



**CITY OF RAMSEY  
APPLICATION FOR  
2019 GARBAGE AND REFUSE HAULER'S LICENSE**

Date: \_\_\_\_\_

Application is hereby submitted for a garbage and rubbish hauling license within the City of Ramsey, in accordance with the Ordinances of said city regulating the same. Please allow up to 30 business days to process application. Business licenses are issued upon approval by City Council.

Enclose with this application:

- the license fee of **\$50**
- a certificate of workers' comp insurance or company name & policy #: \_\_\_\_\_,
- a certificate of liability insurance with the City of Ramsey named as an additional insured, and
- a certificate of vehicle liability coverage for the current license period.

<b>APPLICANT INFORMATION:</b>	<b>BUSINESS INFORMATION:</b>
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\_\_\_\_\_  
Last Name                      First Name                      Full Middle Name

\_\_\_\_\_  
Full Name of Business

\_\_\_\_\_  
Address of Applicant

\_\_\_\_\_  
Address of Business

\_\_\_\_\_  
City    State    ZIP

\_\_\_\_\_  
City    State    ZIP

\_\_\_\_\_  
Telephone Number of Applicant                      Email Address

\_\_\_\_\_  
Telephone Number of Business                      Fax Number of Business

\_\_\_\_\_  
Cell Phone Number of Applicant (if used for business)

\_\_\_\_\_  
Full Name of Business Owner(s) – If Corporation, please attach list of all Officers (full names)

\_\_\_\_\_  
Applicant's Position with Company

\_\_\_\_\_  
Owner of Vehicle(s) to be used

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Minnesota Tax Identification Number.

\_\_\_\_\_  
Federal Tax Identification Number

Description of vehicle(s) and tanks or containers in which refuse is to be transported: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***Return completed application and requested information along with the fee to:  
City of Ramsey, Attn: Business Licenses, 7550 Sunwood Drive NW, Ramsey, MN 55303  
Phone: 763-433-9828 Fax: 763-433-9848***

<b>Make check or money order payable to "City of Ramsey"</b>
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**OFFICE USE ONLY:**

\_\_\_\_\_  
Approved By/Date                      License Fee                      Receipt No.                      License No.

<b><i>DATA PRACTICES ADVISORY:</i></b> <i>The data supplied in this application will be used to assess the qualifications for a license. This data is not legally required but the City will not be able to grant the license without it. If a license is granted, the data will constitute a public record.</i>
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**This license will expire on December 31, 2019**

***Our Mission: To work together to responsibly grow our community, and to provide quality, cost-effective, and efficient government services***

**CITY OF RAMSEY**

**TENNESSEN WARNING**

In connection with your request for a license, the City of Ramsey has asked that you provide information about yourself which is classified as either *private or confidential* by the Minnesota Government Data Practices Act (M.S.A. 13.04). Accordingly, the City is required to inform you of the following:

1. The private or confidential information requested includes, but may not necessarily be limited to, the following: *Your social security number or Minnesota business identification number.*
2. The purpose and intended use of the information requested is: *To comply with Minnesota Statutes, Section 270.72.*
3. You are required to supply the requested information.
4. The known consequences of supplying the requested information are as follows: *Loss or denial of the requested license if you owe the State of Minnesota delinquent taxes, penalties or interest.*
5. The known consequences of refusing to supply the requested information is: *Your request for a license cannot be processed.*
6. The following persons and entities are authorized by law to receive the information if provided: *State of Minnesota - Department of Revenue and other government agencies as provided by law.*

**The undersigned, by signing this notice, acknowledges that he/she has read and understood the contents of this notice.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Print Name