



**CITY OF WOODSTOCK**  
DEVELOPMENT SERVICES DEPARTMENT  
12453 Hwy 92, Woodstock, GA 30188  
770-592-6054

## COMMERCIAL SOLID WASTE FRANCHISEE APPLICATION

### APPLICANT MAILING ADDRESS – Address to which information should be mailed.

Company Name \_\_\_\_\_

D/B/A (if applicable) \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Contact Person \_\_\_\_\_ Title \_\_\_\_\_

Office Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Fax \_\_\_\_\_ E-Mail \_\_\_\_\_

Website \_\_\_\_\_

### APPLICATION TYPE

New  Renewal  Revision

TAX ID NUMBER \_\_\_\_\_

### APPLICANT REMITTANCE ADDRESS – Address to which payment should be mailed.

Company Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Contact Person \_\_\_\_\_ Title \_\_\_\_\_

Office Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Fax \_\_\_\_\_ E-Mail \_\_\_\_\_

### FIRM ORGANIZATION

Parent Company \_\_\_\_\_

Division \_\_\_\_\_

Subsidiary \_\_\_\_\_

Location of Headquarters \_\_\_\_\_

How long in business? \_\_\_\_\_ How long at present address? \_\_\_\_\_

Does your organization have a location within the city limits of the City of Woodstock?

Yes

No

If yes, please provide the physical address of the Woodstock location.

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

How long at Woodstock address? \_\_\_\_\_

### LEGAL STRUCTURE OF BUSINESS(ES)

Sole Proprietorship

Limited Liability Corporation

Partnership

Non-Profit

Limited Partnership

Corporation

Other

If other, please describe:

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**PLEASE ATTACH AND/OR COMPLETE THE ITEMS LISTED BELOW**

- └ Certificate(s) of Insurance Sec.78-17(b)
- └ Copy of solid waste handling permit Sec. 78-17 (a)
- └ Letter of solid waste disposal assurance Sec. 78-17 (f)
- └ List of at minimum 3 business references
- └ Certification of Indemnification Sec. 78-17 (c) – Exhibit A
- └ Certification of Vehicle Compliance Sec. 78-17 (d) – Exhibit B
- └ Immigration Compliance Affidavits – Exhibits C, D, E (as applicable)
  - Include copy of government issued identification
- └ Regulatory Fee Acknowledgement Affidavit Sec. 78-18 – Exhibit F

\_\_\_\_\_  
Signature of Authorized Agent/Officer

\_\_\_\_\_  
Title

\_\_\_\_\_  
Print Name of Authorized Agent/Officer

\_\_\_\_\_  
Date

# **Exhibits**

**Exhibit A**

**RESPONSIBILITY OF APPLICANT AND INDEMNIFICATION OF CITY**

The Applicant covenants and agrees to take and assume all responsibility for the services rendered in connection with this Agreement. The Applicant shall bear all losses and damages directly or indirectly resulting to it on account of the performance or character of the services rendered pursuant to this Agreement. Applicant shall defend, indemnify and hold harmless the City, its officers, boards, commissions, elected officials, employees and agents from and against any and all claims, suits, actions, liability, judgments, damages, losses, and expenses, including but not limited to, attorney's fees, which may be the result of willful, negligent or tortious conduct arising out of the Work, performance of contracted services, or operations by the Applicant, any subcontractor, anyone directly or indirectly employed by the Applicant or subcontractor or anyone for whose acts the Applicant or subcontractor may be liable, regardless of whether or not the negligent act is caused in part by a party indemnified hereunder. Such obligation shall not be construed to negate, abridge, or otherwise reduce any other right or obligation of indemnity which would otherwise exist as to any party or person described in this provision. In any and all claims against the City or any of its agents or employees, by any employee of the Applicant, any subcontractor, anyone directly or indirectly employed by the Applicant or subcontractor or anyone for whose acts the Applicant or subcontractor may be liable, the indemnification obligation set forth in this provision shall not be limited in any way by any limitation on the amount or type of damages, compensation or benefits payable by or for the Applicant or any subcontractor under workers' or workmen's compensation acts, disability benefit acts or other employee benefit acts. This obligation to indemnify and defend the City, its members, officers, agents, employees and volunteers shall survive termination of this Agreement.

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on \_\_\_\_\_, 20\_\_ in \_\_\_\_\_ (city), \_\_\_\_\_ (state).

