

License Application: Recycling - Salvage Yard

Definition: A Recycling-Salvage Yard includes all places, other than enclosed buildings, used for storing or keeping of recyclable, salvage, or scrap materials. This can include, but not limited to, recycling centers and garbage dumps. A license is not required if the handling of recyclable materials is only incidental to one's business.

Recyclable or salvage materials: All previously used or damaged ferrous and nonferrous metals, synthetic materials, cloth, glass, paper, rubber, batteries, operable and inoperable automobiles or parts thereof, operable and inoperable machinery or parts thereof, scrap metals, concrete, asphalt, hazardous materials, grass clippings, wood, building materials, tree leaves and branches. See our list of [Requirements and Resources](#) for operating your business.

A [Motor Vehicle Used Parts Dealer License](#) is required for any person engaged in the business of buying, selling or storing any combination of used, rebuilt or new motor vehicle parts. This shall include any person engaged in the business of crushing, shredding or shipping motor vehicle hulks. A hulk is a major portion of a motor vehicle or a whole motor vehicle.

1. Application Requirements

1. Complete the enclosed application. Incomplete applications may be returned. You may send your application by email (businesslicenses@minneapolismn.gov), US mail, or drop it off at our office.
2. There is a [fee](#), plus a new license processing charge, for this application. You can pay by
 - Cash:** Drop off your application at our office.
 - Check:** Mail or drop off your application at our office.
 - Credit Card:** Mail, drop off or email your application to businesslicenses@minneapolismn.gov. **Do not add your credit card information on this application.** We will call you to securely charge your credit card.
3. Ownership: Do you own the land?
 - Yes. Attach proof of ownership of the land (Bill of Sale, Purchase Agreement, Contract for Deed, Loan Agreements, Promissory Notes)
 - No. Attach a copy of the lease.
4. Attach a description of the land to be used for your business.
5. Would you also like a Motor Vehicle Used Parts Dealer License? You do not have to fill out an additional application or pay another new license processing fee.
 - No. I will not be buying, selling or storing any combination of used, rebuilt or new motor vehicle parts.
 - Yes. Attach the following:
 - List of street addresses for the past 15 years for each applicant.
 - [Data Privacy Advisory](#) for each applicant.
 - Driver's License for each applicant.
 - Background Report from every state each applicant has lived for the past 15 years. This is available from the [State of Minnesota](#) Bureau of Criminal Apprehension at 1430 Maryland Ave E. St. Paul, MN 55106 or at 651-793-2400. Here is a list of all [state telephone numbers](#). These reports must be dated **within 30 days** of receipt of this application.
 - [Certificate of Liability Insurance](#) This must be furnished by your insurance agent. You are required to have general liability that includes premises, operations and products insurance with the following coverages:
 - \$100,000 per occurrence and \$300,000 aggregate for personal injury or death.
 - \$25,000 per occurrence for property damage.
 - A statement that 30 days written notice is required for termination, expiration or cancellation of the policy.
 - [\\$5,000 General Bond](#)
 - Application [fee](#)

2. Applicant Information

Legal Company Name	Business Name/DBA		
Name (Last, First, MI)	<input type="checkbox"/> Owner <input type="checkbox"/> Partner <input type="checkbox"/> On Site Manager		
Business Address	City	State	Zip Code
Mailing Address (if different than business address)	City	State	Zip Code
E-mail Address	Cell Phone Number	Business Telephone Number	
Minnesota Sales Tax ID Number (Required)	Social Security Number or Individual Tax ID (ITIN) (Required)		
Type of Ownership: <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Non-Profit	Date of Incorporation	State of Incorporation	
Is this business publicly traded? <input type="checkbox"/> Yes <input type="checkbox"/> No	Proposed Opening Date:		

3. Business Information

License(s) Requested:	
<input type="checkbox"/> Starting a new business in a new building. (New Business)	<input type="checkbox"/> Adding a new license to an existing business. (New License)
<input type="checkbox"/> Starting a new business in an existing building. (New Business) Name of Previous Tenant: _____	<input type="checkbox"/> Taking over an existing business. (New Owner) Name of existing business: _____
<input type="checkbox"/> Changing Equipment.	<input type="checkbox"/> Remodeling Only.

4. Owners

List all owners and partners. Ownership must add up to 100%. Attach additional sheets if necessary.			
Full Name: Last, First, Middle			Telephone
Home Address	City	State	Zip
Title	Date of Birth	Ownership %	
Full Name: Last, First, Middle			Telephone
Home Address	City	State	Zip
Title	Date of Birth	Ownership %	
Full Name: Last, First, Middle			Telephone
Home Address	City	State	Zip
Title	Date of Birth	Ownership %	

Full Name: Last, First, Middle		Telephone	
Home Address	City	State	Zip
Title	Date of Birth	Ownership %	

5. Company Operations

Days and Hours of Operation:	Gross Square Footage for Business Use:
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Give us a description of the services and products at your business.

You may not have any live entertainment. You may have radio, television, or electronically reproduced music. Music/noise cannot be amplified. Describe your entertainment:

List any licenses you currently have or previously held in Minneapolis (business or individual).

Have you ever had a business license denied or revoked by any government entity? Yes No
If Yes, Indicate the Date of Denial/Revocation, Government Agency, and Reason for Denial or Revocation.

Are you planning or have you completed any construction or remodeling? Yes No

Name of Contractor or Building Manager

Explain the scope of the remodeling or construction.

6. Workers Compensation

Workers' Compensation Company	Policy Number	Dates of Coverage
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-----Or-----

I certify that I am not required to carry workers compensation insurance because I am self-insured. I am the sole proprietor and I have no employees. I have no employees who are covered by workers compensation law. Only employees who are specifically exempted by statute are not covered by the workers compensation law. These include spouse, parents, and children regardless of age. All other workers whose work is controllable by the employer must be covered.

7. Verification

The City of Minneapolis uses the information on this application to determine qualifications for a license. You are not legally required to provide this information. If you refuse, we cannot approve your application. MN Statute 270C.72 requires your Minnesota Tax ID Number and either a Social Security Number or Individual Tax ID Number. These may be given to the Minnesota Commissioner of Revenue if requested. After we approve your license, all information except your Social Security Number is public (MN Statutes, Chapter 13).

A signature is required.

I have read and agree to the [Terms and Conditions](#) for electronic signatures, records and payment.

I, (print name) _____, 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. I understand that false information may result in the denial, suspension or revocation of my business license.

By typing your name, you are electronically signing this application.

Signature of Applicant _____ Title _____ Date _____

8. Additional Information

1. No license will be issued for longer than one year.
2. You cannot transfer your license to any other person or location.
3. For reasonable accommodations or alternative formats, please call us at 612-673-2080 or send an email to businesslicenses@minneapolismn.gov. Individuals who are deaf or hard of hearing can use a relay service by calling 311 at 612-673-3000.
4. Information in other languages: Para asistencia 612-673-2700. Rau kev pab 612-673-2800. Hadii aad Caawimaad u baahantahay 612-673-3500.