

Non-Exclusive Commercial Franchise Application

For New, Renewal, or Transfer of Franchise

I. Requirements

- Completed application
- Check payable to County of Volusia in the amount of \$100.00
- Proof of insurability
- Volusia County Business Tax Receipt
- Mail requirements to: Volusia County Council
c/o Solid Waste Administration
3151 E. State Road 44
DeLand, Florida 32724

II. Public Hearing

- The County Attorney shall determine date of Public Hearing. The Hearing will be held during a regular County Council meeting and may be the same date as the applicants Council agenda item.

III. Post Application Approval Requirements

- Annual Certified Audit shall be prepared by an independent certified public accountant and provided annually, no later than July 31.
- Franchise Fee shall be paid to the County monthly.

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

Business Name: _____

Federal Identification # _____ Volusia County Business Tax : _____

Mailing Address: _____ Office Address: _____

24 Hr Emergency Telephone #: (_____) _____ Office Telephone #: (_____) _____

Owner's Name: _____

Corporate Officer's Name: _____

Number of Commercial Accounts (estimated monthly): _____

Gross Commercial Revenue (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 Representative (Owner/Officer) PRINT (_____) Telephone Number

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 _____

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 _____
(Business Name)

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

Notary Public at Large _____

My Commission Expires _____

County of Volusia
Non-Exclusive Commercial Franchise Application

Equipment Inspection Form

Applicant will schedule an appointment prior to application presented to Council.

Firm Name: _____

Truck Type: _____
(attach photograph)

Manufacturer: _____ Year: _____

Vehicle Tag #: _____

Packer Type: front load () rear load () other ()

Manufacturer's Capacity Rating: _____

Insurance Company: _____
(attach certificate)

Requirements for truck:

- () Firm name
- () Capacity
- () Fire Extinguisher
- () Shovel
- () Broom
- () Watertight (to depth of 12")
- () Litter proof

Photograph



Inspected by: _____
Authorized VCSW Representative

Date: _____