



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>			

List Additional Equipment Needed to Purchase or Lease to Meet Licensing Requirement for Adequate Transit Vehicles (*section 6.23, subsection 4,E*)

Insurance Coverage Information (*attach copy of insurance that meets or exceeds limits established in the ordinance*)

_____	_____		
Insurance Company	Agent's Name		
_____	_____	_____	_____
Address	City	State	Zip
_____	_____		
Phone Number	Fax Number		

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 than the 10th of each month to the City Administrator?

YES NO

Are you willing to maintain a local telephone number and a daily 24-hour answering service to handle service questions?

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 of Applicant

Date

Internal Use Only

Fire approved denied Notes: _____

Police approved denied Notes: _____

City Council approved denied Notes: _____

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