

**APPLICATION
SOLID WASTE HAULERS LICENSE
CITY OF VIRGINIA, MINNESOTA**

FEE: \$100.00/YEAR- _____

1. NAME OF FIRM: _____
 ADDRESS: _____
 TELEPHONE: _____
 MINNESOTA TAX ID NO.: _____
 FEDERAL TAX ID NO.: _____

2. OWNER(S): _____
 SOCIAL SECURITY NO.: _____
 ADDRESS: _____
 TELEPHONE: _____

3. LOCATIONS WHERE PICKUPS ARE MADE WITHIN THE CITY LIMITS:

4. LIST VEHICLES AND LICENSE NOS.:

5. LIST RATES TO BE CHARGED:

6. INSURANCE REQUIREMENTS: (\$100,000/PERSON; \$300,000/ACCIDENT;
 \$10,000/PROPERTY DAMAGE)
 NAME OF INSURANCE COMPANY: _____
 INSURANCE POLICY NUMBER: _____

THE UNDERSIGNED HEREBY AGREES TO OPERATE IN THE CITY OF VIRGINIA IN ACCORDANCE WITH THE REGULATIONS GOVERNING CONTRACTORS, AS SET FORTH IN THE CITY OF VIRGINIA SOLID WASTE ORDINANCE. IT IS UNDERSTOOD THAT FAILURE TO CONFORM OR ABIDE RENDERS THIS LICENSE NULL AND VOID.

SIGNATURE OF APPLICANT	ADDRESS
DATE	CITY STATE 55792
