



2020 REFUSE HAULER LICENSE APPLICATION, CHECKLIST AND INFORMATION

City of Plymouth ☐ 3400 Plymouth Boulevard, Plymouth, MN 55447
763-509-5000 ☐ plymouthmn.gov

The following items are required to be considered for a city license to haul garbage, recyclable material, yard waste and other discarded materials:

- Refuse Hauler License Application
- MN Department of Revenue Certificate of Compliance Information Sheet
- Tennessee Warning for Private and Confidential Information
- MN Worker's Compensation Law Certificate of Compliance
- Certificate of General Liability Insurance
- Annual MN DOT Safety Inspection Report for each vehicle listed in the application
- License fee payment- \$125.00 and \$25 for each additional vehicle after the first vehicle
- \$1,000 Surety Bond

PAYMENT

The 2020 licensing year will be January 1 to December 31. The license fee may be paid to the City of Plymouth by cash, credit card, or check. The fee is non-refundable. The license is not transferable and is issued only through December 31 unless revoked.

REVIEW AND PROCESS

Upon completion of required documents and information, payment of fees and City Council approval, a license and decals for each registered vehicle will be issued.

LICENSE DECAL INFORMATION

Each vehicle used by a hauler for the collection or transportation of garbage, recycling, yard waste and other waste within Plymouth city boundaries, shall be identified by a license decal issued by the City of Plymouth for that vehicle for the current license year. Any vehicle not bearing the required decal shall be considered unlicensed.

Information for reference:

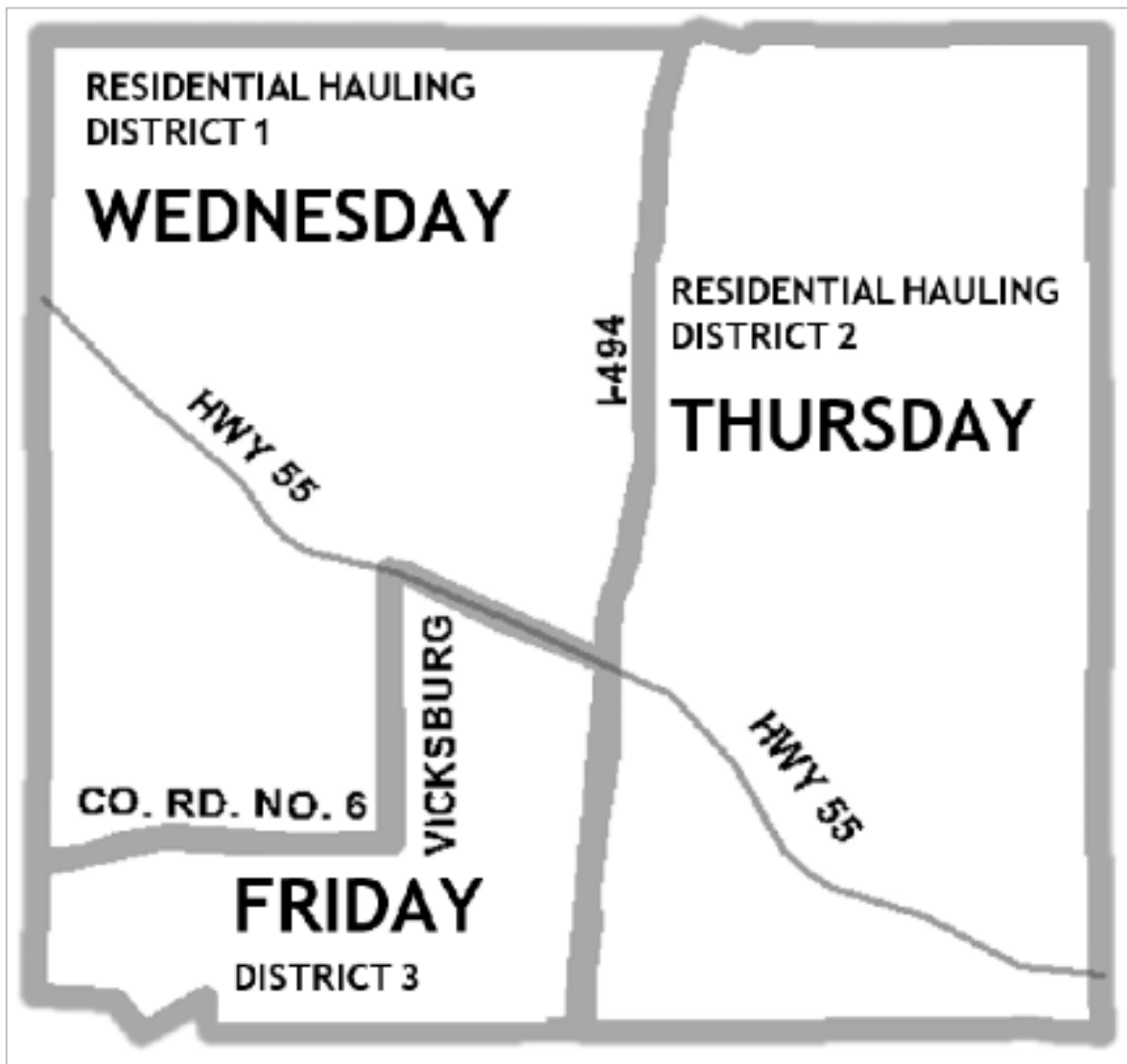
- Plymouth City Code can be viewed online at:
<https://www.plymouthmn.gov/departments/administrative-services/-/city-clerk/city-code>
- Recycling Zones Map and Collection Instructions



