

City of Boca Raton
Municipal Services Department
Construction & Demolition (C & D) Debris Collection and Disposal
Franchise Application

Applicant Information:

Name _____

Address _____

City/State/Zip Code _____

Phone Number _____

Contact Name _____

To the applicant: The following information checklist is provided to assist you in preparing your application for a non-exclusive franchise to provide containers for construction and demolition debris collection and disposal services to properties located in the City of Boca Raton. Please provide the required information identified in this checklist as an attachment to the franchise application.

Franchise Application Requirements Checklist

1. 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. 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 14-21 of the Municipal Code;
7. Applicant shall include cash, letter of credit, or a Performance Bond in the amount of \$15,000 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 or \$15,000, whichever is less; and
8. 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.

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ACKNOWLEDGEMENT 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 agrees to comply with all applicable provisions of the City of Boca Raton, Florida Code of Ordinances Chapter 14, Section 21 as may be amended.

Applicant name (Print or Type)

Applicant signature

Application submission date

Application received by date

Application fee received by check number check date

Approved City Manager/designee signature date

City of Boca Raton
Municipal Services Department
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Application

Affidavit
ACKNOWLEDGMENT OF BUSINESS TYPE

The below named person, as applicant or legal 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:

Address _____
City _____ State _____ Zip _____
Telephone No. _____ Fax No. _____
Federal ID. No. _____

SIGNATURE OF APPLICANT

If an Individual: _____, doing business
as _____
Signature

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

If a Corporation: _____
Corporate Name

(a _____ Corporation)

by: _____

Signature

Title: _____

Attest: _____ (SEAL)
Corporate Secretary

NOTARY PUBLIC: _____

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

The foregoing instrument was acknowledged before me this day of 2017, 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: _____