed municipal solid waste. (Attach additional sheet if necessary)

13. Vehicle Identification Number (V.I.N.)	14. License Plate Number	15. Hennepin ID Number(s)	16. Make	17. Model	18. Year	19. Volume	20. Number of Axles

21. Please briefly describe your waste hauling activities as a Self Hauler, including a description of the material hauled and disposal facilities used: \_\_\_\_\_

---



---



---

**Waste Collection Information:**

22. List the sites from which MSW is collected, including the street address:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

23. Estimated amount of MSW hauled during previous calendar year (in tons) \_\_\_\_\_

24. License fee:

- a. Per Vehicle Fee  
(total number of vehicles \_\_\_\_\_ x \$100) = \$ \_\_\_\_\_
- b. Late Application Fee (see instructions) = \$ \_\_\_\_\_
- c. Total Fees Remitted = \$ \_\_\_\_\_

25. I certify that I am authorized by law and, if applicable, 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 certify that I have read, understand, and will comply with local, state, and federal regulations. I also certify that the information provided on this license application, and all attachments, is correct and complete.

- a. \_\_\_\_\_ c. \_\_\_\_\_  
Printed Name Title
- b. \_\_\_\_\_ d. \_\_\_\_\_  
Signature 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.