

**City Of Palm Bay**  
**NON-EXCLUSIVE Construction & Demolition Debris**  
**Collection and Disposal Franchise Agreement Application**

**SECTION 1 (Identification)**

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Business Name OR Name of Applicant Corporation

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Street Address of Business Owner OR Corporation (Street, City, State, Zip)

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Business Phone Business Fax E-mail or Website

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Name of Applicant, Local Contact, or Agent of Service (Corp.)

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Relationship to Business (Owner, Partner, Manager, Corporate Officer, Manager, Etc.)

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Primary Contact Person for All Correspondence for Franchise Phone /Fax/E-mail

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Partner OR Corporate Officer (Last, First, Title) Contact Phone

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Partner OR Corporate Officer (Last, First, Title) Contact Phone

**Type of Organization (Check one).....**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Individual (Owner/Operator) | <input type="checkbox"/> Limited Partnership                                      | <input type="checkbox"/> Joint Venture |
| <input type="checkbox"/> Corporation                 | <input type="checkbox"/> Limited Liability Company                                | <input type="checkbox"/> Public Agency |
| <input type="checkbox"/> General Partnership         | <input type="checkbox"/> Business Trust   | <input type="checkbox"/> Co-Partners   |
|  | <input type="checkbox"/> Unincorporated Association –<br>Other than a Partnership |  |

**Existence of Business Entity:**

If the applicant is a legal entity, applicant shall submit proof of good standing in the state of organization and, if a foreign legal entity, applicant shall provide information certifying that applicant is qualified to do business in the state. If applicant is operating under a fictitious name, applicant shall be required to submit information that such fictitious name is registered and held by applicant.

## SECTION 2 (Business Operations)

Please complete the following:

### A. Employees:

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Chief Executive Officer \_\_\_\_\_ Yrs Exp in C&D Debris Removal and Disposal \_\_\_\_\_

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Title \_\_\_\_\_ Phone \_\_\_\_\_

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Financial Officer \_\_\_\_\_ Yrs Exp in C&D Debris Removal and Disposal \_\_\_\_\_

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Title \_\_\_\_\_ Phone \_\_\_\_\_

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Operations Manager \_\_\_\_\_ Yrs Exp in C&D Debris Removal and Disposal \_\_\_\_\_

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Title \_\_\_\_\_ Phone \_\_\_\_\_

Total number of Employees: \_\_\_\_\_

Note: Applicant Company with employees must provide verification of Worker's Compensation Insurance. If company is Owner/Operator and has no employees, Worker's Compensation Insurance requirements are waived; however, applicant must provide letter to the City stating company has no employees, therefore, is not required to secure Worker's Compensation Insurance. Should the company hire an employee or several employees, the waiver is null and void, and the company must secure Worker's Compensation Insurance.

### B. Local Business Office Address & Phone:

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Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

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Local Business Office Phone \_\_\_\_\_ Local Business Office Fax \_\_\_\_\_

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Business License No. \_\_\_\_\_ City or County \_\_\_\_\_

### C. Business History:

Have you previously operated a C&D Debris removal and disposal service business under a franchise, permit or license?  Yes  No

If yes, where? \_\_\_\_\_ When? \_\_\_\_\_

Use additional sheets if necessary

Has any franchise, permit or license ever been revoked or suspended?  Yes  No

If yes, Why? \_\_\_\_\_

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**B. Recycling/Salvage, Transfer/Processing, & Disposal Facilities:**

Please indicate the **approved\*** Recycling, Transfer/Processing, & Disposal facilities your company uses or intends to use:

Recycling/Salvage		Transfer/Processing		Disposal	
Facility Name	Percentage of Debris Collected	Facility Name	Percentage of Debris Collected	Facility Name	Percentage of Debris Collected

\*All disposal sites must be approved by the appropriate county/state/federal regulatory agencies.

**C. Service Areas:**

Please list the Cities and/or Counties within Florida where the company currently has, or has had, C&D debris collection and disposal operations:

City / County	Contact Name	Phone Number	Current?
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

Attach additional sheets as necessary.

