SOLID WASTE HAULER LICENSE APPLICATION

APPLICATIONS ARE DUE ON OR BEFORE DECEMBER 1, 2025

Class A 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 A License Requirements for Commercial Haulers in Olmsted County

A Class A License is required for Commercial Haulers operating in Olmsted County to provide hauling services for the following materials: Mixed Municipal Solid Waste (MMSW), industrial waste, recyclable materials, source-separated organic materials, construction and demolition debris, or infectious waste.

Limitation on Class A Licenses

To protect the environment, as well as the health, safety, and welfare of residents, businesses, and institutions, Olmsted County restricts the number of Class A Licenses to **twelve (12)**. Licensees must comply with the requirements set forth in the County ordinance, and licensing decisions are made at the sole discretion of the County Board.

Application Process

The County will only accept Class A 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. In the event that there are fewer than **six (6)** active licensed haulers, the County may open a special licensing application period to fill the remaining vacancies.

Evaluation Criteria

If the County receives more than **twelve (12)** applications by the annual deadline, a point system outlined in the ordinance will be used to evaluate and prioritize the applicants.

Applicant Information

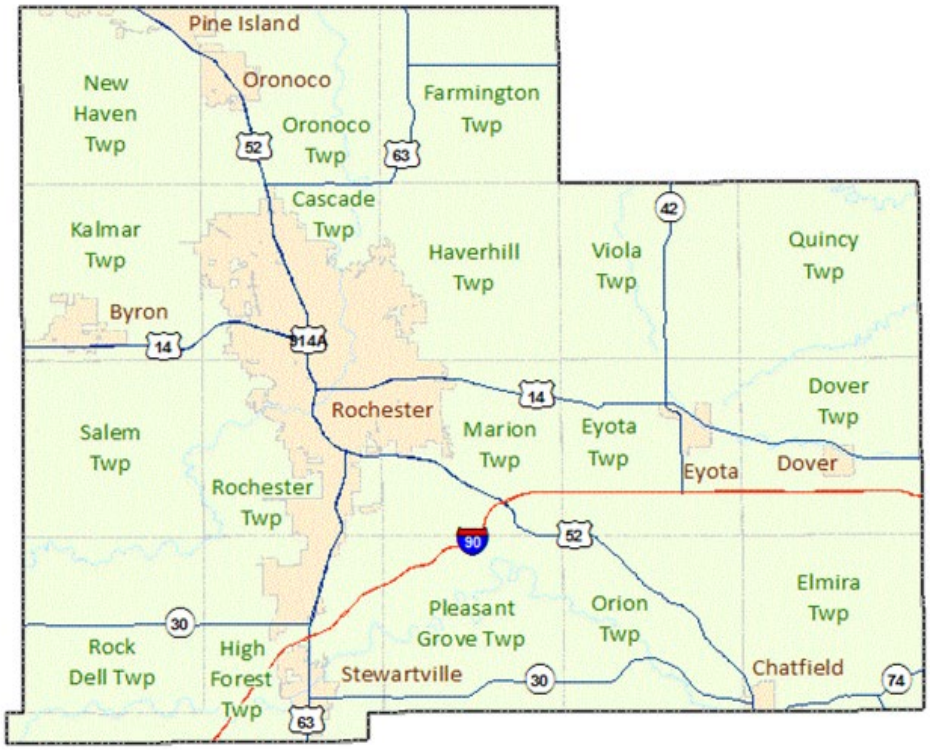
Legal Company Name	**Business Name/DBA**		
Name (Last, First, MI)	☐ Owner ☐ Partner ☐ Local Manager ***Applicant must be at least a managerial level employee with control over or responsibility for the hauling operation or an owner, officer, director, or majority and controlling shareholder, partner, sole proprietor, or governmental entity – per Section 3504.06 of Solid Waste Management Ordinance.**		
Local Address	**City**	**State**	**Zip Code**
Company Address	**City**	**State**	**Zip Code**
E-mail Address	**Cell Phone Number**	**Business Telephone Number**	
Minnesota Sales Tax ID Number or SS# ***Required***			
Type of Ownership: ☐Sole Proprietor ☐Corporation ☐LLC ☐Partnership	**Date of Incorporation**	**State of Incorporation**	
Is this business publicly traded? ☐Yes ☐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 (defined by MN Statute 115A.03) Check all that apply: **☐Mixed Municipal Solid Waste (Designated to Olmsted County-owned SW Disposal Facilities)** **☐Construction & Demolition Debris** **☐Industrial Waste** **☐Infectious Waste: Registered with the MPCA as a commercial infectious waste transporter – Reg. #:** **☐Recyclable Materials** **☐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

