

REFUSE HAULER LICENSE APPLICATION

January 1, 20__ to December 31, 20__

10/16/24 - 12/31/24

Fee: \$200 + \$50/truck

BUSINESS NAME: Curbside Waste, Inc.	
STREET NAME: 18150 118th Ave N, Dayton, MN 55369	MAILING ADDRESS: PO Box 43067, Brooklyn Park, MN 55443
OWNERS NAME: Chad Master	BUSINESS PHONE: 763-504-2872
HOME PHONE: 763-464-2606	EMAIL ADDRESS: customerservice@curbsidewaste.com

Make and License Number of vehicles to be used in City including Recycling Trucks:

CW 104 - 2023 Mack - YCG2720	\$50.00
CW 106 - 2024 Mack - YCF5081	\$50.00
	\$50.00
	\$50.00
	\$50.00
	\$50.00

6-6-4: HAULER LICENSEE REQUIREMENTS:

- A. Hauler licenses shall be granted only upon the condition that the licensee have water-tight, packer-type vehicles in good condition to prevent loss in transit of liquid or solid cargo, that the vehicle be kept clean and as free from offensive odors as possible and not allowed to stand in any street longer than reasonably necessary to collect garbage or refuse, and that the same be dumped or unloaded only at the designated sanitary land-fill or RDF plant, and strictly in accordance with regulations relating thereto.
- B. Before a garbage and refuse hauler's license shall be issued, the applicant shall file with the City Clerk evidence that he has provided public liability insurance on all vehicles in at least the sum of \$100,000.00 for the injury of one person, \$300,000.00 for the injury of two or more persons in the same accident, and \$50,000.00 for property damages.
- C. Licensees shall deliver all refuse to the designated sanitary land-fill or RDF plant.

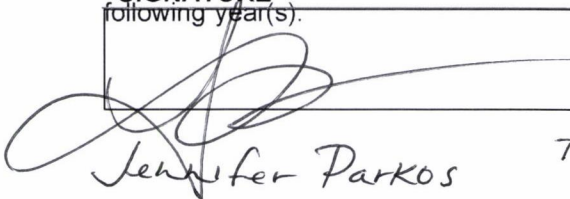
- D. The Council, in the interest of the maintaining healthful and sanitary conditions in the City, hereby reserves the right to specify and assign certain areas to all licensees, and to limit the number of licenses issued.
- E. Each applicant shall file with the City Clerk, before a garbage and refuse hauler's license is issued or renewed, a schedule of proposed rates to be charged by them during the licensed period for which the application is made. The schedule of proposed rates, or a compromise schedule thereof, shall be approved by the Council before granting the license. Nothing herein shall prevent a licensee from petitioning the Council for review of such rates during the licensed period, and the Council may likewise consider such petition and make new rates effective at any time. No licensee shall charge rates in excess of the rates approved by Council.
- F. All licensees shall comply with all applicable statutes and County ordinances.

RESIDENTIAL RATES:

INCLUDE A LIST OF RATES THAT WILL BE CHARGED FOR THE LICENSE PERIOD YOU ARE APPLYING FOR

By signing below, you are stating that you understand that the City of St. Francis is requesting tonnage reports by the 10th of each month. Please send tonnage reports to SFPublicWorks@stfrancismn.org.

If you do not comply with this request, the City has the right to refuse renewal of license for the following year(s).

SIGNATURE	DATE	TITLE
 Jennifer Parkos	10/16/24 763 843 8898	President jenny@curbsidewaste.com

FOR CITY USE ONLY

Receipt #	Date:	License #
Sales Tax Form:	Workers Comp Form:	



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/16/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

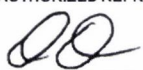
PRODUCER Commercial Insurance Associates, LLC 103 Powell Court, Ste 200 Brentwood TN 37027	CONTACT NAME: Blair King	
	PHONE (A/C, No, Ext): 615-515-6000	FAX (A/C, No): 615-515-6001
E-MAIL ADDRESS: blair.king@com-ins.com		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: Crum & Forster Specialty Ins.		44520
INSURER B: Axis Surplus Insurance Co		26620
INSURER C: National Union Fire Insurance Company of Pittsburg		19445
INSURER D:		
INSURER E:		
INSURER F:		

COVERAGES **CERTIFICATE NUMBER:** 492828620 **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		EPK-147985	6/1/2024	6/1/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
C	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		AL 5774661	6/1/2024	6/1/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$		EFX-125438	6/1/2024	6/1/2025	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$
C	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y <input type="checkbox"/> N N/A	WC 080878422	6/1/2024	6/1/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 2,000,000 E.L. DISEASE - EA EMPLOYEE \$ 2,000,000 E.L. DISEASE - POLICY LIMIT \$ 2,000,000
B	Excess Auto Liability		P-001-003749913-01	6/1/2024	6/1/2025	Limit \$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER City of Saint Francis 23340 Cree St NW Saint Francis MN 55070 USA	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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