Minneapolis
Community Planning and Economic Development

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

For Office Use Only
Expiration: April 1
AP:General/SldWaste
MCO: 225
Adm Issuance: Yes

License Application: Garbage/Solid Waste Hauler

The collection of garbage (solid waste), recycling, organics recycling, yard waste, building materials, or hazardous waste for disposal.

- The City of Minneapolis' commercial recycling ordinance and multifamily ordinance require recycling for all commercial and multi-unit properties.
- Hennepin County Ordinance 13 lists requirements for mixed recycling and organics collection. You can also contact a recycling specialist at 612-543-9298 or businessrecycling@hennepin.us.
- A Regional Hauling License is required by Hennepin County unless you are hauling only non-mixed solid waste materials such as construction waste or demolition debris.
- An annual Hauling Report is required by MN Statute 115A.93.
- A complete set of requirements is available in the Minneapolis Code of Ordinances, Chapter 225.

1. Application requirements

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.

1. There is a fee, plus a new license processing charge, for this application. You can pay by
   - ☐ **Cash:** Do not mail cash, drop it 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.
2. **Certificate of Liability Insurance:** (sample form #1) attach insurance certificate with at least
   - ☐ $25,000 liability for per person for bodily injury or death
   - ☐ $50,000 liability for aggregate for bodily injury or death of two (2) or more people in one (1) accident
   - ☐ $5,000 for property damage per occurrence
3. ☐ **Vehicle list:** (form #2) attach with all the information for each vehicle that will be licensed.
4. ☐ **Minnesota DOT Safety Inspection Report:** (form #3) attach a report for each vehicle over 26,000 GVW or that will be hauling hazardous materials.

2. Applicant information

Legal company name	**Business name/DBA**			
Full Name	☐ **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- *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. Business information

Total number of trucks that will be licensed _____

Who are your customers? Check all that apply.

- ☐ Regular collection from residential multi-unit customers
- ☐ Regular collection from commercial customers
- ☐ Regular collection from public entity/government accounts
- ☐ One-time dumpster or roll-off service for clean-outs and construction debris
- ☐ Self-haul (your own waste)
- ☐ Transfer only (haul only transfer station waste)
- ☐ Other: _____

What are you hauling? Check all that apply.

- ☐ **Mixed municipal solid waste (MSW):** garbage, refuse, and other solid waste from residential, commercial, industrial, and commercial activities. Mixed municipal solid waste does not include auto hulks, street sweepings, construction debris, mining waste, sludges, tree and agricultural waste, tires, lead acid batteries, motor and vehicle fluids and filters, and other materials collected, processed and disposed of as separate waste streams.
- ☐ **Recyclable materials:** materials separated from mixed municipal solid waste for the purpose of recycling or composting including paper, glass, plastics, metals, automobile oil, batteries, source-separated compostable materials, and sole source food waste streams.
- ☐ **Source-separated compostable material:** food waste, fish and animal waste, and plant materials that are collected separately from mixed municipal solid waste and are delivered to a transfer station, mixed municipal solid waste processing facility, or recycling facility for the purposes of composting.
- ☐ **Yard waste:** garden wastes, leaves, lawn cuttings, weeds, shrub and tree waste, and pruning.
- ☐ **Construction debris:** waste building materials, packaging and rubble resulting from construction, remodeling, repair, and demolition of buildings and roads.
- ☐ **Hazardous waste:** Pesticides, acids, caustics, pathological waste, radioactive waste, flammable or explosive material and similar chemicals and harmful waste which require special handling. It shall include all substances defined as hazardous waste in the Minnesota Environmental response and Liability Act.
- ☐ **Other: _____**

4. 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**
Title	**Date of birth**	**Ownership %**	

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 only worker, and I have no employees.**

☐ **I have no employees who are covered by workers compensation law. Only employees who are specifically exempted by statutes 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

1. **No license will be issued for longer than one year.**
2. **You cannot transfer your license to any other person, truck or location.**
3. **For reasonable accommodations or alternative formats, please call us at 612-673-2080 or send an email to businesslicenses@minneapolismn.gov. Individuals who are deaf or hard of hearing can use a relay service by calling 311 at 612-673-3000. 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.**

City of Minneapolis
Requirements for Insurance Certificate

Certificate cannot be pending, binder or TBA.

