

Environmental Resources 2122 Campus Drive SE, Suite 200 Rochester MN 55904 507-328-7070

Date:October 1, 2024To:Olmsted County Class A Solid Waste License ApplicantsFrom:Alex Kromminga, Solid Waste Assurance CoordinatorRe:2025 Class A Solid Waste Hauler License Application

We are pleased to provide you with the application for the **Class A Solid Waste Hauler License** for the upcoming license period of **January 1, 2025, through December 31, 2025**. As a reminder, a Class A License is mandatory for Commercial Haulers providing services for the collection and management of **Mixed Municipal Solid Waste (MMSW), Industrial Waste, Recyclable Materials, Source-Separated Organic Materials, Construction Debris, Demolition Debris, or Infectious Waste** within Olmsted County.

# **Limited Number of Class A Licenses**

To protect the environment and safeguard the health, safety, and welfare of our residents, the number of Class A Licenses is limited to **twelve (12)**. All Class A Licensees must meet the licensing requirements as determined by the County Board.

Please note that **license applications** for 2025 will be accepted between **October 1, 2024, and 5:00 P.M. on December 1, 2024**. Applications received after this deadline will **not be considered** for the 2025 licensing period.

In the event there are fewer than six (6) licensed haulers, the County may designate a special application period to fill any vacant licenses. Should we receive more than twelve (12) applications by the deadline, we will implement the **Point System for Evaluating License Applications** as outlined in county policies.

# **Other License Options**

In addition to Class A Licenses, Olmsted County offers the following solid waste hauling licenses:

- **Class B License**: For the collection and transportation of Source-Separated Organic Materials only.
- **Class C License**: For haulers using roll-off trucks to transport containers and compactor boxes (Limited to 8 licenses).
- **Class D License**: For haulers collecting bulky items and solid waste as a secondary service to labor or general site cleanup.

If you are interested in applying for a Class B, C, or D License, you may visit our website or contact us at **507-328-6556** to request an application.

# Important Information for 2025

- To ensure consideration for one of the twelve available Class A licenses, please provide accurate information regarding the services you will provide and the areas you plan to serve in 2025.
- An **Employer Signoff Form**, signed by your management, is required to confirm that your drivers are trained on the <u>safety procedures</u> at the County's solid waste facilities.
- Copies of your **Commercial Vehicle Inspection Reports** for all vehicles used in Olmsted County must be submitted with your application.
- If you have an existing credit account with Olmsted County, information regarding your 2025 security deposit will be provided soon. Security deposits must be updated by November 30, 2024. New licensees may need to establish a credit account—refer to the attached Solid Waste Credit Policy for details.
- Your **service areas** (both residential and commercial) must be clearly outlined on the maps provided.
- A **\$1,000 license fee** must be included with your completed application.

We value your efforts to help keep Olmsted County clean and sustainable. Should you have any questions or require assistance with your application, please feel free to contact us at **507-328-6556**.

Thank you for your continued commitment to responsible waste management in Olmsted County.



# SOLID WASTE HAULER LICENSE APPLICATION APPLICATIONS ARE DUE ON OR BEFORE DECEMBER 1, 2024

# **Class A Solid Waste Hauler License**

New LicenseRenewal License

## Solid Waste Designation Ordinance Statement:

## Solid Waste Designation Ordinance

Except as otherwise provided within the Solid Waste Designation Ordinance all Persons must deliver, or cause to be delivered, all quantities of Designated Waste generated within the geographic boundaries of Olmsted County to the applicable Designated Point of Delivery, and may not be delivered to any other site.

## Have reviewed and have a clear understanding of Olmsted County's Designation Ordinance

## Solid Waste Management Statement:

# Solid Waste Management Ordinance

No person may collect, transport, or dispose of any solid waste, including Mixed Municipal Solid Waste, Industrial Waste, Source-Separated Organic Materials, or Bulky Items, belonging to another person in Olmsted County without first obtaining an appropriate Solid Waste License from the County, in accordance with the County's Solid Waste Management Ordinance.

# Have reviewed and have a clear understanding of Olmsted County's Solid Waste Management Ordinance

# **Class A License Requirements for Commercial Haulers in Olmsted County**

A Class A License is required for Commercial Haulers operating in Olmsted County to provide hauling services for the following materials: Mixed Municipal Solid Waste (MMSW), industrial waste, recyclable materials, source-separated organic materials, construction and demolition debris, or infectious waste.

### **Limitation on Class A Licenses**

To protect the environment, as well as the health, safety, and welfare of residents, businesses, and institutions, Olmsted County restricts the number of Class A Licenses to **twelve (12)**. Licensees must comply with the requirements set forth in the County ordinance, and licensing decisions are made at the sole discretion of the County Board.

### **Application Process**

The County will only accept Class A License applications between **October 1 and December 1** for licenses issued in the following year. If an unlicensed hauler acquires a licensed hauler, the buyer must submit a new license application prior to the transfer. In the event that there are fewer than **six (6)** active licensed haulers, the County may open a special licensing application period to fill the remaining vacancies.

