



Nonexclusive Commercial Solid Waste Collection Franchise Application



OWNER/OPERATOR CORPORATION

Full Corporate Name

Federal ID

Home Office Address: (Street, City, State, Zip)

Phone

Local Office Address: (Street, City, State, Zip)

Phone

Corporate Officers: (Names)

President

Vice-President

Secretary

Treasurer

Office Manager

PARTNERSHIP

Partnership Name

Federal ID

Business Address: (Street, City, State, Zip)

Phone

Name and Address of Partners

Phone

INDIVIDUAL OWNER

Name of Owner

Address: (Street, City, State, Zip)

Phone



CONTACT INFORMATION

Primary Contact Person and Title for All Correspondence for Franchise _____ Phone _____

E-mail Address _____ Mobile Phone _____

VEHICLES AND EQUIPMENT

Number of Vehicles: _____

Number of Solid Waste Containers, in use and in inventory _____

Site Address: _____

CERTIFICATIONS (PLEASE INITIAL AFTER EACH)

I acknowledge that there are no outstanding state or federal tax liens against me or any property that I own. _____ (Initial)

I acknowledge that I have attached all required forms. _____ (Initial)

I hereby certify that by I have the authorization on behalf of _____ (insert business name) to submit this application. I further certify that if approved, _____ (insert business name) shall adhere to all requirements of Chapter 11, Article VI, relevant to Commercial Solid Waste Collection. _____.

Signature

SUBMISSION

The application packet may be submitted electronically via e-mail to swregistration@co.okaloosa.fl.us. Please request a read receipt. Or the application packet (including \$500.00 application fee (payable to "Board of County Commissioners") and additional materials may be mailed to:

Okaloosa Public Works Department
Attn: Commercial Recycling Application
1759 South Ferdon Boulevard
Crestview, FL 32536

For Office Use Only:

- Application
- Executed Agreement
- Proof of Insurance
- Drug-Free Workplace Cert.
- Business License
- Vehicle & Equipment Report
- Application Fee