The Legal/Corporate name must match exactly (word for word) to the Approved License Name (including Inc. or LLC), Trade Name (DBA), and address of premises.

City of Minneapolis as certificate holder and additional insured

Original signature or stamp of agent.

CERTIFICATE OF LIABILITY INSURANCE

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME:	
Agency	PHONE (A/C, No, Ext):	FAX (A/C, No):
Address	E-MAIL ADDRESS:	
City, State, Zip	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A :	
INSURED	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YY)	POLICY EXP (MM/DD/YY)	LIMITS
	GENERAL LIABILITY						EACH OCCURRENCE $
	COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) $
	CLAIMS-MADE OCCUR						MED EXP (Any one person) $
							PERSONAL & ADV INJURY $
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE $
	POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG $
							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) $
	ANY AUTO						BODILY INJURY (Per person) $
	ALL OWNED AUTOS / SCHEDULED AUTOS						BODILY INJURY (Per accident) $
	HIRED AUTOS						PROPERTY DAMAGE (Per accident) $
							$
	UMBRELLA LIAB						EACH OCCURRENCE $
	EXCESS LIAB CLAIMS-MADE						AGGREGATE $
	DED RETENTION $						$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N						WC STATU-TORY LIMITS OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? N / A						E.L. EACH ACCIDENT $
	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE $
							E.L. DISEASE - POLICY LIMIT $

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS:

CERTIFICATE HOLDER	CANCELLATION
Additional Insured: **City of Minneapolis – Licenses and Consumer Services** **505 Fourth Ave S., Room 220** **Minneapolis, MN 55415**	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE

Applications will be returned if requirements are not complete.

Vehicle Information

#2

Name of Company: _____

	Make	Model	Year	VIN	License Plate	Company Vehicle Number	MN Dot Inspection Report
1							☐
2							☐
3							☐
4							☐
5							☐
6							☐
7							☐
8							☐
9							☐
10							☐
11							☐
12							☐

