



350 HIGHWAY 7, SUITE 230
EXCELSIOR, MN 55331
952.474.5233
WWW.EXCELSIORMN.ORG

Dear Refuse Hauler:

Please find enclosed your 2026 Refuse Hauler Renewal. The following is a checklist of the forms that must be completed and returned to the City of Excelsior:

- 2026 Refuse Hauler Business License Application Form (Enclosed)
- Notice to Persons Completing the Attached Forms (Enclosed)
- Minnesota Business Tax Identification Number Form (Enclosed)
- Certificate of Compliance, Minnesota Worker's Compensation Law Form (Enclosed)
- Supplemental Form with Vehicle Information Request (Enclosed)
- Certificate of Liability Insurance and Surety Bond (Requirements enclosed on supplemental form attached)

Please note that no refuse or recycling can be collected before 7:00 AM on weekdays, or 9:00 AM on weekends or holidays, per the Excelsior City Code:

Sec. 16-102. – Hourly restrictions on certain activities. *Refuse hauling.* No person shall collect or remove garbage, refuse, or recycling in the city, except between the hours of 7:00 a.m. and 9:30 p.m. on any weekday or between the hours of 9:00 a.m. and 9:00 p.m. on any weekend or federal holiday.

If you have any questions on any of the above forms or the renewal process, please feel free to contact me at 952-653-3675 or hvokovan@excelsiormn.org. Thank you!

Sincerely,

Hilary Vokovan
City Clerk

Enclosures



350 Highway 7, Ste 230
Excelsior, MN 55331

2026 Refuse Hauler License Application

Annual Fee: \$275 plus \$25 per vehicle sticker

Total Fee Due:

Business Name _____ **Phone** _____

Business Address _____

Street

City

State

Zip

Please Check: Corporation Partnership Individual Other

Applicant Name (Owner of Business) _____ **Phone** _____

Address _____

Street

City

State

Zip

MN Tax ID Number _____ Federal Business Tax ID Number _____

Owner of Premises _____ **Phone** _____

Home Address _____

Street

City

State

Zip

Name of Manger _____ **Phone** _____

Home Address _____

Street

City

State

Zip

If Business is a Partnership or Corporation:

List name, title, home address, and telephone numbers of each partner or officer _____

Description of Business (be specific): _____

Has the applicant, or any associated with this application, in the past five years been convicted of any felony or gross misdemeanor? Yes No

THE INFORMATION BEING COLLECTED WITH THE ATTACHED FORM(S) IS BEING COLLECTED TO EVALUATE YOUR APPLICATION. YOU ARE NOT LEGALLY REQUIRED TO PROVIDE ANY OR ALL OF THE REQUESTED INFORMATION. REFUSING TO PROVIDE ANY OR ALL OF THE REQUESTED INFORMATION MAY, HOWEVER, RESULT IN DENIAL OF YOUR APPLICATION. THE DATA YOU PROVIDE MAY BE PROVIDED TO CITY STAFF, CONSULTANTS, AND COMMISSIONERS WHO HAVE A BONA FIDE NEED TO REVIEW THE INFORMATION IN THE COURSE OF EVALUATING YOUR APPLICATION.

BY SIGNING BELOW, YOU HEREBY AUTHORIZE THE INSPECTION AND GATHERING OF DATA RETAINED BY ANY AGENCY, INDIVIDUAL OR INSTITUTION THAT IS DEEMED NECESSARY TO DETERMINE WHETHER YOU ARE PROHIBITED BY MINNESOTA STATUTE AND/OR CITY OF EXCELSIOR ORDINANCE CODES FROM OBTAINING THE LICENSE(S) OR PERMIT(S) FOR WHICH YOU APPLIED. FAILURE TO COMPLETE AND SIGN THIS RELEASE OF INFORMATION FORM WILL RESULT IN THE INABILITY TO PROCESS THIS LICENSE APPLICATION(S). YOU MAY BE ASKED AT A FURTHER DATE TO SIGN ADDITIONAL RELEASE OF INFORMATION

ALL APPLICATIONS MUST BE SIGNED AND NOTARIZED

I, _____, being duly sworn, on his oath deposes and says that the matters and facts set forth in the foregoing application are true and I sign this affidavit as or on behalf of the above named applicant.

