



TO BE COMPLETED BY PRESIDENT OF CORPORATION
OR PRINCIPAL PARTNER OR OWNER

CITY OF DANIA BEACH

APPLICATION FOR GARBAGE COLLECTION PERMIT

INSTRUCTIONS:

1. **WARNING:** Read carefully, this instrument is a sworn document. False answers could result in criminal prosecution, subject to fine and/or imprisonment.
2. Form must be **typed** or **printed** legibly in **ink**.
3. Each question must be answered completely. If not applicable, indicate same as N/A.
4. Form must be sworn and subscribed to before a Notary Public.

Failure to comply with the instructions will require a return for corrections thereby causing considerable delay in the processing of the application.

\$ _____

DATE: _____

I hereby make application for a permit to conduct the business of

(Name of business) (Address of business)
NAME _____
(Last) (First) (Middle)
DATE OF BIRTH _____ PLACE OF BIRTH _____
(City) (State) (County)
SOCIAL SECURITY NO. _____ HOME PHONE NO. _____
DRIVER'S LIC. NO. _____ BUS. PHONE NO. _____
SEX _____ RACE _____ EYES _____ WEIGHT _____ HEIGHT _____

If business is a partnership, list name and home address of all persons having an interest therein, and the percentage of interest. (Attach Personal Data Sheet for each partner.)

If application is for a corporation, list title if corporation, as registered with the Secretary of State. (If not a Florida Corporation, list State in which incorporated.)

List name of all other officers of the corporation, giving name, title, home address and number of shares/stock owned. (Attach Personal Data Sheet for each officer.)

Have you, in the past or presently, individually or as an officer of a corporation, held a garbage collection permit in the City of Dania Beach?_____ If yes, list names and full addresses of all business

Have you ever been convicted of a felony for violation of antitrust, anticompetitive, racketeering or fraudulent practices during the past ten (10) years? _____ If yes, give details as to date, place of arrest, arresting agency, nature of the offense, deposition of case.

Have you involuntarily withdrawn service from any city or county during the five (5) years period immediately preceding this application? _____ If yes, list cities and/or counties and state reasons. (Attach additional sheet, if necessary)

Have you held any franchise which has been suspended or revoked during the five (5) year period immediately preceding this application?_____ If yes, list

franchisor and reasons for suspension or revocation. (Attach additional sheet, if necessary.)

Number of customer accounts currently serviced in Dania Beach. _____

Number of collection vehicles available to serve this accounts. _____

Do you maintain public liability insurance in an amount of \$500,000 or greater? _____

If yes, attach certificate insurance.

Do you have sufficient maintenance ability to meet the service needs of the number of trucks and equipment to be used to service accounts in Dania Beach? _____

Person to be contacted regarding compliance with Section 13-74, Dania Beach, City Code.

Name: _____

Address: _____

Telephone: _____

The undersigned individually, or if a corporation for itself, its officers and directors, hereby authorize the City Manager and/or the Broward Sheriff's Office, District 2 to conduct an investigation into information contained herein related to criminal or personal records.

I agree to comply with all provisions contained in Section 13-74, "Garbage Collection by Private Haulers", Dania Beach City Code.

"I SWEAR OR AFFIRM UNDER PENALTY OF PERJURY AS PROVIDED FOR IN FLORIDA STATUTES 837.01, THAT THE FOREGOING INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE."

I understand that some personal data answers are **NOT MANDATORY** and I hereby **WAIVE ALL OBJECTIONS TO THIS INFORMATION BEING SUBMITTED.**

(Signature of Applicant)

SWORN TO AND SUBSCRIBE BEFORE ME THIS ____ DAY OF _____, 20__.

PERSONALLY KNOWN _____ OR PRODUCED IDENTIFICATION.

TYPE OF IDENTIFICATION PRODUCED: _____

MY COMMISSION EXPIRES: _____

NOTARY PUBLIC: _____ (SEAL)

*ATTACH NOTARIZED COPY OF TITLE OF CORPORATION, AS REGISTERED WITH THE SECRETARY OF STATE.



TO BE COMPLETED BY OTHER OFFICERS
OF CORPORATION OR OTHER PARTNERS

PERSONAL DATA INFORMATION

Please see "Application for Permit" for instructions.

RE: APPLICATION FOR PERMIT OF _____
(Name of Business)

NAME _____
(Last) (First) (Middle)

DATE OF BIRTH _____ PLACE OF BIRTH _____
(City) (State) (County)

SOCIAL SECURITY NO. _____ HOME PHONE NO. _____

DRIVER'S LIC. NO. _____ BUS. PHONE NO. _____

SEX _____ RACE _____ EYES _____ HAIR _____ WEIGHT _____ HEIGHT _____

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(Signature of Applicant)

SWORN TO AND SUBSCRIBE BEFORE
ME AT _____
THIS _____ DAY OF _____ 20____

(Signature of Notary Public – State of Florida)

Print, Type or Stamp Name of Notary Public
_____ Personally known to me, or
_____ Produced identification: _____
(Type of Identification)

PERMIT APPROVED: _____ DATE: _____

Brad Kaine, Director of Public Services

PERMIT DENIED: _____ DATE: _____

Brad Kaine, Director of Public Services

(Attach to application for Permit)