

111Hassan Street Southeast Hutchinson, MN 55350 (320) 587-5151/Fax: (320) 234-4240

City of Hutchinson Application for Licensing (Under Ordinance No. 117.15)

Type of Application (pursuant to section	on 6.23, subsection 2)								
Commercial HaulingResidential HaulingRecycling	Fee \$125/Year Fee \$125/Year Fee \$55/Year								
Total Due:	\$								
Company Information									
Compai	F	Phone Number							
Address	City	y State	Zip						
Company Officers (list all):									
Name		Title							
Name		Title							
Name		Title							
*If necessary, list additional officers on separate sheet.									
Number of Years Applicant Has Been:									
In Commercial Hauling	Years								
In Residential Hauling	Years								
Recycling	Years								
Refuse Equipment Owned or Leased (Refuse Equipment Owned or Leased (include recycling equipment)								
Description	Make/Model	Year	Capacity						
Description	Make/Model	Year	Capacity						
Description	Make/Model	Year	Capacity						
*If necessary, list additional equipment on separate sheet.									

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List Additional Equipment Needed to Purchase or Lease to Meet Licensing Requirement for Adequate Transit Vehicles (section 6.23, subsection 4,E)							
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Insurance Coverage Information (a ordinance)	ttach	copy of in:	surance ti	hat meets or ex	rceeds limi	its establishe	ed in the
Insurance Con	npany	/			Agent	's Name	
Address	,			City		State	Zip
Phone Number	er				Fax Nun	nber	
Monthly Cubmission of Informatio	n to (City Admir	aictuatou .	Constian 6 22	aubaa etia	n (1)	
Monthly Submission of Information to City Administrator (section 6.23, subsection 9) Are you aware of your responsibility to submit names and addresses of your business and							
commercial account no later th							
		YES		NO			
Are you willing to maintain a local telephone number and a daily 24-hour answering service to handle service questions?						e to	
		YES		NO			
I hereby certify that I have completely filled out the entire above application, together with the attached and executed Release of Information Form, and that the application is true, correct, and accurate.							
Signature o	of App	olicant				Date	
Internal Use Only							
City Council approved	☐ de	nied S	ignature:				

Release of Information Form

As an applicant for a license from the City of Hutchinson, Minnesota, I am required to furnish information, which that agency may use in determining my moral, physical, mental, and financial qualifications. In this connection, I hereby expressly authorize release of any and all information, which you may have concerning me, including information of a confidential or privileged nature.

I hereby release the agency with which I am seeking application for license, and any organization, company, or person furnishing information to that agency as expressly authorized above, from any liability for damage, which may result from furnishing the information requested.

Applicant's Info	rmation <i>(Please Prir</i>	nt)			
Name:	First Name	Middle Nam		Last Name	-
Address:	THETWAINC	Phadic Nam		Last Name	_
Cit		County	State	Zip	-
Date of Birth:					
	Month	Day	Year		
Place of Birth					
	City	1	State		
Social Securit	ty Number:				-
Driver's Licen	nse Number:				-
Applicant's Signature				Date	

^{*}Please allow two weeks lead time for an investigation (this **does not** include time allowed for scheduling a public hearing if necessary, a publication notice and a City Council meeting).