Olmsted County-owned SW Disposal Facilities:

Olmsted Waste-to-Energy Facility (OWEF)
301 Energy Parkway NE, Rochester, MN 55906
Scale House Hours: Monday - Friday, 8 a.m. - 4:30 p.m.

Kalmar Landfill
7401 19th Street NW, Rochester, MN 55901
Landfill hours: Monday - Friday, 8:30 a.m. - 3:30 p.m.

☐**I have reviewed and clearly understand that the disposal of Mixed Municipal Solid Waste from Olmsted County is restricted to the two designated disposal facilities listed above.**

Place or places where recycling is to be hauled:

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

Collection and Mapping

Olmsted County Service Area Map
The attached Olmsted County maps must be completed and returned showing the proposed service area and a description of the days each part of the service area will be served.

There is one map attached to be used for Residential customers and one to be used for Commercial Customers. Be sure to indicate on the map the service area and the day the service area will be served. Follow the Rochester Sectioning requirements in Section 3505.03, subs. 4 of the Solid Waste Management Ordinance. Copy the map and use multiple maps (one per day of the week) to document your service area and service days.

☐**Check here to confirm a Residential Service Map has been completed and attached to the application.**
☐**Check here to confirm a Commercial Service Map has been completed and attached to the application.**

Residential Collection

Service to be provided to areas Within the City Limits of Rochester

Quadrant	**Est. # of Current Customers**	**- OR-**	**Est. # of Expected Customers**
NW Quadrant			
NE Quadrant			
SW Quadrant			
SE Quadrant			

Service to be provided to areas Outside the City Limits of Rochester (Greater Olmsted)

Quadrant	Est. # of Current Customers	-OR-	Est. # of Expected Customers
NW Quadrant			
NE Quadrant			
SW Quadrant			
SE Quadrant			

Commercial Collection

Service Area	Est. # of Current Customers	-OR-	Est. # of Expected Customers
Within the City Limits of Rochester			
Outside the City Limits of Rochester			

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)_____

Employer Sign-Off Form

To minimize accidents and raise awareness of hazards at the OWEF tipping floor and Kalmar Landfill, Olmsted County has developed informative documents for each County-owned solid waste management facility, available at Required Safety Information for Drivers - Solid Waste Facility Information. These resources are intended to educate employees about the specific hazards at these sites. As part of the application process, we request that management personnel complete the attached form to confirm that safety information has been

communicated to their staff regarding these site hazards and responsibilities.
☐Confirm that the Employer Sign-off Form has been signed and is included with the application.

☐Confirm that the "OWEF Facility Information" packet will be reviewed with drivers and staff before they access the OWEF Tipping Floor.
☐Confirm that the "Kalmar Landfill Facility Information" packet will be reviewed with drivers and staff before they access the Kalmar Landfill.

Permission Sign-Off Form

The attached CLASS A LICENSED HAULER'S PERMISSION FORM is an optional document that allows the applicant to grant annual permission to Olmsted County Waste-to-Energy or Kalmar Landfill staff to use a front-end loader to assist in freeing stuck loads on the hauler's roll-off containers when requested by the hauler's driver.
Please select one of the following options:

☐The applicant has completed, signed, and attached the permission form with this application.
☐The applicant is not completing the permission form, and it will not be included in the application.

MN Department of RevenueSWMT-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.

