

APPLICATION FOR COMMERCIAL EXTRACTION PERMIT
CITY OF APPLE VALLEY
7100 147th Street West
Apple Valley, MN 55124
Phone: (952) 953-2500

2016 Year

Directions: This form must be filled out with typewriter or by printing in ink. If the application is by a natural person by such person; if by a corporation, by an officer thereof; if by a partnership, buy one of the partners; if by an unincorporated association, by the manager or managing officer thereof. Where additional space is needed, please attach information.

1. Name of applicant (name of individual, partnership, corporation, or association):

FISCHER SAND & AGGREGATE, LLP

2. Business name: SAME

Business address: 14698 GALAXIE AVE Phone: 952-432-7132

3. Mailing address (if different): ~~A~~ SAME

IF BUSINESS IS TO BE CONDUCTED UNDER A DESIGNATION, NAME OR STYLE OTHER THAN FULL INDIVIDUAL NAME OF THE APPLICANT, ATTACH A COY OF THE TRADE NAME CERTIFICATE, AS REQUIRED BY CHAPTER 333, MINNESOTA STATUTES, SECRETARY OF STATE'S OFFICE.

4. Minnesota tax identification number of business: _____

5. Type of applicant:

☐ Natural Person (Individual) ☒ Partnership
☐ Corporation ☐ Association or other _____

6. Legal description and address of premises: SEE ATTACHED SCHEDULE

7. Name of property owner: SAME

Address: SAME Phone: _____

8. Estimated time required to complete work: _____

9. Amount of material to be moved on the site and/or amount to be removed from the site: _____

10. Highways and/or streets along which material is to be transported: _____

11. Describe method and schedule for restoration and measures to control erosion during and after excavation: _____

- 12: Provide the following information related to worker's compensation insurance, or certify the precise reason your business is excluded from compliance with the insurance coverage requirement for worker's compensation.

Insurance Company Name (NOT the agent): ZURICH
Policy Number or Self-Insurance Permit Number: WC5852832-03
Dates of Coverage: 12-31-15 to 12-31-16
(or)

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

- ☐ I have no employees covered by the law.
☐ Other (Specify) _____

13. Attach a map or plat of proposed pit or excavation showing stages or limits thereof, together with existing and proposed finished elevations based on sea level readings.
14. For commercial mining of minerals (sand and gravel excavation), submit the additional information as required by City Code Section 6-22(7):

- a. Landscape plan.
- b. Location and surface of access roads.
- c. Method of controlling dust.
- d. Method of controlling access to open excavation.
- e. Method of maintaining security on premises.
- f. Restoration grading plan.

15. I hereby acknowledge that this information is correct and that I agree to conform to the City of Apple Valley's Code of Ordinances and State Law regarding this extraction. The information requested on this form will be used by the City of Apple Valley in the issuance of your license or processing of your renewal application. The information that you supply on this form will become public information when received by the City of Apple Valley. Under Minnesota law (M.S. 270.72) the City may be required to provide tax identification number and social security number of each applicant to the Minnesota Commissioner of Revenue.

Date: 1/19/15

Signature: Peter W. Fischer

Printed Name: PETER FISCHER

Title: Managing Partner

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|-------------------------|-------------|
| Initial Application Fee | \$ 3,800.00 |
| Escrow Deposits | 10,560.00 |
| Annual Fee | 10,135.00 |

FOR CITY USE ONLY:

Conditional Use Permit: _____

Date: _____

Date Fee Paid: _____

Amount Paid: _____

Receipt No.: _____

Date Council Approved: _____

Permit No. _____