

# **AITKIN COUNTY SOLID WASTE HAULERS APPLICATION FOR LICENSE**

*THIS LICENSE MUST BE RENEWED ANNUALLY*

**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 FOR 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 ALL REQUIRED DOCUMENTS WITH YOUR APPLICATION TO THE AITKIN COUNTY AUDITOR.**

LICENSE TYPE: **SOLID WASTE HAULER**

LICENSING AUTHORITY: **COUNTY OF AITKIN**

LICENSE RENEWAL DATE: \_\_\_\_\_

## OWNER / OFFICER INFORMATION:

APPLICANT'S NAME: \_\_\_\_\_

APPLICANT'S ADDRESS: \_\_\_\_\_

\_\_\_\_\_  
(CITY)

\_\_\_\_\_  
(STATE)

\_\_\_\_\_  
(ZIP)

CELL NUMBER: \_\_\_\_\_

## BUSINESS INFORMATION:

BUSINESS NAME: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

\_\_\_\_\_  
(CITY)

\_\_\_\_\_  
(STATE)

\_\_\_\_\_  
(ZIP)

EMAIL ADDRESS: \_\_\_\_\_

BUSINESS PHONE NUMBER \_\_\_\_\_

MINNESOTA TAX IDENTIFICATION NUMBER: \_\_\_\_\_

FEDERAL TAX IDENTIFICATION NUMBER: \_\_\_\_\_

LIST VEHICLE INFO (Year, Make & Model) & LICENSE PLATE NUMBER FOR EACH:

|       |       |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Please provide a Certificate of Insurance for the following lines of coverage:

- General Liability
- Auto Liability
- Workers' Compensation

**Certificate Holder:**

**Aitkin County**  
**307 2nd St NW**  
**Room 121**  
**Aitkin, MN 56431**

THE UNDERSIGNED HEREBY AGREES TO OPERATE IN AITKIN COUNTY IN ACCORDANCE WITH THE REGULATIONS GOVERNING CONTRACTORS AS SET FORTH IN THE AITKIN COUNTY SOLID WASTE ORDINANCE. IT IS UNDERSTOOD THAT FAILURE TO CONFORM OR ABIDE RENDERS THIS LICENSE NULL AND VOID.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**LICENSE GRANTED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_\_\_**

\_\_\_\_\_  
Kathleen Ryan - Aitkin County Auditor

By: \_\_\_\_\_

## **WORKERS' COMPENSATION INSURANCE COVERAGE**

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 IN MINNESOTA UNTIL THE APPLICANT PRESENTS ACCEPTABLE EVIDENCE OF COMPLIANCE WITH THE WORKERS' COMPENSATION INSURANCE COVERAGE REQUIREMENT OF SECTION 176.181, SUBD. 2. 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 PUT IN THEIR COMPANY FILE. IT WILL BE FURNISHED, UPON REQUEST, TO THE DEPARTMENT OF LABOR AND INDUSTRY TO CHECK FOR COMPLIANCE WITH MINNESOTA STATUTE SEC. 176.181, SBD. 2.

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 FALSELY REPORTED. FURTHERMORE, IF THIS INFORMATION IS NOT PROVIDED AND OR FALSELY REPORTED, IT MAY RESULT IN A \$1,000.00 PENALTY ASSESSED AGAINST THE APPLICANT BY THE COMMISSIONER OF THE DEPARTMENT OF LABOR AND INDUSTRY PAYABLE TO THE SPECIAL COMPENSATION FUND.

PROVIDE A CERTIFICATE OF INSURANCE WITH THE INFORMATION SPECIFIED ABOVE OR CERTIFY THE PRECISE REASON YOUR BUSINESS IS EXCLUDED FROM COMPLIANCE WITH THE INSURANCE COVERAGE REQUIREMENT FOR WORKERS' COMPENSATION.

\_\_\_\_\_ **I HAVE PROVIDED A WORKERS' COMPENSATION CERTIFICATE OF INSURANCE**

**(OR)**

**I AM NOT REQUIRED TO HAVE WORKERS' COMPENSATION LIABILITY COVERAGE BECAUSE:**

\_\_\_\_\_ **I HAVE NO EMPLOYEES COVERED BY THE LAW.**

\_\_\_\_\_ **OTHER (SPECIFY)** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**I HAVE READ AND UNDERSTAND MY RIGHTS AND OBLIGATIONS WITH REGARDS TO BUSINESS LICENSES, PERMITS AND WORKERS' COMPENSATION COVERAGE, AND I CERTIFY THAT THE INFORMATION PROVIDED IS TRUE AND CORRECT.**

\_\_\_\_\_  
**Signature of Applicant**