Solid Waste Credit Account and Tipping Fees

Olmsted County's Solid Waste Credit Policy requires Licensed Haulers to maintain a credit account for disposal charges, unless their credit account has been denied or revoked, in which case they must pay at the time of disposal. Tipping fees are assessed at the moment of disposal at County-owned facilities and recorded on a disposal ticket. If the scale operator encodes the tipping fee incorrectly or the charged amount is wrong, the County will correct the disposal ticket with the accurate code and charge amount. For Licensed Haulers with a credit account, any adjustments to the amount owed will be reflected in the subsequent monthly statement. Cash customers will have corrections made within 30 days of the initial disposal ticket, with payments following the guidelines in the Solid Waste Credit Policy, a copy of which is attached to this application.
☐Please check the box to confirm that your company understands the payment requirements for the Olmsted County Solid Waste Credit Account.

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 2026, must be submitted along with the license application. The certificate must explicitly detail the following coverages (see attached sample):

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 t h e 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 A license is $1,000 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: _____

2025 RESIDENTIAL SERVICE AREA MAP

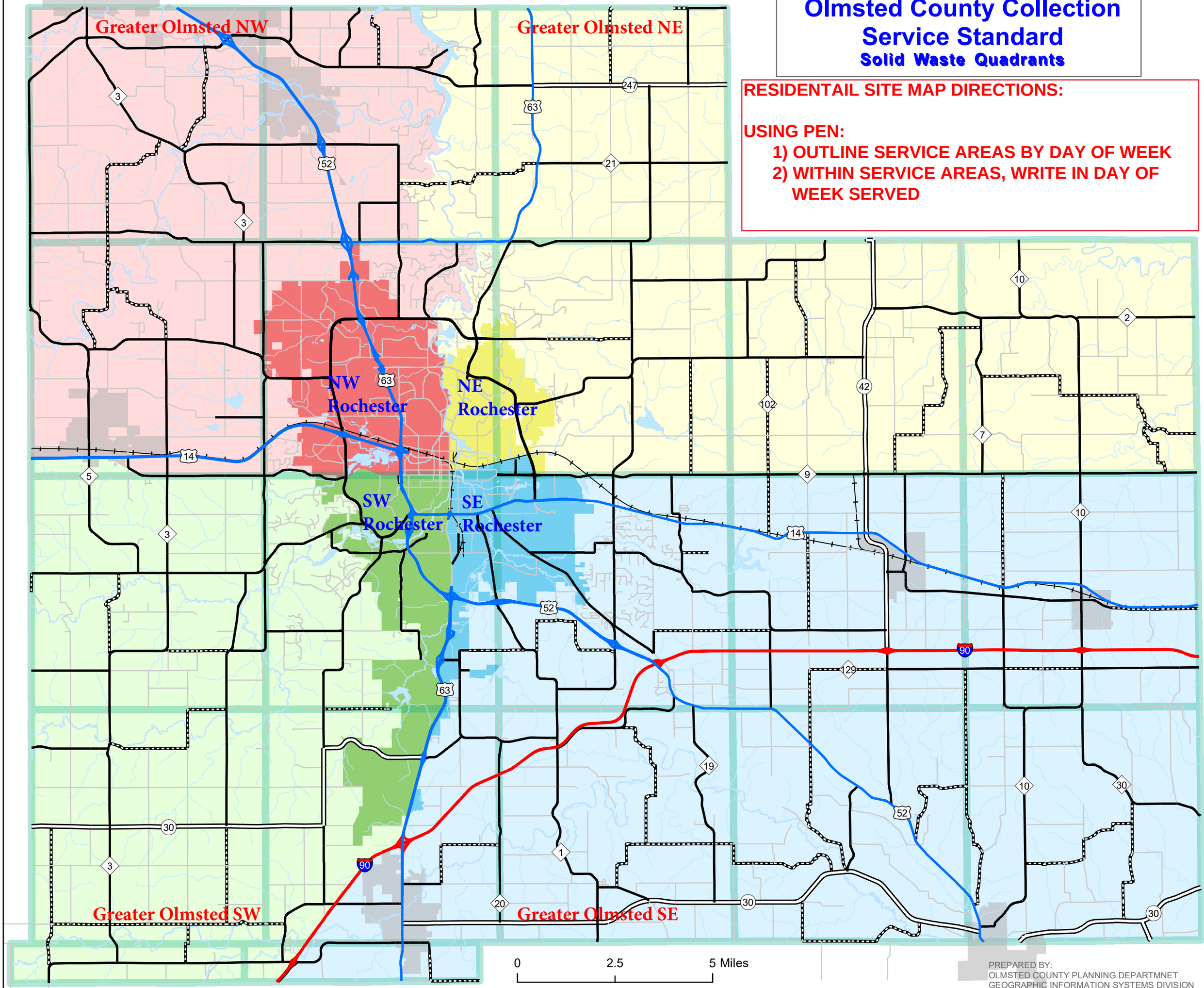
Olmsted County Collection Service Standard