\_\_\_\_\_  
Firm/Company/Private Employer Name

\_\_\_\_\_  
Signature of Authorized Officer or Agent

\_\_\_\_\_  
Printed Name and Title of Authorized Officer or Agent

Subscribed and Sworn before me this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
My Commission Expires

**Exhibit B**

**CERTIFICATE OF VEHICLE COMPLIANCE**

The Applicant covenants and agrees that all vehicles and containers comply with the City of Woodstock Solid Waste ordinance Sec. 78-17 (d) as follows:

Sec. 78-17 (d) Vehicles:

- (1) All vehicles and containers used for collection operations shall comply with the requirements of Rule 391-3-4-.06 of Chapter 391-3-4 (Solid Waste Management) of the Rules of the Georgia Department of Natural Resources, Environmental Protection Division, and must be compactor-type trucks, covered or enclosed vehicles. All vehicles must be constructed to be substantially leak proof, constructed of durable metal, easily cleanable and able to prevent litter from escaping during movement of the vehicle.
- (2) Vehicles and containers shall meet all requirements of the Georgia Department of Transportation for highway and local ordinances governing weight and size for the streets which must be traveled for pickup. All vehicles shall be subject to unannounced by City officials for compliance with environmental and highway safety standards.
- (3) All vehicles shall have, in letters at least six inches high and conspicuously placed in three places on the vehicle, the name and telephone number of the service provider.
- (4) Service providers shall provide an adequate number of vehicles for regular collection services. Nothing in this article shall prohibit service providers from sharing backup vehicles with other service providers provided that such sharing is adequately covered by insurance.
- (5) Vehicles used exclusively for collection and transporting recovered materials shall be exempt from this entire article except that an adequate cover shall be used to prevent litter from escaping during movement.

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on \_\_\_\_\_, 20\_\_ in \_\_\_\_\_ (city), \_\_\_\_\_ (state).

\_\_\_\_\_  
Firm/Company/Private Employer Name

\_\_\_\_\_  
Signature of Authorized Officer or Agent

\_\_\_\_\_  
Printed Name and Title of Authorized Officer or Agent

Subscribed and Sworn before me this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
My Commission Expires

**Exhibit C**

**CONTRACTOR AFFIDAVIT AND AGREEMENT**

By executing this affidavit, the undersigned contractor verifies its compliance with O.C.G.A. 13-10-91, stating affirmatively that the individual, firm, or corporation which is contracting with the City of Woodstock, Georgia (the "City") has registered with and is participating in a federal work authorization program\* [any of the electronic verification of work authorization programs operated by the United States Department of Homeland Security or any equivalent federal work authorization program operated by the United States Department of Homeland Security to verify information of newly hired employees, pursuant to the immigration Reform and Control Act of 1986 (IRCA), P.L. 99-603], in accordance with the applicability provisions and deadlines established in O.C.G.A. 13-10-91.

The undersigned further agrees that, should it employ or contract with any subcontractor(s) in connection with the physical performance of services pursuant to this contract with the City, contractor will secure from such subcontractor(s) similar verification of compliance with O.C.G.A. 13-10-91 on the Subcontractor Affidavit provided in Rule 300-10-01-.08 or a substantially similar form. Contractor further agrees to maintain records of such compliance and provide a copy of each such verification to the City at the time the subcontractor(s) is retained to perform such service.

\_\_\_\_\_  
EEV/Basic Pilot Program\* User Identification Number

\_\_\_\_\_  
BY: Authorized Officer or Agent (Contractor Name)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Authorized Officer or Agent

Subscribed and Sworn before me this the

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
My Commission Expires

\*As of the effective date of O.C.G.A. 13-10-91, the applicable federal work authorization program is the "EEV/Basic Pilot Program" operated by the U.S. Citizenship and Immigration Services Bureau of the U.S. Department of Homeland Security, in conjunction with the Social Security Administration (SSA).

**EXHIBIT D**

**SYSTEMATIC ALIEN VERIFICATION OF ENTITLEMENT AFFIDAVIT**

By executing this affidavit under oath, as an applicant for a(n) \_\_\_\_\_ Contract \_\_\_\_\_  
[*type of public benefit*], as referenced in O.C.G.A. § 50-36-1, from City of Woodstock, Georgia,  
the undersigned applicant verifies one of the following with respect to my application for a  
public benefit:

- A  I am a United States Citizen.
- B  I am a legal permanent resident of the United States.
- C  I am a qualified alien or non-immigrant under the Federal Immigration and  
Nationality Act, with an alien number issued by the Department of Homeland  
Security or other federal immigration agency.

