



Environmental Resources
2122 Campus Drive SE, Suite 200
Rochester MN 55904
507-328-7070

Date: October 1, 2024
To: Olmsted County Class B Solid Waste License Applicants
From: Alex Kromminga, Solid Waste Assurance Coordinator
Re: [2025 Class B Solid Waste Hauler License Application](#)

We are pleased to provide you with the application for the **Class B Solid Waste Hauler License** in Olmsted County. A Class B License is required for Commercial Haulers who provide services for the **collection and transportation of Source-Separated Organic Materials only** within the county.

Unlimited Class B Licenses

There is **no limit** to the number of Class B Licenses issued by Olmsted County. This provides more flexibility for haulers looking to support the county's efforts in managing organic waste.

Class B License Requirements

To qualify for a Class B License, haulers must adhere to the regulations and guidelines established for the collection and transportation of **Source-Separated Organic Materials**.

Application Process

Please be advised that license applications for the 2025 period will be accepted starting **October 1, 2024**, and must be submitted no later than **5:00 P.M. on December 1, 2024**. Applications received after this deadline will **not** be considered for the 2025 licensing year. A **\$300 licensing fee** is required at the time of submission.

If you require assistance or need further clarification regarding the application process, please do not hesitate to contact us.

We appreciate your dedication to advancing sustainable waste management practices in Olmsted County. For any questions or additional information, please contact our office at **507-328-6556**.

Thank you for your continued partnership in supporting a cleaner and more sustainable environment for our community.



SOLID WASTE HAULER LICENSE APPLICATION

APPLICATIONS ARE DUE ON OR BEFORE DECEMBER 1, 2024

Class B Solid Waste Hauler License

- New License
- Renewal License

Solid Waste Designation Ordinance Statement:

[Solid Waste Designation Ordinance](#)

Except as otherwise provided within the Solid Waste Designation Ordinance all Persons must deliver, or cause to be delivered, all quantities of Designated Waste generated within the geographic boundaries of Olmsted County to the applicable Designated Point of Delivery, and may not be delivered to any other site.

- Have reviewed and have a clear understanding of Olmsted County's Designation Ordinance**

Solid Waste Management Statement:

[Solid Waste Management Ordinance](#)

No person may collect, transport, or dispose of any solid waste, including Mixed Municipal Solid Waste, Industrial Waste, Source-Separated Organic Materials, or Bulky Items, belonging to another person in Olmsted County without first obtaining an appropriate Solid Waste License from the County, in accordance with the County's Solid Waste Management Ordinance.

- Have reviewed and have a clear understanding of Olmsted County's Solid Waste Management Ordinance**

Class B License Requirements for Commercial Haulers in Olmsted County

In accordance with Olmsted County regulations, a Class B License is required for Commercial Haulers who provide the collection and transportation of Source Separated Organic Materials exclusively. As per the county's guidelines, the number of Class B Licenses is **not restricted**.

Application Process

The County will only accept Class B License applications between **October 1 and December 1** for licenses issued in the following year. If an unlicensed hauler acquires a licensed hauler, the buyer must submit a new license application prior to the transfer.

Applicant Information

Legal Company Name	Business Name/DBA		
Name (Last, First, MI)	<input type="checkbox"/> Owner <input type="checkbox"/> Partner <input type="checkbox"/> Local Manager <i>*Applicant must be at least a managerial level employee with control over or responsibility for the hauling operation or an owner, officer, director, or majority and controlling shareholder, partner, sole proprietor, or governmental entity – per Section 3504.06 of Solid Waste Management Ordinance.</i>		
Local Address	City	State	Zip Code
Company Address	City	State	Zip Code
E-mail Address	Cell Phone Number	Business Telephone Number	
<u>Minnesota Sales Tax ID Number or SS# Required</u>			
Type of Ownership: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC	Date of Incorporation	State of Incorporation	
Is this business publicly traded? <input type="checkbox"/> Yes <input type="checkbox"/> No	Proposed Opening Date:		

Owners

Ownership: Owners, Majority and Controlling Shareholders, Partners, Officers, and Directors. Attach additional sheets as needed

Full Name: Last, First, Middle	Telephone
Email Address	
Title	
Full Name: Last, First, Middle	Telephone
Email Address	
Title	
Full Name: Last, First, Middle	Telephone
Email Address	
Title	

Type of service, waste and area

Type of service: Please select the appropriate box

Commercial & Residential Residential Only Commercial Only

Types of solid waste to be collected & transported.

Source Separated Organic Materials

Olmsted County Service area: Please mark the checkbox to indicate that you understand the service area.

