

EXHIBIT A to RESOLUTION NO. 2016-_____
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: _____

Email 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 land clearing 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 10% 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 _____