



CITY OF CHASKA
APPLICATION FOR LICENSE TO COLLECT
REFUSE, GARBAGE & RECYCLABLES

NAME OF FIRM: _____
 (Designate whether an individual, partnership or corporation)

Address: _____ Phone: _____

Name of Owner: _____

Address: _____

Charges for Hauling (Volume Rate): _____

Description of Services to be Rendered: _____

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

\$54.00 PER VEHICLE

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. _____

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. _____

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
 ALONG WITH CERTIFICATE OF LIABILITY INSURANCE**

_____ Date

_____ Signature of Applicant



MINNESOTA DATA SHEET

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 1971, 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.

LICENSE BEING APPLIED FOR OR RENEWED: License to Collect Refuse, Garbage & Recyclables	
LICENSE RENEWAL DATE: January 1, 2010 to December 31, 2010	
LICENSING AUTHORITY: City of Chaska	
PERSONAL INFORMATION (if applicable):	
Applicant's Name:	Phone: ()
Applicant's Address:	
City/State/Zip:	
BUSINESS INFORMATION (if applicable):	
Business Name:	
Business Address:	
City/State/Zip:	Phone: ()
MN Tax ID No. (required):	
Federal Tax ID No.(required):	
Applicant's Social Security No. (required of Individual Owner or CEO):	

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

Signature _____ Position (Officer, Partner, etc.) _____ Date _____