### **City of Alexandria**



704 Broadway, Alexandria, MN 563	08
320.763.6678   320.763.3511 (fax)	<u>www.AlexandriaMN.city</u>

New: Renewal: License Fee: \$300

# Garbage (Refuse) Hauler

The undersigned hereby makes application for a license and agrees to operate in the City of Alexandria in accordance with the regulations governing this enterprise as set forth in the Alexandria City Code. It is understood that failure to conform renders this license null and void.

Contact Person Informa					
Legal Name First		Middle	_ Last		
Company Name		Phone	Email		
Street Address		City		State	Zip
Mailing Address (where future	correspondence sl	nould be sent):			
Street Address		City		State	Zip
Business Information:	Corporation	Limited Liability Company	Partnersh	ip Othe	er
Name of Company					
Business Address		City		_ State	Zip
Phone	Email		Website		
Title (if signing on behalf of an	organization)		Date		
behalf of the City of Alexandria	a, thank you for you	tiedel at 320-759-3622 or email ur prompt attention in returning	your applicat	tion.	
behalf of the City of Alexandria	a, thank you for you	ur prompt attention in returning accompany your license applica	your applicat	tion.	

Date of City Council Approval \_\_\_\_\_1

### Application for Garbage Hauler – Under City Code Section 2.70

In support of my application for license under this Ordinance, I hereby make the following representations:

Description of each piece of equipment proposed to be used in the collection:
Monthly rates proposed to be charged to its customers for:
a. Residential: Single Family: Multiple Residence:
b. Commercial and Industrial:
Description of the kind of service proposed to be rendered:
Place to which the refuse is to be hauled:
Manner in which the refuse is to be disposed:

### **REQUIRED:**

\$10,000 bond in favor of the City of Alexandria and indemnifying the City of Alexandria against all loss by reason of any claims, defects, objections, liens, encumbrances, damages, negligence, or costs of suit arising from nonfulfillment of any of the provisions of the license.

## **General Application For License**

**CITY OF ALEXANDRIA** 

#### **Section A**

#### Certification of Compliance–Minnesota Workers' Compensation Law

Minnesota Statute, Section 176.182 requires every state and local lip permit to operate a business or engage in an activity in Minnesota up the workers' compensation insurance coverage requirement of MSS company, the policy number, and dates of coverage or the permit to s and retained in their files.	ntil the applicant presents acceptable evidence of compliance with Chapter 176. The information required is: the name of the insurance				
This information is required by law, and licenses and permits to opera or is falsely reported. Furthermore, if this information is not provided the applicant by the Commissioner of the Department of Labor and I					
Insurance Company Name (not the agent):	Policy Number:				
Dates of Coverage:					
1	0				
OR					
I am not required to have workers' compensation liability coverage be	ecause:				
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 complet at all times as required by law.	e and that a valid workers compensation policy will be kept in effect				
Section B					
<b>Tax Identification Information</b> Pursuant to Minnesota Statute 270C.72, the City of Alexandria is req Revenue your Minnesota business tax identification number or the so					
Under the Minnesota Government Data Practices Act and the Federa regarding the use of this information:	I Privacy Act of 1974, we are required to advise you of the following				
<ul> <li>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;</li> </ul>					
<ul> <li>Upon receiving this information, the City of Alexandria 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;</li> <li>Failure to supply this information may jeopardize or delay the processing of your license application.</li> </ul>					
Minnesota Business ID Number:	Federal Tax ID Number:				
If a Minnesota Tax ID number is not required, please explain:	Social Security Number:				
Section C					
Tennessen Warning					
Linder the Minnesote Covernment Date Prestings Act some of the de	to you are being acked to provide on this application, including any				

Under the Minnesota Government Data Practices Act, some of the data you are being asked to provide on this application, including any social security number, **are private data.** You are being asked to provide this data so that the City of Alexandria may evaluate your eligibility for the license for which you are applying. By signing below, you are consenting to allow this data to be shared with City of Alexandria staff, councilmembers and mayor so that they may process and evaluate your application and eligibility for the license. In addition, you are being asked to provide this data because the City may be required to provide it to the Minnesota Commissioner of Revenue. It is also possible that the City may be required to share the data with the state or legislative auditor or upon court order. You may choose not to provide some or all of this private data, but withholding it or providing incomplete information may prevent you from obtaining the license for which you are applying.

Signature:	Date of Birth:	Date:



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

Ci Bi Ri	HIS CERTIFICATE IS ISSUED AS A ERTIFICATE DOES NOT AFFIRMATI ELOW. THIS CERTIFICATE OF INS EPRESENTATIVE OR PRODUCER, A	VELY O SURANCI	R NEGATIVELY AMEND, E DOES NOT CONSTITU CERTIFICATE HOLDER.	EXTEN	ND OR ALTE	ER THE CO BETWEEN 1	VERAGE AFFORDED THE ISSUING INSUREF	BY T⊦ R(S), A	E POLICIES
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	DUCER	ement(a	<i>)</i> ·	CONTA	СТ				
				NAME: PHONE	-		FAX (A/C, No):		
				(A/C. No E-MAIL			(A/C, NO);		
				ADDRE					1
				-	INS	JRER(S) AFFOR	DING COVERAGE		NAIC #
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INSURED			INSURER B :						
				INSURE	RC:				
				INSURE	RD:				
				INSURE	RE:				
				INSURE					
CO	VERAGES CER	TIEICATE	E NUMBER:	INSORE	NT .		REVISION NUMBER:		
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LTR	TYPE OF INSURANCE	INSR WV			POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)	LIMI		
	GENERAL LIABILITY						EACH OCCURRENCE DAMAGE TO RENTED	\$	
	COMMERCIAL GENERAL LIABILITY						PREMISES (Ea occurrence)	\$	
	CLAIMS-MADE OCCUR						MED EXP (Any one person)	\$	
							PERSONAL & ADV INJURY	\$	
							GENERAL AGGREGATE	\$	
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$	
	POLICY JECT LOC					1		3	
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	s	
	ANY AUTO						BODILY INJURY (Per person)	\$	
	ALL OWNED SCHEDULED						BODILY INJURY (Per accident)	\$	
	AUTOS AUTOS NON-OWNED						PROPERTY DAMAGE	100	
	HIRED AUTOS AUTOS						(Per accident)	S	
								2	
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$	
	DED RETENTION \$							\$	
	WORKERS COMPENSATION						TORY LIMITS ER	-	
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE						E.L. EACH ACCIDENT	\$	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A					E.L. DISEASE - EA EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT		
	DESCRIPTION OF OPERATIONS DEIOW						E.E. DOLASE TOLOT LIMIT	Φ	
	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC			Schedule,	if more space is	required)			
CEI				CANC	ELLATION				
_									
				THE	EXPIRATION	DATE TH	ESCRIBED POLICIES BE C EREOF, NOTICE WILL BY PROVISIONS.		
				AUTHO	RIZED REPRESE	NTATIVE			
					© 19	88-2010 AC	ORD CORPORATION.	All rig	nts reserved.