



CITY OF **CHASKA**  
1 City Hall Plaza  
Chaska, MN 55318  
(Phone) 952-448-9200 (Fax) 952-448-9300

## RENEWAL APPLICATION FOR LICENSE TO COLLECT REFUSE, GARBAGE & RECYCLABLES

**Fees: \$56.00 Per Vehicle**

Name of Firm: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

Name of Owner: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Charges for Hauling (Volume Rate): \_\_\_\_\_

Description of Services to be Rendered: \_\_\_\_\_

### **SOLID WASTE VEHICLES TO BE LICENSED:** (Record Additional SW Vehicles on Reverse Side)

Make/Year \_\_\_\_\_ Model \_\_\_\_\_ License No. \_\_\_\_\_

Make/Year \_\_\_\_\_ Model \_\_\_\_\_ License No. \_\_\_\_\_

Make/Year \_\_\_\_\_ Model \_\_\_\_\_ License No. \_\_\_\_\_

Make/Year \_\_\_\_\_ Model \_\_\_\_\_ License No. \_\_\_\_\_

Make/Year \_\_\_\_\_ Model \_\_\_\_\_ License No. \_\_\_\_\_

### **RECYCLING VEHICLES TO BE LICENSED:** (Record Additional RC Vehicles on Page Two)

Make/Year \_\_\_\_\_ Model \_\_\_\_\_ License No. \_\_\_\_\_

Make/Year \_\_\_\_\_ Model \_\_\_\_\_ License No. \_\_\_\_\_

Make/Year \_\_\_\_\_ Model \_\_\_\_\_ License No. \_\_\_\_\_

Make/Year \_\_\_\_\_ Model \_\_\_\_\_ License No. \_\_\_\_\_

Make/Year \_\_\_\_\_ Model \_\_\_\_\_ License No. \_\_\_\_\_

**Schedule of pick-ups:** \_\_\_\_\_

**Routes or area to be served:** \_\_\_\_\_

**ATTACH TO THIS APPLICATION A CURRENT SCHEDULE OF CHARGES FOR SERVICES  
AND CERTIFICATE OF LIABILITY INSURANCE**

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
POSITION (OFFICER, PARTNER, ETC.)

\_\_\_\_\_  
DATE

**NOTE:** All permits expire on December 31 of the year applied for.



## MINNESOTA DATA SHEET

### PURSUANT TO MINNESOTA STATUTE 270C.72 TAX CLEARANCE:

Issuance of Licenses, the licensing authority is required to provide the Minnesota Commissioner of revenue the 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 the information requested below may jeopardize or delay processing your license application/issuance, or renewal application/issuance.

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### General Information

License(s) Being Applied For: Refuse Hauler  
License Renewal Date: January 1, 20xx  
Licensing Authority: City of Chaska

### Personal Information

Applicant's Name: \_\_\_\_\_  
Applicant's Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

### Business Information

Business Name: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

**Social Security No. (Required of CEO):** \_\_\_\_\_

**MN Tax ID No. (Required):** \_\_\_\_\_

**Federal Tax ID No. (Required):** \_\_\_\_\_

If a Minnesota Tax Identification Number is not required, please explain on reverse side.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
POSITION (OFFICER, PARTNER, ETC.)

\_\_\_\_\_  
DATE