

CITY OF SAINT PAUL

Christopher B. Coleman, Mayor

375 Jackson Street, Suite 220 Saint Paul, Minnesota 55101-1806 Telephone: 651-266-8989 Facsimile: 651-266-9040 Web: www.stpaul.gov/dsi

SECOND REQUEST

Date:	(* 10 7 * 11	COND REQUEST	
Licen	ense #: 0032544		
Licen	ensee: Highland Sanitation &	Recycling	
Licen	ensee: Highland Sanitation & ense Type(s): Solid Waste Hawler - 5	vehicles	
	ar license has been placed on hold until the following requirements		
()) Submit the state Certificate of Compliance – Minnesota Worke	ers' Compensation Law form.	
()) Pay your license renewal fee of \$ And, I Total license renewal due is \$	•	
()) Submit a current certificate of insurance: () Coverage Period: through	şh	
	The policy expiration date must coincide with the license expiration date or be filed as "continuous until canceled" as per Saint Paul Legislative Code Chapter 310, Section 310.07(d). () We require at least 30 days notice of cancellation of the insurance policy as per Saint Paul Legislative Code Chapter 7, Section 7.06. () We require the City of Saint Paul be named as an additional insured. (Note: Naming the City of Saint Paul as certificate holder does not meet this requirement.) () We require proof of liability: general / auto / professional / liquor or waiver letter The minimum limits of liability is () The licensed business name must be listed as the insured's name. The licensed business name is		
()) Submit a current original bond in Attach a valid Power of Attorney.	n the amount of \$	
$\langle \rangle$	Additional requirements: Please submit copies of your		
	For a truck inspection reppoint Please call Tom Ferrara	n+ment, at 651 266-9087.	
begin oppor	in the adverse action process to suspend your license until all requirements or tunity to appeal the City's decision through this proceeding.	s no response, this office will rements are met. You have the	