City Offices
6000 McColl Drive, Savage, MN 55378 | Phone: 952-882-2660 | Fax: 952-882-2656

REFUSE HAULING LICENSE APPLICATION

CHECKLIST OF REQUIRED APPLICATION MATERIALS

The following materials must be submitted to the City Clerk for consideration of your Refuse Hauling License:

☐ Completed Refuse Hauling License Application form (1 page)

☐ Certification of Compliance – MN Workers Compensation form

☐ Proof of auto liability insurance coverage from an insurance company authorized to do business within the State of Minnesota

☐ Annual fee of $100 for first truck; $25 for each additional truck

- Permit expires on the last day of February each year, regardless of the date issued

REFUSE HAULING LICENSE APPLICATION

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Annual License Period | March 1 - February 28

GENERAL INFORMATION			
Business Name		Phone No.	
Contact Name		Phone No.	
Business Address	City	State	Zip
Email		MN State Tax ID#	

EQUIPMENT USED IN SAVAGE			
Equipment Type	Make	Model	Year

Describe the type of services you are providing.	Describe the fees you are charging your customers.
Number of residential customers served	Number of commercial/industrial customers served
Refused collected within the City of Savage is hauled to	
Describe the manner of refuse disposal.	

Fee Information: $100 for the first truck; $25 per truck thereafter. Fee must accompany the application.

Required Attachments: Auto Liability Insurance Coverage Proof and Workers Compensation Insurance Certificate.

I agree to comply with all applicable laws and ordinances of the State of Minnesota and the City of Savage.

Applicants Signature	**Date**

OFFICE USE ONLY	
Applicants Name	Position
Business Name	
Date Permit Granted	Granted By

Updated 9/2014

CERTIFICATION OF COMPLIANCE
MINNESOTA WORKERS COMPENSATION

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Minnesota Statute, 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 an activity in Minnesota until the applicant presents acceptable evidence of compliance with the workers compensation insurance coverage requirements of MSS Chapter 176. The information required is: the name of the insurance company, the policy number, and dates of coverage or the permit to self-insure. This information, required by law, is to be collected by the licensing agency and retained in their files. Licenses and permits to operate a business may not be issued or renewed if it is not provided and/or is falsely reported. Furthermore if this information is not provided or is falsely stated, it may result in a $1,000 penalty assessed against the applicant by the Commissioner of the Department of Labor and Industry.

INSURANCE INFORMATION		
Insurance Company Name *(Not Insurance Agent)*		
Policy No.		
Dates of Coverage	From	To

	I am not required to have workers compensation liability coverage because:
☐	I have no employees.
☐	I am self-insured (Please include copy of permit to self-insure).
☐	I have no employees who are covered by the Workers Compensation Law (These include spouse, parents, children and certain farm employees).

GENERAL INFORMATION			
Applicants Name *(First, Middle, Last)*		Phone No.	
Home Address	City	State	Zip
Business Name		Business Phone No.	
Business Address	City	State	Zip
Email			

I certify that the information provided is accurate and complete and that a valid Workers Compensation Policy will be kept in effect at all times as required by law.

Applicants Signature	**Date**