



**City of Green Cove Springs
Public Works Department
Construction and Demolition Services Franchise Application**

Applicant Information:

Name _____

Address _____

City/State/Zip Code _____

Phone Number _____

Service Type Requested (Check applicable boxes):

- ☐ **To provide construction and demolition debris collection and disposal services 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 construction and demolition debris collection and disposal services to 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territory under a franchise, permit or license; and if so, where and whether such franchise permit or license has ever been revoked or suspended and the reasons therefore.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.
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. Whenever lawful, the City shall be named as an additional insured in all insurance policies required here in. Insurance policies will include:
 - A. 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;
 - B. 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
 - C. Worker's compensation policy in statutory limits in accordance with Florida law.
8. Applicant shall pay to the City a franchise fee as specified in the City of Green Cove Springs Code of Ordinances, as amended. Pursuant to the current Ordinance O-06-2014, adopted in June 2014. The Current franchise fee is \$600.00 per year.
9. 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.
10. 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.

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

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 2014, 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: _____