



COMMUNITY DEVELOPMENT - LICENSING  
14600 MINNETONKA BLVD  
MINNETONKA, MN 55345

Phone: 952/939-8274  
Fax: 952/939-8244  
Email: [vnorthway@eminnetonka.com](mailto:vnorthway@eminnetonka.com)

**TO: APPLICANT FOR PORTABLE STORAGE CONTAINER SUPPLIER LICENSE**

**FROM: VALERIE NORTHWAY, LICENSING COORDINATOR**

Attached are the license application forms for a “Portable Storage Container Supplier” and a copy of Minnetonka City Code §645 regarding this type of business.

The application forms and other documents you will need to provide are the following:

1. Minnetonka’s Application form
2. Minnesota Business Tax Identification
2. Minnesota Workers’ Compensation Insurance form
3. \$1,000 Bond - **only accepted on Minnetonka’s form - enclosed**
4. Certificate of General Liability form – your agent should use the attached form or follow the required limits shown on it and supply proof of insurance using their form, listing the City of Minnetonka, Licensing, 14600 Minnetonka Blvd, Minnetonka, MN 55345 as the certificate holder.
5. For license fee, follow this link to the [License Fee Schedule](#) for the current year – look under Portable Storage Container Supplier. Make check payable to “City of Minnetonka”.

**Complete the forms (#1-4). Mail the completed forms together with the fee (#5) to the address shown above. If you need assistance to determine the Grand Total fee, please call me.**

The licensing year is August 1 through July 31, and the licensing fee may not be pro-rated. An annual renewal notice will be sent approximately 30 days prior to the expiration date (to the address you designate on the application. However, if the renewal forms do not reach you, it is your responsibility to contact the city to renew your license.

If you have any questions or need my assistance, please call or contact me (see top of page).



CITY OF MINNETONKA  
CD - LICENSING  
14600 MINNETONKA BLVD  
MINNETONKA, MN 55345

Phone: 952-939-8274  
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Email: vnorthway@eminnetonka.com

**APPLICATION FOR A PORTABLE STORAGE CONTAINER SUPPLIER'S LICENSE**

This application form and attachments request information that may be classified as private or confidential under the Minnesota Data Practices Act. This information is required by State law or City ordinance. The information will be used to determine your eligibility for issuance of a license. Failure to provide the information will result in a denial of the license.

Please print or type.

**ESTABLISHMENT INFORMATION (this is the local company name and information):**

Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Telephone #: \_\_\_\_\_ Local Manager or Agent of Owner: \_\_\_\_\_  
Provide information on the manner and kind of services to be rendered: \_\_\_\_\_

**LICENSEE INFORMATION (this must be the owner: whether a corporation, partnership, or individual)**

Legal Name: \_\_\_\_\_  
Primary Officer (name and title): \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ Telephone #: \_\_\_\_\_

**BILLING INFORMATION (the address we are to send all notices, renewals, & licenses:**

Company name: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Attn: \_\_\_\_\_ Ask for: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_

**LICENSE FEE = \$100.00:**

**Total license fee enclosed (Make checks payable to "City of Minnetonka")** \$ \_\_\_\_\_

I, (We), the undersigned, have complied with all the requirements of the City Code of Ordinances of the City of Minnetonka necessary for obtaining this license. Now, therefore, I (We) hereby make application to operate the above named business subject to all conditions and provisions of these ordinances.  
Authorized Signature: \_\_\_\_\_  
Print your name & title: \_\_\_\_\_  
Date of signing: \_\_\_\_\_

# MINNESOTA BUSINESS TAX IDENTIFICATION LAW

**PURSUANT TO MINNESOTA STATUTE 270C.72 (TAX CLEARANCE; ISSUANCE OF LICENSES), SUBD.4, THE LICENSING AUTHORITY IS REQUIRED TO PROVIDE, UPON REQUEST OF THE MINNESOTA COMMISSIONER OF REVENUE, EITHER THE APPLICANT'S MINNESOTA BUSINESS TAX IDENTIFICATION NUMBER WITH THE BUSINESS NAME AND ADDRESS – OR THE SOCIAL SECURITY NUMBER OF THE PRIMARY OFFICER, ALONG WITH THEIR COMPLETE NAME, HOME ADDRESS, AND HOME PHONE NUMBER.**