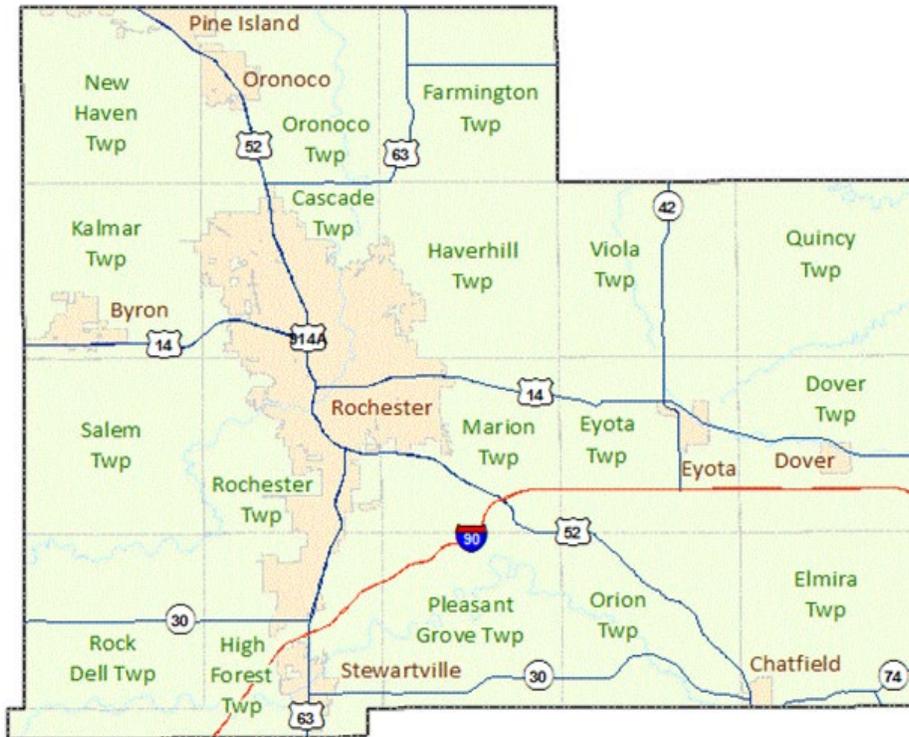
Townships:

New Haven, Oronoco, Farmington, Kalmar, Cascade, Haverhill, Viola, Quincy, Salem, Rochester, Marion, Eyota, Dover, Rock Dell, High Forest, Pleasant Grove, Orion, and Elmira

Cities/Towns:

Rochester, Byron, Oronoco, Stewartville, Eyota, Dover, portions of Chatfield & Pine Island

Have reviewed and have a clear understanding of Olmsted County's designated service area



Hauling information

In compliance with Olmsted County regulations, the title to Source Separated Organic Materials generated within the county shall remain with the Generator until such materials are transferred to a Source Separated Organic Materials processing facility. This facility must either be operated or permitted by Olmsted County or another governmental agency, and the materials must be transported using a Class B Licensed Hauler, or through self-hauling by the Generator.

We acknowledge that it is unlawful for any person, other than the Generator or a contracted Class B Licensed Hauler, to collect or use these materials for personal purposes. Our application for a license is made in full understanding and compliance with these provisions.

Place or places where organics/food waste is to be hauled and manner of disposal:

Residential Collection w/n Olmsted County Service Area

Service	Est. # of Current Customers	-OR-	Est. # of Expected Customers
Scheduled			
On-call			

Commercial Collection w/n Olmsted County Service Area

Service	Est. # of Current Customers	-OR-	Est. # of Expected Customers
Scheduled			
On-call			

Vehicles and Equipment Information

Provide the location(s) (addresses) where (compactors/roll-off boxes, etc.) will be stored:

Type	Primary Storage Location	Secondary Storage Location
Vehicles		
Equipment		

Vehicles and Equipment Reporting

Check this box if a vehicle report has been provided by Olmsted County.

Check this box to confirm that you have thoroughly reviewed the vehicle listing report, updated any missing information, and marked vehicles or equipment that are no longer in use or ownership. This ensures the listing is accurate and complete. Attach the updated equipment listing to this application. If there are additional vehicles or equipment not included in the original report, please add them to the updated Vehicle/Equipment Listing or attach a separate list

Check this box if a vehicle listing report **was not** provided with this application. Complete the Vehicle/Equipment Listing below for all vehicles and equipment intended for hauling operations in Olmsted County. If additional space is required, attach a separate vehicle/equipment listing that includes all the requested information.

Vehicle Inspection Reports

Provide the **most** recent annual Commercial Vehicle Inspection Reports for each vehicle required to have them.

