



100 Northeast Seventh Avenue
P O Box 244
Little Falls MN 56345
(320) 616-5500

GARBAGE/REFUSE LICENSE APPLICATION

Type of application: ___ New **or** ___ Renewal

Background Information:

Name of applicant: _____

Address: _____

Telephone No.: _____ Cellular No.: _____

Business Information:

Legal/Corporate Name: _____

Trade Name (DBA): _____

Federal Identification No.: _____ State Identification No.: _____

Business Address and Mailing Address (if different for business address): _____

Do you any unpaid judgments against you? ___ yes ___ no *(If yes on a separate sheet of paper, list the amounts of all unpaid judgments against you and the nature of the transaction or acts giving rise to said judgments.)*

The above mentioned hereby makes application for a Garbabe/Refuse License under Chapter 6, Section 6.24, of the Little Falls City Code. This license will be good through the 31st day of December, 2016.

I/We acknowledge that as condition of this license issuance, I/We hereby certify that all property taxes on the land and building of this business, as well as assessments or installations thereof, sales taxes, or any other financial claims of the State/City, are not owed or are not delinquent and unpaid. I/We further acknowledge that should the financial claims not be current, the City will not issue license(s) until they are paid.

Print Full Name Clearly

Applicant Signature

~~~~~  
**CITY USE:**

Approved: \_\_\_\_\_ Denied: \_\_\_\_\_ Date: \_\_\_\_\_

Police Chief's Signature: \_\_\_\_\_

Clerk's Signature: \_\_\_\_\_

# 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 |

**I am self-insured for workers' compensation.** (Attach a copy of the authorization to self-insure from the Minnesota Department of Commerce; see [www.mn.gov/commerce/industries/insurance/licensing/self-insurance](http://www.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 |
|--------------------------------|-------|------|

If you have questions about completing this form or to request this form in Braille, large print or audio, call (651) 284-5032 or 1-800-342-5354.

Minnesota Government Data Practices Act  
**Tennessen Warning ~ License Period 2016**

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**: (Minnesota Statute 13.41, Subdivision 4).

1. Data submitted by applicants (other than names and designated 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 as **Private**: (Minnesota Statute 13.41, Subdivision 2).

1. The identity of complainants who have made reports concerning licenses or applicants which appear in inactive complaint data unless the complainant consents to the disclosure.
2. The nature or content of unsubstantiated complaints when the information is not maintained in anticipation of legal action.
3. Inactive investigative data relating to violations of statutes or rules.
4. The record of any disciplinary proceeding except as limited by Subdivision 4.

The following data collected, created or maintained is classified as **Confidential**: (Minnesota Statute 13.41, Subdivision 3).

1. Active investigative data relating to the investigation of complaints against any license.

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 Little Falls may make any data classified as private or confidential accessible to an appropriate person or agency if the licensing 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.

\_\_\_\_\_  
Applicant, Print Name

\_\_\_\_\_  
Applicant, Signature

\_\_\_\_\_  
Date

City of Little Falls

**INFORMED CONSENT  
CRIMINAL BACKGROUND CHECK**

Date: \_\_\_\_\_

The following individual has made application with the City of Little Falls for a new/renewal license or is a contractor.

*PLEASE PRINT CLEARLY*

**Last Name:** \_\_\_\_\_

**First Name:** \_\_\_\_\_

**Middle Name:** \_\_\_\_\_

**Maiden, Alias or Former:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Sex (M or F):** \_\_\_\_\_

**Drivers License:** \_\_\_\_\_

I hereby authorize the Little Falls Police Department/Minnesota Bureau of Criminal Apprehension to disclose all criminal history record information to the City of Little Falls for the purpose of licensing with the City.

The expiration of this authorization shall be for a period no longer than one year from the date of my signature.

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

\_\_\_\_\_  
**Date**