Solid Waste Quadrants

RESIDENTAIL SITE MAP DIRECTIONS:

USING PEN:

1) OUTLINE SERVICE AREAS BY DAY OF WEEK
2) WITHIN SERVICE AREAS, WRITE IN DAY OF WEEK SERVED



PREPARED BY:
OLMSTED COUNTY PLANNING DEPARTMNET
GEOGRAPHIC INFORMATION SYSTEMS DIVISION

2025 COMMERCIAL SERVICE AREA MAP

Olmsted County Collection Service Standard

Solid Waste Quadrants

COMMERCIAL SITE MAP DIRECTIONS:

USING PEN:

1) OUTLINE SERVICE AREAS BY DAY OF WEEK
2) WITHIN SERVICE AREAS, WRITE IN DAY OF WEEK SERVED

Greater Olmsted NW

Greater Olmsted NE

NW Rochester

NE Rochester

SW Rochester

SE Rochester

Greater Olmsted SW

Greater Olmsted SE

0 2.5 5 Miles

PREPARED BY:
OLMSTED COUNTY PLANNING DEPARTMNET
GEOGRAPHIC INFORMATION SYSTEMS DIVISION

2025 RESIDENTIAL SERVICE AREA MAP

Olmsted County Collection Service Standard

Solid Waste Quadrants

RESIDENTAIL SITE MAP DIRECTIONS:

