

**City of Gainesville**  
**Public Works Department**  
**Franchise Application for Garbage & Trash Commercial Collection Services**

**I. APPLICANT INFORMATION:**

Company Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

**II. SERVICE TYPE:**

- ☐ **Garbage & Trash** - To provide commercial collection and disposal of garbage and trash, as defined by City ordinance, for a non-exclusive franchise for **month to month terms effective October 1, 2022**. If applicants continue to meet the requirements of the ordinance, applicants will not be required to submit a formal application each month. A formal application will be required for the term that begins October 1, 2023. The City is in the process of transitioning to an exclusive franchise for commercial garbage collection. If the City issues an exclusive franchise, notice of the end date of the final monthly term will be provided to non-exclusive franchisees no later than 45 days before the expiration date of the final month.

**III. FRANCHISE APPLICATION REQUIREMENTS CHECKLIST:** The information in this section is provided to assist the applicant in preparing the application. **Provide the following information as attachments to your application as they apply. If an item below does not apply to you or your company, please write "N/A" to the left of the check box for that item.**

**1. DISCLOSURE OF OWNERSHIP** (*select one*)

- ☐ Partnership or corporations having 25 or fewer shareholders: Statement of names and business addresses of principal officers and stockholders and other persons having a financial or controlling interest; OR
- ☐ Corporations publicly owned having more than 25 shareholders: Statement of names and business addresses of local managing officers.

**2. STATEMENT OF ANY CRIMINAL CONVICTIONS** (*if applicable*)

- ☐ Statement if the applicant has any criminal convictions withheld adjudication and/or plea of nolo contendere for any felonies of any individual having controlling interest in the applicant's firm, corporation, partnership, association or organization, and a statement of whether such applicant operates or operated a solid waste collection business in this or any other state or territory under a franchise, permit or license, where, and whether such franchise, permit or license has ever been revoked or suspended, and the reasons therefor.

**3. PROOF OF GOOD STANDING**

- ☐ Proof that corporation is in good standing in the State, and if not a Florida corporation, proof that the applicant is qualified to do business in the State of Florida.

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**4. FICTITIOUS NAME STATEMENT** *(if applicable)*

- ☐ Statement if the applicant is other than a corporation and is operating under a fictitious name, the applicant shall be required to submit a statement that such fictitious name is registered and held by the applicant.

**5. SERVICE EQUIPMENT LIST**

- ☐ List of type, number, and complete description of all equipment to be used by the applicant for providing safe and efficient services.

**6. INSURANCE CERTIFICATES**

The applicant shall purchase and maintain in full force and effect the types and amounts of insurance set forth below from companies authorized to do business in the State of Florida. A current certificate of insurance for all policies written in the applicant's name is to remain on file with the City Manager or designee for the term of the franchise.

- ☐ Policy covering comprehensive general liability;
- ☐ Policies covering operations in the amount not less than \$200,000 per occurrence for bodily injury; in the amount not less than \$200,000 per occurrence for property damage; and in the amount not less than \$100,000 per person;
- ☐ Policy covering bodily injury in the amount not less than \$200,000 per occurrence;
- ☐ Policy covering property damage liability regarding automobile liability insurance in the amount not less than \$50,000 per occurrence; and
- ☐ Workers compensation policy as required by Florida statute Ch. 440. If the hauler is except from Worker's Compensation a certification letter from the State of Florida must be include with this application.

**7. APPLICATION FEE**

- ☐ Waived for this application if C&D application also submitted or granted.

**8. DEFINITIONS:**

GARBAGE & TRASH APPLICANT: *the person applying to the City of Gainesville for a franchise to provide commercial garbage and trash collection or disposal services within the City for hire, remuneration or other consideration.*

GARBAGE & TRASH FRANCHISEE: *person or corporation to whom the City has issued a non-exclusive franchise to provide commercial garbage and trash collection or disposal services to properties in the City.*

**9. APPLICATION AGREEMENT & PAYMENT:**

- ☐ The applicant agrees to comply with all applicable provisions of the City of Gainesville, Florida Code of Ordinances Article III, Divisions 1 and 2 of Chapter 27 consisting of Sections 27-71 through 27-84 as may be amended.

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- ☐ **Sec. 27-81(c)** Each franchisee providing **garbage and trash services** shall file an annual report, including a schedule of total gross revenues as defined in section 27-80(a). This annual report shall be examined by an independent certified public accountant to certify that the computation of gross revenue used to calculate franchise fees remitted is in accordance with the terms of the franchise.

\_\_\_\_\_  
*Company Name*

\_\_\_\_\_  
*Applicant Name*

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

\_\_\_\_\_  
*Application Submission Date*

\_\_\_\_\_  
*Application Received By*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Approved City Manager/Designee Signature*

\_\_\_\_\_  
*Date*

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**VI. APPLICATION AFFIDAVIT:**

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

\_\_\_\_\_  
*Company Name*

\_\_\_\_\_  
*Applicant Name*

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

\_\_\_\_\_  
*Applicant Legal Representative Name & Title*

\_\_\_\_\_  
*Signature of Applicant Legal Representative*

\_\_\_\_\_  
*Witness Name*

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

STATE OF FLORIDA  
COUNTY OF ALACHUA

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, in the year \_\_\_\_\_, 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: \_\_\_\_\_