



Application for Refuse Collection License General Information

Company Name: _____

Company Address: _____

Phone Number: _____ Email: _____

Owners/Corporate Offices/Associates/Partners (*Name and Title*)

Local Contact Name: _____ Phone Number: _____

Local Address: _____

MN Tax ID Number: _____ Federal Tax ID Number: _____

Are you licensed by Stearns County: Yes _____ No _____

List the other Municipalities for which you provide service

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Has your license ever been revoked by Stearns County or other Municipality? Yes _____ No _____

If yes, please explain: _____



Application for Refuse Collection License Equipment / Service Information

Please list all the equipment for which you are making application to use for you Refuse Collection License:

Make	Model	Year	GVW	License Number

Use additional page if necessary to list all equipment that will be servicing the City of St. Joseph.

Type of Collection that will be provided by this application (check all that apply):

- Single Family
 Multiple Family
 Commercial
 Industrial
 Recycling

Other (identify): _____

Identify the day(s) you will be providing service (check all that apply)

- Monday
 Tuesday
 Wednesday
 Thursday
 Friday
 Sat

List below (or attach a separate sheet) of the charges to be made of those who subscribe to your service.



Application for Refuse Collection License License Requirements

St. Joseph Code of Ordinances 1013 requires all haulers collecting garbage, rubbish, or recyclables from any customer annually secure a Refuse Hauler Collection. The Ordinance requires all haulers to identify the name of the sanitary landfill or disposal site where refuse will be deposited. In addition, the hauler must provide a certificate of insurance for the license period (January 1 through December 31) indicating coverage of public liability and workers compensation insurance.

Name of Sanitary Landfill or Disposal Site where refuse will be deposited and manner in which it will be disposed:

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts or submittal of the certificate of insurance called for is cause for rejection of this application.

Signature of owner or agent

Date

Please submit the following with your application:

- Completed Application
- \$ 10,000 License or Permit Bond naming the City of St. Joseph as the obligee
- Liability Insurance: Before a license is issued, the applicant shall file with the City Administrator evidence that the applicant has in effect a current worker's compensation insurance covering all employees of the licensee, and public liability insurance for the hauler's business and for all vehicles in at least the sum of five hundred thousand dollars (\$500,000.00) for injury of one (1) person, one million dollars (\$1,000,000.00) for injury of two (2) or more persons in the same accident and one hundred thousand dollars (\$100,000.00) for property damages
- License fee - \$500 per truck

Submit to:
Kayla Klein, City Clerk
75 Callaway St E
St. Joseph, MN 56374
kklein@cityofstjoseph.com
320-229-9421