

**CITY OF PRIOR LAKE
4646 DAKOTA STREET SE
PRIOR LAKE MN 55372**

**APPLICATION FOR GARBAGE, REFUSE HAULING
AND ROLL OFF LICENSE**

Business Name: _____

Applicant: _____
(First, Middle, Last)

Address: _____

Date of Birth: _____ Place of Birth: _____

Telephone #: _____

Manager's name (if different than applicant):

_____ (First, Middle, Last) (Date of Birth)

License Fee:	First Truck	\$250.00
	Each Additional Truck	\$ 50.00
	Roll Off Containers	\$ 25.00 (one time charge)

License Numbers	Truck Make	Trailer Make
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____

Charge per residence per year for once a week pickup	\$ _____
Charge per residence per quarter for once a week pickup	\$ _____
Charge per residence per month for once a week pickup	\$ _____
Charge for commercial per year for twice a week pickup	\$ _____
Charge on a call basis only	\$ _____

CITY OF PRIOR LAKE

CONSENT FOR RELEASE OF INFORMATION

I, _____
Print Full Name (First) (Full Middle) (Last)

Residing at _____
(Address) (City) (State) (Zip Code)

Driver's License/State Date of Birth

Authorize the Prior Lake Police Department to disclose to the Prior Lake City Manager, Accounting Clerk and the Prior Lake City Council all information collected as a result of the background investigation done for the purpose of evaluating the attached license application.

I understand that failure to provide this release will result in a denial of my application.

I understand that my records are subject to the State Data Practices Act and become public documents unless otherwise provided for by state or federal law. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it and that in any event, the consent expires automatically as described below.

This authorization is valid for six (6) months from the date indicated below.

Signature of above individual authorizing release

Witness: _____