Check one and complete:

Commercial Vehicle Inspection Reports have been provided with the application form.

I don't have Commercial Vehicle Inspection Reports for my vehicles because:

(explain) _____

MN Department of Revenue SWMT-10 Form

To be exempt from Olmsted County applying the **Minnesota Solid Waste Management Tax (SWMT)** directly to your disposal charges, you must complete and submit a Minnesota SWMT-10 form to Olmsted County. Please check the appropriate box below that corresponds to your exemption status.

The applicant has previously submitted a SWMT-10 form to Olmsted County, and no changes are needed from the previous submission.

The applicant is submitting a new or updated SWMT-10 form with this application.

No SWMT-10 form is being provided. The applicant agrees to pay the Minnesota Solid Waste Management Tax directly to Olmsted County.

Olmsted County Environmental Service Charge Billing and Collection

According to Olmsted County Solid Waste Management Ordinance **Sections 3509.05 and 3509.06**, commercial haulers must collect the Environmental Service Charge from customers and remit it to the County. The charge is calculated by multiplying the Service Charge Percentage Rate by the Gross Receipts from each customer. Haulers must report and remit all charges collected monthly, aligning with customer billing, regardless of the hauler's revenue recognition methods.

Please confirm that your company will comply with the Olmsted County Environmental Service Charge requirements, including billing, collection, remittance, itemizing, reporting, and record examination, as outlined in Olmsted County Solid Waste Management Ordinance Section 3509, by checking here.

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 self-insured. 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.

Insurance Coverage

Licensed Commercial Haulers must provide proof of insurance coverage for the types and minimum amounts specified below. Please check the boxes to confirm that the required documentation is included with your application.

General Liability: Comprehensive general liability insurance, including:

- Premises – Operations
- Independent Contractor’s Protective
- Products and Completed Operations
- Broad Form Property Damage
- Bodily Injury and Property Damage (Combined Limit): Minimum of \$500,000 per claim and \$1,500,000 aggregate for multiple claims arising out of a single occurrence
- Personal Injury: Minimum of \$500,000 per claim and \$1,500,000 aggregate for multiple claims arising out of a single occurrence

Comprehensive Automobile Liability: For Bodily Injury and Property Damage (Combined Limit): Minimum of \$500,000 per claim and \$1,500,000 aggregate for multiple claims arising from a single occurrence, covering:

- Owned vehicles
- Non-owned vehicles
- Hired vehicles

Certificate of Insurance

A Certificate of Insurance, valid for the year **2025**, must be submitted along with the license application. The certificate must explicitly detail the following coverages:

Insurance policy will not be modified or canceled except upon **thirty (30) days** prior written notice to the County’s agent.

Olmsted County must be named as an additional insured as required by the written contract on the policy. **Certificate Holder shall be Olmsted County, 2122 Campus Dr. SE, Rochester, MN 55904.**

Licensing Fee

The application due date for the following year's license is December 1. The total fee for a Class B license is **\$300.00 per year** and must be received before the application is reviewed.

For Office Use Only

Payment received

Signature

I, (print name) _____, hereby affirm to the best of my knowledge the accuracy of the information provided in this application. I commit to adhering to all federal, state, and local laws and regulations related to collecting, transporting, and disposing of the specific types of Solid Waste within my purview. I am aware that any failure to comply with these regulations may result in suspending or revoking my Hauler's license, thereby impacting my ability to operate as a Licensed Hauler in Olmsted County. I 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 State of Minnesota and Olmsted County. I understand that false information may result in the denial, suspension, or revocation of my solid waste hauler's license.

Signature: _____

Title: _____

Date: _____

Vehicle Information

Name of Company: _____

	Make	Model	Year	VIN	License Plate	Company Vehicle Number	MN Dot Inspection Report
1							<input type="checkbox"/>
2							<input type="checkbox"/>
3							<input type="checkbox"/>
4							<input type="checkbox"/>
5							<input type="checkbox"/>
6							<input type="checkbox"/>
7							<input type="checkbox"/>
8							<input type="checkbox"/>
9							<input type="checkbox"/>
10							<input type="checkbox"/>
11							<input type="checkbox"/>
12							<input type="checkbox"/>

Solid Waste Management Tax Exemption Certificate

Read the instructions below before completing the SWMT-10.