MINNESOTA
PERIODIC VEHICLE INSPECTION REPORT

13. Decal #	

1. Date mm/dd/yyyy	2.Insp.Location (Street Address)	3. City, State ZIP	4.Time in am pm	5. Time Out am pm

6.Veh Make	7.Year	8.VIN	9. Unit #	10.Odometer C H	11.Lic#	12.State

14.Owner Name	15.Owner Street Address	16. City, State, ZIP

17.Carrier Name	18.Carrier Street Address	19.City, State, ZIP

20.Owner USDOT#	21. Carrier USDOT#	22.Inspector Name	23.Inspector #

PASS	*FAIL*	*N/A*		*PASS*	*FAIL*	*N/A*	
			1. BRAKE SYSTEM				**5. LIGHTING DEVICES**
			a. Service Brakes				a. Headlamps
			1.) Adjustment				b. Tail lamps
			2.) Pads				c. Brake lamps
			b. Parking Brake System				d. Turn Signals
			c. Brake Drum or Rotors				e. Marker/ID/Clearance Lamps
			d. Brake Hose				f. Conspicuity Tape/Reflectors
			e. Brake Tubing				**6. SAFE LOADING**
			f. Low Pressure/Vacuum/or Low Air Warning Device				**7. STEERING MECHANISM**
			g. Tractor Protection Valve				a. Steering Wheel Free Play(Lash)
			h. Air Compressor				b. Steering Column
			i. Electric Brakes				c. Front Axle Beam & All Components Other Than Steering
			j. Hydraulic Brakes (including power assist)				d. Steering Gear Box Column
			k. Vacuum Systems				e. Pitman Arm
			l. ABS				f. Power Steering
			1. Power Unit Warning Light				g. Ball & Socket Joints
			2. Towed Unit Warning Light				h. Tie Rods & Drag Link
			3. System malfunction				i. Nuts
			m. Automatic Slack Adjusters				j. Steering System
			n. Breakaway Brakes - trailers				**8. SUSPENSION**
							a. U-Bolts
			2. COUPLING DEVICES				b. Spring Assembly
			a. 5th Wheel & Mounting/King Pin				c. Torque, Radius, or Tracking Components
			b. Pintle Hooks & Mounting Ball hitch				**9. FRAME/INCLUDING CROSS FRAMES**
			c. Drawbar /Towbar Eye				a. Frame Members
			d. Drawbar/Towbar Tongue				b. Tire & Wheel Clearance
			e .Safety Devices (chains, cables, hooks)				c. Adjustable Axle Assemblies (sliding subframes) & Locking Devices - Trailer Only
			f. Saddle Mounts				**10. TIRES**
			g. Locking Devices				**11. WHEELS & RIMS**
							a. Lock or Side Ring (Split Rim)
			3. EXHAUST SYSTEM				b. Wheels & Rims
							c. Fasteners (lugs)
			4. FUEL SYSTEM				d. Welds
			a. Visible Leak				**12. WINDSHIELDS/Glazing**
			b. Fuel Cap				**13. WIPERS/WASHER & DEFROSTERS**
			c. Securement of Tank				**14. MOTORCOACH/BUS SEATS**
			15. REAR VISION MIRRORS				**19. REAR END PROTECTION**
			16. HORN				**20. CAB & BODY COMPONENTS**
			17. FIRE EXTINGUISHER				**21. WHEEL FLAPS**
			18. EMERGENCY WARNING DEVICES				**22. DRIVELINE/DRIVESHAFT**

THIS VEHICLE IS IN COMPLIANCE WITH 49 CFR 396.17 APPENDIX A ◯Y ◯ N

I hereby certify that the above information is true and accurate.

Inspector Signature _____

This is the only vehicle inspection form approved by the Minnesota State Patrol (01/01/2026)

PERIODIC VEHICLE INSPECTION INFORMATION FORM

Date: _____ **Time:** _____ **Veh. Lic.#** _____ **Decal #** _____ **Inspector Name:**_____

BRAKE ADJUSTMENT/BRAKE TYPE

Right	Chamber Type/Size							
	Pushrod Stroke (in.)							
Axle #		1	2	3	4	5	6	7
Left	Pushrod Stroke (in.)							
	Chamber Type/Size							

TIRE INFORMATION

Right	Tire Size								
	Outside	Min. Tread							
		PSI							
	Inside	Min. Tread							
		PSI							
Axle #			1	2	3	4	5	6	7
Left	Inside	Min. Tread							
		PSI							
	Outside	Min. Tread							
		PSI							
	Tire Size								

Brakes

☐ Electric ☐ Surge

Controller
Make/Model:_____

Tow Vehicle
Lic. Plate:_____ State:_____

GVWR:_____

Trailer
Lic. Plate:_____State:_____

GVWR:_____

Steering

Wheel diameter: _____

Free Play (in.):_____

Tractor Protection Valve

Activates at (PSI): _____

☐ Flow ☐ Pressure

Safety Devices GVWR: _____

☐ Chain ☐ Cable

Size:_____Grade:_____

5th Wheel Measurements (in.)

Pivot Pin/Bracket:_____

Slider/Base:_____

Upper/Lower Halves: _____

Trailer used for Test

Lic. Plate:_____ State:_____

Motor Coaches/Bus

Emergency Exits/Push-out Windows:

☐ Pass ☐ Fail ☐ NA

Notes/temporary license:

I hereby certify the information contained herein is true and accurate: _____
Inspector signature

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