Goodhue County Land Alteration Application
Temporary Mineral Extraction Facility/Hotmix, Asphalt Plant

The following information is required before the application may be accepted and considered complete:

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**Applicant Information**

- Landowner Name
- Parcel #
- Operator Company
- Applicant Name (if different than owner)
- Evening Phone
- Daytime Phone
- E-mail Address

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**Required Submittals**

1. Goodhue County Planning & Zoning form
2. Fees paid in full
3. Map of proposed area showing the confines or limits thereof
4. Map showing reclamation proposal
5. All necessary state and federal permits
6. Copy of lease (may redact sensitive monetary information)
7. Copy of Government Contract (Please indicate if requesting permit prior to bid)
8. Mine Plan either attach narrative or complete below:

   - **Hours of Operation**
   - Estimate of trucks/day
   - Amount of material to be removed
   - Probable truck route
   - Will there be blasting (frequency)?

   - **Begin Date**
   - **End Date**

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**Fees:**
- General Application $100

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Please mail application, payment and all supporting documents to:

**Goodhue County Land Use Management**
Attn: Zoning
509 West Fifth Street
Red Wing MN 55066

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**Shoreland Management Data**

- Lake/Stream Name: 
- ID Number: 
- Classification: NE RE GD Other

**Tracking Summary**

- Date Received: 
- Application number:

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**Final Action**

- Brief explanation of decision:

- Date of Action:

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*Contact_________________________ Township prior to start of operations, they may be more restrictive or require separate permit*

Clerk Name
Phone Number
Aggregate Removal Tax Reporting Form

(Please Type or Print)

1. ________________________________________________________________
   Name of Operator

2. ________________________________________________________________
   Address

3. Reporting period covered by this report (check one):
   
   ______ January 1- March 31, 20__ Due by April 14th
   ______ April 1- June 30, 20__ Due by July 14th
   ______ July 1-September 30, 20__ Due by October 14th
   ______ October 1-December 31, 20__ Due by January 14th

Failure to file the report and submit payment shall result in a penalty of $5 for each of the first 30 days, beginning on the 15th day after the last day of each calendar quarter. A penalty of $10 for each subsequent day shall be assessed against the operator or importer who is required to file the report. (County aggregate tax ordinance section 4.01)

Schedule A

(Please complete the following schedule. Use additional sheets if necessary and attach to this form.)

<table>
<thead>
<tr>
<th>Name or Location of pit, quarry or deposit from which aggregate was removed (include property ID or parcel number):</th>
<th>Owner of pit, quarry or deposit</th>
<th>Total Cubic Yards or Tons removed</th>
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Updated 11-5-2009
Complete Line #4 and/or Line #5:

4. Total number of cubic yards of aggregate material removed during this reporting period:
   ____________________ cubic yards x $0.215= ___________________________
   (amount of tax)

5. Total number of tons of aggregate removed during this reporting period:
   ____________________ tons x $0.15= _______________________________
   (amount of tax)

6. If any of the aggregate removed and reported above was shipped directly from the extraction site to a waterway, railway, or other mode of transportation other than a highway, road, or street, complete Schedule B; otherwise go to Line #7.

Schedule B.

(Please complete the following schedule. Use additional sheets if necessary and attach to this form.)

<table>
<thead>
<tr>
<th>Name or Location of pit, quarry or deposit from aggregate was removed (include property ID or parcel number)</th>
<th>Total cubic yards or tons removed</th>
<th>Mode of transportation</th>
<th>County of original destination</th>
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7. PLEASE REMIT THE TAX CALCULATED ALONG WITH THIS FORM.

Under penalties of perjury, I declare that I have prepared or have examined this reporting form, including accompanying schedules and statements, and to the best of my knowledge and belief this report is true and complete.

Signature________________________________________       ___________________
Date

________________________________________
Title

Mail this form and your remittance to:

Goodhue County Finance Office
509 W. 5th Street
Red Wing, MN 55066

Updated 11-5-2009