



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 <input type="checkbox"/> Residential Hauling <input type="checkbox"/> Recycling | Fee \$135/Year Fee \$135/Year Fee \$60/Year <div style="text-align: right;">Total Due: \$ _____</div> |

| Company Information | | | |
|---------------------|------|--------------|-----|
| Company Name | | Phone Number | |
| Address | City | State | Zip |

| Company Officers (<i>list all</i>): | |
|---|-------|
| Name | Title |
| Name | Title |
| Name | Title |
| <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>) | | | |
|---|------------|------|----------|
| Description | Make/Model | Year | Capacity |
| Description | Make/Model | Year | Capacity |
| Description | Make/Model | Year | Capacity |
| <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*)

| | | | | |
|--------------------------------|--|---------------------------|--------------------|------------------|
| <hr/> <i>Insurance Company</i> | | <hr/> <i>Agent's Name</i> | | |
| <hr/> <i>Address</i> | | <hr/> <i>City</i> | <hr/> <i>State</i> | <hr/> <i>Zip</i> |
| <hr/> <i>Phone Number</i> | | <hr/> <i>Fax Number</i> | | |

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

City Council ☐ approved ☐ denied Signature:

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 *(Please Print)*

Name: _____
First Name Middle Name Last Name

Address: _____

City County State Zip

Date of Birth: _____
Month Day Year

Place of Birth: _____
City State

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).