COLLECTION INSTRUCTIONS

Hauling shall be conducted on the collection day that corresponds to the residential hauling district specified. No hauler shall collect on any day other than the day specified for collection in the residential hauling district, except to collect a missed pickup, a special pickup, when a holiday falls on a collection day within that district, or missed collection due to weather. *No regular hauling on Saturdays, Sundays, Mondays or Tuesdays in residential districts.*

The City of Plymouth prohibits collection between the hours of 10:00 p.m. and 7:00 a.m. in residential districts. Please inform your drivers to begin collection after 7:00 a.m. in residential areas.





REFUSE HAULER LICENSE APPLICATION

HAULER BUSINESS INFORMATION

Business Legal Corporate Name

Business Trade Name/dba

Business Address

Business City/State/Zip

Business Local Web Site

Customer Service Email

Business Local Phone

Customer Service Phone

Name of Person Completing Application

Applicant Phone

Applicant Email Address

Manager Name

Manager Cell Phone

Manager Email Address

Manager Office Phone

Emergency Contact Person's Name and Title

Emergency Contact Person's Cell Phone

Minnesota Tax ID Number

Federal Tax ID Number

Type of Legal Organization

- Sole Proprietor Partnership Minnesota Corporation: Enter date of incorporation _____
 Out-of-state corporation: State of incorporation _____ Other (describe)

Are you registered to do business in Minnesota?

Yes

No

Have you ever had a license revoked in Plymouth?

Yes

No

If yes, what year and for what reason?



REFUSE HAULER LICENSE APPLICATION

SERVICE INFORMATION

Circle all residential services provided.

Trash Service	Recycling Service	Yard Waste Service	Organics SSO Service	Organics Co- Collected Service
Construction & Demolition Debris Disposal/Recycling	Roll-Off	E-Waste	Secure Document Shredding	Other – please list

Provide the information below. Write N/A if you do not provide that service.

Residential

Number of residential curbside customers to be serviced in Plymouth in 2020	Trash Service	Recycling Service	Yard Waste Service	Organics Service
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Commercial, Industrial, Institutional

Number of commercial customers to be serviced in 2020	Trash Service	Recycling Service	Yard Waste Service	Organics Service
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Multi-Family

Apartment buildings – Number to be serviced in Plymouth in 2020	Trash Service	Recycling Service	Yard Waste Service	Organics Service
Townhomes / Condos – Number to be serviced in Plymouth in 2020	Trash Service	Recycling Service	Yard Waste Service	Organics Service
Mobile home parks – Number to be serviced in Plymouth in 2020	Trash Service	Recycling Service	Yard Waste Service	Organics Service

Name(s) and location(s) where recyclable material will be hauled.

Collection method for residential yard waste in Plymouth. Haulers that provide residential trash service are required by the Plymouth City Code to provide yard waste collection service.

Name(s) and location(s) where yard waste will be hauled.

Yard waste rate schedule (attach if necessary).



REFUSE HAULER LICENSE APPLICATION

How often do you tell your Plymouth customers about your Yard Waste service? Check all that apply.

- | | |
|---|--|
| <input type="checkbox"/> Not applicable | <input type="checkbox"/> Quarterly |
| <input type="checkbox"/> Upon request | <input type="checkbox"/> Annually |
| <input type="checkbox"/> Monthly | <input type="checkbox"/> Don't provide information |
| <input type="checkbox"/> Seasonally | <input type="checkbox"/> Other |

How do you tell your customers about your Yard Waste collection service? Check all that apply.

- | | |
|---|--|
| <input type="checkbox"/> Not applicable | <input type="checkbox"/> Mail |
| <input type="checkbox"/> Business web site | <input type="checkbox"/> Flier left with cart /at the property |
| <input type="checkbox"/> As customers ask/ upon request | <input type="checkbox"/> Other <i>describe:</i> |
| <input type="checkbox"/> Bill inserts | |

List the name(s) and location(s) where Refuse/Garbage will be hauled.

