



**City of St. Paul Park**

600 Portland Avenue  
St. Paul Park MN 55071  
(651) 459-9785

**CITY OF ST. PAUL PARK  
GARBAGE COLLECTOR'S CITY LICENSE APPLICATION**

- Residential License - \$200** (A residential dwelling license shall allow collection of all garbage, other refuse, white goods and recyclables from any residential dwelling – single and two-unit – within the city)
- Commercial License - \$200** (A commercial license shall allow collection of garbage, other refuse, white goods and all recyclables at any industry, business or multiple-family – more than two units – within the city)

PLEASE PRINT OR TYPE

Date: \_\_\_\_\_ New \_\_\_\_ Renewal \_\_\_\_

Business Name: \_\_\_\_\_ Applicants Full Name: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

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

Applicants Signature: \_\_\_\_\_ Title: \_\_\_\_\_

**APPLICATION ACCEPTED ONLY WHEN ALL REQUIRED FORMS/INFORMATION ARE COMPLETE AND RECEIVED:**

- ✓ Complete Application (including **all** forms)
- ✓ License Fee for each applicable license
- ✓ Current Certificate of Insurance
  - Liability insurance covering all vehicles:
    - Minimum \$200,000 death by wrongful act or omission; \$200,000 to any claimant in any other case; \$600,000 for any number of claims arising out of a single occurrence; \$200,000 property damage single occurrence;
  - Naming the City of St. Paul Park as certificate holder; must provide a minimum 15 days notice to the City prior to cancellation before expiration date.
- ✓ **Residential Hauler** - Supply a list of fifty (50) or more active accounts within the City limits per City Ordinance Sec. 54-57 (2).
- ❖ Violations of Chapter 54 of the City Code are subject to administrative fines, license suspension or revocation.

**LICENSE EXPIRES ON DECEMBER 31 OF EACH YEAR**

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(Office Use)

Fee Received \_\_\_\_\_

Zoning Regulations Check	<input type="checkbox"/> Approved	<input type="checkbox"/> Rejected
Insurance Verification	<input type="checkbox"/> Approved	<input type="checkbox"/> Rejected
Better Business Bureau Accredited	<input type="checkbox"/> Yes	<input type="checkbox"/> No

# City of St. Paul Park

Garbage Collector's License Application

**PLEASE COMPLETE ALL INFORMATION BELOW. IF IT DOES NOT APPLY, PLEASE NOTE "N/A".**  
**INCOMPLETE FORMS WILL BE RETURNED AND MAY DELAY LICENSE APPROVAL.**

*Facility name & address of solid waste disposal site:*

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*Number of accounts for:*

Residential	_____	With recycling services	_____
Multi-family	_____	With recycling services	_____
Business	_____	With recycling services	_____

*Do you provide recycling services for:*

**Residential (Ordinance Sec. 54-32g):** Yes \_\_\_\_\_ No \_\_\_\_\_

- Collection frequency: Weekly \_\_\_\_\_ Every other week \_\_\_\_\_ Other (explain) \_\_\_\_\_
- Pick-up same day as trash? Yes \_\_\_\_\_ No \_\_\_\_\_
- Type of recycling service: Single sort \_\_\_\_\_ Other (please specify) \_\_\_\_\_
- List of recyclables collected - please check one box below:
  - Meet minimum standards (see enclosed list)
  - Other (please attach list)

**Multi-Family (Ordinance Sec. 54-32g):** Yes \_\_\_\_\_ No \_\_\_\_\_

- Collection frequency: Weekly \_\_\_\_\_ Every other week \_\_\_\_\_ Other (explain) \_\_\_\_\_
- Pick-up same day as trash? Yes \_\_\_\_\_ No \_\_\_\_\_
- Type of recycling service: Single sort \_\_\_\_\_ Other (please specify) \_\_\_\_\_
- List of recyclables collected - please check one box below:
  - Meet minimum standards (see enclosed list)
  - Other (please attach list)

