



# HUTCHINSON

A CITY ON PURPOSE.

111 Hassan 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 <i>(pursuant to section 6.23, subsection 2)</i>	
<input type="checkbox"/> Commercial Hauling	Fee \$125/Year
<input type="checkbox"/> Residential Hauling	Fee \$125/Year
<input type="checkbox"/> Recycling	Fee \$55/Year
Total Due: \$ _____	

Company Information			
_____		_____	
<i>Company Name</i>		<i>Phone Number</i>	
_____	_____	_____	_____
<i>Address</i>	<i>City</i>	<i>State</i>	<i>Zip</i>

Company Officers <i>(list all):</i>	
_____	_____
<i>Name</i>	<i>Title</i>
_____	_____
<i>Name</i>	<i>Title</i>
_____	_____
<i>Name</i>	<i>Title</i>
<i>*If necessary, list additional officers on separate sheet.</i>	

Number of Years Applicant Has Been:	
In Commercial Hauling	_____ Years
In Residential Hauling	_____ Years
Recycling	_____ Years

Refuse Equipment Owned or Leased <i>(include recycling equipment)</i>			
_____	_____	_____	_____
<i>Description</i>	<i>Make/Model</i>	<i>Year</i>	<i>Capacity</i>
_____	_____	_____	_____
<i>Description</i>	<i>Make/Model</i>	<i>Year</i>	<i>Capacity</i>
_____	_____	_____	_____
<i>Description</i>	<i>Make/Model</i>	<i>Year</i>	<i>Capacity</i>
<i>*If necessary, list additional equipment on separate sheet.</i>			



## 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 Information <i>(Please Print)</i>			
Name:	_____	_____	_____
	<i>First Name</i>	<i>Middle Name</i>	<i>Last Name</i>
Address:	_____		
	_____	_____	_____
	<i>City</i>	<i>County</i>	<i>State</i>
Date of Birth:	_____	_____	_____
	<i>Month</i>	<i>Day</i>	<i>Year</i>
Place of Birth:	_____	_____	
	<i>City</i>	<i>State</i>	
Social Security Number:	_____		
Driver's License 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).