



CITY OF SHOREVIEW
4600 Victoria Street North
Shoreview, MN 55126
651-490-4650

APPLICATION FOR 2019 SOLID WASTE REMOVAL LICENSE

Date _____

Federal I.D. No. _____

Minnesota Tax I.D. No. _____

I, _____, hereby make application for a Solid Waste
(Applicant's Name)

Removal License for _____
(Company Name)

(Company Address)

(Telephone) (Email address)

(Additional Contact Name, Phone, Email)

for the period from January 1, 2019 to December 31, 2019 for which the sum of \$150.00 is hereby tendered.

_____ Commercial

_____ Residential

1) Number of residential accounts served within the City: _____

Number of commercial accounts served within the City: _____

2) Disposal facility to which waste is hauled:

Garbage and Refuse _____

Yard Waste _____

3) Which day(s) of the week do you service your accounts in Shoreview?
Please circle:

MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY SATURDAY

4) Customer Rate Structure

Garbage and Refuse: (Amount of Collection Fee)

30-gallon service per month	\$ _____
60-gallon service per month	\$ _____
90-gallon service per month	\$ _____
Unlimited service per month	\$ _____

Yard Waste:

Bag, container, other	\$ _____
Christmas Tree	\$ _____

- 5) All applications **must** include the \$150.00 license fee, a Minnesota Certificate of Compliance form, and a Certificate of Insurance with a minimum liability of \$200,000/\$600,000 and \$200,000 property damage. Applications that are not complete will not be licensed.
- 6) Please include copy of the guidelines given to customers, relating to collection services offered by your firm.

Applicant's Signature

7) Customer Service Contact Information to be posted on our website:

(phone)

(email)

Staff Use Only

APPROVED BY: _____ DATE: _____