

County of Volusia
Non-Exclusive Commercial Franchise Application
New, Renewal, or Transfer of Franchise
(Circle one)

Firm Name: _____

Federal Identification # _____

Volusia County Business Tax # _____

Mailing Address: _____ Office Address: _____

Owner Name: _____

Corporate Officers Name(s): _____

Office Telephone #:(_____) _____

Emergency (24-hour) Telephone #: (_____) _____

Number of Commercial Accounts (estimated monthly): _____

All Class I Material must be disposed of at the Volusia County Tomoka Landfill or the West Volusia Transfer Station.

Class III C&D and landclearing may be disposed at a FDEP permitted site.

Equipment

of Trucks: _____ # of Solid Waste Containers: _____ Other: _____

Authorized (Owner/Officer) Representative (print) (_____) Telephone #

Signature of Authorized Representative Date

I have read and agree to comply with all conditions and provisions of the Commercial Solid Waste Collection Code #106-61 through 106-66. I understand there will be a 5% Commercial Franchise Fee per month on gross receipts, and a certified audit is due annually.

State of Florida
County of Volusia

I hereby certify that, on this day personally appeared before me _____
known to be the person described in and who executed the above certification, and acknowledged to and before me that _____
executed the certification on behalf of the said _____

(Name of Company)

Witness my hand and seal this _____ day of _____ A.D. 20_____.

Notary Public at Large _____

My Commission Expires _____