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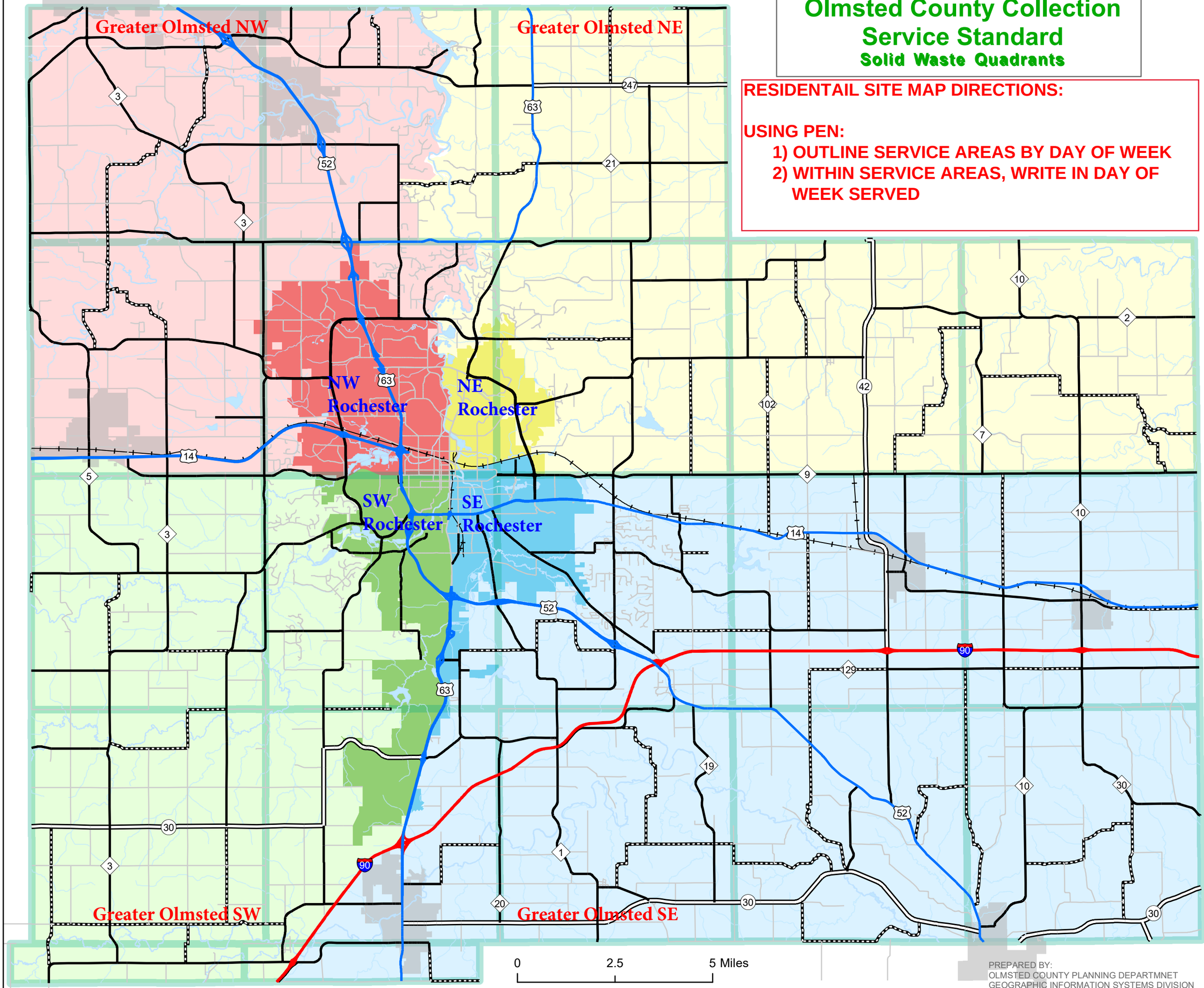

PREPARED BY:
OLMSTED COUNTY PLANNING DEPARTMNET
GEOGRAPHIC INFORMATION SYSTEMS DIVISION

Vehicle Information

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							☐

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

RE: Employer Training Declaration regarding OWEF Tipping Floor Access Policy

To Olmsted County:

As part of the requirements of the Olmsted Waste to Energy Facility (OWEF) Tipping Floor Access policy, this certification is being provided to you.

As an employer, we understand we are required by Minnesota Statute 182.653 to provide our employees with training, personal protective equipment, and any other hazard controls to allow our employees to work safely. As users of Olmsted County solid waste facilities, we understand Olmsted County has the duty to provide information to our company about the hazards associated with their solid waste facilities, any necessary controls to the hazards, and procedures to mitigate them. This information has been provided by Olmsted County to us to fulfill our duty to train and equip our own employees, contractors, or subcontractors. Olmsted County has provided our company with the current electronic-format informational materials that outline safe tipping floor procedures, required personal protective equipment, and the safety equipment installed at the OWEF facility. This material will be used in our safety training for our employees (including new employees) who may have access to the OWEF tipping floor and, if applicable, will be provided to our contractors or subcontractors who may need access to the OWEF tipping floor on our behalf.

I also certify that all drivers who collect and deliver Solid Waste to Olmsted Facilities have been trained on procedures for declaring the origin of all Solid Waste delivered to the Facilities.

Signature: _____ Title: _____ Date: _____

Printed name: _____

Company Name: _____

CLASS A LICENSED HAULER'S PERMISSION FORM

PERMISSION FORM AND LIABILITY WAIVER TO OLMSTED COUNTY WASTE TO ENERGY AND KALMAR LANDFILL FOR USE OF FRONT-END LOADER ON HAULER'S EQUIPMENT

_____, hereafter, the "Hauler", an Olmsted County Licensed Commercial Solid Waste Hauler, hereby grants permission to Olmsted County Waste to Energy and/or Kalmar Landfill staff to use a front-end loader to help free stuck loads on Hauler's roll off containers when requested by Hauler's driver.

