



Lake County Commercial Solid Waste Collection Provider Franchise Application

Instructions:

This application may be returned, along with any necessary attachments and payment one of the following ways:

1. Online	2. By Mail	3. In Person
Visit www.lakecountyfl.gov/franchise to complete the application form and pay the fee by credit card.	Lake County Solid Waste Division Attn: Solid Waste Division Manager P.O. Box 7800 Tavares, FL 32778 Include a check payable to "Lake County Board of County Commissioners"	Lake County Solid Waste Division facility, located at 13130 County Landfill Road, Tavares FL 32778. Payment accepted by credit card, or check made payable to "Lake County Board of County Commissioners"

A response can be expected as to whether the application has been approved in approximately 7 to 10 days.

Checklist:

Below is a checklist of items that should be returned to Lake County for consideration of the franchise application:

- Completed application form
- Franchise fee payment
- Proof of insurance
- Proof of corporation in good standing and, if not a Florida corporation, certification that applicant is qualified to do business in the state of Florida (*If applicable*).
- Fictitious name registration information (*If applicable*).

Application Fee Amounts:

<input type="checkbox"/>	Commercial franchises awarded on or before October 1 of any year, with the franchise to be effective from October 1 of that year through September 30 of the following year.	\$1,000.00
<input type="checkbox"/>	Commercial franchises awarded after March 1 of any year, with the franchise to be effective up to September 30 of that year.	\$500.00

Proof of Insurance Information:

Pursuant to Lake County Code Section 23.34 (b)(3):

The applicant shall maintain in full force and effect insurance as specified herein and shall furnish a comprehensive general liability policy to the Lake County Solid Waste Division Manager and also file with the Lake County Solid Waste Division Manager a certificate of insurance for all policies written in the applicant's name, showing Lake County as an additional insured. The applicant shall carry in its own name a policy for commercial general liability. Coverage must be afforded under a per occurrence form policy for limits not less than \$2,000,000 general aggregate, \$1,000,000 products/completed operations aggregate, \$1,000,000 personal and advertising injury liability, \$1,000,000 each occurrence, \$50,000 fire damage liability and \$5,000 medical expense. The applicant must carry an umbrella policy of at least \$1,000,000, a pollution liability policy with a limit of \$1,000,000, and automobile liability and coverage must be afforded including coverage for all owned vehicles, hired and non-owned vehicles for bodily injury and property damage of not less than \$1,000,000 combined single limit each accident. The applicant shall carry workers' compensation insurance as required by the state of Florida.

Lake County Commercial Solid Waste Collection Provider Franchise Application

1. Applicant Contact Information:

Name of commercial franchise applicant: _____

Contact person (if different than applicant): _____ Title: _____

Physical address: _____

Mailing address (if different from physical address): _____

Business phone number: _____ Fax number: _____

Email address: _____

2. Franchise Information:

Applicant type for a commercial franchise: Individual Partnership (see below) Corporation(see below)

If the applicant type is a

- Partnership, or
- Corporation

Provide the name(s) and business address(es) of the principal officers and stockholders and other persons having a financial or controlling interest 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 provided (attach additional sheets if necessary):

Name(s):	Business Address(es):

**Lake County Commercial Solid Waste Collection Provider
Franchise Application**

Corporation/Partnership Applicant Signature and Verification of Code Compliance

State of _____
County of _____

Before me, the undersigned authority, this day personally appeared _____ ,
(Name)
hereinafter "Affiant", as _____ of _____ ,
(Title) *(Name of Business)*
a _____ (hereinafter, "Business"),
(State) *(Type of Business - corporation, partnership, LLC, LLP, etc.)*

who, being by me first duly sworn, upon oath, deposes and says:

1. That the Affiant has full authority to execute this affidavit on behalf of the Business;
2. That the Affiant is the duly authorized representative of the Business, which is requesting approval of a solid waste commercial franchise;
3. That the information provided within the preceding application is true and correct; and
4. That the Affiant has read, and certifies that the Business will comply with, if awarded a commercial franchise, all provisions of Lake County Code, Chapter 23, Article IV (Commercial Solid Waste Program), and all other applicable provisions of Lake County Code pertaining to the collection and disposal of commercial waste.

FURTHER Affiant sayeth not.

(Signature)

(Print Name and Title)

For, and on behalf of,

(Name of Business)

Notary Public

My Commission Expires: _____

**Lake County Commercial Solid Waste Collection Provider
Franchise Application**

Individual Applicant Signature and Verification of Code Compliance

State of _____
County of _____

Before me, the undersigned authority, this day personally appeared _____ ,
(Name)

hereinafter "Affiant", who, being by me first duly sworn, upon oath, deposes and says:

1. That the Affiant is requesting approval of a solid waste commercial franchise;
2. That the information provided within the preceding application is true and correct; and
3. That the Affiant has read, and certifies that the Affiant will comply with, if awarded a commercial franchise, all provisions of Lake County Code, Chapter 23, Article IV (Commercial Solid Waste Program), and all other applicable provisions of Lake County Code pertaining to the collection and disposal of commercial waste.

FURTHER Affiant sayeth not.

(Signature)

(Print Name)

Notary Public

My Commission Expires: _____