



CITY OF SHOREWOOD

5755 Country Club Road • Shorewood, Minnesota 55331 • (952) 960-7900

REFUSE COLLECTOR LICENSE APPLICATION (pursuant to City Code Section 507)

Office Use:

License Year: \_\_\_\_\_ Application Fee\*: \_\_\_\_\_ Receipt # \_\_\_\_\_ Permit #: \_\_\_\_\_

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

Company Name: \_\_\_\_\_

Business Contact: \_\_\_\_\_

Business Address: \_\_\_\_\_ (street) \_\_\_\_\_ (city) \_\_\_\_\_ (zip)

Phone: \_\_\_\_\_ (business)

Description of Vehicles/Equipment:

Table with 3 columns: License #, Make/Model, Weight Unloaded. Includes multiple rows for data entry.

Charges for Collection Service:

Table with 2 columns: Type of Service, Charge \$. Includes 6 rows for data entry.

Location of Disposal:

Location	Manner of Disposal

Insurance:

Applicant must provide to the City proof of public liability insurance coverage for all vehicles to be used by applicant in the licensed business within the City limits of Shorewood.

\$ \_\_\_\_\_ each person injured Yes ( ) No ( )  
Expiration Date: \_\_\_\_\_

\$ \_\_\_\_\_ maximum coverage for each accident  
Yes ( ) No ( )  
against loss or damage to property  
Yes ( ) No ( )  
Expiration Date: \_\_\_\_\_

License Application Fee:

\*Application Fee \$50 plus License Fee \$25 per truck operating within the City limits

I (we) hereby agree to operate the refuse collection business in accordance with the laws of the State of Minnesota and the Ordinances of the City of Shorewood. The foregoing statements are true and correct to the best of my knowledge and belief.

Company  
Owner's Signature: \_\_\_\_\_

Representative's  
Signature: \_\_\_\_\_

(title)

CERTIFICATION OF COMPLIANCE  
MINNESOTA WORKERS' COMPENSATION LAW

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 or engage in an activity in Minnesota until the applicant present acceptable evidence of compliance with the workers' compensation insurance coverage requirement of MSS Chapter 176. 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 retained in their files.

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 or falsely stated, it may result in a \$1,000 penalty assessed against the applicant by the Commissioner of the Department of Labor and Industry.

Insurance Company Name: \_\_\_\_\_  
(NOT the insurance agenda)

Policy Number: \_\_\_\_\_

Dates of Coverage: \_\_\_\_\_ to \_\_\_\_\_

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

- I have no employees
- I am self insured (include permit to self-insure)
- I have no employees who are covered by the workers' compensation law (these include: Spouse, Parents, Children and certain farm employees)

I certify that the information provided above is accurate and complete and that a valid workers' compensation policy will be kept in effect at all times as required by law.

Name: \_\_\_\_\_  
*(last) (first) (middle)*

Doing Business As: \_\_\_\_\_  
*(business name if different than your name)*

Business Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

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