My alien registration number issued by the Department of Homeland Security or  
other federal immigration agency is: \_\_\_\_\_.

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has  
provided at least one secure and verifiable document, as required by O.C.G.A § 50-36-1(e)(1),  
with this affidavit.

The secure and verifiable document provided with this affidavit can best be classified as:

\_\_\_\_\_

In making the above representation under oath, I understand that any person who knowingly and  
willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall  
be guilty of a violation of Official Code of Georgia Annotated (O.C.G.A. 16-10-20), and face  
criminal penalties as allowed by such criminal statute.

Executed in \_\_\_\_\_ (city), \_\_\_\_\_ (state)

\_\_\_\_\_  
Signature of Applicant

Sworn to and subscribed before me this  
\_\_\_\_\_ day of \_\_\_\_\_,  
20\_\_\_\_.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Notary Public

My commission expires: \_\_\_\_\_



**Exhibit E**

**SUBCONTRACTOR AFFIDAVIT**

By executing this affidavit, the undersigned subcontractor verifies its compliance with O.C.G.A. 13-10-91, stating affirmatively that the individual, firm or corporation which is engaged in the physical performance of services under a contract with \_\_\_\_\_ on behalf of the City of Woodstock, Georgia has registered with and is participating in a federal work authorization program\* [any of the electronic verification of work authorization programs operated by the United States Department of Homeland Security or any equivalent federal work authorization program operated by the United States Department of Homeland Security to verify information of newly hired employees, pursuant to the Immigration Reform and Control Act of 1986 (IRCA), P.L. 99-603], in accordance with the applicability provisions and deadlines established in O.C.G.A. 13-10-91.

\_\_\_\_\_  
EEV/Basic Pilot Program\* User Identification Number

\_\_\_\_\_  
BY: Authorized Officer or Agent (Sub-Contractor Name)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Authorized Officer or Agent of Sub-Contractor

Subscribed and Sworn before me this the

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
My Commission Expires

\*As of the effective date of O.C.G.A. 13-10-91, the applicable federal work authorization program is the "EEV/Basic Pilot Program" operated by the U.S. Citizenship and Immigration Services Bureau of the U.S. Department of Homeland Security, in conjunction with the Social Security Administration (SSA).

**Exhibit F**

**REGULATORY FEE ACKNOWLEDGEMENT AFFIDAVIT**

By executing this affidavit, the undersigned Applicant acknowledges all regulatory fees as described in Sec. 78-18 as follows:

Sec. 78-18. Regulatory Fees.

- (a) A regulatory fee of \$1.50 per month shall be charged to the service provider for each commercial customer to whom solid waste collection service was provided and billed during any portion of the quarter for which an authorization to provide service was granted. Said fees shall be due and payable to the office of the City Clerk at the time for quarterly reporting under section 78-17 (e). Proceeds from regulatory fees shall be used to defray the cost of the City monitoring and enforcing compliance with the ordinance and for meeting requirements dictated by state law including studying and implementing plans and methods for handling of solid waste and reduction of solid waste generated within the City of Woodstock. Said fees shall be paid into a special fund for such purpose.
  
- (b) A franchise fee of 10% of the service provider's monthly gross revenue from commercial collections within the City shall be charged. Said fees shall be due and payable to the office of the City Clerk at the time for quarterly reporting under section 78-17 (e).
  
- (c) A surcharge fee of \$1.00 per ton of solid waste received, collected, handled or disposed of at any private landfill or other private disposal facility presently located within the City of Woodstock is hereby imposed upon the operator(s) of said facility in accordance with O.C.G.A. §12-8-39(d).

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on \_\_\_\_\_, 20\_\_ in \_\_\_\_\_ (city), \_\_\_\_\_ (state).

\_\_\_\_\_  
Firm/Company/Private Employer Name

\_\_\_\_\_  
Signature of Authorized Officer or Agent

\_\_\_\_\_  
Printed Name and Title of Authorized Officer or Agent

Subscribed and Sworn before me this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
My Commission Expires