# **Evaluation Criteria**

If the County receives more than **twelve (12)** applications by the annual deadline, a point system outlined in the ordinance will be used to evaluate and prioritize the applicants.

| Applicant Information  |  |                           |  |  |
|--|--|---------------------------|--|--|
| Legal Company Name   | Business Name/DBA  |                           |  |  |
| Name (Last, First, MI)   | Owner         Partner         Local Manager           *Applicant must be at least a managerial level emplowith control over or responsibility for the hauling oper or an owner, officer, director, or majority and control shareholder, partner, sole proprietor, or government entity – per Section 3504.06 of Solid Waste Managem Ordinance. |                           |  |  |
| Local Address  | City   | State Zip Code            |  |  |
| Company Address  | City   | State Zip Code            |  |  |
| E-mail Address   | Cell Phone Number  | Business Telephone Number |  |  |
| Minnesota Sales Tax ID Number or SS# Required  |  |                           |  |  |
| Type of Ownership:     Sole     Corporation       Proprietor     LLC       Partnership | Date of Incorporation  | State of Incorporation    |  |  |
| Is this business publicly traded? $\Box$ Yes $\Box$ No                                 | Proposed Opening Date:   |                           |  |  |
| Ow   | ners   |                           |  |  |
| Ownership: Owners, Majority and Controlling Shareholders, Partne                       | s, Officers, and Directors. Attach additio   |                           |  |  |
| Full Name: Last, First, Middle   |  | Telephone                 |  |  |
| Email Address  |  |                           |  |  |
| Title  |  |                           |  |  |
| Full Name: Last, First, Middle   |  | Telephone                 |  |  |
| Email Address  |  |                           |  |  |
| Title  |  |                           |  |  |
| Full Name: Last, First, Middle   |  | Telephone                 |  |  |
| Email Address  |  |                           |  |  |
| Title  |  |                           |  |  |

| Type of service, waste and area  |
|--|
| Type of service: Please select the appropriate box   |
| 🗆 Commercial & Residential 🛛 🗆 Residential Only 🔅 Commercial Only  |
| Types of solid waste to be collected & transported (defined by <u>MN Statute 115A.03</u> ) Check all that apply: |
| $\Box$ Mixed Municipal Solid Waste (Designated to Olmsted County-owned SW Disposal Facilities)                   |
| Construction & Demolition Debris   |
| □ <u>Industrial Waste</u>  |
| $\Box$ Infectious Waste: Registered with the MPCA as a commercial infectious waste transporter – Reg. #:         |
| Recyclable Materials   |
| Source Separated Organic Materials   |
| Olmsted County Service area: Please mark the checkbox to indicate that you understand the service area.          |
| Townships:   |
| New Haven, Oronoco, Farmington, Kalmar, Cascade, Haverhill, Viola, Quincy, Salem, Rochester, Marion, Eyota,      |
| Dover, Rock Dell, High Forest, Pleasant Grove, Orion, and Elmira   |
| Cities/Towns:  |
| Rochester, Byron, Oronoco, Stewartville, Eyota, Dover, portions of Chatfield & Pine Island                       |
|  |
| $\Box$ Have reviewed and have a clear understanding of Olmsted County's designated service area                  |

Pine Island Oronoco New Farmington Haven Twp Oronoco Twp 52 Twp 63 Cascade 42 Kalmar Twp Quincy Viola Haverhill Twp Twp Twp Twp Byron 14 \$14A Dover 14 Rochester Twp Marion Eyota Salem Twp Twp Twp Dover Eyota Rochester Twp 52} 90 Elmira Orion Pleasant Twp 30 Twp Grove Twp Rock High Chatfield Forest Twp Stewartville Dell Twp 30 (74) 63

# Hauling information

**Olmsted County-owned SW Disposal Facilities:** 

Olmsted Waste-to-Energy Facility (OWEF) 301 Energy Parkway NE, Rochester, MN 55906 Scale House Hours: Monday - Friday, 8 a.m. - 4:30 p.m.

Kalmar Landfill 7401 19th Street NW, Rochester, MN 55901 Landfill hours: Monday - Friday, 8:30 a.m. - 3:30 p.m.

I have reviewed and clearly understand that the disposal of Mixed Municipal Solid Waste from Olmsted County is restricted to the two designated disposal facilities listed above.

Place or places where recycling is to be hauled:

Place or places where organics/food waste is to be hauled and manner of disposal:

# **Collection and Mapping**

Olmsted County Service Area Map

Quadrant

The attached Olmsted County maps must be completed and returned showing the proposed service area and a description of the days each part of the service area will be served.

There is one map attached to be used for Residential customers and one to be used for Commercial Customers. Be sure to indicate on the map the service area and the day the service area will be served. Follow the Rochester Sectioning requirements in Section 3505.03, subs. 4 of the Solid Waste Management Ordinance. Copy the map and use multiple maps (one per day of the week) to document your service area and service days.

Check here to confirm a Residential Service Map has been completed and attached to the application.  $\Box$  Check here to confirm a Commercial Service Map has been completed and attached to the application.

#### **Residential Collection** Service to be provided to areas Within the City Limits of Rochester Est. # of Current Customers - OR-Est. # of Expected Customers

|             |  | - |  |
|-------------|--|---|--|
| NW Quadrant |  |   |  |
| NE Quadrant |  |   |  |
| SW Quadrant |  |   |  |
| SE Quadrant |  |   |  |

| Service to be prov  | vided to areas Outside the City L  | imits of Rocheste   | r (Greater Olmsted)   |
|---|--|---|---|
| Quadrant  | Est. # of Current Customers  | -OR-  | Est. # of Expected Customers  |
| NW Quadrant   |  |   |   |
| NE Quadrant   |  |   |   |
| SW Quadrant   |  |   |   |
| SE Quadrant   |  |   |   |
|   | Comr   | nercial Collectio   | n   |
| Service Area  |  |   | DR- Est. # of Expected Customers  |
| Within the City L   | imits of Rochester   |   | -   |
| Outside the City  |  |   |   |
| Rochester   |  |   |   |
|   | Vehicles and   | Equipment Info  | ormation  |
| Provide the locat   | ion(s) (addresses) where (compa  | • •   |   |
| Туре  | Primary Storage Location   | l   | Secondary Storage Location  |
| Vehicles  |  |   |   |
| Equipment   |  |   |   |
|   | Vehicles and   | d Equipment Re  | porting   |
| □Check this box   | if a vehicle report has been prov  | vided by Olmsted  | County.   |
| information, and<br>is accurate and co<br>vehicles or equip<br>Listing or attach a<br>□Check this box | marked vehicles or equipment to<br>omplete. Attach the updated equipment not included in the original<br>a separate list<br>if a vehicle listing report was no | that are no longer<br>uipment listing to<br>Il report, please ad<br><u>t</u> provided with th |   |
|   | nal space is required, attach a se   |   | ended for hauling operations in Olmsted<br>quipment listing that includes all the   |
|   | Vehicle  | Inspection Rep  | orts  |
| them.<br>Check one and co<br>□Commercial Ve   | recent annual Commercial Vehi  | icle Inspection Rep<br>een provided with  | oorts for each vehicle required to have<br>the application form.  |
|   | Fmplo  | ver Sign-Off For  | m   |
| County has devel<br>available at <mark>Requ</mark>  | dents and raise awareness of ha<br>oped informative documents fo<br>ired Safety Information for Drive  | zards at the OWEF<br>r each County-own<br><u>ers - Solid Waste F</u>                          | tipping floor and Kalmar Landfill, Olmsted<br>ned solid waste management facility,<br><u>acility Information</u> . These resources are<br>sites. As part of the application process, we |