AFFIDAVIT:

State of _____

County of _____

Subscribed and sworn to before me this

_____ day of _____, 20__

Notary Public, _____ County, MN

My Commission Expires: _____

Signature of Applicant

Notary Public

APPROVED

Hilary Vokovan, City Clerk

Date

NOTICE TO PERSONS COMPLETING THE ATTACHED FORM(S)

The information being collected with the attached form(s) is being collected to determine your qualifications for the license(s) for which you applied. We intend to use this data in making a determination on whether to issue to you the license(s) for which you applied.

You may refuse to answer any questions which require answers of private or confidential data, by writing the word "refused" in the appropriate location.

Your refusal to answer a query may result in your not being further considered for the license(s). Should you supply incorrect data, you may be denied the license(s). Any data supplied which may incriminate or otherwise disqualify you from consideration may be acted upon and, if acted upon, may become public data.

The data you provide may be used by anyone involved in any investigative process to determine your qualifications for this license(s) and may be disseminated to any other individual or agency authorized by law to receive the data. As part of the city council's review of your application, some or all of the information you provide may be made public to the extent necessary for the city council to evaluate your application as part of a public hearing.

By signing below, you hereby authorize the inspection and gathering of data retained by any agency, individual or institution that is deemed necessary by the investigator to determine whether you are prohibited by Minnesota Statute and/or City of Excelsior Ordinance Codes from obtaining the license(s) for which you applied. Failure to complete and sign this release of information form will result in the inability to process this license application(s).

You may be asked at a further date to sign additional release of information forms, if it is deemed necessary.

Date

Signature



THE CITY OF
EXCELSIOR
MINNESOTA

350 HIGHWAY 7, SUITE 230
EXCELSIOR, MN 55331
952-474-5233

NOTICE

Pursuant to Laws of Minnesota, 1984, Chapter 502, Article 8, Section 2 (270.72) (Tax Clearance; Issuance of Licenses), the licensing authority is required to provide to the Minnesota Commissioner of Revenue your Minnesota business tax identification number and the social security number of each license applicant.

Under the Minnesota Government Data Practices Act and the Federal Privacy Act of 1974, we are required to advise you of the following regarding the use of this information:

1. This information may be used to deny the issuance or renewal of your license, in the event you owe Minnesota sales, employer's withholding, or motor vehicle excise taxes;
2. Upon receiving this information, the licensing authority will supply it only to the Minnesota Department of Revenue. However, under the Federal Exchange of Information Agreement, the Department of Revenue may supply this information to the Internal Revenue Service.
3. **FAILURE TO SUPPLY THIS INFORMATION MAY JEOPARDIZE OR DELAY THE PROCESSING OF YOUR LICENSE ISSUANCE OR RENEWAL APPLICATION.**

Please supply the following information and return, along with your application, to the licensing authority:

Applicant's Last Name	First Name	Middle Name
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Applicant's Address	City	State	Zip
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Applicant's Social Security No.	Position (Officer, Partner, etc.)
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Business Name	DBA
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Business Address	City	State	Zip
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Minnesota Tax Identification No.

Signature of Applicant



CC0515

Mailing Address:
PO Box 64217
St. Paul, MN 55164-0217

Certificate of Compliance Minnesota Workers' Compensation Law

**THIS FORM MUST BE COMPLETED AND SIGNED
BY ALL BUSINESS TYPES**

E-mail: dli.license@state.mn.us
Web Site: www.dli.mn.gov/ccld.asp
Directions: <http://www.dli.mn.gov/Direct.asp>
Phone: (651) 284-5034

PRINT IN INK or TYPE.