Print or Type	Name of Federal Agency, Political Subdivision or Business Claiming Exemption		Minnesota Tax ID Number <i>(if no number, state reason)</i>		Date
	Address		City	State	ZIP Code
	Name of Hauler <i>(if you are a city completing this form)</i> or Disposal Site <i>(if you are a hauler completing this form)</i>				
	Address of Hauler <i>(if you are a city)</i> or Disposal Site <i>(if you are a hauler)</i>		City	State	ZIP Code

Reason for Exemption	Check the reason for the exemption				
	<input type="checkbox"/> I collect and pay the Solid Waste Management (SWM) Tax to the Minnesota Department of Revenue on charges to my customers for waste management services.				
	<input type="checkbox"/> This waste is from a city, town, or other political subdivision that collects the SWM Tax from its residents on charges for these services.				
	<input type="checkbox"/> This waste is from a federal agency.				
	<input type="checkbox"/> This waste was generated outside Minnesota and isn't subject to the SWM Tax.				
	<input type="checkbox"/> This waste is mixed municipal solid waste from a recycling facility that achieves at least 85 percent volume reduction.				
	<input type="checkbox"/> This waste is non-mixed municipal solid waste from a presidentially declared disaster area.				

Sign Here	<i>I declare that the information on this certificate is correct and complete to the best of my knowledge and belief.</i>			
	Signature	Title	Date	Daytime Phone

SWMT-10 Instructions

Who must complete this form

City, town, or other political subdivision.

If you collect the SWM Tax from your residents and remit the tax to the Minnesota Department of Revenue, complete the Solid Waste Management Tax Exemption Certificate (Form SWMT-10) and give it to your waste hauler.

Federal agency. If you're a federal agency, complete Form SWMT-10 and give it to your waste hauler.

Keep a copy of for your records.

Waste hauler. To be exempt from paying the SWM Tax where you deliver the waste, complete Form SWMT-10 and give it to the transfer station, landfill, or other point of delivery. Keep a copy for your records.

Transfer station, landfill, and other points of delivery. You must keep this form on file for future review by the Minnesota Department of Revenue.

Note: If this form isn't completely filled out, with a valid exemption indicated, you must

- collect the SWM Tax from the business that is claiming the exemption
- remit the tax to the Department of Revenue

For more information, read the Solid Waste Management Tax fact sheet available at www.revenue.state.mn.us. Type **SWMTax** into the Search box.

Questions?

If you have questions, call 651-282-5770 or email environmental.tax@state.mn.us.

ACORD® CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY):

PRODUCER

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

COMPANIES AFFORDING COVERAGE

COMPANY **A**

COMPANY **B**

COMPANY **C**

COMPANY **D**

COMPANY **E**

COMPANY **F**

INSURED

Insured name should be the same as shown on the Acceptable Waste Delivery Agreement and SW License application

COVERAGES

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 ARE SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO. LTR.	TYPE OF INSURANCE	POLICY NUMBER	EFFECTIVE DATE	EXPIRATION DATE	LIMITS		
	GENERAL LIABILITY				GENERAL AGGREGATE	\$	
<input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY	Gen. Liability minimums: \$500,000 per occurrence \$1,500,000 per aggregate.			PRODUCTS-COMP/OP AGG.	\$	
	CLAIMS MADE <input checked="" type="checkbox"/> OCCUR.				PERSONAL & ADV. INJURY	\$	
	OWNER'S & CONTRACTORS PROT.				EACH OCCURRENCE	\$	
					FIRE DAMAGE (Any One Fire)	\$	
					MEDICAL EXP. (Any One Person)	\$	
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT	\$	
	ANY AUTOMOBILE	SAMPLE					
	ALL OWNED AUTOMOBILES						
	SCHEDULED AUTOMOBILES						
	HIRED AUTOMOBILES						
	NON-OWNED AUTOMOBILES						
	GARAGE LIABILITY						
	EXCESS LIABILITY				EACH OCCURRENCE	\$	
	UMBRELLA FORM				AGGREGATE	\$	
	OTHER THAN UMBRELLA FORM						
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				DRY LIMITS		
		Work Comp/Employer's Liability: In accordance with State of MN requirements			UNT	\$	
					POLICY LIMIT	\$	
					PER EMPLOYEE	\$	
	OTHER						
		Name Olmsted County as additional insured, indicating nature of the project.					

Auto Liability minimums:
\$500,000 per occurrence
\$1,500,000 per aggregate.

Work Comp/Employer's Liability: In accordance with State of MN requirements

Name Olmsted County as additional insured, indicating nature of the project.

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS:

Olmsted County is named as additional insured (except for Workers' Comp/EL) where and to the extent required by written contract.

CERTIFICATE HOLDER

Olmsted County
2122 Campus Dr SE #200
Rochester, MN 55904

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE:

Name Olmsted County as Certificate Holder

30 day minimum