intended to educate employees about the specific hazards at these sites. As part of the application process, we request that management personnel complete the attached form to confirm that safety information has been communicated to their staff regarding these site hazards and responsibilities.  $\Box$  Confirm that the Employer Sign-off Form has been signed and is included with the application.

□Confirm that the "OWEF Facility Information" packet will be reviewed with drivers and staff before they access the OWEF Tipping Floor.

□Confirm that the "Kalmar Landfill Facility Information" packet will be reviewed with drivers and staff before they access the Kalmar Landfill.

Permission Sign-Off Form

The attached CLASS A LICENSED HAULER'S PERMISSION FORM is an optional document that allows the applicant to grant annual permission to Olmsted County Waste-to-Energy or Kalmar Landfill staff to use a front-end loader to assist in freeing stuck loads on the hauler's roll-off containers when requested by the hauler's driver.

Please select one of the following options:

 $\Box$ The applicant has completed, signed, and attached the permission form with this application.

□ The applicant is not completing the permission form, and it will not be included in the application.

**MN Department of RevenueSWMT-10 Form** 

To be exempt from Olmsted County applying the Minnesota Solid Waste Management Tax (SWMT) directly to your disposal charges, you must complete and submit a Minnesota SWMT-10 form to Olmsted County. Please check the appropriate box below that corresponds to your exemption status.

□The applicant has previously submitted a SWMT-10 form to Olmsted County, and no changes are needed from the previous submission.

 $\Box$ The applicant is submitting a new or updated SWMT-10 form with this application.

 $\Box$ No SWMT-10 form is being provided. The applicant agrees to pay the Minnesota Solid Waste Management Tax directly to Olmsted County.

# **Olmsted County Environmental Service Charge Billing and Collection**

According to Olmsted County Solid Waste Management Ordinance Sections 3509.05 and 3509.06, commercial haulers must collect the Environmental Service Charge from customers and remit it to the County. The charge is calculated by multiplying the Service Charge Percentage Rate by the Gross Receipts from each customer. Haulers must report and remit all charges collected monthly, aligning with customer billing, regardless of the hauler's revenue recognition methods.

□ Please confirm that your company will comply with the Olmsted County Environmental Service Charge requirements, including billing, collection, remittance, itemizing, reporting, and record examination, as outlined in Olmsted County Solid Waste Management Ordinance Section 3509, by checking here.

# Solid Waste Credit Account and Tipping Fees

Olmsted County's Solid Waste Credit Policy requires Licensed Haulers to maintain a credit account for disposal charges, unless their credit account has been denied or revoked, in which case they must pay at the time of disposal. Tipping fees are assessed at the moment of disposal at County-owned facilities and recorded on a disposal ticket. If the scale operator encodes the tipping fee incorrectly or the charged amount is wrong, the County will correct the disposal ticket with the accurate code and charge amount. For Licensed Haulers with a credit account, any adjustments to the amount owed will be reflected in the subsequent monthly statement. Cash customers will have corrections made within 30 days of the initial disposal ticket, with payments following the guidelines in the Solid Waste Credit Policy, a copy of which is attached to this application.

