

City of Austin



500 Fourth Avenue NE
Austin, Minnesota 55912-3773
507-437-9940
www.ci.austin.mn.us

RESIDENTIAL HAULER LICENSE

NEW LICENSE REQUIREMENTS

- General Application for License
- Residential Hauler Vehicle information form
- Schedule of proposed rates
- Certificate of Liability Insurance listing the City of Austin as an Additional Insured and Certificate Holder
- Certificate of Compliance for Workers' Compensation
- \$10 application fee
- \$55 per vehicle annually – Pro-rated to \$30 minimum

OFFICE USE ONLY

Receipt No. _____

Date: _____

iWorq Entry: _____



City of Austin
General Application for License
City of Austin ♦ 500 4th Avenue NE
Austin, MN 55912
507-437-9940
www.ci.austin.mn.us
Submit to licensing@ci.austin.mn.us

New License

Renewal

Transfer

SECTION A. License Information

| | |
|---------------|------|
| License Type: | Fee: |
|---------------|------|

SECTION B. Applicant Information

| | | | |
|--|--------------------------|------------------------|------|
| Applicant's First Name: | Applicant's Middle Name: | Applicant's Last Name: | |
| Type of Entity: <input type="checkbox"/> Individual Owner <input type="checkbox"/> LLC <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership | | | |
| Business/ Legal Name: | Business Phone: | Personal Phone: | |
| DBA: | Email Address: | | |
| DBA Address: | City: | State: | Zip: |
| Correspondence Mailed To: <input type="checkbox"/> Corporate <input type="checkbox"/> DBA | | | |

SECTION C. Corporations, LLCs and partnerships must complete this section

| | | | |
|--------------------|-------------------------|--------|------|
| Corporate Name: | Corporate Phone Number: | | |
| Corporate Address: | City: | State: | Zip: |
| Officer Name: | Title: | | |
| Address: | City: | State: | ZIP: |
| Officer Name: | Title: | | |
| Address: | City: | State: | ZIP: |

SECTION D. Tax Identification Information

Pursuant to Minnesota Statute 270C.72, the licensing authority is required to provide to the Minnesota Commissioner 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 use of this information:

- 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;
- Upon receiving this information, the City of Austin will supply it only to the Minnesota Department of Revenue. However, under the Federal Exchange Information Agreement, the Department of Revenue may supply this information to the Internal Revenue Service.
- **Failure to supply this information may jeopardize or delay the processing of your license issuance or renewal application.**

| | | | |
|-------------------------------------|------------------------|-------------------------|------|
| Applicant's Name (Last, First, MI): | | Social Security Number: | |
| Home Address: | City: | State: | ZIP: |
| Business Name: | | | |
| Business Address: | City: | State: | ZIP: |
| Minnesota Business Tax ID Number: | Federal Tax ID Number: | | |

SECTION E. Certification of Compliance for Minnesota Workers' Compensation

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 in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of MSS Chapter 176. If the required information is not provided or is falsely stated, it shall result in a \$2000 penalty assessed against the applicant by the commissioner of the Department of Labor and Industry.

| | |
|---|----------------|
| Insurance Company Name (not the agent): | Policy Number: |
| Dates of Coverage: _____ to _____ | |

OR

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

- I have no employees
- I am self-insured (include 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)

Government Data Practices Act: The data you supply on this form will be used to process the license you are applying for. You are not legally required to provide this data, but we will not be able to process the license without it. Some of the data will be classified as public data if and when the license is granted. Private financial information including tax identification numbers and social security numbers are classified as private data and will be available to governmental personnel and other governmental agencies whose access is necessary to perform their official duties.

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.

 SIGNATURE

 POSITION

 DATE SIGNED



Hauler Vehicle Information

| |
|--|
| Business Name: |
| Number of trucks used for this business: |

| | |
|----------------|---------------|
| 1. Make/Model | Serial Number |
| License Number | Capacity |

| | |
|----------------|---------------|
| 2. Make/Model | Serial Number |
| License Number | Capacity |

| | |
|----------------|---------------|
| 3. Make/Model | Serial Number |
| License Number | Capacity |

| | |
|----------------|---------------|
| 4. Make/Model | Serial Number |
| License Number | Capacity |

| | |
|----------------|---------------|
| 5. Make/Model | Serial Number |
| License Number | Capacity |

| | |
|----------------|---------------|
| 6. Make/Model | Serial Number |
| License Number | Capacity |