



**Minneapolis Health Department**  
**Environmental Programs Division**  
 250 South 4th Street, Room 510  
 Minneapolis, MN 55415-1316  
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[EnvironmentalHealthPermit@minneapolismn.gov](mailto:EnvironmentalHealthPermit@minneapolismn.gov)  
**PAY ONLY BY MAIL, FAX OR PHONE CONTACT**

## HAZARDOUS WASTE FACILITY APPLICATION

**Consult Minneapolis City Ordinance Chapter 46.40. – for permit requirements**  
**Email attachments and direct questions to: [tom.frame@minneapolismn.gov](mailto:tom.frame@minneapolismn.gov)**

|   |                                    |                      |                           |
|---|------------------------------------|----------------------|---------------------------|
| <b>Submittals:</b> The following information must be submitted with this application.   |                                    |                      |                           |
| <input type="checkbox"/> <b>Letter of transmittal:</b> requesting a permit to operate a facility in the City of Minneapolis.  |                                    |                      |                           |
| <input type="checkbox"/> <b>Hazardous Waste Site Plan to scale:</b> include information to evaluate the environmental characteristics of the affected areas.  |                                    |                      |                           |
| <input type="checkbox"/> <b>Spill Pollution Prevention Plan:</b> describe what measures, training and equipment exist to prevent spills and contain a release.  |                                    |                      |                           |
| <b>Select Facility:</b>   |                                    |                      |                           |
| <input type="checkbox"/> <b>Hazardous waste generating facility</b> – a facility that generates, handles, stores, or disposes of hazardous waste from their site.   |                                    |                      |                           |
| <input type="checkbox"/> <b>Hazardous waste process facility</b> – a hazardous waste facility that also or receives hazardous waste from another address.   |                                    |                      |                           |
| <b>Site Operating Address:</b>  |                                    |                      |                           |
| BUSINESS NAME:  |                                    | PHONE NUMBER:        |                           |
| CONTACT:  |                                    | PHONE NUMBER:        |                           |
| LEGAL STREET ADDRESS  |                                    | SITE MAILING ADDRESS |                           |
| CONTACT ADDRESS, CITY, STATE, ZIP CODE  |                                    |                      |                           |
| <b>Property Owner Information: (If Different than Applicant)</b>  |                                    |                      |                           |
| PROPERTY OWNER COMPANY:   |                                    | PHONE NUMBER:        |                           |
| CONTACT PERSON:   |                                    | EMAIL:               |                           |
| CONTACT ADDRESS, CITY, STATE, ZIP CODE  |                                    |                      |                           |
| <input type="checkbox"/> <b>A signed agreement must be included if the property owner and user are not the same person or company.</b>  |                                    |                      |                           |
| PROPERTY OWNER SIGNATURE (OR AGENT):  |                                    | DATE: (M/D/YYYY)     | RELATIONSHIP TO PROPERTY: |
| <b>Applicant Information:</b>   |                                    |                      |                           |
| 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: |
| Failure to obtain an operation permit is a violation and subject to penalties as outlined in MCO Section 46.100.  |                                    |                      |                           |
| <b>Send my permit:</b> <input type="checkbox"/> Pickup <input type="checkbox"/> Mail <input type="checkbox"/> Fax to: - - or <input type="checkbox"/> Email to:   |                                    |                      |                           |
| <b>See the Directors Fee Schedule for permit fees. Payment details must be received with application.</b>   |                                    |                      |                           |
| Make checks to "Minneapolis Finance Department". Credit cards accepted by fax to 612-673-2635 or phone.   |                                    |                      |                           |
| <b>Credit Card Fax Send:</b> card type, name of card holder, CC#, expiration date and security code   |                                    |                      |                           |
| <b>Credit Card Phone Provide:</b> Contact and phone number:   |                                    |                      |                           |