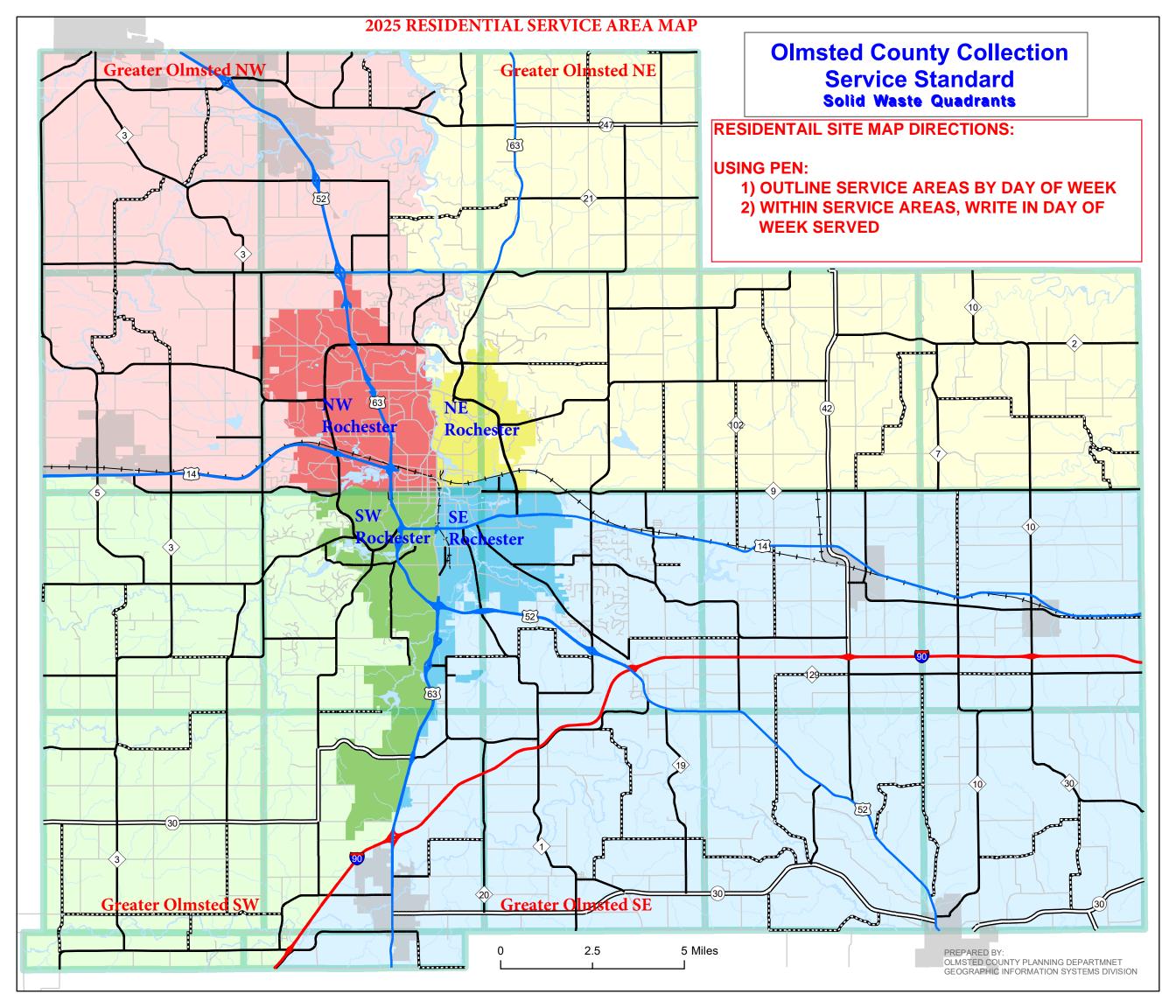
| Workers C   | ompensation   |  |
|---|---|--|
| Workers' Compensation Company   | Policy Number   | Dates of Coverage  |
| certify that I am not required to carry workers comp<br>the sole proprietor, and I have no employees.<br>aw. Only employees who are specifically exempted<br>aw. These include spouse, parents, and children regar<br>by the employer must be covered.  | no employees who are cove<br>by statute are not covered   | ered by workers compensatio<br>by the workers compensatio                                    |
| Insuranc  | e Coverage  |  |
| <ul> <li>specified below. Please check the boxes to confirm the application.</li> <li>General Liability: Comprehensive general lia <ul> <li>Premises – Operations</li> <li>Independent Contractor's Protective</li> <li>Products and Completed Operations</li> <li>Broad Form Property Damage</li> <li>Bodily Injury and Property Damage (Con \$1,500,000 aggregate for multiple claim</li> <li>Personal Injury: Minimum of \$500,000 parising out of a single occurrence</li> <li>Comprehensive Automobile Liability: For Bo Minimum of \$500,000 per claim and \$1,500,000 occurrence, covering: <ul> <li>Owned vehicles</li> <li>Non-owned vehicles</li> <li>Hired vehicles</li> </ul> </li> </ul></li></ul> | bility insurance, including:<br>mbined Limit): Minimum of<br>as arising out of a single occ<br>per claim and \$1,500,000 ag<br>dily Injury and Property Dar | \$500,000 per claim and<br>urrence<br>ggregate for multiple claims<br>mage (Combined Limit): |
| Certificate   | of Insurance  |  |
| A Certificate of Insurance, valid for the year 2025, mu<br>The certificate must explicitly detail the following cov<br>Insurance policy will not be modified or canceled exce<br>County's agent.  | erages (see attached sampl  | e):  |
| Olmsted County must be named as an additional insu<br>Certificate Holder shall be Olmsted County, 2122 Cam  | • •   |  |
| Licen   | sing Fee  |  |
| The application due date for the following year's licen<br>\$1,000 per year and must be received before the appl<br>***********************************   | ication is reviewed.  | ******   |
|   | Payment received  | e Use Only   |

