

Hazardous Waste Generator License Application & Management Plan

Any business or government agency that generates hazardous waste must apply for a hazardous waste generator license within 75 days of first generating waste.

Submit the following to: RamseyHazWaste@ramseycounty.us or mail to the address above.

- Completed license application
- Signed certificate of compliance
- Management plan

Hazardous Waste Generator Information

Hazardous Waste Identification Number (HWID):			
Generator Name (Business Name):			
Generator Site Address:		City:	State: MN
			ZIP Code:
Property Owner:	Address:		Phone:
North American Industry Classification System (NAICS) Code:			

Correspondence

Site: Who is the primary onsite contact?

Site Contact:	Title:	Phone:	Email:

Legal Entity/Licensee: How is the entity registered with the Minnesota Secretary of State?

Legal Entity Name (write owner's name if sole proprietorship):		Type of Legal Entity (such as sole proprietor, LLC, LP, INC, etc.):	
Licensee Care-of Person Name:	Title:	Phone:	Email:
Mailing Address:		City:	State: ZIP Code:

Mailing: Where should postcards, letters, etc. be sent?

Mailing Contact:	Title:	Phone:	Email:	
Mailing Address:		City:	State:	ZIP Code:

Billing: Who should receive invoices?

Billing Contact:	Title:	Phone:	Email:	
Billing Address:		City:	State:	ZIP Code:

Emergency: Who should be contacted if there is a hazardous waste emergency onsite?

Emergency Contact:	Title:	Phone:	Email:
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COUNTY USE ONLY				
Date Received:	Reviewing Inspector:	Date Sent to Admin:	License Year:	<input type="checkbox"/> Created in DHD
Generator Size: <input type="checkbox"/> VSQG <input type="checkbox"/> SQG <input type="checkbox"/> LQG	Industry Type:	Risk Category: <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High		
Generator Fee Category: <input type="checkbox"/> Self-Audit (Silver only); PHF/CHR <input type="checkbox"/> Self-Audit; DDS <input type="checkbox"/> "N" Salvage Yard, Non-crushing <input type="checkbox"/> "C" Salvage Yard, Crushing <input type="checkbox"/> Exempt (no license fee)				
Application Fee: <input type="checkbox"/> Auto salvage yards <input type="checkbox"/> LQG <input type="checkbox"/> SQG <input type="checkbox"/> VSQG (11-264 gallons) <input type="checkbox"/> VSQG (≤ 10 gallons) <input type="checkbox"/> Self-Audit (silver only) <input type="checkbox"/> Self-Audit (other) <input type="checkbox"/> Late registration penalty				
Comments:				
ADMIN USE ONLY				
Fee Statement #:	Invoice Amount:	DHD License #:	Date Entered:	Entered By:

Certificate of Compliance

Minnesota Department of Revenue Information

Minnesota law (MS §270C.72 s 4 Licensing Authority: duties) states *“All licensing authorities must require the applicant to provide the applicant’s Social Security number or individual taxpayer identification number and Minnesota business identification number, as applicable, on all license applications. Upon request of the commissioner, the licensing authority must provide the commissioner with a list of all applicants, including the name, address, business name and address, and Social Security number or individual taxpayer identification number and business identification number, as applicable, of each applicant. The commissioner may request from a licensing authority a list of the applicants no more than once each calendar year.”*

Enter Minnesota Business ID Number (also called Minnesota Tax ID Number) OR enter tax-exempt number:

_____ - _____

Under the Minnesota Government Data Practices Act and the Federal Privacy Act of 1974, we must advise you that:

- This information may be used to deny the issuance or renewal of your license if you owe the Minnesota Department of Revenue delinquent taxes, penalties, or interest.
- The licensing agency (Ramsey County) will supply this information only to the Minnesota Department of Revenue (Commissioner). However, under the Federal Exchange of Information Act, the Department of Revenue is allowed to supply this information to the Internal Revenue Service.

Federal Employer Identification Number

A federal employer ID number is required for the Ramsey County Finance Department’s records. Alternatively, you can provide the business owner’s social security number. Call 651-266-1199 to provide SSN securely by phone.

Enter federal employer ID number: _____ - _____

Workers’ Compensation Insurance Coverage Law

Minnesota Statute 176.182 requires every state and local licensing agency to withhold the issuance or renewal of a license or permit to operate a business in Minnesota until the applicant presents acceptable evidence of compliance with the workers’ compensation insurance coverage requirement of Section 176.181 s 2. The information required is: name of insurance company, policy number, and dates of coverage; OR the permit to self-insure. This information will be furnished upon request to the Department of Labor and Industry to check for compliance with MS 176.181 s 2. If this information is not provided and/or falsely reported, it may result in a \$2,000 penalty assessed against the applicant by the Commissioner of the Department of Labor and Industry payable to the Special Compensation Fund.

