



APPLICATION FOR LICENSE

Anoka County
Anoka County Government Center
2100 3rd Ave, STE 600
Anoka MN 55303-5041
(763) 324-4260

License Type and Size: **Hazardous Waste Generator** License Year: April 1, 20__ to March 31, 20__

Licensee: License Fee: \$

Site Business Name: NAICS Code:

Site Telephone #: HWID #:

Site Address: Contact Name:

Contact Phone #:

Contact e-mail:

Mailing Address:

City Water?: Yes No

City Sewer?: Yes No

1. Minn. Stat. § 176.182 and 270c.72 Subd. 4 requires you to provide the Department with: acceptable evidence of compliance with the Workers' Compensation Insurance Law and your Minnesota Business (tax) Identification Number. **We cannot issue this license without this information.**

a) Do you have any paid or otherwise compensated employees? Yes ___ No ___ If yes, complete the following:

Insurance Company Name: _____

Policy No: _____

Effective Dates _____ to _____

b) MN Business ID No. _____ c) FED Tax ID No. _____

2. State the legal status of the licensee. Is the licensee? _____ Corporation _____ Individual _____ Partnership
_____ Limited Liability Corporation _____ Government _____ School

Corporate Name: _____ Corporate Address: _____

Corporate President: _____

a) If the licensee is a partnership, attach a separate sheet with the name and address of the partners.

3. Regardless of the type of licensee (corporation, individual proprietorship, partnership, etc.) state here information concerning the individual locally responsible for the management of the establishment:

a) Name: _____

b) Address: _____ Telephone: _____

4. Have there been any changes to the establishment during the past year? _____ Yes _____ No. If yes, describe: _____

Office Use Only

Date: _____ Date / EHS Approved: _____

Amount: _____ EHS Initials: _____

Check#: _____ Size Class (PE): _____

Rec. by: _____ PEID #: _____

Entered _____

Applicant Name (please print)

Applicant Signature & Title

Date

WE ARE NOW ACCEPTING CREDIT CARD PAYMENTS
We're happy to announce that we have implemented an alternative payment method. You may now pay for this license with your credit card. The payment is processed by Wells Fargo, a leading provider of debit and credit card processing, at no additional cost to you. Credit Card information is not retained by Anoka County and transaction information is secure.



Hazardous Waste Generator
Disclosure & Management
Plan Continuation Sheet

Anoka County Public Health &
Environmental Services Dept.
2100 3rd Avenue Suite 600
Anoka, MN 55303-5041
Phone: (763) 324-4260

Received by:	Date:	Approval Date:	Size:
Comments:		Data entry_____ New_____ Update_____	

HWID#											or date applied for		
M	N											/	/
Generator Name													

D. HAZARDOUS WASTES: Using one column per waste on the chart below, fill in the applicable information for each Hazardous Waste and/or used oil or used oil contaminated waste produced at this site. Use reverse side if you have additional wastes to be listed.

1. Hazardous Waste Name/Description				
2. Hazardous Waste Process/Activity				
3. Physical State				
4. 4-Digit Hazardous Waste Code(s)				
5. Amount per Year				
6. Date waste was first generated				
7. Is this waste mixed with another waste? (If yes, give name of waste)				
8. Storage described				
9. Treated or disposed on/off site? If onsite, skip to 17.				
10. Frequency of shipments. Specify number/year or yearly interval.				
11. Transporter name				
12. Transporter ID number				
13. Transfer, storage, disposal facility				
14. Transfer, storage, disposal facility address				
15. Transfer, storage, disposal facility ID number				
16. Transfer, storage, disposal facility waste management method				
17. Onsite treatment method				
18. Sewer treatment works				
19. Sewer discharge permit #				

D. HAZARDOUS WASTES: Using one column per waste on the chart below, fill in the applicable information for each Hazardous Waste and/or used oil or used oil contaminated waste produced at this site. Use additional continuation sheets if you have additional wastes to be listed.

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E. CONTINGENCY PLAN: If you generate more than 1,000 kilograms (2,200 lbs) of hazardous waste per month (approximately four drums), you must submit a contingency plan to the Department. The contingency plan requirements are specified in Minnesota Rules Part 7045.0572.

F. CERTIFICATION: I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Signature:	Name (type or print):	Date Signed: / /
	Title:	