**UNDER THE MINNESOTA GOVERNMENT DATA PRACTICES ACT AND THE FEDERAL PRIVACY ACT OF 1974, WE ARE REQUIRED TO ADVISE YOU OF THE FOLLOWING REGARDING THE USE OF THIS INFORMATION:**

1. This information may be used to deny the issuance or renewal of your license in the event you owe Minnesota sales, employer's withholding, or motor vehicle excise taxes.
2. Upon receiving this information, the licensing authority will supply it only to the Minnesota Department of Revenue. However, under the Federal Exchange of Information Agreement, the Department of Revenue may supply this information to the Internal Revenue Service.
3. Failure to supply this information may jeopardize or delay the processing of your license issuance or renewal application.

<b>NAME UNDER WHICH THE MN TAX ID IS FILED (<u>licensee</u> name)</b>				<b>Type of license applying for:</b>	
<b>Licensee: Address</b>		<b>L City</b>	<b>L State</b>	<b>L Zip</b>	<b>L Phone</b>
<b>Establishment: Name</b>				<b>Minnetonka License Number (completed by Minnetonka)</b>	
<b>Establishment: Address</b>		<b>E City</b>	<b>E State</b>	<b>E Zip</b>	<b>E Phone</b>
<b>Minnesota Tax Identification Number</b>			<b>Federal Tax Identification Number</b>		

**Be sure to sign and date at bottom of form.**

**INSTRUCTIONS FOR BOXES BELOW:**

1. **If all boxes above are completed, including both the Minnesota and Federal Tax numbers, no additional information is required by the MN Department of Revenue below.**
2. **However, if all boxes above are not completed, Minnesota law requires personal information about the primary owner or primary officer. In this case you must complete all boxes below, including the owner or primary officer's social security number, home address, and home phone. (NOTE: If the business and home address are the same, please check the box indicating this.)**

<b>Applicant's (person's) name (LAST, first, middle initial)</b>		<b>Social Security Number</b>
<b>Home address</b>		<b>Home City, State, Zip code</b>
<input type="checkbox"/> <b>Check if address is for both home &amp; business</b>		<b>Home Phone number</b>

**Signature: \_\_\_\_\_ Date: \_\_\_\_\_**

# Certificate of Compliance

## Minnesota Workers' Compensation Law

**PRINT IN INK or TYPE.**

Minnesota Statutes, Section 176.182 requires every state and local licensing agency to withhold the issuance or renewal of a license or permit to operate a business or engage in any activity in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Minnesota Statutes, Chapter 176. The required workers' compensation insurance information is the name of the insurance company, the policy number, and the dates of coverage, or the permit to self-insure. If the required information is not provided or is falsely stated, it shall result in a \$2,000 penalty assessed against the applicant by the commissioner of the Department of Labor and Industry.

**A valid workers' compensation policy must be kept in effect at all times by employers as required by law.**

BUSINESS NAME (Individual name only if no company name used)	LICENSE OR PERMIT NO (if applicable)
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DBA (doing business as name – local establishment name – only if different than above)

DBA/LOCAL BUSINESS ADDRESS (PO Box must include street address)	CITY	STATE	ZIP CODE
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**YOUR LICENSE OR CERTIFICATE WILL NOT BE ISSUED WITHOUT THE FOLLOWING INFORMATION.**  
**You must complete number 1, 2 or 3 below.**

### NUMBER 1 COMPLETE THIS PORTION IF YOU ARE INSURED:

INSURANCE COMPANY NAME (not the insurance agent)

WORKERS' COMPENSATION INSURANCE POLICY NO.	EFFECTIVE DATE	EXPIRATION DATE
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### NUMBER 2 COMPLETE THIS PORTION IF YOU ARE SELF-INSURED:

I have attached a copy of the permit to self-insure.

