

If applicant is an individual, it shall be completed by such person; if a corporation, by an officer; if a partnership, by one of the general partners; if an unincorporated association, by the manager or managing officer.

1.	Types of service	<input type="checkbox"/> Commercial	<input type="checkbox"/> Recycling	<input type="checkbox"/> Residential	<input type="checkbox"/> Yard Waste	<input type="checkbox"/> Organics	
		<input type="checkbox"/> Electronics/appliances (check all that apply)					
2.	Types of applicant	<input type="checkbox"/> Individual	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation	<input type="checkbox"/> Other organization		
3.	Legal name of licensee (individual, partnership, corporation or other organization)						

	Address _____	City _____	State ____	Zip _____			
	Phone (____) ____ - _____						
4.	Contact Name _____						<input type="checkbox"/> Same as above
	Address _____	City _____	State ____	Zip _____			
	E-mail Address _____ Phone (____) ____ - _____						
5.	Minnesota Business Tax ID Number _____ or,		Federal Business Tax ID Number _____ or,		Applicant Social Security Number _____		
	REQUIRED per Minnesota Statute 270C.72						
6.	Location(s) where materials will be hauled						

7.	Attach						
	<input type="checkbox"/> Proof of Liability Insurance coverage, with a minimum limit of \$1,000,000, as described in M. S. 176.182.						
	<input type="checkbox"/> List of vehicle identification numbers for vehicles used to transport solid waste, residential solid waste and refuse in the city.						
	<input type="checkbox"/> A true copy of the certificate of incorporation or, if a foreign corporation, a certificate of authority as described in M.S. § 303.03, as it may be amended from time to time. A true copy of the certificate of good standing will be required for renewal;						
	<input type="checkbox"/> A true copy of the certificate of assumed name under M.S. § 333.02, as it may be amended from time to time;						

The data on this form will be used to approve your license. Some requested data may be private. Private data is available to you and the City or State staff who need this information to perform their duties, but is not available to the public. You are not legally required to provide this data, but the City may not be able to approve your license if you do not provide it.

The Bloomington City Code, Chapter 10, is available online at Bloomingtonmn.gov. I will familiarize myself with the provisions contained within.

Applicant Signature _____ **Date Signed** ____ / ____ / ____

(Office Use Only)	
Date Application received _____	Payment entered _____
Copy to PW (new) _____	Date mailed _____