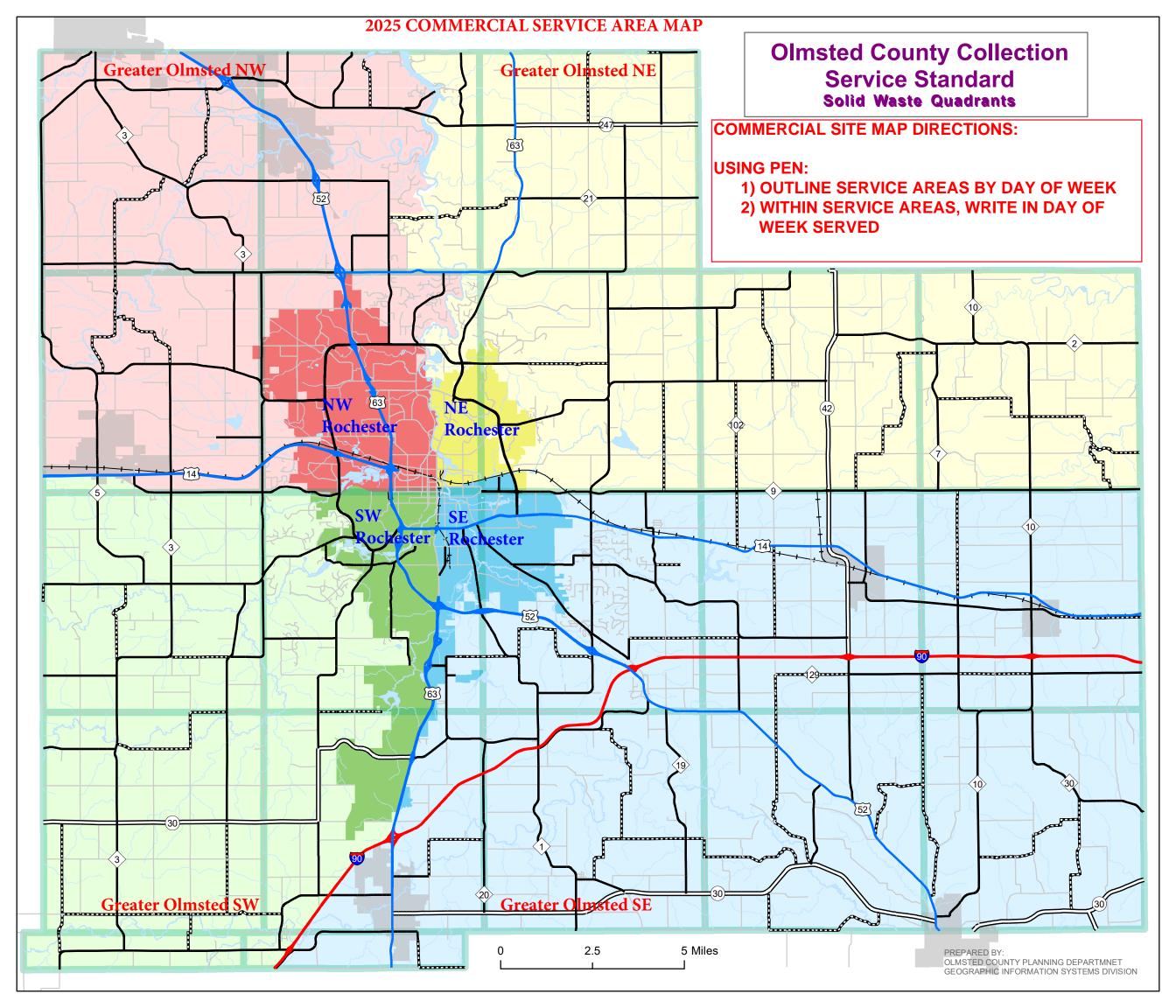
# Signature

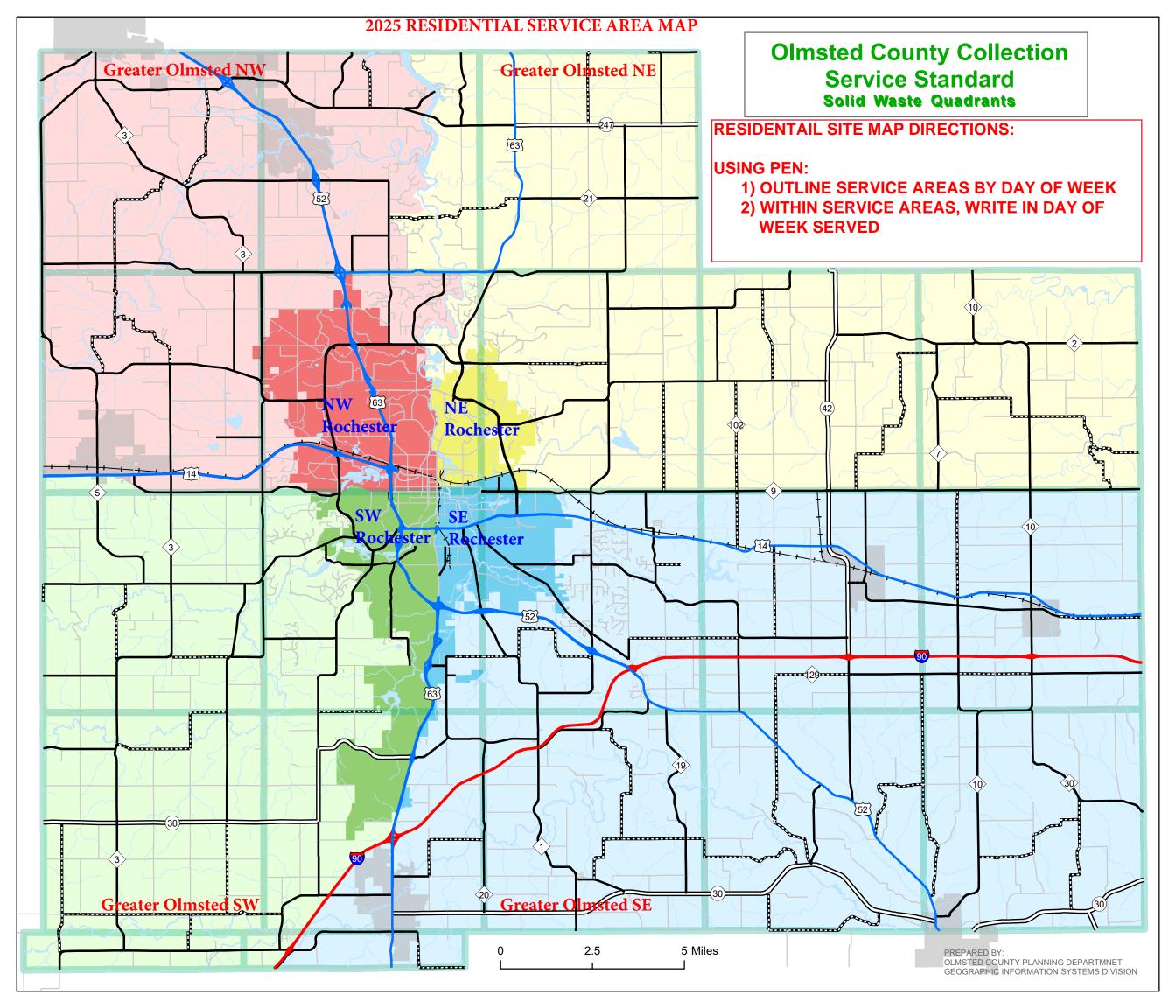
I, (print name)\_\_\_\_\_\_, hereby affirm to the best of my knowledge the accuracy of the information provided in this application. I commit to adhering to all federal, state, and local laws and regulations related to collecting, transporting, and disposing of the specific types of Solid Waste within my purview. I am aware that any failure to comply with these regulations may result in suspending or revoking my Hauler's license, thereby impacting my ability to operate as a Licensed Hauler in Olmsted County. I certify or declare under penalty of perjury under the laws of the State of Minnesota that the information on this application, checklist, and attached documents is true and correct. All information is subject to verification by the State of Minnesota and Olmsted County. I understand that false information may result in the denial, suspension, or revocation of my solid waste hauler's license.