**Industry/Business (MN Statutes 115A.151):**      Yes \_\_\_\_\_ No \_\_\_\_\_

- **Collection frequency:** Weekly \_\_\_\_\_ Every other week \_\_\_\_\_ Other (explain) \_\_\_\_\_
- **Pick-up same day as trash?** Yes \_\_\_\_\_ No \_\_\_\_\_
- **Type of recycling service:** Single sort \_\_\_\_\_ Other (please specify) \_\_\_\_\_
- **List of recyclables collected - please check one box below:**
  - Meet minimum standards (see enclosed list)**
  - Other (please attach list)**

**Do you provide organics collection for:**

**Residential**    Yes \_\_\_\_\_    No \_\_\_\_\_  
**Multi-family**    Yes \_\_\_\_\_    No \_\_\_\_\_  
**Business**      Yes \_\_\_\_\_    No \_\_\_\_\_

**Do you provide yard waste collection for:**

**Residential**    Yes \_\_\_\_\_    No \_\_\_\_\_  
**Multi-family**    Yes \_\_\_\_\_    No \_\_\_\_\_  
**Business**      Yes \_\_\_\_\_    No \_\_\_\_\_

**Other services provided:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Trash & Recycling schedule of rates for each size container:** **PLEASE ATTACH A RATE SHEET FOR SINGLE FAMILY, MULTI-FAMILY, INDUSTRY/BUSINESS**

**\*\*Ordinance 54-57(3). Every licensee shall provide not less than two (2) weeks prior notification to the city and to all customers of any change in such rates to be implemented during the license period.**

**List of current equipment to be utilized by the collector:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MINIMUM STANDARD LIST OF RECYCLABLE MATERIALS TO BE COLLECTED AS REQUIRED BY THE  
CITY OF ST. PAUL PARK AND WASHINGTON COUNTY**

**PAPER**

- Mail, office and school papers
- Magazines and catalogs
- Newspapers and inserts
- Phone books
- Books
- Shredded paper (in closed paper bags)
- Cereal, cracker, and pasta boxes
- Shoe boxes, gift boxes, electronics boxes
- Toiletry and medication boxes
- Cardboard
- Pop and beer boxes

**CARTONS**

- Milk, soup and broth cartons
- Juice boxes
- Wine and juice cartons

**GLASS**

- Food and beverage bottles and jars

**METAL**

- Food and beverage cans
- Aluminum foil and trays (rinsed and clean)

**PLASTIC #1 - #7**

- Water, soda, juice bottles
- Milk and juice jugs
- Ketchup and salad dressing bottles
- Yogurt, pudding and fruit cups
- Margarine, cottage cheese and other tubs
- Produce, deli and take out containers (except for black containers)
- Dishwashing liquid bottles
- Detergent jugs
- Shampoo, soap and lotion bottles (remove pump)
- Clear packaging from toys and electronics
- Disposable cups and bowls
- Medicine bottles

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**CERTIFICATE OF COMPLIANCE  
DEPARTMENT OF REVENUE INFORMATION**

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 or 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 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 license issuance.

Please supply the following information and return along with your application:

Type of License:	
Applicant's Name:	
Applicant's Address:	City, State, Zip
Applicant's Phone Number:	
Business Name:	
Business Address:	City, State, Zip
MN Tax ID # OR Social Security Number:	Federal Tax ID #:
If a Minnesota Tax ID number is not required, please explain:	
Signature:	Date:



## Certificate of Compliance Minnesota Workers' Compensation Law

This form must be completed by the business license applicant.

### Print in ink or type

Minnesota Statutes § 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 Minn. Stat. chapter 176. If the required information is not provided or is falsely stated, it shall result in a \$2,000 penalty assessed against the applicant by the commissioner of the Department of Labor and Industry.

A valid workers' compensation policy must be kept in effect at all times by employers as required by law.

