


Licensee: GARBAGE MAN OF HIGHLAND PARK LLC

DBA: GARBAGE MAN INC


License #: 20100001632

07/20/2018 To KS for CAO adverse action due to failure to respond to delinquent letter. JWF  
06/12/2018 Sent delinquent letter. Response deadline date is June 03, 2018. Max  
05/12/2016 Sent 4 veh stickers. Will send 5th when DOT is rcv'd on 03' Isuzu. AJJ  
07/10/2015 Orders issued complete renewal process, response date 07/31/2015. JWF  
08/14/2014 2003 Isuzu is being repaired (it has been paid for). Issue sticker when DOT inspection form is received. LAB  
08/01/2014 inspection completed on 1999 Chevy "Cube Van" MN#YAN7651 to replace 1990 Ford F150 MN#232JHT (insurance cert required); DOT inspections submitted for the two 1999 GMCs and 2007 UD; 2003 Isuzu under repair and will submit DOT when passed. TPF  
07/15/2013 Needs 2003 Isuzu inspected and then sticker can be issued (it has been paid for). LAB  
03/18/2011 License expiration changed from 3/6 to 6/4 to expire with insurance. LAB

 License Query

Address Licensee Contact License Cardholder

Licensee Name: GARBAGE MAN OF HIGHLAND PARK LLC  
 DBA: GARBAGE MAN INC  
 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
100001632	0	GARBAGE MAN OF HIGHLAND PARK LLC	GARBAGE MAN INC	Solid Waste Hauler (Ea Add'l Veh)	Delinquent
				Solid Waste Hauler & Vehicle	Delinquent

Licensee: GARBAGE MAN OF HIGHLAND PARK LLC  
 DBA: GARBAGE MAN INC

License	Licensee	Lic. Types	Insurance	Bond	Requirements
<input type="radio"/> Property <input checked="" type="radio"/> Licensee <input type="radio"/> Unofficial			Project Facilitator: ZANGS, LAWRENCE (LARRY)		
Street #: 13895 Street Name: INDUSTRIAL PARK Street Type: BLVD Direction: Unit Ind: STE Unit #: 100 City: PLYMOUTH State: MN Zip: 55441 <input type="button" value="Browse"/>			Adverse Action Comments: License Group Comments: 07/20/2018 To KS for CAO adverse action due to failure to respond to delinquent letter. JWF 06/12/2018 Sent delinquent letter. Response deadline date is June 03, 2018. Max 05/12/2016 Sent 4 veh stickers. Will send 5th when		
Licensee: GARBAGE MAN OF HIGHLAND PARK LLC DBA: GARBAGE MAN INC Sales Tax Id: ***** Bus Phone: (763) 269-8182		Licensee Comments: 05/06/2010 Vehicle is parked in Newport. LAB			
License Type	Class	Effective	Expiration	Conditions	License Fee
Solid Waste Hauler (Ea Add'l Veh)	N	07/08/2010	06/04/2018	N	\$152.00
Solid Waste Hauler & Vehicle	R	04/30/2010	06/04/2018	N	\$362.00
<b>Total:</b>					<b>\$514.00</b>

License # 100001632

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License	Licensee	Lic. Types	Insurance	Bond	Requirements																				
Licensee Name: GARBAGE MAN OF HIGHLAND PARK LLC <input type="button" value="Browse..."/>		DBA: GARBAGE MAN INC		Sales Tax Id: ***** Non-Profit: <input type="checkbox"/> Worker's Comp: 00/00/0000 <input type="button" value="Properties..."/>																					
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																						
<table border="1"> <thead> <tr> <th>Other Licensing Agency Name / License Type</th> <th>License #</th> <th>Expiration</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>			Other Licensing Agency Name / License Type	License #	Expiration				<table border="1"> <thead> <tr> <th>Reason</th> <th>Active</th> <th>Date</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>			Reason	Active	Date											
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Contacts for this Licensee																									
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Mail To	04/30/2010	00/00/0000	LACORE	SHAWN DYLAN	OFFICER/MAN	(763) 269-81																			
<input type="checkbox"/> Background Check Required		<input type="button" value="Contact Properties..."/>		Mail Invoice To:		<input checked="" type="radio"/> Mail To Contact <input type="radio"/> License Address																			

License # 100001632

Properties for Licensee Contact

Name	Address	Phone	Email	Groups
Street #:	<input type="text" value="1488"/>			
Street Name:	<input type="text" value="11TH"/>			
Street Pre Direct:	<input type="text" value="&lt;All&gt;"/>	<input type="button" value="Browse"/>		
Street Type:	<input type="text" value="AVE"/>			
Street Post Direct:	<input type="text" value="&lt;All&gt;"/>			
Unit #:	<input type="text"/>			
Unit Abbrev:	<input type="text"/>			
P.O. Box #:	<input type="text"/>			
City:	<input type="text" value="NEWPORT"/>			
State:	<input type="text" value="MN"/>			
Country:	<input type="text" value="U.S.A."/>			
Zip Code:	<input type="text" value="55055"/>			
Zip+4:	<input type="text"/>			
		<div style="border: 1px solid black; padding: 5px;"><input checked="" type="checkbox"/> <b>Override Formatted Address for Mailing</b> US Post Formatted Address: <div style="border: 1px solid black; height: 40px; width: 100%;"></div> Last Upload: <input type="text" value="01/01/1997"/></div>		
		<div style="border: 1px solid black; padding: 5px;"><input type="button" value="OK"/> <input type="button" value="Cancel"/> <input type="button" value="Help"/> <input type="button" value="Save Changes to History"/> <input checked="" type="checkbox"/></div>		

Licensee: GARBAGE MAN OF HIGHLAND PARK LLC  
 DBA: GARBAGE MAN INC

License	Licensee	Lic. Types	Insurance	Bond	Requirements
License Type: Solid Waste Hauler (Ea Add'l Veh) <span style="float: right;">&lt; 1 of 2 &gt;</span>					
Insurance Type: Auto Liability Insurance <span style="float: right;">Vehicles</span>					
Policy #: ENP0328398					
Company: GENERAL CASUALTY COS					
Address: theresa@mandhins.com					
Phone #: ( ) -					
Effective:	06/04/2017	Liability Limits	Insurance Rec'd: 06/05/2017		
Expiration:	06/04/2018	\$1,000,000 - COMBINED SINGLE LIMIT	Days To Cancel: 10		
Continuous:	<input type="checkbox"/>		Canceled: 00/00/0000		
City Insured:	<input type="checkbox"/>		Cancel Rec'd: 00/00/0000		
Agency: M & H INSURANCE AGENCY INC					
Address: 3020 WOODBURY DRI WOODBURY, MN 55129					
Phone #: (651) 731-8268 Contact: KELLY MONKMAN-Theresa Stor					
<input type="button" value="New"/> <input type="button" value="Delete"/> <input type="button" value="Copy"/> <span style="float: right;">&lt;&lt; 1 of 2 &gt;&gt;</span>					

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License Type:

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

License Group Conditions:

License Type Requirement Comments:

07/01/2014 Sent e-mail requesting DOT forms. LAB  
 06/07/2013 Sent e-mail requesting remaining inspections and list of rates charged. LAB  
 03/14/2011 Sent e-mail requesting insurance cert. LAB

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License Type:

OK	Requirement	Approval	Approved By	Conditions
	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"/>	Tax ID or Social Security Number	00/00/0000		N

License Group Conditions:

License Type Requirement Comments:

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