

Crow Wing County Land Services Refuse Hauling License Application 2026

Name

Address

Phone Number State Tax ID #

E-MAIL

Vehicles	Type	Number	Capacity
**If more room is needed please attach additional list to this application	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>

IDENTIFY LICENSED FACILITIES UTILIZED FOR COUNTY WASTE - PLEASE CIRCLE (Y) OR (N)

DEMOLITION		MMSW	
CROW WING COUNTY (SW-440)	Y <input type="radio"/> N <input type="radio"/>	CROW WING COUNTY (SW-376)	Y <input type="radio"/> N <input type="radio"/>
CROSS LAKE DEMO (SW-412)	Y <input type="radio"/> N <input type="radio"/>	*Other (MSW or Demolition) - Please identify below	
HENGEL DEMO (SW-291)	Y <input type="radio"/> N <input type="radio"/>	<input type="text"/>	

Please identify service area

Identify waste hauled

Initial boxes once you have reviewed and agree to the requirements below

Applicant understands and will comply with requirements of Crow Wing County Industrial Management Plan

<https://www.crowning.gov/DocumentCenter/View/5892/IndustrialSolidWaste-Mgmt-Plan>

Applicant understands and will comply with requirements of 2025 Crow Wing County Waste Haulers Manual

<http://www.crowning.gov/DocumentCenter/View/4544>

*This includes required annual reporting to CWC regarding recycling and MSW activities within CWC

Any Inter-County Routes?

*Include map highlighting routes crossing county lines

Yes

No

Approximate # of homes serviced in Crow Wing County

Person Authorized to Sign (Please print or Type)

Signature