



PRIVATE HAULER APPLICATION FOR SOLID WASTE COLLECTION FRANCHISE

The following application is furnished in compliance with Ordinance 2004-19, which provides for the requirement and issuance of solid waste collection franchises by imposing a franchise fee for solid waste collection activities and awarding franchises to certain permitted haulers.

IDENTIFICATION MATERIAL

Name of Applicant:

Corporate Office Address:

If the applicant is a partnership or corporation, the name(s) and business address(es) of the principal officers and stockholders and other persons having any financial or controlling interest of five percent or greater in the partnership or corporation. Provided, however, that if the corporation is a publicly owned corporation having more than twenty-five (25) shareholders, then only the names and business addresses of the local managing officers shall be required.

Please attach this information as EXHIBIT A.

CHARACTER OF APPLICANT

If the applicant is an individual, a record of all convictions and the reasons therefore shall be provided by the applicant.

If the applicant is other than an individual, then the record of all convictions and the reason therefore of the principal controlling officers of the applicant shall be provided. Provided, however, that in the case of a publicly held corporation having twenty-five (25) or more shareholders, then only the aforementioned information is applicable to its local managing officers.

Please attach this information as EXHIBIT B.

BUSINESS HISTORY

Has the applicant ever operated a solid waste collection removal business in Florida or another state under a franchise, permit or license? (Check one) Yes No

If yes, please indicate from where the franchise(s), permit(s) or license(s) was/were issued?

Please indicate whether any franchise, permit or license has ever been revoked or suspended and why.

QUALIFIED BUSINESS

If the applicant is a corporation, the applicant shall submit proof of incorporation in good standing in the state of incorporation and, if a foreign corporation, the applicant shall provide information certifying that the applicant is qualified to do business in the State of Florida.

If the applicant is other than a corporation and is operating under a fictitious name, the applicant shall be required to submit information that such fictitious name is registered and held by the applicant.

Please attach this information as EXHIBIT C.

EQUIPMENT

Please indicate the type, number and complete description of all equipment to be used by the applicant for providing service under this franchise.

DISPOSAL FACILITY

The applicant must provide a statement that it will use Miami-Dade County approved facilities for disposing of all solid waste which the applicant collects and removes from the City of Doral, or those facilities not owned by the County which have been approved by the State Department of Environmental Regulation.

Please attach this information as EXHIBIT D.

DORAL CUSTOMERS

Please provide the names of customers and addresses of each location served, service levels including size and number of containers and frequency of pick-ups and a schedule of rates.

Please attach this information as EXHIBIT E.

CERTIFICATE OF INSURANCE

The applicant shall furnish a public liability policy to the City and file with the City a certificate of insurance for all policies written in the applicant's name. The certificate of insurance shall name the City as an additional insured and shall provide that the policies contain an endorsement requiring that the City be furnished with ten (10) days written notice by registered mail prior to cancellation or material changes in the policies.

Please attach the certificates of insurance(s) with endorsement as EXHIBIT F.

INSURANCE REQUIREMENTS

The applicant is required to maintain the following insurance coverage's and the following levels:

Comprehensive General Liability In an amount not less than three hundred thousand dollars (\$300,000) per occurrence for bodily injury and two hundred thousand dollars (\$200,000) per occurrence for property damage liability.

Vehicle Liability Insurance Covering each vehicle utilized in the business of solid waste collection and disposal in an amount not less than one million dollars (\$1,000,000) combined single limit per occurrence.

The above insurance requirements shall not be constructed as imposing upon the City or any official or employee thereof any liability or responsibility for injury to any person or property by the insured, his agents or employees.

Please attach the certificates of insurance(s) as EXHIBIT F.

PERMITS AND LICENSES

The applicant for a franchise shall provide proof of county and/or state permits and licenses.

Please attach copies of the permits and licenses as EXHIBIT G.

AFFIDAVIT

State of _____)
County of _____) ss.

_____ being first duly sworn deposes and says that:

He/she is the (Owner, Partner, Officer, Representative or Agent) _____ of (name of applicant) _____, and that matters and facts stated in this application are true to his/her knowledge, and that he/she as (title) _____ for (name of applicant) _____ is authorized to execute this application for the purposes of obtaining a franchise from the City of Doral for Solid Waste Collection.

Signature

Sworn to and subscribed before me this _____ day of _____.

Print Name and Title

Notary Public, State of Florida
My Commission Expires:

Telephone

APPLICATION SUBMITTAL AND FEE

This completed application should be submitted to the Public Works Department at 8401 N.W. 53rd Terrace, Doral, Florida, 33166. Upon receipt of a completed application, the Public Works Director or his designated representative shall review said application and, if satisfactory in all respects, and after payment of the required application fee of One Thousand Dollars (\$1,000), shall issue letter of approval of the Franchise.