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*Have you submitted . . .*

- Completed Garbage Collection Vehicle License Application
- License Fee
- Certificate of Insurance
- Copy of Vehicle Inspection Report for Each Vehicle to be Licensed
- Vehicle Information Sheet
- Proof of Workers' Compensation Insurance Coverage Form
- Minnesota Business Tax Identification Number Form

*Questions . . .*

To obtain a garbage collection vehicle license application or for more information please call:

Deputy City Clerk  
(763) 569-3308  
Monday – Friday  
8:00 a.m. – 4:30 p.m.



6301 Shingle Creek Parkway  
Brooklyn Center, MN 55430-2199  
Telephone (763) 569-3300  
TTY/Voice 711  
Fax (763) 569-3494  
[www.cityofbrooklyncenter.org](http://www.cityofbrooklyncenter.org)

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# Garbage Collection Vehicle License Procedures

Revised 10/17

*City of Brooklyn Center*

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## License Requirements

The City of Brooklyn Center requires the licensing of garbage collection vehicles as defined in Chapter 7 of its Code of Ordinances. The license period is July 1 through June 30. The annual license fee for a garbage collection vehicle is \$85 per company, plus \$25 per vehicle. Please complete or provide the following:

**License Application** – completed information as required of the City Ordinance

**License Fee** - \$85 per company, plus \$25 per vehicle (checks made payable to the City of Brooklyn Center)

**Certificate of Insurance** – certificate of insurance from your insurance carrier

**Vehicle Inspection Report** – copy of a vehicle inspection report for each vehicle as prescribed by the Minnesota State Patrol

**Vehicle Information Sheet** – completed information sheet identifying vehicles and services

**Proof of Workers' Compensation Insurance Coverage Form** – completed form as required by Minnesota Statute Section 176.182

**Minnesota Business Tax Identification Number** – completed form as required by Minnesota Statute Section 270.72

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## Insurance Requirements

Section 7-103, Subd. 4. **INSURANCE.**  
Applicants for licenses must maintain for the following minimum insurance.

Commercial Automobile Liability Insurance Covering All Owned, Hired, and Non-owned Automobiles – Limits of Liability:

**Combined Single Limits** - \$500,000 each occurrence; or **Bodily Injury** - \$100,000 each person, \$500,000 each occurrence; and **Property Damage** - \$50,000 each occurrence

In the event applicants for licenses use refuse collection bins furnished for their clients, then the following additional coverage is necessary:

Commercial Liability Insurance Covering All Operations and Completed Operations – Limits of Liability:

**Combined Single Limits** - \$500,000 each occurrence, \$500,000 aggregate; or **Bodily Injury** - \$100,000 each person; and **Property Damage** - \$500,000 each occurrence

Coverage is to be provided by an Insurance Carrier who holds a Certificate of Authorization (licensed) with the State of Minnesota. Evidence of such insurance shall be in the form of a Certificate of Insurance, ACORD form, or similarly approved form. The Certificate shall require that the City be furnished thirty (30) days prior written notice of any cancellation, non-renewal, or major revision. Such Certificate shall be in the hands of the City Clerk prior to any issuance of license. It is expressly understood that this insurance and these limits are for the City's requirements only and do not represent the complete coverage the licensee should carry.

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## License Approval

Upon the City Clerk's receipt of a completed garbage collection vehicle license application, appropriate license fee, certificate of insurance, vehicle information sheet, copy of vehicle inspection report per each vehicle, Proof of Workers' Compensation Insurance Coverage form, and Minnesota Business Tax Identification Number form, the license application shall be presented to the City Council for consideration at its next regular meeting. The City Council meets the 2<sup>nd</sup> and 4<sup>th</sup> Monday of the month. License materials must be submitted at least seven (7) days prior to a City Council meeting.

# License Application Garbage Collection Vehicle

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Annual Expiration: June 30  
Annual Fee: \$85/company  
\$25/vehicle  
Prorated Fee:

TO THE HONORABLE CITY COUNCIL:

Date: \_\_\_\_\_

**OPERATOR**

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street Address, City, State, and Zip)

Telephone Number: \_\_\_\_\_

**OWNER (APPLICANT)**

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street Address, City, State, and Zip)

Telephone Number: \_\_\_\_\_

The undersigned hereby applies for a garbage collection vehicle license and acknowledges receipt of a copy of City Ordinance Sections 7-001 through 7-113 and agrees to comply at all times with all laws, ordinances, or regulations applicable whether they be federal, state, county, or municipal. Submitted with this application is a copy of applicant's insurance certificate, proof of workers' compensation insurance coverage, Minnesota business tax identification number, information sheet identifying vehicles and services, and a copy of vehicle inspection report for each vehicle as prescribed by the Minnesota State Patrol. Information is collected to determine eligibility for license. Failure to provide information requested may result in denial of application.

\_\_\_\_\_, being first duly sworn, upon his/her oath deposes and says that he/she is the person who has executed the foregoing application and that the statements made therein are true of his/her own knowledge and belief.

Signature of Applicant \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_ day of \_\_\_\_\_

Notary Public \_\_\_\_\_  
County \_\_\_\_\_

My Commission expires \_\_\_\_\_



INFORMATION SHEET TO BE COMPLETED AND SUBMITTED WITH APPLICATION  
FOR GARBAGE AND REFUSE COLLECTOR'S LICENSE

1. Business Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_
  
2. List make of vehicle, the vehicle number (if any), and the vehicle license plate number:  
A. \_\_\_\_\_  
B. \_\_\_\_\_  
C. \_\_\_\_\_  
D. \_\_\_\_\_  
E. \_\_\_\_\_  
F. \_\_\_\_\_  
(use other side if more vehicles)
  
3. Frequency of service to be rendered (minimum):  
A. Commercial establishment: \_\_\_\_\_  
B. Residential dwellings: \_\_\_\_\_  
C. Multiple dwellings: \_\_\_\_\_
  
4. Types of material collected:  
A. Garbage (food wastes): \_\_\_\_\_  
B. Refuse (cans, bottles, ashes, trimmings): \_\_\_\_\_  
C. Other (explain): \_\_\_\_\_
  
5. Statement of policy regarding extent and/or limitations of service and condition of pick-up:  
\_\_\_\_\_
  
6. Method of final disposal:  
A. Landfill: \_\_\_\_\_  
B. Incineration: \_\_\_\_\_  
C. Other (explain): \_\_\_\_\_
  
7. Location of final disposal facility: \_\_\_\_\_
  
8. Name and address of disposal facility:  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_
  
9. \_\_\_\_\_  
Applicant's Signature Date

City of Brooklyn Center  
MINNESOTA BUSINESS TAX IDENTIFICATION NUMBER

Pursuant to Minnesota Statute 270C.72, Tax Clearance; Issuance of Licenses, the City of Brooklyn Center is required to provide to the Minnesota Commissioner of Revenue your Minnesota business identification number and the social security number of each license applicant. **Applicant** means an individual, if the license is issued to or in the name of an individual, or the corporation or partnership, if the license is issued to or in the name of a corporation or partnership. **Applicant** also means an officer of a corporation, a member of a partnership, or an individual who is liable for delinquent taxes, either for the entity for which the license is at issue or for another entity for which the liability was incurred, or personally as a licensee. 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 City of Brooklyn Center. **DO NOT RETURN TO THE DEPARTMENT OF REVENUE.**

**X** License being applied for or renewed: \_\_\_\_\_

**X** License renewal date: \_\_\_\_\_

**X** **INDIVIDUAL INFORMATION (includes corporate officer or partner) Please Print:**

Applicant's Name: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_

(Address, City, State, and Zip)

Social Security Number: \_\_\_\_\_

**X** **BUSINESS INFORMATION Please Print:**

Business Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Business Address: \_\_\_\_\_

(Address, City, State, and Zip)

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

**X** Federal Tax Identification Number: \_\_\_\_\_

**X** Minnesota Tax Identification Number: \_\_\_\_\_

**X** \_\_\_\_\_  
Signature Position (Officer, Partner, etc.) Date

# Certificate of Compliance Minnesota Workers' Compensation Law

PRINT IN INK or TYPE.

Minnesota Statutes, 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 any activity in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Minnesota Statutes, Chapter 176. The required workers' compensation insurance information is the name of the insurance company, the policy number, and the dates of coverage, or the permit to self-insure. 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.**

BUSINESS NAME (Individual name only if no company name used)

LICENSE OR PERMIT NO (if applicable)

DBA (doing business as name) (if applicable)

BUSINESS ADDRESS (PO Box must include street address)

CITY

STATE

ZIP CODE

**YOUR LICENSE OR CERTIFICATE WILL NOT BE ISSUED WITHOUT THE FOLLOWING INFORMATION. You must complete number 1, 2 or 3 below.**

**NUMBER 1 COMPLETE THIS PORTION IF YOU ARE INSURED:**

INSURANCE COMPANY NAME (not the insurance agent)

WORKERS' COMPENSATION INSURANCE POLICY NO.

EFFECTIVE DATE

EXPIRATION DATE

**NUMBER 2 COMPLETE THIS PORTION IF SELF-INSURED:**

I have attached a copy of the permit to self-insure.

**NUMBER 3 COMPLETE THIS PORTION IF EXEMPT:**

I am not required to have workers' compensation insurance coverage because:

I have no employees.

I have employees but they are not covered by the workers' compensation law. (See Minn. Stat. § 176.041 for a list of excluded employees.) Explain why your employees are not covered: \_\_\_\_\_

Other: \_\_\_\_\_

**ALL APPLICANTS COMPLETE THIS PORTION:**

I certify that the information provided on this form is accurate and complete. If I am signing on behalf of a business, I certify that I am authorized to sign on behalf of the business.

APPLICANT SIGNATURE (mandatory)

TITLE

DATE

**NOTE: If your Workers' Compensation policy is cancelled within the license or permit period, you must notify the agency who issued the license or permit by resubmitting this form.**

This material can be made available in different forms, such as large print, Braille or on a tape. To request, call 1-800-342-5354 (DIAL-DLI) Voice or TDD (651) 297-4198.