Hauler accepts responsibility for any damage to Hauler's property that may be caused by the use of Olmsted County's front-end loader and will not hold Olmsted County liable for any injuries to Hauler's employees or agents or damages to Hauler's property resulting from the service request. This agreement shall also be an exception to the County's general obligation to indemnify Hauler pursuant to Section 4.6 of the Acceptable Waste Delivery Agreement.

The above permission and property liability waiver to Olmsted County is effective for a 1-year term beginning **January 1, 2026 through December 31, 2026**, unless Hauler provides written notice to the Olmsted County Solid Waste Assurance Coordinator terminating the permission. This agreement shall also terminate effective immediately if Hauler's license is either revoked or not renewed for any reason. A copy of this form will be kept on file at the Olmsted County Waste to Energy plant during the above term.

Approved by:

_____
(Printed Name and Title of Hauler Representative)

_____
(Signature) (Date)

DEPARTMENT OF REVENUE

SWMT-10

Solid Waste Management Tax Exemption Certificate

Read the instructions below before completing the SWMT-10.

Print or Type

Name of Federal Agency, Political Subdivison or Business Claiming Exemption	Minnesota Tax ID Number *(if no number, state reason)*	Date

Address	City	State	ZIP Code	Phone Number

Name of Hauler *(if you are a city completing this form)* or Disposal Site *(if you are a hauler completing this form)*

Olmsted Waste to Energy Facility and Olmsted County Kalmar Landfill

Address of Hauler *(if you are a city)* or Disposal Site (*if you are a hauler)*	City	State	ZIP Code	Phone Number
301 Energy Parkway NE & 7401 19th Street NW,	Rochester	MN	55906 and 55901	507-328-7070

Reason for Exemption

Check the reason for the exemption

- ☐ 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.
- ☐ This waste is from a city, town, or other political subdivision that collects the SWM Tax from its residents on charges for these services.
- ☐ This waste is from a federal agency.
- ☐ This waste was generated outside Minnesota and isn't subject to the SWM Tax.
- ☐ This waste is mixed municipal solid waste from a recycling facility that achieves at least 85 percent volume reduction.
- ☐ This waste is non-mixed municipal solid waste from a presidentially declared disaster area.

Sign Here

I declare that the information on this certificate is correct and complete to the best of my knowledge and belief.

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 waster 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.

OLMSTED COUNTY
WASTE MANAGEMENT CREDIT POLICY

PURPOSE:

It is the financial policy of the County to selectively use available capital in a way that will best serve our taxpayer's interest. We do this best by using our money to provide efficient services to the taxpayers, rather than using it to finance customer accounts receivable beyond regular terms, or accounts that are uncollectible.

To protect the taxpayer's best interest, the Board of Commissioners has adopted a general credit policy; and individual division policies where necessary. The following guidelines apply to all services provided by the Waste Management division:

Interest:

Compounding monthly interest will be charged to all accounts, excluding governmental agencies, for which a balance remains unpaid over thirty (30) calendar days at the annual rate equal to one half percent (0.5%) per month or six percent (6%) per annum. Periodically the interest rate will be reviewed to ensure that is not too high or too low.

Security:

All licensed haulers, demolition contractors, and credit customers, excluding governmental agencies, must provide security on the total of the two highest months Waste Management Fees from the previous twenty four (24) months, as calculated by the County or a minimum of one hundred dollars ($100), whichever is greater. If prior fee data is unavailable or if a customer's Waste Management Fees have significantly changed during the year, County staff may calculate the new required amount needed to secure two months of fees. The security can be in form of a letter of credit, advance deposit, or surety bond. By November 30th of each year, evidence of the security must be sent to the Finance Office at Public Works and must be effective, without qualifications, at a minimum, January 1 thru December 31 of the following year. Failure to supply evidence of the security by November 30th will result in the loss of credit on December 1st and all unpaid fees will be due by December 15th or the security will be invoked to collect on the unpaid balance.

Collection of Accounts:

A) The account is overdue thirty five (35) calendar days after the end of month during which the service was provided:
   1) Customers that have gone overdue more than three (3) consecutive times may no longer receive credit privileges from the County without the approval of the Chief Financial Officer.
   2) A reminder letter, email, or phone call is used and documented.

