Minneapolis
Community Planning and Economic Development

City of Minneapolis
Licenses and Consumer Services
505 Fourth Ave. S., Room 220
Minneapolis, MN 55415
Telephone: 612-673-2080

For Office Use Only
Expiration: January 1
AP: BLGeneral/
BLDonation
Adm Issuance: Yes

License Application: Donation Collection Bins

A container used to allow the public to donate unwanted but usable items for the purpose of recycling.
A separate license fee is required for each donation bin.

1. Application requirements

1. Complete the application and include all the requirements listed below. Incomplete applications may be returned. You may send your application by email businesslicenses@minneapolismn.gov, US mail, or drop it off at our office.
2. There is a fee for each bin, plus a new license processing charge. You may pay by-
   - ☐ **Cash:** Do not mail cash, must drop off in person.
   - ☐ **Check**: Make checks payable to- Minneapolis Finance Department
   - ☐ **Credit Card**: Mail, drop off or email your application to businesslicenses@minneapolismn.gov.

   Do not add your credit card information on this application. We will call you to securely charge your credit card.
3. ☐ **Site Plan**: attach a detailed diagram for each bin that includes- organization name, phone number and bin location, bin measurements, and location of sidewalks, parking lots, grass areas, any signs, posts, trees, parking meters, bus shelters or light poles.
   These will be inspected and approved by Public Works - Traffic Engineering.
4. ☐ **Consent letter-** approval letter from property owner or building tenant confirming permission for the collection bin location.
5. ☐ **Certificate of Legal Business Name**: attach a copy from the Minnesota Secretary of State's Office
   ☐ **Certificate of Assumed Name, DBA**: attach a copy from the Minnesota Secretary of State's Office

2. Applicant information

Legal company name	**Business name/DBA**			
Full name (Last, First, Middle)	☐ Owner ☐ Partner ☐ Manager			
Business address	**Suite**	**City**	**State**	**Zip code**
Mailing address (if different than business address)	**City**		**State**	**Zip code**
E-mail address	**Cell phone number**		**Business telephone number**	
Minnesota Sales Tax ID number *(Required)*	**Social Security number or Individual Tax ID (ITIN) *(Required)***			
Type of ownership: ☐ Corporation ☐ LLC ☐ Sole proprietor ☐ Partnership ☐ Non-profit	**Date of incorporation**		**State of incorporation**	
Is this business publicly traded? ☐ Yes ☐ No	**Proposed starting date:**			

3. Owners

List all owners and partners. Ownership must add up to 100%, attach additional sheets if needed.

Full name: Last, First, Middle		**Telephone**	
Home address	**City**	**State**	**Zip code**
Title	**Date of birth**	**Ownership %**	
Full name: Last, First, Middle		**Telephone**	
Home address	**City**	**State**	**Zip code**
Title	**Date of birth**	**Ownership %**	
Full name: Last, First, Middle		**Telephone**	
Home address	**City**	**State**	**Zip code**
Title	**Date of birth**	**Ownership %**	
Full name: Last, First, Middle		**Telephone**	
Home address	**City**	**State**	**Zip code**
Title	**Date of birth**	**Ownership %**	

4. Company operations

Give us a description of the services of your business.

How many collection bins will you have? _____

List the location and address of *each* collection bin.

List any licenses you currently have or previously held in Minneapolis (business or individual).

Have you ever had a business license denied or revoked by any government entity? ☐ **No** ☐ **Yes**
If Yes, list the date of denial/revocation, city and state, and reason for denial or revocation.

5. Workers compensation

Workers' compensation company	Policy number	Dates of coverage

------Or------

I certify that I am not required to carry workers compensation insurance because

☐ **I am the sole proprietor, and I have no employees.**

☐ **I have no employees who are covered by workers compensation law. Only employees who are specifically exempted by statute are not covered by the workers compensation law. These include spouse, parents, and children regardless of age. All other workers whose work is controllable by the employer must be covered.**

6. Verification

The City of Minneapolis uses the information on this application to determine qualifications for a license. You are not legally required to provide this information. If you refuse, we cannot approve your application. MN Statute 270C.72 requires your Minnesota Tax ID Number and either a Social Security Number or Individual Tax ID Number. These may be given to the Minnesota Commissioner of Revenue if requested. After we approve your license, all information except your Social Security Number is public (MN Statutes, Chapter 13).

A signature is required.

☐ **I have read and agree to the Terms and Conditions for electronic signatures, records and payment.**

I, (print name) _____, certify or declare under penalty of perjury under the laws of the State of Minnesota that the information on this application, checklist, and attached documents is true and correct. All information is subject to verification by the City of Minneapolis. I understand that false information may result in the denial, suspension or revocation of my business license.

By typing your name, you are electronically signing this application.

Signature of applicant _____ Title _____ Date _____

7. Additional information

- **No license will be issued for longer than one year.**
- **You cannot transfer your license to any other person or location.**
- **Visit the City's website-** www.minneapolismn.gov/business-services/licenses-permits-inspections/business-licenses/

For reasonable accommodations or alternative formats please contact Business Licensing at 612-673-2080 or via email at businesslicenses@minneapolismn.gov. People who are deaf or hard of hearing can use a relay service to call 311 at 612-673-3000. Para ayuda, llame al 311. Rau kev pab hu 311. Hadii aad caawimaad u baahantahay wac 311.