



1245 West Hwy 96 * Arden Hills MN 55112
 Phone 651.792.7800 * Fax 651.634.5137
www.cityofardenhills.org

Recycling Hauler License - 2021

Per city ordinance, collection times must be between 6am-6pm.

Collection days are Tuesday for Zone 1 (south of 694) and Wednesday for Zone 2 (north of 694).

If a holiday occurs on the collection day, collection shall occur on the week day that immediately follows.

Company Name: _____

Address: _____

City/State/Zip: _____

Phone: _____ Fax: _____

Email Address: _____ MN Tax ID # _____

Ramsey County License # _____ Federal Tax ID # _____

Required Submittals:

- Payment of \$158** (enclose check or pay by credit card in person)
- List of “accepted” items** for your collection.
- Certificate of Liability Insurance** of at least \$100,000 for bodily injury to any one person, including accidental death, and not less than \$300,000 aggregate; property damage liability of at least \$100,000 for each accident and not less than \$100,000 aggregate.
- Certificate of Worker’s Compensation** to the minimum acceptable levels of the State of Minnesota.
OR: Sign Worker’s Compensation Waiver:

If you are a sole proprietor and have chosen not to carry worker’s comp, the following waiver must be signed: As a sole proprietor or partnership, I/we have chosen not to carry Worker’s Compensation Insurance on myself/ourselves.

 Authorized Signature _____
 Date

NOTICES AND AUTHORIZATIONS.

Under the Minnesota Government Data Practices Act and the Federal Privacy Act of 1974, we are required to advise you of the following regarding the use of this information:

- * This information may be used to deny the issuance or renewal of your license in the event you owe Minnesota sales, employer’s withholding or motor vehicle excise taxes;
- * Upon receiving this information, the City of Arden Hills 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;
- * Failure to supply this information may jeopardize or delay the processing of your license issuance or renewal application.

The below signed applicant makes this application pursuant to all the laws of the State of Minnesota and such rules and regulations as the Council of the City of Arden Hills may from time to time prescribe. The above-named firm hereby applies for a license for the term of one calendar year with the City of Arden Hills, Minnesota.



Applicant Signature _____ Date _____