

City of Boca Raton
Municipal Services Department
Commercial Solid Waste Collection Services Franchise Application

Applicant Information:

Name _____

Local Phone Number _____

Local Contact Name _____

Definitions:

1. **Applicant:** a person, corporation or legal entity applying to the City of Boca Raton for a non-exclusive franchise to provide commercial solid waste collection services within the City for hire, remuneration or other consideration.
2. **Commercial Solid Waste:** any trash, garbage and other materials generated by a commercial establishment; provided however that commercial solid waste shall not include Construction and Demolition Debris, or Recyclable Materials.
3. **Designated Facilities:**
South County Transfer Station (Delray Beach), 1901 SW 4th Avenue, Delray Beach, FL 33444
Household Hazardous Waste Facility (WPB), 6161 N. Jog Road, WPB, FL 33412
W. Central Transfer Station (Royal Palm Beach), 9743 Process Drive, Royal Palm Beach, FL 33411
North County Transfer Station (Jupiter), 14185 N. Military Trail, Jupiter, FL 33458
North County Resource Recovery Facility (WPB), 6255 N. Jog Road, WPB, FL 33412
North County Landfill (Landfill, Vegetation Processing), 6554 N. Jog Road, WPB, FL 33412
Central County Transfer Station (Lantana), 1810 Lantana Road, Lantana, FL 33462
Glades Regional Transfer Station (Belle Glade), 1701 State Road 15, Belle Glade, FL 33430
In the event the above list changes, a revised list will be provided.
4. **Franchisee:** person or corporation to whom the City has issued a non exclusive franchise to provide commercial solid waste collection and disposal services to properties in the City.

To the applicant: The following checklist of required information must be submitted as part of your application for a non-exclusive franchise to provide commercial solid waste collection services including providing containers and disposal services to properties located in the City of Boca Raton. ***A complete application will constitute a sworn and notarized statement that the applicant will use only a Designated Facility for the disposal of all Commercial Solid Waste.***

1. Business name(s) and business address(es) of local office(s);
2. Contact name(s) and business address(es) of local managing officers;
3. Proof that corporation is in good standing in the State and, if not a Florida corporation, proof that applicant is qualified to do business in the State of Florida; include copy of Florida Department of State, Division of Corporations registration;
4. Proof of occupational and any other license that otherwise may be required by law;
5. If applicant is other than a corporation and, is operating under a fictitious name, applicant shall be required to submit information that such fictitious name is registered and held by applicant;
6. Provide names and numbers of three (3) contact persons in other communities or agencies who can provide information about the applicants' past performance;
7. List of type, estimated number and description of all equipment to be used by applicant for providing safe and efficient services;
8. Estimated number of employees to be used in providing services within the City;
9. Applicant shall maintain in full force and effect insurance as specified, and file with the City a certificate of insurance for all policies written in applicant's name with the City of Boca Raton named as additional insured, to remain on file with the City for the franchise term as specified in Section 14-22 of the Municipal Code;
10. Applicant shall include a cash bond or a letter of credit in the amount of \$10,000 for the 1st year of the franchise issuance. In subsequent years the amount shall be equal to the previous 12-month franchise fees paid to the City, which ever is lesser; and
11. Applicant shall pay the City a nonrefundable application fee and a Full Franchise Annual Fee as specified in the Boca Raton Municipal Facilities and Services User Fees Schedule.

ACKNOWLEDGMENT OF BUSINESS NAME AND TYPE

The below named person, as applicant or authorized representative for applicant, does hereby certify that all required information has been attached to the application and becomes a part thereof.

Applicant or applicant's legal representative agrees that applicant will comply with all provisions of the City of Boca Raton Code of Ordinances, the laws, rules, ordinances and regulations of Palm Beach County, the State of Florida and the United States of America.

BUSINESS ADDRESS of APPLICANT:

Entity Name: _____

Entity Type : _____

Address : _____

City : _____ State: _____ Zip: _____

Telephone No.: _____ Fax No.: _____

Federal ID. No.: _____

State registration/incorporation: _____
(attach current printout from the Florida Department of State, Divisions of Corporations)

SIGNATURE OF APPLICANT

If an Individual: _____, doing business
Signature
as _____

If a Partnership: _____ by: _____,
General Partner Signature

If a Corporation: _____
Corporate Name
(a _____ Corporation)
by: _____

Signature: _____ Date: _____

Title: _____

Attest: _____ (SEAL)
Corporate Secretary

AFFDAVIT

**STATE OF FLORIDA
PALM BEACH COUNTY**

Before me, the undersigned authority, personally appeared _____, who, upon first being duly sworn, deposes and says:

The matters, facts and things contained in this application are true and correct to the best of his/her knowledge.

Further the affiant sayeth naught.

(print)

NOTARY PUBLIC: _____

STATE OF: _____ **COUNTY OF:** _____

The foregoing instrument was acknowledged before me this day of 2010, by _____ who is (who are) personally known to me or who has produced as identification and who did (did not) take an oath.

NOTARY PUBLIC SIGNATURE: _____

NOTARY NAME, PRINTED, TYPED OR STAMPED: _____

Commission Number: _____ My Commission Expires: _____