| Signature: |  |
|------------|--|
| 0          |  |

Date: \_\_\_\_\_







# **Vehicle Information**

Name of Company: \_\_\_\_\_

|    | Make | Model | Year | VIN | License<br>Plate | Company<br>Vehicle<br>Number | MN Dot<br>Inspection<br>Report |
|----|------|-------|------|-----|------------------|------------------------------|--------------------------------|
| 1  |      |       |      |     |                  |                              |                                |
| 2  |      |       |      |     |                  |                              |                                |
| 3  |      |       |      |     |                  |                              |                                |
| 4  |      |       |      |     |                  |                              |                                |
| 5  |      |       |      |     |                  |                              |                                |
| 6  |      |       |      |     |                  |                              |                                |
| 7  |      |       |      |     |                  |                              |                                |
| 8  |      |       |      |     |                  |                              |                                |
| 9  |      |       |      |     |                  |                              |                                |
| 10 |      |       |      |     |                  |                              |                                |
| 11 |      |       |      |     |                  |                              |                                |
| 12 |      |       |      |     |                  |                              |                                |

Olmsted County Environmental Resources 2122 Campus Dr SE #200 Rochester, MN 55904

RE: Employer Training Declaration regarding OWEF Tipping Floor Access Policy

To Olmsted County:

As part of the requirements of the Olmsted Waste to Energy Facility (OWEF) Tipping Floor Access policy, this certification is being provided to you.

As an employer, we understand we are required by Minnesota Statute 182.653 to provide our employees with training, personal protective equipment, and any other hazard controls to allow our employees to work safely. As users of Olmsted County solid waste facilities, we understand Olmsted County has the duty to provide information to our company about the hazards associated with their solid waste facilities, any necessary controls to the hazards, and procedures to mitigate them. This information has been provided by Olmsted County to us to fulfill our duty to train and equip our own employees, contractors, or subcontractors. Olmsted County has provided our company with the current electronic-format informational materials that outline safe tipping floor procedures, required personal protective equipment, and the safety equipment installed at the OWEF facility. This material will be used in our safety training for our employees (including new employees) who may have access to the OWEF tipping floor and, if applicable, will be provided to our contractors or subcontractors who may need access to the OWEF tipping floor on our behalf.

I also certify that all drivers who collect and deliver Solid Waste to Olmsted Facilities have been trained on procedures for declaring the origin of all Solid Waste delivered to the Facilities.

| Signature:    | Title: | Date: |
|---------------|--------|-------|
| Printed name: |        |       |
| Company Name: |        |       |

Employer Sign-off Form

# CLASS A LICENSED HAULER'S PERMISSION FORM

PERMISSION FORM AND LIABILITY WAIVER TO OLMSTED COUNTY WASTE TO ENERGY AND KALMAR LANDFILL FOR USE OF FRONT-END LOADER ON HAULER'S EQUIPMENT

\_\_\_\_\_\_, hereafter, the "Hauler", an Olmsted County Licensed Commercial Solid Waste Hauler, hereby grants permission to Olmsted County Waste to Energy and/or Kalmar Landfill staff to use a front-end loader to help free stuck loads on Hauler's roll off containers when requested by Hauler's driver.

Hauler accepts responsibility for any damage to Hauler's property that may be caused by the use of Olmsted County's front-end loader and will not hold Olmsted County liable for any injuries to Hauler's employees or agents or damages to Hauler's property resulting from the service request. This agreement shall also be an exception to the County's general obligation to indemnify Hauler pursuant to Section 4.6 of the Acceptable Waste Delivery Agreement.

The above permission and property liability waiver to Olmsted County is effective for a 1-year term beginning <u>January 1, 2025 through December 31, 2025</u>, unless Hauler provides written notice to the Olmsted County Solid Waste Assurance Coordinator terminating the permission. This agreement shall also terminate effective immediately if Hauler's license is either revoked or not renewed for any reason. A copy of this form will be kept on file at the Olmsted County Waste to Energy plant during the above term.

Approved by:

(Printed Name and Title of Hauler Representative)

(Signature)

(Date)

# DEPARTMENT OF REVENUE

# Solid Waste Management Tax Exemption Certificate

Read the instructions below before completing the SWMT-10.

| Name of Federal Agency, Political Subdivison or Business Claiming Exemption      | Minnesota Tax         | ID Number (if no nun | nber, state reason) | Date         |
|--|-----------------------|----------------------|---------------------|--------------|
| Address  | City                  | State                | ZIP Code            | Phone Number |
| Name of Hauler (if you are a city completing this form) or Disposal Site (if you | ı are a hauler comple | eting this form)     |                     |              |
|  |                       |                      |                     |              |

Check the reason for the exemption

- I collect and pay the Solid Waste Management (SWM) Tax to the Minnesota Department of Revenue on charges to my customers for waste management services.
- This waste is from a city, town, or other political subdivision that collects the SWM Tax from its residents on charges for these services.

This waste is from a federal agency.

This waste was generated outside Minnesota and isn't subject to the SWM Tax.

