

**COMMERCIAL SOLID WASTE HAULER
LICENSE APPLICATION**

Type of Application (check all that apply)

- | | | |
|---|---|--|
| <input type="checkbox"/> Commercial | <input type="checkbox"/> Roll Off Service | <input type="checkbox"/> New Application |
| <input type="checkbox"/> Construction and Demolition Only | <input type="checkbox"/> Front Load Service | <input type="checkbox"/> Change of Ownership |
| <input type="checkbox"/> Residential (Franchisee's only) | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Name Change |

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Owner or Authorized Representative: _____

Phone Number(s): _____

Email Address(es): _____

Federal Employer Identification Number: _____

- 1) Do you or will you maintain a business office in Hernando County? Yes No

- 2) Hernando County does not accept waste collected from locations outside of Hernando County. Do you agree not to bring waste from other Counties to the Northwest Solid Waste Management Facility? Yes No N/A

- 3) Where do you plan to dispose of waste collected from locations within Hernando County?

- 4) Are you familiar with the Solid Waste Collection and Disposal Ordinance of Hernando County, Florida, and do you agree to abide by the terms of said Ordinance as may be amended from time to time? Yes No

- 5) Attach a list of the names and addresses of all officers, directors, stock- holders, owners, and/or partners.

- 6) Attach a list of all employees, including name, years with company and position held.

- 7) List all holidays that your company observes for which there will be no collection service.

Company Name: _____

- 8) Attach a list of all equipment with a unit cost in excess of \$5,000 that you will be using in Hernando County. The listing should consist of the following minimum information:
- a) Make and Model Year, if a collection vehicle
 - b) If not a collection vehicle, provide a description of the equipment
 - c) Condition
 - d) Mileage or hours
 - e) License plate or Florida registration number, if applicable
 - f) Estimated replacement date

- 9) All vehicles must be inspected annually. Who is the contact person to arrange for physical inspection of the equipment?

Name: _____ Phone: _____

Email Address: _____

- 10) Attach financial statements for your most recently completed fiscal year. The financial statements at a minimum should consist of a balance sheet and a statement of income. If the applicant is a newly formed company and historical financial statements are not available, attach a projected balance sheet, in lieu of the historical financial statements.

- 11) Attach proof of insurance coverage and the amount of the coverage for the following:

- a) General Liability and Property Damage
- b) Workers Compensation
- c) Commercial Automobile Insurance

I hereby certify that the information provided in this application is, to the best of my knowledge, true and correct and accurately represents the standing of this firm. Additionally, I fully acknowledge and understand the Hernando County Solid Waste Management Ordinance. I agree to comply with all applicable federal, state, and county ordinances, laws, rules and regulations and all amendments.

Authorized Signature

Date

Printed Name

Title

Hernando County
Board of County Commissioners

Authorized Signature

Date