Provide the volume-based garbage/trash rate schedule for Plymouth customers (residential, multi-family, and commercial). Attach a separate sheet if necessary.

Organics collection method in Plymouth (residential, multi-family, and commercial).

Name(s) and location(s) where Organics/Food Waste will be hauled.

Business Name

I hereby acknowledge that I have read this application and state that the information provided is correct, and agree to comply with the City of Plymouth ordinances, Hennepin County, and the State of Minnesota laws regulating solid waste, yard waste, organics, recycling, hazardous waste, hauling, removal, processing and disposal of material.

Applicant Name and Title

Applicant Signature

Date



REFUSE HAULER LICENSE APPLICATION

VEHICLE REGISTRATION

- ⇒ List all vehicles to be used for hauling in Plymouth on the attached spreadsheet.
- ⇒ Include a copy of the most recent Minnesota Department of Transportation Safety Inspection Report for each vehicle.

Business Name

Hennepin County License Number

US DOT Number

Applicant Name and Title

Applicant Signature

Date



CERTIFICATE OF COMPLIANCE

MINNESOTA DEPARTMENT OF REVENUE INFORMATION

City of Plymouth □ 3400 Plymouth Boulevard, Plymouth, MN 55447 □ 763-509-5000 □ plymouthmn.gov

TYPE OF LICENSE: REFUSE HAULER LICENSE

Pursuant to Minnesota Statute 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 (person signing the application).

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 license authority will supply it only to the Minnesota Department of Revenue. However, under the Federal Exchange of Information Agreement, the Minnesota 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.

Name of Applicant

Applicant's Address

City/State/Zip

Applicant's Email Address

Applicant's Phone

Business Name

Business Address

City/State/Zip

Minnesota Tax ID Number (if sole proprietor, use Social Security Number)

Federal Tax ID Number (if sole proprietor, use SSN)

If a Minnesota Tax ID number is *not* provided or required, please explain.

TENNESSEN WARNING: In connection with your request for a license, the city has asked that you provide information about yourself which may be classified as private, confidential, nonpublic, or protected nonpublic under the Minnesota Government Data Practices Act. This means that this data is not ordinarily available to the general public. Accordingly, the City is required to inform you of the following:

1. The purpose and intended use of the information requested is to determine if you are eligible for a license from the City of Plymouth.
2. You are not legally obligated to supply the requested information.
3. The known consequences of supplying the requested information is that the information or further investigation could disclose information which could cause your application to be denied.
4. The known consequences of refusing to supply the requested information is that your request for a license cannot be processed.
5. A criminal charge, arrest, or conviction will not necessarily bar you from obtaining a license with the City, unless the conviction is related to the matter for which the license is sought, according to Minnesota Statute 364.03. However, failure to reveal the requested criminal information will be considered falsification of the application and may be used as grounds for the denial of the application.
6. Other governmental agencies necessary to process your application are authorized by law to receive the information provided.
7. The city is required by law to furnish some of this information to the Department of Labor and Industry and the Minnesota Commissioner of Revenue.

The undersigned, by signing this notice, acknowledges reading and understanding the contents of this notice, and retained a copy.

Applicant Name and Title

Applicant Signature

Date



CERTIFICATE OF COMPLIANCE MINNESOTA WORKERS' COMPENSATION LAW

City of Plymouth □ 3400 Plymouth Boulevard, Plymouth, MN 55447 □ 763-509-5000 □ plymouthmn.gov

TYPE OF LICENSE: REFUSE HAULER LICENSE

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 presents acceptable evidence of compliance with the workers' compensation insurance coverage requirements of MSS 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. 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 the required information is not provided or is falsely stated, it shall result in a \$2000 penalty assessed against the applicant by the commissioner of the Department of Labor and Industry. This information will be collected by the City and retained in the files. **A valid workers' compensation policy must be kept in effect at all times by employers as required by law.**

Business Name *(Use Applicant's name if not affiliated with a company)*

License or Permit Number

DBA *(doing business as name, if applicable)*

Business Address/City/State/Zip

A license will not be issued without the following information.

Complete if insured by business:

Insurance Company Name

Workers' Compensation Insurance Policy Number

Effective Date

Expiration Date

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.

Complete if self-insured:

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

Complete if exempt:

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

- I have no employees
- I have employees, but they are not covered by the workers' compensation law. (See MN Stat. 176.041 for a list of excluded employees). Explain why your employees are not covered:
- Other (please explain)

I certify that the information provided on this application form is accurate and complete. I certify that I am authorized to sign on behalf of the business.

Applicant Name and Title

Applicant Signature

Date