Workers’ Compensation Insurance Company Name	Policy Number	Coverage Dates From: _____ To: _____
<p>OR, I certify that I am not required to carry workers’ compensation insurance because (check one):</p> <p><input type="checkbox"/> I am the sole proprietor and have no employees.</p> <p><input type="checkbox"/> I am self-insured (you must include a copy of the permit to self-insure).</p> <p><input type="checkbox"/> I have no employees who are covered by workers’ compensation law. (Exempt employees include: spouse, parents, and children—all other employees must be covered).</p>		

Certification

I certify under penalty of the law I have personally examined and am familiar with the information submitted in this and all attached documents. Based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware there are significant penalties for submitting false information, including the possibility of fine and imprisonment. I hereby apply for a Ramsey County License subject to all relevant conditions and provisions of the Ramsey County Administrative Ordinance and the Ramsey County Food Protection, Lodging, Manufactured Home Parks & Recreational Camping Areas, Public Swimming Pool, Youth Camp, Hazardous Waste Management or Solid Waste Ordinance as applicable.

Name:	Title:
Signature:	Date:

Management Plan: Instructions

1. Complete a column for each [hazardous waste](#), [used oil and related waste](#) and [universal waste](#).
2. Use additional forms as needed.
3. **Waste name:** Common examples include *used oil, used oil filters, used oil sorbents, used fluorescent lamps, lead acid batteries, parts washer solvent, aerosols, lab pack, hydrochloric acid, oil-based paint, paint thinner*.
4. **4-digit hazardous waste code(s):** Hazardous waste codes help describe what a waste contains and/or its hazardous characteristics. [Learn more](#)
5. **Month and year waste first produced:** When did you first produce the waste?
6. **Physical state:** As it exists in waste form.
7. **Source or process of generation:** How is the waste generated?
8. **Amount produced in previous calendar year:** Did you generate the waste at this location in the previous calendar year? If so, estimate the amount you generated. If not, enter “zero”.
9. **Anticipated amount produced in one-year period:** Okay to estimate this number.
10. **Management method:** What do you do with the waste onsite?
11. **Transporter name:** Who picks up (or will pick up) the waste?
12. **Transporter ID number:** List their hazardous waste ID.
13. **Designated facility name:** What is the final destination for your waste?
14. **Designated facility ID number:** List their hazardous waste ID.
15. **Designated facility management method:** What happens to your waste once it gets to its destination?

Management Plan

Generator (Business) Name:		
	Column 1 H E N	Column 2 H E N
Waste name		
<u>4-digit hazardous waste code(s)</u>		
Month and year waste first produced		
Physical state	<input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> Sludge	<input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> Sludge
Source or process of generation		
Amount produced in previous calendar year (gallons or pounds)		
Anticipated amount produced in one-year period (gallons or pounds)		
Onsite Management		
Management method	<input type="checkbox"/> Accumulate <input type="checkbox"/> Burn as fuel <input type="checkbox"/> Neutralize, sewer <input type="checkbox"/> Treat, sewer <input type="checkbox"/> Other	<input type="checkbox"/> Accumulate <input type="checkbox"/> Burn as fuel <input type="checkbox"/> Neutralize, sewer <input type="checkbox"/> Treat, sewer <input type="checkbox"/> Other
Off-site Management		
Transporter name		
Transporter ID number		
Designated facility name		
Designated facility ID number		
Designated facility management method	<input type="checkbox"/> Commercial laundry <input type="checkbox"/> Fuel burning <input type="checkbox"/> Incineration <input type="checkbox"/> Land disposal <input type="checkbox"/> Recycle <input type="checkbox"/> Treat, sewer <input type="checkbox"/> Universal waste <input type="checkbox"/> Used oil recycling <input type="checkbox"/> Other	<input type="checkbox"/> Commercial laundry <input type="checkbox"/> Fuel burning <input type="checkbox"/> Incineration <input type="checkbox"/> Land disposal <input type="checkbox"/> Recycle <input type="checkbox"/> Treat, sewer <input type="checkbox"/> Universal waste <input type="checkbox"/> Used oil recycling <input type="checkbox"/> Other

