

GARBAGE/REFUSE HAULERS LICENSE APPLICATION FORM

City of Marshall ~ 344 West Main Street ~ Marshall MN 56258

Phone (507) 537-6775 ~ Fax (507) 537-6830

ANNUAL FEE: \$160.00 (ATTACH TO APPLICATION) Receipt No. _____

LICENSE PERIOD FROM APRIL 1, 20 TO MARCH 31, 20

TO COMPLY WITH THE CITY CODE OF THE CITY OF MARSHALL, MINNESOTA,
REGULATING THE LICENSING OF REFUSE HAULERS

NAME OF APPLICANT:

(First) (Full Middle) (Last)

HOME ADDRESS:

(RR, P.O. Box or Street)

(City) (State) (Zip Code)

BUSINESS NAME:

BUSINESS ADDRESS:

(RR, P.O. Box or Street)

(City) (State) (Zip Code)

PHONE NUMBER:

(_____) _____ (_____) _____
(Home) (Business)

REFERENCES:

1) _____
(Name)

(Address)

2) _____
(Name)

(Address)

VEHICLE

INSURANCE POLICY:

(Certificate required)

(Name of Agent) (Name of Company)

(Period of Coverage) (Amount of Coverage)

(Type of Coverage)

Endorsement must provide that said policy shall not be cancelled or terminated without at least ten (10) days notice in writing to the City.

VEHICLES:

Applicant hereby certifies that they have tight packer type vehicles in good condition to prevent loss in transit of liquid or solid cargo, and that the vehicles will be kept clean and free of offensive odors, and will not stand on any street longer than reasonable necessary to collect the garage or refuse.

TYPE OF LICENSE:

___ Garbage and/or ___ Refuse (check applicable license type)

TYPE OF EMPLOYMENT:

___ Owner and/or ___ Operator (check applicable license type)

"All items removed by the contractor shall be disposed of in the Lyon County Landfill and in accordance with the Lyon County solid waste plan and Lyon County ordinances."

Signature of Applicant

Date

CONSENT FOR THE RELEASE OF INFORMATION

Date: _____

The following named individual has made application with this agency for (license type)

Last Name: _____

First Name: _____

Middle: _____

Maiden, Alias or Former: _____

Date of Birth: _____

(MM/DD/YYYY)

Sex (M or F): _____

Drivers License Number: _____

Drivers License State: _____

Phone Number: _____

I authorize the City of Marshall Police Department to disclose all applicable criminal history record information to the City of Marshall for the purpose of licensure (pursuant to Minn. Stat. § 299C.72 and/or Minn. Stat. § 340A.402).

The expiration of this authorization shall be for a period no longer than one year from the date of my signature.

Signature of Applicant

Date

Pursuant to Minnesota Statute MS 270.72 Tax Clearance; Issuance of Licenses, the licensing authority is required to provide to the Minnesota Commissioner of Revenue your Minnesota business tax identification number and the social security number of each license applicant.

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, renewal or transfer of your license in the event you owe the Minnesota Department of Revenue delinquent taxes, penalties or interest;
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 licensing issuance or renewal application.

Please supply the following information and return along with your application to the agency issuing the license. DO NOT RETURN TO THE DEPARTMENT OF REVENUE.

LICENSE BEING APPLIED FOR OR RENEWED: _____

LICENSING AUTHORITY : _____ CITY OF MARSHALL
(name of city, county or state agency issuing license)

LICENSE RENEWAL DATE: _____

PERSONAL INFORMATION (if applicable):

Applicant's Name: _____

Applicant's Address: _____
City State Zip Code Phone Number

Social Security Number _____

BUSINESS INFORMATION (if applicable):

Business Name: _____

Business Address: _____
Street Address City State Zip Code

Phone Number: _____

Minnesota Tax Identification _____

Federal Tax Identification No.: _____

If a Minnesota Tax Identification Number is not required, please explain on the reverse side.

Signature Position (Officer, Partner, etc.) Date

