

**City of Gainesville
Public Works Department
Food Waste Collector Application**

I. APPLICANT INFORMATION:

Company Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

II. REGISTRATION APPLICATION REQUIREMENTS CHECKLIST: The information in this section is provided to assist the applicant in preparing the application to **provide for the processing and/or transporting of food waste**. A City registration certificate shall be valid for one year and can be renewed without an application fee for the holder of an existing registration certificate. **Provide the following required information as attachments to your application as they apply:**

1. DISCLOSURE OF OWNERSHIP

- Two copies of a notarized statement disclosing names of owners, general and limited partners, and corporate or registered names under which the registrant will conduct business as authorized by City ordinance. A current statement shall be updated annually and on file with the City Manager or designee.

2. SERVICE TYPE (*select one or both*)

- The applicant is a processor of recovered materials;

AND/OR

- The applicant is a transporter of recovered materials.

3. COMPOST FACILITIES LIST

- Provide a list of facilities that meet permitting requirements of the State of Florida where material will be delivered.

4. INSURANCE CERTIFICATES

Applicants shall purchase and maintain 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 certificate of registration.

- If the registrant utilizes City facilities, a policy for general liability insurance policy in the amount of \$500,000 per occurrence with the City named as an additional insured;
- Commercial motor vehicle insurance as required by Florida statute Ch. 627; and

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- Workers' compensation as required by Florida statute Ch. 440. If the applicant is exempt from Workers' Compensation, a certification letter from the State of Florida must be included with this application.

5. APPLICATION FEE

- The applicant shall pay the City a nonrefundable application fee as specified in the Application Fee Schedule (**Attachment A**).

III. DEFINITIONS:

***APPLICANT:** a person applying to the city for a registration certificate required to collect, process, convey or transport recovered materials within the city for hire, remuneration or other consideration.*

***REGISTRANT:** shall be a person who has made an application with the City to collect, transport, or convey food waste in the City and has subsequently received a registration certificate from the City.*

***FOOD WASTE:** shall mean food that is no longer edible or fit for human or animal consumption, nonedible parts of food, or food soiled paper, resulting from food production, preparation, and consumption activities of animals and humans that consists of, but not limited to, vegetables, grains, animal products and byproducts, that have known compostable potential and can be separated from the solid waste stream.*

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IV. APPLICATION AGREEMENT & RECORD OF PAYMENT:

- The applicant agrees to comply with all provisions of the City of Gainesville, Florida Code of Ordinances Article III, Division 3 of Chapter 27, consisting of Sections 27-85 through 27-88.

Company Name

Applicant Name

Applicant Signature

Application Submission Date

Date

Check Number

Check Date

Date

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V. 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.
- Applicant or 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

Applicant Legal Representative Signature

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: _____