I.	ΑP	PLIC	CANT INFORMATION:		
		Na	ame		
	,	Addr	ress		
			City S	tate	Zip
		Ph	none Er	nail	
II.	ΑP	PLIC	CATION REQUESTED: (Select one below)		
		Ne	w application; or		
		Re	newal of application.		
III. REGISTRATION APPLICATION REQUIREMENTS CHECKLIST: The information in this sprovided to assist the applicant in preparing the application to provide for the processin transporting of recovered materials. A City certificate of registration shall be valid for five years up to two times upon completion of the approvide the following required information as attachments to your application as they					
	1.	DIS	SCLOSURE OF OWNERSHIP		
			Two copies of notarized statement disclosing or corporate or registered name under which r City ordinance. A current statement shall be up or designee.	egistrant will conduct	business as authorized by
	2.	SE	RVICE TYPE (select one or both)		
			The applicant is a processor of recovered ma	iterials;	
			AND/OR		
			The applicant is a transporter of recovered m	aterials.	
	3.	ST	ATE OF FLORIDA CERTIFICATION		
			Copy of the State of Florida Recovered Mate 403.7046. This certification is to be updated designee.		
	4.	PR	ROOF REGISTRANT PROVIDING SERVICE		
			Documentation that shows the registrant is of the City.	currently providing se	rvice to customers within

5. 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.

		The applicant shall pay the City a nonrefundable application fee as specified in the Application Fee Schedule (Attachment A).
6.	APPLICATION FEE	
		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;
		Workers compensation as required by Florida statute Ch. 440;
		Commercial motor vehicle insurance as required by Florida statute Ch. 627;

IV. DEFINITIONS:

<u>APPLICANT</u>: 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, convey, or process recovered materials in the City and has subsequently received a registration certificate from the City.

RECOVERED MATERIAL: shall mean metal, paper, glass, plastic or textile materials that have known recycling potential, can be feasibly recycled and have been diverted and source separated or removed from the solid waste stream for sale, use or reuse as raw materials, whether or not the materials require subsequent processing or separation from each other, but does not include materials destined for any use that constitutes disposal. Recovered materials as described above are not solid waste.

V. APPLICATION AGREEMENT & RECORD OF PAYMENT:

☐ The applicant agrees to comply with all Ordinances Article III, Division 3 of Chapte			
Company's Name			_
Applicant's Name			_
Applicant's Signature			_
Application Submission Date			_
Application Received By		Date	_
Application Fee Received By	Check Number	Check Date	_
Approved City Manager/Designee Signature		Date	_

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.
	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's Name
	Applicant's Name
	Signature of Applicant
	Name & Title Applicant's Legal Representative
	Signature of Applicant's Legal Representative
	Name Witness
	Signature of Witness
STATE	OF FLORIDA
	TY OF ALACHUA
	egoing 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
person	ally known to me or has produced as identification.
Print Na	ame: Notary Public, State of Florida
My Cor	mmission Expires: