

City of Orono
Box 66 (2750 Kelley Parkway)
Crystal Bay, MN 55323
(952) 249-4600

License Year _____
Date Received _____
Fee Paid ____ Initials _____

Garbage & Refuse Collector's License Application

The undersigned wishes to operate the indicated business in the City of Orono and herewith makes applications for a license to do so.

Business/Firm _____
Address _____

(Street) (City) (State) (Zip code)
Business Phone Number _____

Applicant's Name _____
Address _____

(Street) (City) (State) (Zip code)
Phone Number _____

Check One: _____ Individual _____ Partnership _____ Corporation

Number of Vehicles to be used in Orono _____

Description of Vehicles (attach list if more) :

<u>Year</u>	<u>Mfgr.</u>	<u>Gross wt.</u>	<u>Rear Axle Wt.</u>	<u>Size/Yards</u>	<u>License Number</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

General area of City served _____

Schedule of Collection charges/ dates _____

Approximate number of customers in Orono _____

Location of dumping area _____

IN ORDER FOR THIS APPLICATION TO BE PROCESSED, YOU MUST INCLOSE THE FOLLOWING:

- Surety bond in the amount of \$1,000.
- Proof of insurance in the amount of \$100,000 - \$300,000 - \$50,000 and 10-day cancellation clause.
- Annual fee is a **\$75.00** flat rate fee, **plus \$15.00 per truck**, and a **\$30.00 transfer fee (if applicable)**.

I am the owner and operator of the above business and I have paid all license fees and taxes required by law. I have verified that the above information is correct.

Applicant Signature _____ Date

FOR CITY USE ONLY: After review of application, staff recommends:

_____ Approval _____ Denial _____ Other (specify)

Signature of City Official

Form SP-CI
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.

LICENSE BEING APPLIED FOR OR RENEWED: _____

LICENSING AUTHORITY: City of Orono, Hennepin County, Minnesota

LICENSE RENEWAL DATE: _____

PERSONAL INFORMATION (If applicable):

Applicant's Name _____

Applicant's Address _____
City State Zip

Social Security Number: _____

BUSINESS INFORMATION (If applicable):

Business Name _____

Business Address _____
City State Zip

MINNESOTA TAX IDENTIFICATION NO: _____

FEDERAL TAX IDENTIFICATION NO: _____

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

Signature Position (Officer, Partner, etc.) Date