Management Plan

Generator (Business) Name:		
	Column 1 H E N	Column 2 H E N
Waste name		
<u>4-digit hazardous waste code(s)</u>		
Month and year waste first produced		
Physical state	<input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> Sludge	<input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> Sludge
Source or process of generation		
Amount produced in previous calendar year (gallons or pounds)		
Anticipated amount produced in one-year period (gallons or pounds)		
Onsite Management		
Management method	<input type="checkbox"/> Accumulate <input type="checkbox"/> Burn as fuel <input type="checkbox"/> Neutralize, sewer <input type="checkbox"/> Treat, sewer <input type="checkbox"/> Other	<input type="checkbox"/> Accumulate <input type="checkbox"/> Burn as fuel <input type="checkbox"/> Neutralize, sewer <input type="checkbox"/> Treat, sewer <input type="checkbox"/> Other
Off-site Management		
Transporter name		
Transporter ID number		
Designated facility name		
Designated facility ID number		
Designated facility management method	<input type="checkbox"/> Commercial laundry <input type="checkbox"/> Fuel burning <input type="checkbox"/> Incineration <input type="checkbox"/> Land disposal <input type="checkbox"/> Recycle <input type="checkbox"/> Treat, sewer <input type="checkbox"/> Universal waste <input type="checkbox"/> Used oil recycling <input type="checkbox"/> Other	<input type="checkbox"/> Commercial laundry <input type="checkbox"/> Fuel burning <input type="checkbox"/> Incineration <input type="checkbox"/> Land disposal <input type="checkbox"/> Recycle <input type="checkbox"/> Treat, sewer <input type="checkbox"/> Universal waste <input type="checkbox"/> Used oil recycling <input type="checkbox"/> Other

Management Plan

Generator (Business) Name:		
	Column 1 H E N	Column 2 H E N
Waste name		
4-digit hazardous waste code(s)		
Month and year waste first produced		
Physical state	<input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> Sludge	<input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> Sludge
Source or process of generation		
Amount produced in previous calendar year (gallons or pounds)		
Anticipated amount produced in one-year period (gallons or pounds)		
Onsite Management		
Management method	<input type="checkbox"/> Accumulate <input type="checkbox"/> Burn as fuel <input type="checkbox"/> Neutralize, sewer <input type="checkbox"/> Treat, sewer <input type="checkbox"/> Other	<input type="checkbox"/> Accumulate <input type="checkbox"/> Burn as fuel <input type="checkbox"/> Neutralize, sewer <input type="checkbox"/> Treat, sewer <input type="checkbox"/> Other
Off-site Management		
Transporter name		
Transporter ID number		
Designated facility name		
Designated facility ID number		
Designated facility management method	<input type="checkbox"/> Commercial laundry <input type="checkbox"/> Fuel burning <input type="checkbox"/> Incineration <input type="checkbox"/> Land disposal <input type="checkbox"/> Recycle <input type="checkbox"/> Treat, sewer <input type="checkbox"/> Universal waste <input type="checkbox"/> Used oil recycling <input type="checkbox"/> Other	<input type="checkbox"/> Commercial laundry <input type="checkbox"/> Fuel burning <input type="checkbox"/> Incineration <input type="checkbox"/> Land disposal <input type="checkbox"/> Recycle <input type="checkbox"/> Treat, sewer <input type="checkbox"/> Universal waste <input type="checkbox"/> Used oil recycling <input type="checkbox"/> Other

Management Plan

Generator (Business) Name:		
	Column 1 H E N	Column 2 H E N
Waste name		
<u>4-digit hazardous waste code(s)</u>		
Month and year waste first produced		
Physical state	<input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> Sludge	<input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> Sludge
Source or process of generation		
Amount produced in previous calendar year (gallons or pounds)		
Anticipated amount produced in one-year period (gallons or pounds)		
Onsite Management		
Management method	<input type="checkbox"/> Accumulate <input type="checkbox"/> Burn as fuel <input type="checkbox"/> Neutralize, sewer <input type="checkbox"/> Treat, sewer <input type="checkbox"/> Other	<input type="checkbox"/> Accumulate <input type="checkbox"/> Burn as fuel <input type="checkbox"/> Neutralize, sewer <input type="checkbox"/> Treat, sewer <input type="checkbox"/> Other
Off-site Management		
Transporter name		
Transporter ID number		
Designated facility name		
Designated facility ID number		
Designated facility management method	<input type="checkbox"/> Commercial laundry <input type="checkbox"/> Fuel burning <input type="checkbox"/> Incineration <input type="checkbox"/> Land disposal <input type="checkbox"/> Recycle <input type="checkbox"/> Treat, sewer <input type="checkbox"/> Universal waste <input type="checkbox"/> Used oil recycling <input type="checkbox"/> Other	<input type="checkbox"/> Commercial laundry <input type="checkbox"/> Fuel burning <input type="checkbox"/> Incineration <input type="checkbox"/> Land disposal <input type="checkbox"/> Recycle <input type="checkbox"/> Treat, sewer <input type="checkbox"/> Universal waste <input type="checkbox"/> Used oil recycling <input type="checkbox"/> Other