### NUMBER 3 COMPLETE THIS PORTION IF YOU ARE EXEMPT:

I am not required to have workers' compensation insurance coverage because:

- I have no employees.
- I have employees but they are not covered by the workers' compensation law. (See Minn. Stat. § 176.041 for a list of excluded employees.) Explain why your employees are not covered: \_\_\_\_\_.
- Other: \_\_\_\_\_

### ALL APPLICANTS COMPLETE THIS PORTION:

**I certify that the information provided on this form is accurate and complete. If I am signing on behalf of a business, I certify that I am authorized to sign on behalf of the business.**

<b>APPLICANT SIGNATURE (mandatory)</b>	<b>TITLE</b>	<b>DATE</b>
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**NOTE: If your Workers' Compensation policy is cancelled within the license or permit period, you must notify the agency who issued the license or permit by resubmitting this form.**

This material can be made available in different forms, such as large print, Braille or on a tape. To request, call 1-800-342-5354 (DIAL-DLI) Voice or TDD (651) 297-4198.

# LICENSE OR PERMIT BOND

BOND NO. \_\_\_\_\_

KNOW ALL MEN BY THESE PRESENTS that:

We, \_\_\_\_\_ as Principal, and \_\_\_\_\_ a \_\_\_\_\_ corporation organized and existing under the laws of the State of \_\_\_\_\_ and duly licensed and authorized to transact a corporate surety business in the State of Minnesota, as Surety, are held and firmly bound unto the City of Minnetonka (Obligee), County of Hennepin, State of Minnesota, in the penal sum of:

- One thousand and no/100 dollars - \$1,000

for the use and benefit of said City of Minnetonka and all persons suffering damages by reason of the breach of the conditions of this bond, for the payment of which sum to be made to said City of Minnetonka, for the payment of which sum, well and truly to be made, the Principal and Surety bind themselves, their heirs, executors, administrators, successors and assigns, jointly and severally by this document.

WHEREAS, the principal has obtained from (or applied to) Obligee a License or Permit described as PORTABLE STORAGE CONTAINER SUPPLIER, to do business in the City of Minnetonka, Minnesota.

NOW THEREFORE, THE CONDITION OF THIS OBLIGATION IS SUCH, that if the above named Principal shall in all equipment and material provided and all work done by him pursuant to the license(s) and/or permit(s) issued by the Obligee, strictly conform to the provisions of the ordinances of said City, then this obligation shall be void, otherwise to remain in full force and effect.

The term of this bond shall be:

- Continuous, beginning \_\_\_\_\_, 20\_\_\_\_\_, in which case the bond may be cancelled by Surety as to subsequent liability by giving thirty (30) days notice (or the minimum period required by law, whichever is greater) in writing to Obligee.

OR

- Beginning \_\_\_\_\_, 20\_\_\_\_\_, and ending July 31, 20\_\_\_\_\_.

PROVIDED that regardless of the number of years this bond shall continue or be continued in force and of the number of premiums that shall be payable or paid, the surety shall not be liable hereunder for a larger amount, in the aggregate, than the amount of the bond.

Signed, sealed and dated \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Company name

by \_\_\_\_\_  
Officer of Company, Title

\_\_\_\_\_  
Surety Company

by \_\_\_\_\_  
Attorney in Fact

(seal ↑)

**Fill out the notarizations that appear on the back of this form or as page 2 of 2 – use the box that applies to your type of business. Also include the Power of Attorney that comes from the bonding company.**

