

Licensee: KRUPENNY & SONS DISPOSAL SERVICE INC

DBA: KRUPENNY & SONS DISPOSAL SERVICE

License #: 0045254

1/7/19 to CAO

01/07/2018 No response to delinq. ltr., to KS for CA adverse action. JWF

12/11/2018 Send delinquent letter. Reponse deadline date is January 02, 2019. Max

11/17/2017 Missing 1 veh inspection. Issue sticker when received (it has been paid for). LAB

11/14/2011 during visual inspections, Owner Scott Krupenny requested future mailings be sent to PO Box 238 Stacy MN 55079; MN plate # YA52500 & YAX6931 .

License Query

Address Licensee Contact License Cardholder

Licensee Name: KRUPENNY & SONS DISPOSAL SERVICE INC
 DBA: KRUPENNY & SONS DISPOSAL SERVICE
 Sales Tax Id:

- Find Now
- OK
- Cancel
- New Search
- Help



SEARCH WINDOW

New Group... New Temp Grp... Copy Group... Add License... Properties...

License Tag	Licensee Name	DBA	License Type	Status	Reason
45254 0	KRUPENNY & SONS DISPOSAL SERVICE INC	KRUPENNY & SONS DISPOSAL SERVICE	Solid Waste Hauler	Delinquent	License expired no
Solid Waste Hauler Delinquent License expired no					

Licensee: KRUPENNY & SONS DISPOSAL SERVICE INC
 DBA: KRUPENNY & SONS DISPOSAL SERVICE

License | Licensee | Lic. Types | Insurance | Bond | Requirements

Property
 Licensee
 Unofficial

Street #: 34195
 Street Name: GRANGE
 Street Type: CIRCL Direction:
 Unit Ind: Unit #:
 City: STACY
 State: MN Zip: 55079

Project Facilitator: ASUNCION, CORINNE

Adverse Action Comments

License Group Comments:
 1/7/19 to CAO
 01/07/2018 No response to delinq. ltr., to KS for CA
 adverse action. JWF
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Licensee: KRUPENNY & SONS DISPOSAL SERVICE INC Licensee:
 DBA: KRUPENNY & SONS DISPOSAL SERVICE Comments:
 Sales Tax Id: ***** Bus Phone: (651) 315-3635

License Type	Class	Effective	Expiration	Conditions	License Fee
Solid Waste Hauler (Ea Add'l Veh)	N	12/31/1987	12/01/2018	N	\$76.00
Solid Waste Hauler & Vehicle	R	12/31/1987	12/01/2018	N	\$362.00
Total:					\$438.00

Properties For License 34195 GRANGE CIRCL

Licensee: KRUPENNY & SONS DISPOSAL SERVICE INC
 DBA: KRUPENNY & SONS DISPOSAL SERVICE

License	Licensee	Lic. Types	Insurance	Bond	Requirements
Licensee Name:	KRUPENNY & SONS DISPOSAL SERVICE INC				<input type="button" value="Browse..."/>
DBA:	KRUPENNY & SONS DISPOSAL SERVICE				
Sales Tax Id:	*****	Non-Profit:	<input type="checkbox"/>	Worker's Comp:	00/00/0000
AA Contract Rec'd:	00/00/0000	AA Training Rec'd:	00/00/0000		
AA Fee Collected:	00/00/0000	Discount Rec'd:	<input type="checkbox"/>		

Other Agency Licenses

Financial Hold Reasons

Other Licensing Agency Name / License Type	License #	Expiration	Reason	Active	Date

Contacts for this Licensee

Addr. Type	Active	Inactive	Last Name	First Name	Title	
Business/Mail To	11/07/2011	00/00/0000	KRUPENNY	SCOTT		(6)
Other	12/30/1998	00/00/0000	KRUPENNY	DONALD		(6)
Other	12/17/2008	11/07/2011	KRUPENNY	SCOTT		(6)
Other	12/30/1998	00/00/0000	KRUPENNY	DARLENE		(6)

Mail License To:

Mail To Contact
 License Address

Mail Invoice To:

Mail To Contact
 License Address

Background Check Required

Properties for Licensee Contact

Name | Address | Phone | Email | Groups | Close

Street #: 34195

Street Name: GRANGE

Street Prj Direct: <All> Browse

Street Type: CIRCL

Street Post Direct: <All>

Unit #:

Unit Abbrev:

P.O. Box #: 238

City: STACY

State: MN

Country:

Zip Code: 55079

Zip+4:

Inter Office Address:

Override Formatted Address for Mailing

US Post Formatted Address:

Last Upload: 01/01/1997

OK | Cancel | Help | Save Changes to History

Licensee: KRUPENNY & SONS DISPOSAL SERVICE INC
 DBA: KRUPENNY & SONS DISPOSAL SERVICE

License | Licensee | Lic. Types | Insurance | Bond | Requirements

License Type: Solid Waste Hauler & Vehicle < 1 of 2 >

Insurance Type: Auto Liability Insurance
 Policy #: 3E32002 Vehicles

Company: EMC INSURANCE COMPANIES
 Address:
 Phone #: () -

Effective:	12/01/2017	Liability Limits \$1,000,000 - COMBINED SINGLE LIMIT	Insurance Rec'd:	11/17/2017
Expiration:	12/01/2018		Days To Cancel:	30
Continuous:	<input type="checkbox"/>		Canceled:	00/00/0000
City Insured:	<input type="checkbox"/>		Cancel Rec'd:	00/00/0000

Agency: INSURANCE ADVISORS INC
 Address: 15020 - 27TH AVE NO, PLYMOUTH, MN 55447
 Phone #: (763) 536-8006 Contact: JASON RICHMOND

<< 2 of 2 >>







Licensee: KRUPENNY & SONS DISPOSAL SERVICE INC
 DBA: KRUPENNY & SONS DISPOSAL SERVICE

License | Licensee | Lic. Types | Insurance | Bond | Requirements

License Type: Solid Waste Hauler (Ea Add'l Veh)

< 1 of 2 >

Insurance Type: General Liability Insurance

Policy #: 3D32002

Vehicles

Company: EMC INSURANCE COMPANIES
 Address:
 Phone #: () -

Effective:	12/01/2017	Liability Limits	Insurance Rec'd:	11/17/2017
Expiration:	12/01/2018		\$1,000,000 - EACH OCCURRENCE	Days To Cancel:
Continuous:	<input type="checkbox"/>	\$2,000,000 - AGGREGATE	Canceled:	00/00/0000
City Insured:	<input type="checkbox"/>		Cancel Rec'd:	00/00/0000

Agency: INSURANCE ADVISORS INC
 Address: 15020 - 27TH AVE NO, PLYMOUTH, MN 55447
 Phone #: (763) 536-8006 Contact: JASON RICHMOND

New Delete Copy

<< 1 of 2 >>

Properties For License 34195 GRANGE CIRCL

Licensee: KRUPENNY & SONS DISPOSAL SERVICE INC
 DBA: KRUPENNY & SONS DISPOSAL SERVICE

License Type:

OK	Requirement	Approval	Approved By	Conditions
	Schedule of Charges	00/00/0000		N
<input type="checkbox"/>	Vehicle Inspection	00/00/0000		N
<input type="checkbox"/>	Insurance - 30 day notice of cancellation	00/00/0000		N
<input type="checkbox"/>	Automobile Liability Insurance	00/00/0000		N
<input type="checkbox"/>	General Liability Insurance	00/00/0000		N
<input type="checkbox"/>	Tax ID or Social Security Number	00/00/0000		N
<input type="checkbox"/>	Workers Comp - State Form	00/00/0000		N

License Group Conditions:

License Type Requirement Comments:

01/25/2011 Sent e-mail requesting list of rates. LAB
 01/05/2005 Per Licensee, insurance will be coming. KRD

License #

Properties For License 34195 GRANGE CIRCL

Licensee: KRUPENNY & SONS DISPOSAL SERVICE INC
 DBA: KRUPENNY & SONS DISPOSAL SERVICE

License Type:

OK	Requirement	Approval	Approved By	Conditions
<input type="checkbox"/>	Tax ID or Social Security Number	00/00/0000		N
	Automobile Liability Insurance	00/00/0000		N
<input type="checkbox"/>	Insurance - 30 day notice of cancellation	00/00/0000		N
<input type="checkbox"/>	Vehicle Inspection	00/00/0000		N

License Group Conditions:

License Type Requirement Comments:

01/05/2005 Per Licensee, insurance will be coming. KRD

License #