## **SECTION 4 (Certification)**

### ***Read the following statement carefully***

- I understand that Franchises are issued pursuant to Section 150.30(D) of the Code of Ordinances of the City of Palm Bay, Florida (“the C&D Franchise Ordinance”). All collection services shall be provided by the Franchisee. Sub-contracting and other forms of transferring obligations and/or responsibilities imposed by the Franchise are prohibited except as expressly allowed the C&D Franchise Ordinance.
- I understand that I must have a valid Construction and Demolition Debris collection and disposal Franchise Agreement from the City of Palm Bay in order to collect and/or haul C&D debris within the City.
- I hereby grant the City the right to inspect any and all equipment and/or facilities during reasonable hours to ensure compliance with the C&D Franchise Ordinance. I understand that denial of such shall be grounds for suspension or revocation of said Franchise.
- I understand that in the event that I fail to service roll off containers for any reason, the City reserves the right to confiscate the container and bill the Franchisee for the labor and equipment necessary to accomplish such. The City also reserves the right to bill the Franchisee for storage with forfeiture of the roll container occurring upon sixty (60) days of non-action.
- I understand that in the event that I do not respond to the City’s request to relocate an improperly placed container, the City shall reserve the right to relocate the container and bill the Franchisee for the labor and equipment necessary to accomplish such.
- I understand that in the event that I do not respond to the City’s request to clean up any type of debris that has fallen or blown out of a container, the City shall reserve the right to clean up the debris and bill the Franchisee for the labor and materials necessary to accomplish such.
- I hereby certify that the information in this application package is true and correct, that the operation will be conducted in accordance with the information contained and certified herein, and in accordance with the C&D Franchise Ordinance. Further, I hereby certify that I have access to suitable facilities for keeping vehicles and equipment clean and in good repair and that I own or will have access to reasonable local office and billing facilities.
- I hereby certify that I or the company(ies) listed in this application will maintain at all times, and provide appropriate certificates of insurance to the city for, a commercial general liability insurance policy to cover liability for damages because of bodily injury to any person or persons, and to cover liability damage of property of any person arising from or in connection with C&D debris roll-off container service within the city. Such insurance shall be carried with the minimum limits of coverage being of not less than one million dollars (\$1,000,000) for bodily injury in any one (1) occurrence, and not less than one million dollars (\$1,000,000) in any occurrence and one million dollars (\$1,000,000) in the aggregate for damage to property.
- I hereby certify that I and/or the company applying for this Franchise shall report on a timely basis any change in the information submitted on this Application.
- I hereby certify that I owe no outstanding fees of any kind to the City of Palm Bay.

**The City desires to accept this Application only if in so doing the City can place a limit on the City’s liability or any cause of action arising out of the submission of this Application, so that the City’s liability never exceeds the sum of \$100.00. For other and additional good and valuable consideration, the receipt and sufficiency of which is hereby**

**acknowledged, the Applicant expresses its willingness to submit this Application with the knowledge that the Applicant's recovery from the City for any action or claim arising from the submission of this Application is limited to a maximum amount of \$100.00. Accordingly, and notwithstanding any other term or condition of this Application form that may suggest otherwise, Applicant agrees that the City shall not be liable to Applicant for damages in an amount in excess of \$100.00, for any action, cause, reason or claim arising out of the submission of this Application. Nothing contained on this form or elsewhere in this Application form is in any manner intended either to be a waiver of the limitation placed upon the City's liability as set forth in Section 768.28, Florida Statutes, or to extend the City's liability beyond the limits established in said Section; and no claim or award against the City shall include attorney's fees, investigative costs, expert fees, suit costs or pre-judgment interest.**

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Name (print) \_\_\_\_\_ Signature \_\_\_\_\_

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Title \_\_\_\_\_ Date \_\_\_\_\_

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State of Florida, County of \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

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Notary Public Signature \_\_\_\_\_ (Print name of person signing document)

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Commission Expires \_\_\_\_\_ (Seal)

Personally Known \_\_\_\_\_,  
OR Produced Identification \_\_\_\_\_  
Type of Identification Produced \_\_\_\_\_

## **Vehicle / Equipment Inventory Form 1 (including roll-off containers)**

Make	Model (front, rear loader, etc)	Year	Current Mileage	Capacity(Tons)	Vehicle Identification No. (VIN#)	Vehicle License No.

**\*Note: Make additional copies of form as necessary and include in application response as part of Section 3.**

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## ***INSURANCE CARRIER INFORMATION***

<b>Policy Type</b>	<b>Carrier</b>	<b>Policy No.</b>	<b>Effective Dates (Expiration)</b>	<b>Insurance Carrier Contact Name/Phone No.</b>
Auto/Truck				
General Liability				
Worker's Compensation				
Other _____				

***\*Note: Complete and include in Section 5 of the application response. Attach certified copies of insurance policies to this form.***