



2015 First Avenue, Anoka, MN 55303  
Phone: (763) 576-2700 Website: [www.ci.anoka.mn.us](http://www.ci.anoka.mn.us)

## LICENSE APPLICATION GARBAGE & REFUSE COLLECTION

- TYPE OF LICENSE:
- Residential Collection  
*Defined as: collection occurring on the premises of any single building consisting of one, two, three, or four dwelling units, with individual kitchen facilities for each.*
  - Commercial/Industrial/Multiple Dwelling Collection  
*Defined as: collection occurring on the premises where a multiple dwelling (of more than 4 units), commercial or industrial enterprise of any kind is carried on, and shall include restaurants, hotels, clubs, churches, and schools where food is prepared or served.*

**ANNUAL FEES:** Fees for licenses are set annually by the Anoka City Council through adoption of a Master Fee Schedule.

**AS OF AUGUST 28, 2015 NO NEW GARBAGE & REFUSE  
COLLECTION LICENSES WILL BE ISSUED BY THE CITY OF ANOKA.**

### BUSINESS INFORMATION

Legal Name of Business/ Licensee:	Trade Name (dba):
Business Address:	Mailing Address (if different):
Business Phone Number (including area code):	Alternate Business Phone Number (including area code):

**NOTE:** *The Legal Name of Business/Licensee Name must be exactly the same name as listed as the Insured on the Certificate of Insurance.*

## LICENSE CONTACT INFORMATION

*List the individual that will serve as the City Contact person for license application and license related questions.*

Name ( <i>First, Last</i> ):	
Business Address (include street address, city, state, zip)	Mailing Address if different:
Phone Number (including area code):	Alternate Phone Number (or email address):

## CONSUMER CONTACT INFORMATION

*List the individual or office that will serve as the Consumer Contact Person for service related questions and inquiries.*

Name or Office:	
Address (include street address, city, state, zip)	Mailing Address if different:
Phone Number (including area code):	Alternate Phone Number (or email address):

# RESIDENTIAL COLLECTION SCHEDULE OF RATES

This form must be fully completed in order for the application to be accepted. Do not write “see attached” on this form, provide rate information on this sheet. You may attach additional sheets if necessary to provide further clarification to rate sheet.

This schedule of rates must include a base rate and all other charges to the consumer listed as a service fee, surcharge, or other similarly described fee.

Licensee shall provide fifteen (15) days prior notification to the City of any change in rates to be implemented during the license period.

TYPE OF SERVICE	RATE
30 to 40 gallon service	
80 to 90 gallon service	
Walk up service	
Handicapped service	
White goods	
Bi-weekly pick-up rate	
Senior Citizen discount rate	
Organized neighborhood collection rate	
List & describe other fees or charges:	

**Licensee must develop and provide a description of what meets the criteria for Organized Neighborhood Collection.**

***Organized Neighborhood Collection definition:***



# **REQUIRED LICENSE APPLICATION DOCUMENTS**

- City Application
- Residential Collection Schedule of Rates Form
- Minnesota State Patrol Vehicle Inspection Report for each vehicle listed in application
- Certificate of Insurance, verified that Licensee Name and Insured Name are exactly the same
- Worker's Compensation Form *(attached – required by State of Minnesota)*
- SP:C1 Tax Clearance Form *(attached – required by State of Minnesota)*
- Payment

**CERTIFICATE OF COMPLIANCE  
MINNESOTA WORKERS' COMPENSATION LAW**

**PRINT LEGIBLY IN INK or TYPE**

Minnesota Statutes, 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 or engage in any activity in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Minnesota Statutes, Chapter 176. The required workers' compensation insurance information is the name of the insurance company, the policy number, and the dates of coverage, or the permit to self-insure. 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.

**ALL APPLICANTS:** I certify that the information provide on this form is accurate and complete. If I am signing on behalf of a business, I certify that I am authorized to sign on behalf of the business.

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APPLICANT SIGNATURE	PRINTED NAME	TITLE	DATE
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I am not required to have workers' compensation insurance coverage because:

- I have no employees
- I have employees but they are not covered by workers' compensation law.  
(See Minn. Statute 176.041 for a list of excluded employees)  
Explain why your employees are not covered: \_\_\_\_\_  
\_\_\_\_\_

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**COMPLETE THIS PORTION IF YOU ARE INSURED:** A valid workers' compensation policy must be kept in effect at all times by employers as required by law.

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BUSINESS NAME (Individual name only if no company name used)	LICENSE OR PERMIT # (if applicable)
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DBA (doing business as name) (if applicable)

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ADDRESS (PO Box must include street address)	CITY	STATE	ZIP
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INSURANCE COMPANY NAME (not the insurance agent)

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WORKERS' COMPENSATION INSURANCE POLICY NO.	EFFECTIVE DATE	EXPIRATION DATE
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**COMPLETE THIS PORTION IF SELF-INSURED:**

- I have attached a copy of the permit to self-insure

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NOTE: If your workers' compensation policy is cancelled within the license period, you must notify the agency who issued the license or permit by resubmitting this form.

**Form SP:C1**

**LICENSE APPLICANT:**

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 of 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 along with your application to the agency issuing the license. **DO NOT RETURN TO THE DEPARTMENT OF REVENUE.**

Licensing Authority: **CITY OF ANOKA, MINNESOTA**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**APPLICANT'S SIGNATURE AND TITLE (if any)**

**PERSONAL INFORMATION:** *(COMPLETE PERSONAL INFORMATION ONLY, IF YOU ARE APPLYING AS AN INDIVIDUAL AND/OR DO NOT HOLD A MN TAX IDENTIFICATION OR FEDERAL TAX IDENTIFICATION #)*

Applicant name: \_\_\_\_\_  
Applicant address: \_\_\_\_\_  
Social Security No: \_\_\_\_\_

**BUSINESS INFORMATION:** *(COMPLETE BUSINESS INFORMATION ONLY, IF YOU ARE APPLYING AS A BUSINESS)*

Business name: \_\_\_\_\_  
Business address: \_\_\_\_\_

Minnesota Tax Identification No.: \_\_\_\_\_  
Federal Tax Identification No.: \_\_\_\_\_

If a Minnesota Tax Identification Number is not required, you must explain on the reverse side.