Minnesota Statutes, Section 176.182 requires every state and local licensing agency to withhold the issuance or renewal of a license or permit to operate a business in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Minnesota Statutes, Chapter 176. If the required information is not provided or is falsely stated, it shall result in a \$2,000 penalty assessed against the applicant by the commissioner of the Department of Labor and Industry.

A valid workers' compensation policy must be kept in effect at all times by employers as required by law.

CONTRACTOR'S LICENSE or REGISTRATION NO (if applicable)	BUSINESS TELEPHONE NO.	FAX TELEPHONE NO.
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BUSINESS NAME (Use the person(s) name if business structure is sole proprietor or partnership (i.e., John Doe, or John Doe and Jane Doe), otherwise it is the legal name of the business entity.)

DBA NAME (Doing business as name / assumed name – if applicable)

BUSINESS ADDRESS (must be physical street address, no PO boxes)	CITY	STATE	ZIP
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COUNTY	E-MAIL ADDRESS
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**YOUR LICENSE OR REGISTRATION WILL NOT BE ISSUED WITHOUT THE FOLLOWING
INFORMATION. *You must complete number 1 or 2 below.***

NUMBER 1 – Workers' compensation insurance policy information

INSURANCE COMPANY NAME (not the insurance agent)	NAIC Number	
POLICY NO.	EFFECTIVE DATE	EXPIRATION DATE

NUMBER 2 – Reason for exemption from workers' compensation insurance

If you have questions regarding the need to obtain workers' compensation coverage, including exemptions, contact 651.284.5032:

- I have no employees. (See Minn. Stat. § 176.011, subd. 9 for the definition of an employee)
- I am self-insured for workers' compensation (include a copy of authorization to self-insure from the Minnesota Department of Commerce).
- I have employees but they are not covered by the workers' compensation law. (See Minn. Stat. § 176.041 for a list of excluded employees) Explain why your employees are not covered:

Other: _____

I certify that the information provided on this form is accurate and complete.

APPLICANT SIGNATURE (mandatory)	TITLE	DATE
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NOTE: You must notify us if there is any change to your Workers' Compensation Insurance Information or Employee Status Change by resubmitting this form. This material can be made available in different forms, such as large print, Braille or on a tape. To request, call 1-800-342-5354 (DIAL-DLI) Voice or TDD (651) 297-4198.



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Supplemental Form

As part of the licensing requirements for a City of Excelsior Refuse Hauler's License, this form must be completed and returned, along with all other required forms, to the address listed above.

Business or Trade Name: _____

Address of Business: _____

Location of area to be served: _____

Location where equipment will be stored: _____

List the type of equipment to be used - including year, model and license plate number (attach additional sheets as needed):

The following items must be submitted with your application:

1. A Surety Bond in the sum of \$1,000 conditioned upon the faithful performance by the licensee and conditioned upon the compliance with all of the provisions and requirements of this ordinance and other applicable ordinances.
2. A Certificate of Liability Insurance to cover the entire license period, in the exact corporate name, including "Inc.," "Ltd." or "Co." If not a corporation, then the individual(s) name must appear on the insurance certificate. The licensed address must also appear on the insurance certificate.

Note: The City of Excelsior must be listed as an additional insured on the certificate.

3. Proof of Worker's Compensation Insurance coverage.
4. A check made out to the City of Excelsior for the amount of the appropriate license fee.

The information being collected with the attached form(s) is being collected to evaluate your application. You are not legally required to provide any or all of the requested information. Refusing to provide any or all of the requested information may, however, result in denial of your application. The data you provide may be provided to City staff, consultants and commissioners who have a bona fide need to review the information in the course of evaluating your application.

By signing below, you hereby authorize the inspection and gathering of data retained by any agency, individual or institution that is deemed necessary to determine whether you are prohibited by Minnesota Statute and/or City of Excelsior Ordinance Codes from obtaining the license(s) or permit(s) for which you applied. Failure to complete and sign this release of information form will result in the inability to process this license application(s). You may be asked at a further date to sign additional release of information forms, if it is deemed necessary.

Signature of Applicant

Date