



**Minneapolis Health Department**  
**Environmental Programs Division**  
 250 South 4th Street, Room 510  
 Minneapolis, MN 55415-1316  
 (612) 673-3000 Fax (612) 672-2635  
[EnvironmentalHealthPermit@minneapolismn.gov](mailto:EnvironmentalHealthPermit@minneapolismn.gov)  
**SEND PAYMENTS ONLY BY MAIL OR FAX**

# HAZARDOUS WASTE FACILITY APPLICATION

**Submittals:** The following information must be submitted with this application.

**Letter of transmittal.**

**Hazardous Waste Site Plan:** The site plan shall be drawn to an appropriate scale and shall include sufficient information to evaluate the environmental characteristics of the affected areas, the potential impacts of the proposed hazardous waste facility, and measures proposed to contain spills and releases.

**Spill Pollution Prevention Plan:** The spill pollution prevention plan shall describe what measures, training and equipment have taken place and been purchased to prevent spills from occurring and what measures will be taken to address a release.

**Select Facility:**

**Hazardous waste process facility** – any facility that generates, handles, stores, or disposes of hazardous waste originating at their address or from another address as defined and listed in Minnesota Rules Chapter 7045, including waste motor vehicle fluids.

**Hazardous waste generating facility** – any facility that generates, handles, stores, or disposes of hazardous waste originating at their address as defined and listed in Minnesota Rules Chapter 7045, including waste motor vehicle fluids.

**Site Operating Address:**

BUSINESS NAME:	PHONE NUMBER:
CONTACT:	PHONE NUMBER:
LEGAL STREET ADDRESS	SITE MAILING ADDRESS
CONTACT ADDRESS, CITY, STATE, ZIP CODE	

**Property Owner Information: (If Different than Applicant)**

PROPERTY OWNER COMPANY:	PHONE NUMBER:
CONTACT PERSON:	EMAIL:
CONTACT ADDRESS, CITY, STATE, ZIP CODE	

**A signed agreement must be included if the property owner and user are not the same person or company.**

PROPERTY OWNER SIGNATURE (OR AGENT):	DATE: (M/D/YYYY)	RELATIONSHIP TO PROPERTY:
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**Applicant Information:**

COMPANY NAME:	PHONE NUMBER:
CONTACT PERSON:	EMAIL:
CONTACT ADDRESS, CITY, STATE, ZIP CODE	

I understand that all information provided in this permit application is true and complete. I understand that misstatements of facts may result in forfeiture of all rights to licensure/registration in accordance with Minneapolis Code 46.100.

BUSINESS OWNER OR AGENT PRINTED NAME:	BUSINESS OWNER OR AGENT SIGNATURE:	DATE: (M/D/YYYY)	RELATIONSHIP TO PROPERTY:
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**Failure to obtain an operation permit is a violation and subject to penalties as outlined in MCO Section 46.100.**

**Send my permit by:**  Pickup  Mail  Fax to: - -  Email to:

**Payment must be received with application. MAKE PAYMENTS ONLY BY MAIL OR FAX. NO CASH.**

Permit fee is \$313.30 for a generator and \$1595.80 for a processor. Total cost: \$ \_\_\_\_\_  
 Make checks payable to "Minneapolis Finance Department" or charge to:  VISA  AMEX  MC EXP: \_\_\_\_\_  
 Cardholder: \_\_\_\_\_ Card #: \_\_\_\_\_ DO NOT EMAIL CREDIT CARD INFORMATION CODE: \_\_\_\_\_

**Approval of this application and issuance of this Environmental Services permit does not eliminate the need for additional permits required by this Code or other governmental agencies which may include, but are not limited to: business licensing, fire, police, mechanical, plumbing, electrical, etc.**