CITY OF BIG LAKE
Solid Waste and Recycling Collection License Application

Date: _____

ANNUAL LICENSE FEE: $150.00
(must be submitted with application)

Application is hereby submitted for a Solid Waste and Recycling Collection license within the City of Big Lake in accordance with the Ordinances of said City regulating the same.

PRIMARY CONTACT INFORMATION

Name of Person Completing Application: _____

Telephone No: _____ Email Address: _____

BUSINESS INFORMATION

Business Name: _____

Address of Business: _____ City: _____ State: _____ Zip: _____

Telephone No: _____ MN Business Tax ID #: _____

Federal Tax ID #: _____

Name of Garbage or Rubbish Hauler *(N/A unless different from business name)*: _____

Address of Hauler: _____ City: _____ State: _____ Zip: _____

Telephone No: _____

THE FOLLOWING ITEMS MUST BE SUBMITTED WITH THIS APPLICATION:

1. **$150.00** license fee payable to the City of Big Lake.
2. A liability insurance policy for each vehicle authorized in the amount of $100,000 for bodily injury to any one person, in the amount of $300,000 for injuries to more than one person which are sustained in any one accident, and $100,000 for property damage resulting from any one accident. Said insurance shall inure to the benefit of any one person who shall be injured or who shall sustain damage to property proximately caused by the negligence of the holder, his servant or agents. **A certificate of insurance covering the aforementioned insurance shall be issued in favor of the City**. This certificate of insurance needs to contain a 30-day written notice of cancellation clause.
3. A **Surety Bond** in the minimum amount of $1,000 for each vehicle licensed in the City of Big Lake covering the current license period.
4. **Certificate of Compliance** – MN Worker's Compensation Form (required by State of MN).

Please Complete the backside of application

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1. List licenses held in nearby municipalities: _____

2. Describe location/address where vehicles are parked (if located within the City of Big Lake Boundaries)

   _____

   _____

   Is this a residential area? ☐ Yes ☐ No

3. List type of equipment and number of vehicles to be used in the City of Big Lake: _____

   _____

   _____

4. Has your license been revoked in any municipality? ☐ Yes ☐ No

   If so, when and where? _____

   _____

   _____

Construction Codes and Licensing Division
Licensing and Certification Services
443 Lafayette Road North
St. Paul, MN 55155

E-mail: dli.license@state.mn.us
Website: www.dli.mn.gov
Phone: (651) 284-5034

DEPARTMENT OF LABOR AND INDUSTRY

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.)

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.