<b>Individual Principal</b>	<p>State of Minnesota )  ) ss.  County of Hennepin )</p> <p>On this ____ day of _____, 20_____, before me a Notary Public within and for said County, personally appeared _____ to me known to be the person described in, and who executed the foregoing instrument, and acknowledged that s/he executed the same as her/his free act and deed.</p> <p>_____</p> <p>Notary Public _____ County, _____</p> <p>My Commission expires: _____</p>
<b>Partnership Principal</b>	<p>State of Minnesota )  ) ss.  County of Hennepin )</p> <p>On this ____ day of _____, 20_____, before me a Notary Public within and for said County, personally appeared _____ a member of a partnership consisting of _____ doing business under the firm name and style of _____ to me known to be the person described in, and who executed the foregoing instrument, and acknowledged that s/he executed the same as the free act and deed of said partnership.</p> <p>_____</p> <p>Notary Public _____ County, _____</p> <p>My Commission expires: _____</p>
<b>Corporation Principal</b>	<p>State of Minnesota )  ) ss.  County of Hennepin )</p> <p>On this ____ day of _____, 20_____, before me a Notary Public within and for said County, personally appeared _____ and _____ to me personally known, who, being each by me duly sworn did say that they are respectively the _____ President and the _____ of the Corporation named in the foregoing instrument, and that the seal affixed to said instrument is the corporate seal of said corporation, and that said instrument was signed and sealed in behalf of said corporation by authority of its Board of Directors and said _____ and _____, acknowledged said instrument to be the free act and deed of said corporation.</p> <p>_____</p> <p>Notary Public _____ County, _____</p> <p>My Commission expires: _____</p>
<b>Surety Company</b>	<p>State of _____ )  ) ss.  County of _____ )</p> <p>On this ____ day of _____, 20_____, before me a Notary Public within and for said County, personally appeared _____ to me personally known and by me duly sworn, did say, that s/he is the Attorney-in-Fact of _____, a corporation of _____, created, organized and existing under and by virtue of the laws of the State of _____ and authorized to contract as surety in the State of Minnesota, that the said instrument was executed on behalf of the corporation by authority of its Board of Directors and that the said _____ acknowledges said instrument to be the free act and deed of said corporation and the seal affixed to said instrument is the corporate seal of said corporation.</p> <p>IN WITNESS WHEREOF, I have hereunto subscribed by name and affixed by official seal at _____, the day and year last above written.</p> <p>_____</p> <p>Notary Public _____ County, _____</p> <p>My Commission expires: _____</p>



**GENERAL LIABILITY INSURANCE CERTIFICATE  
INSURANCE COVERAGE REQUIRED BY CITY ORDINANCE**

The undersigned is an authorized representative of \_\_\_\_\_  
Name of Insurance Company

which is the insuring company for \_\_\_\_\_  
Applicant's Name (Individual, Corporation, Partnership)

d/b/a or trade name \_\_\_\_\_

the applicant for a Minnetonka license for Portable Storage Container Supplier  
Type of License

In compliance with the Code of Ordinances of the City of Minnetonka, we certify as follows:

- We have fully read, and checked for compliance, the requirements of insurance set forth in the City Ordinances (as appear on back side or page 2)
- The applicant has in effect insurance that complies in every respect with the requirements of insurance set forth in the City Ordinances, including all of the conditions specified:  
 Yes  
 No: Any required coverage that is not included under this certificate and will be covered by a separate certificate is as follows)

General Liability Policy #: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

- Any required coverage that is not included under this certificate \_\_\_\_\_ and will be covered by a separate certificate is as follows):

- Name, address, and telephone number of the insurance agent for the coverage included in this certificate is:

Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Street: \_\_\_\_\_

City, state, zip: \_\_\_\_\_

- The insurer handling the errors and omissions coverage for the agent is: \_\_\_\_\_

The limits of coverage are: \_\_\_\_\_

- CANCELLATION: In the event of cancellation of this policy, reduction below the coverage limits provided in the City Ordinances, or expiration without renewal, 10 days advance written notice shall be given to the License Coordinator in Community Development at the City of Minnetonka offices. If the reason is nonpayment of premium, 30 days advance notice is required for other reasons.**

\_\_\_\_\_  
Insurance Company

\_\_\_\_\_  
Authorized Representative Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print or type above signature