License or certificate number (if applicable)	Business telephone number	Alternate telephone number	
Business name (Provide the legal name of the business entity. If the business is a sole proprietor or partnership, provide the owner's name(s), for example John Doe, or John Doe and Jane Doe.)			
DBA ("doing business as" or "also known as" an assumed name), if applicable			
Business address (must be physical street address, no P.O. boxes)	City	State	ZIP code
County	Email address		

**You must complete number 1 or 2 below.**

**Note:** You must resubmit this form to the authority issuing your license if any of the information you have provided changes.

1.  **I have a workers' compensation insurance policy.**

Insurance company name (not the insurance agent)

Policy number	Effective date	Expiration date
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**I am self-insured for workers' compensation.** (Attach a copy of the authorization to self-insure from the Minnesota Department of Commerce; see <https://mn.gov/commerce/industries/insurance/licensing/self-insurance>.)

2. **I am not required to have workers' compensation insurance because:**

- I only use independent contractors and do not have employees. (See [Minn. Stat. § 176.043](#) for trucking and messenger courier industries; [Minn. Stat. § 181.723, subd. 4](#), for building construction; and [Minnesota Rules chapter 5224](#) for other industries.)
- I do not use independent contractors and have no employees. (See [Minn. Stat. § 176.011, subd. 9](#), for the definition of an employee.)
- I use independent contractors and I have employees who are not required to be covered by the workers' compensation law. (Explain below.)
- I only have employees who are not required to be covered by the workers' compensation law. (Explain below.) (See [Minn. Stat. § 176.041](#) for a list of excluded employees.)

Explain why your employees are not required to be covered

I certify the information provided on this form is accurate and complete. If I am signing on behalf of a business, I certify I am authorized to sign on behalf of the business.

**Print name**

Applicant signature (required)	Title	Date
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If you have questions about completing this form or to request this form in Braille, large print or audio.

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Minnesota Government Data Practices Act – Chapter 13  
**“Tennesen Warning”**

Data is requested from the applicant on various forms. The purpose and intended use of the requested data is to verify the applicant meets all state statute and city code provisions and, if the license or permit is approved, to verify that all required data remains current.

The following data collected, created, or maintained is classified under the Minnesota Government Data Practices Act as Private data **until license approval** when the data becomes **Public**: (13.41, Subd. 5).

1. Data submitted by applicants (including name, email, telephone numbers, and addresses).
2. Orders for hearing and findings of fact.
3. Conclusions of law and specification of the final disciplinary action contained in the record of the disciplinary action.
4. Entire record concerning the disciplinary proceeding.
5. License numbers.
6. License status.

The following data collected, created, or maintained is classified under the Act as private and/or confidential data (Minn. Stat. 13.41, Subd. 2):

1. Active investigative data relating to complaints against any license.
2. The identity of complainants who have made reports concerning licenses or applicants which appear in inactive complaint data unless the complainant consents to disclosure.
3. The information related to unsubstantiated complaints when it is not maintained in anticipation of legal action.
4. Inactive investigative data relating to violations of statutes of rules.
5. Record of disciplinary proceedings, except as limited by the provisions above.
6. Trade secrets, as defined under Minnesota law.
7. Sensitive security and safety information.
8. Social Security number, MN Business Identification Number, and Driver’s License Number
9. Disability Information

Under law, private data may be shared with licensing and inspection employees, approval authorities insurance providers, law enforcement employees, contracted inspection officials, as required by court order and City officials who have a bona fide need for it. The City of St. Paul Park may make any data classified as private or confidential accessible to an appropriate person or agency if the license agency determines that failure to make the data accessible is likely to create a clear and present danger to public health or safety.

We ask that you complete or provide all data requested on the application form(s) unless we have noted that it is not required. Refusal to supply required information may mean that your application cannot be processed.

I READ AND UNDERSTAND THE ABOVE INFORMATION REGARDING MY RIGHTS AS A SUBJECT OF GOVERNMENT DATA.

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

\_\_\_\_\_  
Date