- This waste is mixed municipal solid waste from a recycling facility that achieves at least 85 percent volume reduction.
- This waste is non-mixed municipal solid waste from a presidentially declared disaster area.

| ere    | I declare that the information on this certificate is correct and complete to the best of my knowledge and belief. |       |      |               |  |
|--------|--|-------|------|---------------|--|
| Sign H | Signature  | Title | Date | Daytime Phone |  |

# **SWMT-10** Instructions

**Reason for Exemption** 

### Who must complete this form

City, town, or other political subdivision. If you collect the SWM Tax from your residents and remit the tax to the Minnesota Department of Revenue, complete the Solid Waste Management Tax Exemption Certificate (Form SWMT-10) and give it to your waste hauler.

*Federal agency.* If you're a federal agency, complete Form SWMT-10 and give it to your waster hauler.

Keep a copy of for your records.

Waste hauler. To be exempt from paying the SWM Tax where you deliver the waste, complete Form SWMT-10 and give it to the transfer station, landfill, or other point of delivery. Keep a copy for your records.

Transfer station, landfill, and other *points of delivery.* You must keep this form on file for future review by the Minnesota Department of Revenue.

Note: If this form isn't completely filled out, with a valid exemption indicated, you must

- · collect the SWM Tax from the business that is claiming the exemption
- remit the tax to the Department of Revenue

For more information, read the Solid Waste Management Tax fact sheet available at www.revenue.state.mn.us. Type **SWMtax** into the Search box.

### **Questions?**

If you have questions, call 651-282-5770 or email environmental.tax@state.mn.us.

#### OLMSTED COUNTY WASTE MANAGEMENT CREDIT POLICY

#### **PURPOSE:**

It is the financial policy of the County to selectively use available capital in a way that will best serve our taxpayer's interest. We do this best by using our money to provide efficient services to the taxpayers, rather than using it to finance customer accounts receivable beyond regular terms, or accounts that are uncollectible.

To protect the taxpayer's best interest, the Board of Commissioners has adopted a general credit policy; and individual division policies where necessary. The following guidelines apply to all services provided by the Waste Management division:

#### Interest:

Compounding monthly interest will be charged to all accounts, excluding governmental agencies, for which a balance remains unpaid over thirty (30) calendar days at the annual rate equal to one half percent (0.5%) per month or six percent (6%) per annum. Periodically the interest rate will be reviewed to ensure that is not too high or too low.

#### Security:

All licensed haulers, demolition contractors, and credit customers, excluding governmental agencies, must provide security on the total of the two highest months Waste Management Fees from the previous twenty four (24) months, as calculated by the County or a minimum of one hundred dollars (\$100), whichever is greater. If prior fee data is unavailable or if a customer's Waste Management Fees have significantly changed during the year, County staff may calculate the new required amount needed to secure two months of fees. The security can be in form of a letter of credit, advance deposit, or surety bond. By November 30<sup>th</sup> of each year, evidence of the security must be sent to the Finance Office at Public Works and must be effective, without qualifications, at a minimum, January 1 thru December 31 of the following year. Failure to supply evidence of the security by November 30<sup>th</sup> will result in the loss of credit on December 1<sup>st</sup> and all unpaid fees will be due by December 15<sup>th</sup> or the security will be invoked to collect on the unpaid balance.

#### **Collection of Accounts:**

A) The account is overdue thirty five (35) calendar days after the end of month during which the service was provided:

- 1) Customers that have gone overdue more than three (3) consecutive times may no longer receive credit privileges from the County without the approval of the Chief Financial Officer.
  - 2) A reminder letter, email, or phone call is used and documented.
- B) At forty five (45) calendar days past the end of the month the service was provided:
- <u>Credit may no longer be extended to the customer until the account is current.</u> A written delinquency notice is sent.
   C) At fifty five (55) calendar days past the end of the month the service was provided:

 A second notice will be sent by certified mail, return receipt requested, notifying the customer that if payment is not received within 10 days the security deposit, letter of credit or bond will be invoked for the balance, and any remaining balance will be filed in small claims court and a judgment will be obtained.

2) At sixty six (66) calendar days the security deposit, letter of credit, or bond will be invoked and any remaining balance s will be collected through conciliation court or a judgment filing. At the discretion of County staff, the delinquent fees may be turned over to a collection agency.

D) If the customer does not pay the judgment, the Sheriff's Department Civil division will be used to collect.

E) To protect public funds, in special circumstances as determined by the County, for example, a change or pending change of

ownership or notice that a Customer will be ceasing business operations with no transfer of ownership, the County may 1) bypass parts of or all of the collection actions in A) thru C) and,

2) send a notice by certified mail, return receipt requested, notifying the customer their outstanding account balance is due within five (5) calendar days or the advanced deposit, letter of credit, or bond will be invoked for the balance, and,
3) invoke the letter of credit, advanced deposit, or surety bond in order to collect on any outstanding balance not paid

within the five (5) calendar days, and

4) revoke the customer's credit privileges.

The customer may keep their credit account active if they provide a cash deposit to Olmsted County for the credit needed, as calculated by County staff, to pay for the estimated Waste Management Fees thru the period of the special circumstance.

F) As stated above, failure to supply evidence of the security by November 30<sup>th</sup> (for the following year's security) will result in the loss of credit on December 1<sup>st</sup> and all unpaid fees will be due by December 15<sup>th</sup> or the County will invoke the security to collect on the unpaid balance. If acceptable evidence of the security or its renewal has been supplied to the Finance Office by December 15<sup>th</sup>, credit will be reinstated and payment of any unpaid balance will follow the normal collection process.

