DONATION COLLECTION BIN(s)	LICENSE APPLICATION
Office of the City Clerk	**Fee: $50/bin (annual)**
City of Robbinsdale	One bin per location or property

I, _____, hereby make application for a Donation Collection Bin(s) License, subject to provisions of City Code, Section 1155. I do hereby swear that the several answers and statements, and any attached information set forth by me in this application are true.

The City Ordinance requires that the data requested in this application must be submitted in order for the City to determine your eligibility for the license. Refusal to provide the data may result in an automatic denial of the requested license. The data provided shall be classified in accordance with the Minnesota Government Data Practices Act. The City Staff shall investigate the data provided. A recommendation for approval or denial, based upon the applicant's eligibility is determined by the provisions of the licensing ordinance and other applicable laws, shall be forwarded to the City Council for final determination. Access to the data provided shall be by officials and employees of the City engaged in administering or monitoring the provisions of the licensing ordinance; and also as allowed for by the Minnesota Government Data Practices Act.

PLEASE PRINT OR TYPE
(Provide in full the first, middle and last names where requested)

Applicant Full Name & Title		Owner/Operator of Bin(s), if different than Applicant		
Business Address		City	State	Zip
Drivers License No./State Issued	Date of Birth	Applicant Phone No.	Business Phone No.	
24-hour Emergency Contact (Name)		Emergency Contact Phone No.	Emergency Contact Phone No.	

Please include the following information as attachments to this application:

_____ Requested location/address of courtesy bin(s) and site plan.

_____ Exact size of bin(s) and specific location(s) (including advertising information).

_____ Written approval from property owner(s) where bin(s) will be located, if owner different than applicant.

_____ Certificate of insurance - $1,500,000 public/general liability with the City of Robbinsdale listed as a certificate holder.

_____ Minnesota Tax/Workers' Compensation forms

Applicant Signature: _____   Date: _____

RECOMMENDATION OF STAFF (Initial approval or denial. If denied, note reason.)

City Manager: _____ Approve _____ Deny

Police Chief: _____ Approve _____ Deny

Zoning: _____ Approve _____ Deny

Engineering: _____ Approve _____ Deny

8/18/17