**INSURANCE AGENT OR COMPANY IS TO LIST CERTIFICATE HOLDER AS City of Minnetonka, C D- Licensing, 14600 Minnetonka Blvd, Minnetonka, MN 55345**

**IMPORTANT: ALL LIABILITY POLICIES SHALL NAME AS A CERTIFICATE HOLDER:**

City of Minnetonka  
C.D. Licensing  
14600 Minnetonka Boulevard  
Minnetonka, MN 55345

*Please do not address certificates to an employee's name.*

**CONTRACTORS: HVAC, GAS PIPING, SWIMMING POOL CONTRACTOR**

Bodily Injury	\$500,000	each claim
	500,000	each occurrence
Property Damage	100,000	

\* Excavators must have a policy that covers explosion and underground hazards.

▶ **PORTABLE STORAGE CONTAINER SUPPLIERS  
WASTE COLLECTION AND DISPOSAL (covering all vehicles)**

Bodily Injury	\$100,000	each claim
	300,000	each occurrence
Property Damage	50,000	

**AUTOMOBILE SERVICE STATIONS,  
COIN OPERATED AMUSEMENT DEVICES  
PLACES OF ENTERTAINMENT (indoor theater, bowling alley, roller skating rink, etc.),**

Bodily Injury	\$500,000	each claim
	500,000	each occurrence
Property Damage	100,000	

**FOOD ESTABLISHMENTS AND FOOD VENDING MACHINES,  
PET SHOPS,  
PUBLIC SWIMMING POOLS/WHIRLPOOL AND SPAS,  
TATTOOING**

Bodily Injury	\$500,000	each claim
	500,000	each occurrence
Property Damage	100,000	

**MASSAGE, PERSONAL**

Bodily Injury	\$1,000,000	each claim
	1,000,000	each occurrence
Property Damage	1,000,000	

**GENERAL LIABILITY INSURANCE CERTIFICATE**

## **SECTION 645. PORTABLE STORAGE CONTAINER SUPPLIERS**

### 645.005. Licensing of Suppliers.

1. A person must not undertake the business of supplying for rent portable storage containers, as defined in city code section 845.020, on property that is improved as a single family or two family residence in the city of Minnetonka without having in effect a current, valid license obtained from the city.
2. An applicant for a supplier's license must submit an application to the community development director on the city's approved form, accompanied by the license fee specified in section 710. The application must accurately state:
  - a. the name, address, and local telephone number of the applicant; and
  - b. a description of the manner and kind of services to be rendered.
3. Each applicant for a license must submit a bond in the amount of \$1,000, conditioned upon the faithful performance of contracts and compliance with this code. The bond must be in the form prescribed by the city and must be in favor of the city and everyone suffering damages because of the breach of the bond conditions.
4. Each license applicant must also submit a certificate of insurance certifying that its business is currently insured by an insurance company licensed to do business in the state of Minnesota. The certificate must be in the form prescribed by the city. The minimum limits of coverage for the insurance are:
  - a. liability insurance:
    - (1) each claim, at least \$100,000;
    - (2) each occurrence, at least \$300,000; and
    - (3) property damage, at least \$50,000.
  - b. workers' compensation: statutory amounts.

The insurance must be kept in force during the term of the license and must provide for notification to the city 10 days before termination or cancellation. A license will automatically be revoked upon notice of termination or cancellation of this insurance and will remain revoked until and unless other insurance is provided as required.

5. A supplier's license will expire July 31 of each year.

### 645.010. Duties of Supplier.

1. The supplier must comply with all of the requirements in city code section 845.020;
2. The supplier must comply with the provisions of city code section 845.020 and must remove portable storage containers before expiration of the time periods required in that section. The supplier may not empty a container onto the property before removing it; and
3. The supplier must make its records regarding activities in the city of Minnetonka available for city review during all reasonable business hours.

(Added by Ord. 2007-12, adopted April 9, 2007)