B) At forty five (45) calendar days past the end of the month the service was provided:
   1) Credit may no longer be extended to the customer until the account is current. A written delinquency notice is sent.

C) At fifty five (55) calendar days past the end of the month the service was provided:
   1) A second notice will be sent by certified mail, return receipt requested, notifying the customer that if payment is not received within 10 days the security deposit, letter of credit or bond will be invoked for the balance, and any remaining balance will be filed in small claims court and a judgment will be obtained.
   2) At sixty six (66) calendar days the security deposit, letter of credit, or bond will be invoked and any remaining balance s will be collected through conciliation court or a judgment filing. At the discretion of County staff, the delinquent fees may be turned over to a collection agency..

D) If the customer does not pay the judgment, the Sheriff's Department Civil division will be used to collect.

E) To protect public funds, in special circumstances as determined by the County, for example, a change or pending change of ownership or notice that a Customer will be ceasing business operations with no transfer of ownership, the County may
   1) bypass parts of or all of the collection actions in A) thru C) and,
   2) send a notice by certified mail, return receipt requested, notifying the customer their outstanding account balance is due within five (5) calendar days or the advanced deposit, letter of credit, or bond will be invoked for the balance, and,
   3) invoke the letter of credit, advanced deposit, or surety bond in order to collect on any outstanding balance not paid within the five (5) calendar days, and
   4) revoke the customer's credit privileges.

   The customer may keep their credit account active if they provide a cash deposit to Olmsted County for the credit needed, as calculated by County staff, to pay for the estimated Waste Management Fees thru the period of the special circumstance.

F) As stated above, failure to supply evidence of the security by November 30th (for the following year's security) will result in the loss of credit on December 1st and all unpaid fees will be due by December 15th or the County will invoke the security to collect on the unpaid balance. If acceptable evidence of the security or its renewal has been supplied to the Finance Office by December 15th, credit will be reinstated and payment of any unpaid balance will follow the normal collection process.

Effective Date of Board Action: November 5, 1991
Changes effective: January 23, 1996, December 17, 2002, December 16, 2003, February 19, 2013, and February 18, 2014.

COUNTY OF Olmsted

ENVIRONMENTAL RESOURCES DEPARTMENT
2122 CAMPUS DR SE - SUITE 200
ROCHESTER, MN 55904-4744
WWW.CO.OLMSTED.MN.US/ENVIRONMENTALRESOURCES
507•328•7070

SOLID WASTE CREDIT APPLICATION

Date:	
Name:	
Billing Address:	
City:	State:
Zip (first 5):	Zip (last 4):
Phone:	Fax:
Contact Person:	
Contact Person's Email Address:	
Social Security or Federal ID #:	
No. of Vehicles to be used to transport to facility:	
Circle the Type of Security Deposit You Will Provide: Letter of Credit Surety Bond Advance Deposit	
Estimated tons of Solid Waste or Cubic Yards of Demolition Material to be disposed of per month:_____	

THIS SECTION TO BE COMPLETED BY OLMSTED COUNTY SOLID WASTE FINANCE

Amount of Security Deposit Required: $_____

(Estimated amount x Rate x 2 months)

WHEN SECURITY DEPOSIT IS RECEIVED, CUSTOMER CO. & VEHICLE NOs WILL BE ASSIGNED

Customer No._____

Vehicle Identification numbers to be used at facility:

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.

C0. LTR.	TYPE OF INSURANCE	POLICY NUMBER	EFFECTIVE DATE	EXPIRATION DATE	LIMITS	
	GENERAL LIABILITY				GENERAL AGGREGATE	$
	X COMMERCIAL GENERAL LIABILITY				PRODUCTS-COMP/OP AGG.	$
	CLAIMS MADE [X] 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					
	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	
					NT	$
					LICY LIMIT	$
					ACH EMPLOYEE	$
	OTHER					

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

SAMPLE

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

Name Olmsted County as Certificate Holder

30 day minimum

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: