

CITY OF GREEN COVE SPRINGS  
PUBLIC WORKS DEPARTMENT  
COMMERCIAL SERVICES FRANCHISE APPLICATION

**Applicant Information:**

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_

**Service Type Requested (Check applicable boxes):**

- ☐ To provide containers **only**;
- ☐ To provide commercial solid waste collection and disposal services as defined by City Ordinance;

**To the applicant:** The following information is provided to assist you in preparing your application for a **non-exclusive franchise** to provide containers for containerized commercial services and/or to provide commercial solid waste collection and disposal services to commercial properties located in the City of Green Cove Springs. Please provide the required information as attachments to the franchise application requirement checklist.

**Franchise Application Requirements**  
**And Requirement Checklist**

1. Name(s) and business address(es) of principal officers and stockholders and other persons having financial or controlling interest in any partnership or corporation.
2. Name(s) and business address(es) of local managing officers of any publicly owned corporation having more than 25 shareholders.
3. A statement of whether such applicant operates or has operated a solid waste collection business in this or any other state or territory under a franchise, permit or license; and if so, where and whether such franchise permit or license has ever been revoked or suspended and the reasons therefore.
4. If a corporation, proof that corporation is in good standing in the state of incorporation and, if not a Florida corporation, applicant shall provide information certifying that applicant is qualified to do business in the State of Florida.
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.

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6. Submit a listing by vehicle type, number, and complete description of all equipment to be used by applicant for providing safe and efficient services.
7. Applicant shall maintain in full force and effect insurance as specified, and file with the City Manager or designee, a Certificate of Insurance for all policies written in applicant's name, to remain on file with the City for the franchise term to include:
  - ☐ Comprehensive general liability policy in an amount not less than \$1,000,000 per occurrence combined single limit for bodily injury and property damage. This policy must also cover premises and/or operations, independent contractors, products and/or completed operations;
  - ☐ Comprehensive automobile policy in an amount not less than \$1,000,000 per occurrence combined single limit for bodily injury and property damage. This policy must also cover owned vehicles, hired and non-owned vehicles; and
  - ☐ Worker's compensation policy in statutory limits in accordance with Florida law;
8. Applicant shall pay to the City a non-refundable application fee as specified in the City of Green Cove Springs Code of Ordinances, as amended. Pursuant to the current Ordinance O-06-2013, adopted in April 2013, the current non-refundable application fee is \$250.
9. Applicant shall post with the City \$2,500 in cash or the estimated amount of franchise fees for a three-month period, whichever sum is greater, to guarantee performance under this franchise.
10. Applicant shall be subject to a penalty fee of 1.5% per month for any franchise fee payments that have not been submitted in a timely fashion. Payments must be postmarked on or before the 20<sup>th</sup> day of the month. If the 20<sup>th</sup> day of the month falls upon a Saturday, Sunday or federal or state holiday, remittances shall be accepted as timely if postmarked on the next succeeding workday.
11. Applicant shall execute form PUR 7058, Sworn Statement Under Section 287.133(3)(a) Florida Statutes, On Public Entity Crimes, and have this notarized document accompany this application.
12. Applicant shall execute a Drug-Free Workplace Form in accordance with Florida Statutes 287.087 and submit it with this application.

**Definitions:**

1. Applicant: shall mean a person applying to the City for a franchise required to provide containerized commercial service within the City for hire, remuneration or other consideration.
2. Franchisee: shall mean a person who has filed an application with, and received a franchise from the city to provide containerized commercial service.

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Applicant agrees to comply with all applicable provisions of the City of Green Cove Springs, Florida Code of Ordinances, as may be amended.

\_\_\_\_\_  
Applicant name (Print or Type)

\_\_\_\_\_  
Applicant signature

\_\_\_\_\_  
Application submission date

\_\_\_\_\_  
Application received by date

\_\_\_\_\_  
Application fee received by check number date

\_\_\_\_\_  
Performance amount received by check number date

\_\_\_\_\_  
Approved City Manager/Designee signature date

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**AFFIDAVIT**

The below named person, as applicant or legal representative for applicant, does hereby certify that all required information has been attached to this application and become a part thereof. Applicant or applicant's legal representative agrees that applicant will comply with all provisions of the City of Green Cove Springs Code of Ordinances, the laws, rules, ordinances and regulations of Clay County, the State of Florida and of the United States.

\_\_\_\_\_  
Applicant name

\_\_\_\_\_  
Name of applicant's legal representative

\_\_\_\_\_  
Title of applicant's legal representative

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Signature of applicant's legal representative

\_\_\_\_\_  
Witnesses:

\_\_\_\_\_  
Witness signature

\_\_\_\_\_  
Witness signature

STATE OF FLORIDA

COUNTY OF CLAY

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, in the  
Year 2013, by \_\_\_\_\_, President and Secretary,  
respectively, of \_\_\_\_\_ a Florida corporation, on  
behalf of the corporation. They/he/she are/is personally known to me or has  
produced \_\_\_\_\_ as identification.

Print Name: \_\_\_\_\_ Notary Public, State of Florida

My Commission Expires: \_\_\_\_\_

## DRUG-FREE WORKPLACE COMPLIANCE FORM

In order to have a drug-free workplace program, a business shall abide as follows:

The undersigned vendor/contractor in accordance with Florida Statue 287.087 hereby certifies that \_\_\_\_\_ (name of business) does:

1. Publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for violations of such prohibition.
2. Inform employees about the dangers of drug abuse in the workplace, the company's policy of maintaining a drug-free workplace, any available drug counseling, rehabilitation, and employee assistance programs, and the penalties that may be imposed upon employees or drug abuse violations.
3. Give each employee engaged in providing the commodities or contractual services that are under proposal a copy of the statement specified in item 1, above.
4. In the statement specified in item 1, notify the employees that as a condition of working on the commodities or contractual services which are under proposal, the employee will abide by the terms of the statement and will notify the employer of any conviction of, or plea of guilty or nolo contendere to any violation of Chapter 1893 or of any controlled substance law of the United States or any state, for a violation occurring in the workplace no later than five (5) days after such conviction.
5. Impose a sanction on, or require the satisfactory participation in a drug abuse assistance or rehabilitation program if such is available in the employee's community, by any employee who is convicted.
6. Make a good faith effort to continue to maintain a drug-free workplace through implementation of this section.

As the person authorized to sign the statement, I certify that, \_\_\_\_\_

\_\_\_\_\_, (name of business), fully complies with the above requirements.

Vendor/Contractor Signature

Date

**SWORN STATEMENT PURSUANT TO SECTION 287.133(3)(a), FLORIDA STATUTES, ON PUBLIC ENTITY CRIMES**

THIS FORM MUST BE SIGNED AND SWORN TO IN THE PRESENCE OF A NOTARY PUBLIC OR OTHER OFFICER AUTHORIZED TO ADMINISTER OATHS.

1. This sworn statement is submitted to \_\_\_\_\_  
(print name of the public entity)
- by \_\_\_\_\_  
(print individual's name and title)
- for \_\_\_\_\_  
(print name of entity submitting sworn statement)
- whose business address is \_\_\_\_\_
- \_\_\_\_\_
- and (if applicable) its Federal Employer Identification Number (FEIN) is \_\_\_\_\_

(If the entity has no FEIN, include the Social Security Number of the Individual signing this sworn statement: \_\_\_\_\_.)

2. I understand that a "public entity crime" as defined in Paragraph 287.133(1)(g), Florida Statutes, means a violation of any state or federal law by a person with respect to and directly related to the transaction of business with any business with any public entity or with an agency or political subdivision of any other state or of the United States, including, but not limited to, any bid or contract for goods or services to be provided to any public entity or an agency or political subdivision or any other state or of the United States and involving antitrust, fraud, theft, bribery, collusion, racketeering, conspiracy, or material misrepresentation.
3. I understand that "convicted" or "conviction" as defined in Paragraph 287.133(1)(b), Florida Statutes, means a finding of guilt or a conviction of a public entity crime, with or without an adjudication of guilt, in any federal or state trial court of record relating to charges brought by indictment or information after July 1, 1989, as a result of jury verdict, nonjury trial, or entry of a plea of guilty or nolo contendere.
4. I understand that an "affiliate" as described in paragraph 287.133(1)(a), Florida Statute, means:
- a. A predecessor or successor of a person convicted of a public entity crime; or
  - b. An entity under the control of any natural person who is active in the management of the entity and who has been convicted of a public entity crime. The term "affiliate" includes those officers, directors, executives, partners, shareholders, employees,

members, and agents who are active in the management of an affiliate. The ownership by one person of shares constituting a controlling interest in another person or a pooling of equipment or income among persons when not for fair market value under an arm's length agreement, shall be a prima facie case that one person controls another person. A person who knowingly enters into a joint venture with a person who has been convicted of a public entity crime in Florida during the preceding 36 months shall be considered affiliate.

c. I understand that a "person" as defined in Paragraph 287.133(1)(e), Florida Statutes, means any natural person or entity organized under the laws of any state or of the United States with the legal power to enter into a binding contract and which bids or applies to bid on contracts for the provision of goods or services let by a public entity, or which otherwise transacts or applies to transact business with a public entity. The term "person" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in management of an entity.

d. Based on information and belief, the statement which I have marked below is true in relation to the entity submitting this sworn statement. **Indicate which statement applies:**

-----Neither the entity submitting this sworn statement, nor any of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, nor any affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989.

\_\_\_\_\_The entity submitting this sworn statement, or one or more of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity or an affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989.

\_\_\_\_\_The entity submitting this sworn statement, or one or more of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity or an affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989. However, there has been a subsequent proceeding before a Hearing Officer of the State of Florida, Division of Administrative Hearings and Final Order entered by the Hearing Officer determined that it was not in the public interest to place the entity submitting this sworn statement on the convicted vendor list. **(attach a copy of the final order)**

**I UNDERSTAND THAT THE SUBMISSION OF THIS FORM TO THE CONTRACTING OFFICER FOR THE PUBLIC ENTITY IDENTIFIED IN PARAGRAPH 1 (ONE) ABOVE IS FOR THAT PUBLIC ENTITY ONLY AND, THAT THIS FORM IS VALID THOROUGH DECEMBER 31 OF THE CALENDAR YEAR IN WHICH IT IS FILED. I ALSO UNDERSTAND THAT I AM REQUIRED TO INFORM THE PUBLIC ENTITY PRIOR TO ENTERING INTO A CONTRACT IN EXCESS OF THE THRESHOLD AMOUNT PROVIDED IN SECTION 287.017, FLORIDA STATUTES FOR CATEGORY TWO OF ANY CHANGE IN THE INFORMATION CONTAINED IN THIS FORM.**

\_\_\_\_\_  
**Signature**

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Personally know: \_\_\_\_\_ Title: \_\_\_\_\_

OR produced identification \_\_\_\_\_ Notary Public –State of \_\_\_\_\_

\_\_\_\_\_  
(Type of identification) My commission expires \_\_\_\_\_

\_\_\_\_\_  
Printed typed or stamped commissioned name of notary public