



**CITY OF SPRING PARK**  

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**GARBAGE/REFUSE COLLECTOR  
APPLICATION CHECKLIST**

**Please submit the following materials to apply for a Garbage Hauler License in Spring Park. These items must be received for your application to be considered complete:**

- Δ Complete and signed application
- Δ Complete and signed Certificate of Compliance Form for Worker's Compensation
- Δ Copy of Certificate of Liability Insurance
- Δ Copy of Performance Bond
- Δ List of vehicles with the Make, Year, and License # of each vehicle that will operate in Spring Park
- Δ Application fee payment: \$250 for the first vehicle and \$25 for each additional vehicle, and \$1,000.00 for performance bond.

**Please note the following:**

- Payments can be made by check or online at:  
<https://www.trafficpayment.com/SelectService.aspx?cid=1286&cname=Spring+Park&sid=24&snam e=Minnesota>
- All application materials can be sent via email to [jkhoffman@ci.spring-park.mn.us](mailto:jkhoffman@ci.spring-park.mn.us) or mailed to:  
City of Spring Park  
4349 Warren Avenue  
Spring Park, MN 55384



CITY OF SPRING PARK
GARBAGE/REFUSE COLLECTOR
LICENSE APPLICATION

ALL FIELDS ON THIS APPLICATION ARE REQUIRED

Company Name, Business Phone, Business Fax, Company Address, City, State, Zip Code, Federal Tax ID #, MN Tax ID #, Name/Title of Main Point of Contact, E-mail Address

SCHEDULED DAYS OF COLLECTION:

CERTIFICATE OF LIABILITY INSURANCE \$100,000 - \$300,000 - \$25,000 (ENCLOSE COPY)

Name of Company, Expiration Date, Name of Agent, Agent Business Phone

PERFORMANCE BOND \$1,000 (ENCLOSE COPY)

Name of Company, Expiration Date, Name of Agent, Agent Business Phone

MOTOR VEHICLE INFORMATION (\*DETAILED INFORMATION REQUIRED)

\*Attach a list of vehicles with the Make, Year, and License # of each vehicle that will operate in Spring Park.

Fee for the first vehicle - \$250.00

Fee for each additional vehicle - \$25.00 each # of additional vehicles: x \$25.00 = \$

TOTAL AMOUNT ENCLOSED \$

Signature, Date, Printed Name, Title

**(For office use only)**

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Date application received: \_\_\_\_\_

Fee received?                    \_\_\_Yes    \_\_\_No

Fee amount: \$\_\_\_\_\_

Insurance information received?    \_\_\_Yes    \_\_\_No

Council approval date: \_\_\_\_\_

Performance bond received?        \_\_\_Yes    \_\_\_No

License No.: \_\_\_\_\_

MV information received?            \_\_\_Yes    \_\_\_No

Comments: \_\_\_\_\_

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