### Effective Date of Board Action: November 5, 1991

Changes effective: January 23, 1996, December 17, 2002, December 16, 2003, February 19, 2013, and February 18, 2014.



| SOLID WASTE CREDIT APPLICATION   |                          |                            |                   |  |
|--|--------------------------|----------------------------|-------------------|--|
| Date:  |                          |                            |                   |  |
| Name:  |                          |                            |                   |  |
| Billing Address:   |                          |                            |                   |  |
| City:  |                          | State:                     |                   |  |
| Zip (first 5):   |                          | Zip (last 4):              |                   |  |
| Phone:   |                          | Fax:                       |                   |  |
| Contact Person:  |                          |                            |                   |  |
| Contact Person's Email Ad  | ldress:                  |                            |                   |  |
| Social Security or Federal I   | ID #:                    |                            |                   |  |
| No. of Vehicles to be used   | to transport to facility | /:                         |                   |  |
| Circle the Type of Security  | Deposit You Will Pro     | ovide:                     |                   |  |
| Letter of Credit Surety Bond Advance Deposit                                   |                          |                            |                   |  |
| Estimated tons of Solid Wa month:  | aste or Cubic Yards o    | f Demolition Material to b | e disposed of per |  |
| THIS SECTION TO BE COMPLETED BY OLMSTED COUNTY SOLID WASTE FINANCE             |                          |                            |                   |  |
| Amount of Security Deposit Required:  \$                                       |                          |                            |                   |  |
| (Estimated amount x Rate x 2 months)   |                          |                            |                   |  |
| WHEN SECURITY DEPOSIT IS RECEIVED, CUSTOMER CO. & VEHICLE NOS WILL BE ASSIGNED |                          |                            |                   |  |
| Customer No  |                          |                            |                   |  |
| Vehicle Identification numbers to be used at facility:                         |                          |                            |                   |  |
|  |                          |                            |                   |  |
|  |                          |                            |                   |  |
|  |                          |                            |                   |  |

# ACORD® CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY):

| PRODUCER  |  |                 | CONFERS<br>CERTIFICA                    | THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND<br>CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS<br>CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE<br>AFFORDED BY THE POLICIES BELOW.  |   |              |  |
|---|--|-----------------|---|---|---|--------------|--|
|   |  |                 |   | COMPANIES AFFORDING COVERAGE  |   |              |  |
|   |  |                 | COMPANY                                 | COMPANY   |   |              |  |
|   |  |                 | COMPANY                                 | COMPANY   |   |              |  |
| INSURED   |  |                 | COMPANY                                 | COMPANY   |   |              |  |
| Elnsured name should be the same as shown   |  |                 | COMPANY                                 | COMPANY   |   |              |  |
| ×   | <pre>{ on the Acceptable Waste Delivery Agreement } { and SW License application }</pre>   |                 |   | COMPANYE  |   |              |  |
|   |  |                 | COMPANY                                 | COMPANY   |   |              |  |
| COVERAGES   |  |                 |   |   |   |              |  |
| 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 ARE SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.  |  |                 |   |   |   |              |  |
| LTR.  | TYPE OF INSURANCE  | POLICY NUMBER   | DATE                                    | DATE  |   |              |  |
|   | GENERAL LIABILITY  | Gen. Liability  | minimums                                | <u></u>   | GENERAL AGGREGATE<br>PRODUCTS-COMP/OP AGG.      | \$           |  |
|   | X COMMERCIAL GENERAL LIABILITY<br>CLAIMS MADE X OCCUR.   | {\$500,000 per  |   |   | PRODUCTS-COMP/OP AGG.<br>PERSONAL & ADV. INJURY | \$<br>\$     |  |
|   | OWNER'S & CONTRACTORS PROT.  |                 |   | <b>1</b>  | EACH OCCURRENCE                                 | \$           |  |
|   |  | {\$1,500,000 pe | er aggrega                              | ιe. γ   | FIRE DAMAGE (Any One Fire)                      | \$           |  |
| -   |  | uuuu            | h                                       | <u> </u>  | MEDICAL EXP. (Any One Person                    | ) \$         |  |
|   | AUTOMOBILE LIABILITY<br>ANY AUTOMOBILE<br>ALL OWNED AUTOMOBILES<br>SCHEDULED AUTOMOBILES<br>HIRED AUTOMOBILES<br>NON-OWNED AUTOMOBILES | MPL             | E                                       | COMBINED SINGLE LIMIT \$ Auto Liability minimums: \$500,000 per occurrence \$1,500,000 per aggregate. }   |   |              |  |
|   |  | ←               |   |   |   |              |  |
|   | EXCESS LIABILITY   |                 |   |   | EACH OCCURRENCE                                 | \$           |  |
| -   | UMBRELLA FORM  |                 |   |   | AGGREGATE                                       | \$           |  |
|   | OTHER THAN UMBRELLA FORM   |                 |   |   |   |              |  |
|   | WORKERS COMPENSATION AND<br>EMPLOYERS' LIABILITY   | mnlover's       | nployer's Liability: In                 |   |   |              |  |
|   |  |                 |   | · · · · · · · · · · · · · · · · · · ·   |   | \$           |  |
|   |  |                 |   | h State of MN requirements 2LICY LIMIT \$   |   |              |  |
|   | OTHER  |                 |   |   |   | <b>ф</b>     |  |
| EName Olmsted County as additional insured, for the project.  |  |                 |   |   |   |              |  |
| DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS:<br>Olmsted County is named as additional insured (except for Workers' Comp/EL) where and to the extent<br>required by written contract.   |  |                 |   |   |   |              |  |
|   |  |                 |   |   |   |              |  |
| CERTIFICATE HOLDER SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE   |  |                 |   |   |   |              |  |
| 2122  | ted County<br>Campus Dr SE #200<br>ester, MN 55904   |                 | THE E<br>TO M<br>TO TH<br>OBLIC<br>REPR | THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR<br>TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED<br>TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO<br>OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR<br>REPRESENTATIVES. |   |              |  |
| Name Olmsted County as       30 day         Certificate Holder       minimum         Authorized Representative:         Authorized Representative: <td></td> |  |                 |   |   |   |              |  |
| uu  | mmmm   |                 | -                                       |   | ACORD CORI                                      | OKATION 1990 |  |