

Shoreview Public Works Dept
4600 Victoria Street North
Shoreview, Minnesota 55126
651-490-4650 | shoreviewmn.gov



Solid Waste Removal License Application

Date _____

Applicant information

Federal ID No. _____

Minnesota Tax ID No. _____

Applicant Name: _____

Company Name: _____

Address: _____

Phone number: _____ Email: _____

Additional Contact information

Name: _____

Address: _____

Phone number: _____ Email: _____

This solid waste removal application is for the time period of January 1, _____
through December 31, _____

Commercial _____ Residential _____

Number of commercial accounts in Shoreview _____

Number of residential accounts in Shoreview _____

Name & location of disposal facility where load is hauled:

Garbage and refuse: _____

Yard waste: _____

Please circle the day(s) of the week that you service your accounts in Shoreview?

Monday Tuesday Wednesday Thursday Friday Saturday

Customer Rate Structure

<u>Garbage and Refuse:</u>	Amount of collection fee
30 gallon service per month	\$ _____
60 gallon service per month	\$ _____
90 gallon service per month	\$ _____
Unlimited service per month	\$ _____
<u>Yard Waste:</u>	
Bag, container, other	\$ _____
Christmas tree	\$ _____

All applications must include the \$150 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.

Please include a copy of the guidelines given to customers, relating to collection services offered by your firm.

Signature _____ Date _____

Customer Service Contact Information to be posted on our website: _____

For office use

Date received: _____

By: _____

Other relevant information needed: _____