

NON-EXCLUSIVE REFUSE FRANCHISE APPLICATION



Name of business: _____ Business contact: _____
Business address: _____ Business phone: _____
Term of franchise requested: 2 years (Minimum/maximum term is 2 years and may be renewed thereafter)
Purpose/nature/extent of franchise operations contemplated: _____

Initial each below represents that non-exclusive refuse franchise applicant understands:

- _____ No periodic accounts will be serviced
- _____ A franchise obtained from the City of Roseville is valid for two (2) years (two year renewal possible)
- _____ All refuse, including C&D material collected within the City limits shall be deposited at the Western Placer Waste Management Authorities: Landfill or Materials Recovery Facility
- _____ An application fee of \$520 is required, as is a renewal fee of \$520 for every two years thereafter
- _____ Applicant shall provide a report on the 15th day of each month reporting the total refuse hauled from Roseville and disposed of at the Western Placer Waster Management Authorities Landfill or Material Recovery Facility
- _____ Applicant shall pay a franchise fee of \$6.88 to the City for each ton of refuse collected and disposed of within city limits. Applicant will be invoiced monthly for this fee and must submit payment in full by the invoice due date.
- _____ Applicant shall obtain, provide, and maintain a City of Roseville business license
- _____ Applicant received a copy of and understands, The City of Roseville's Municipal Code Section 9.17
- _____ Applicant shall comply with any and all modifications made to the City's municipal code during the term of this agreement
- _____ Applicant will be notified, in writing, of any changes affecting this agreement
- _____ Applicant shall obtain, provide, and maintain insurance per City of Roseville's Municipal Code Section 9.17

Under penalty of perjury, I state that all information on this application is true, complete and accurate.

Signature of authorizing representative Date

For City use only

Non-exclusive refuse franchise: _____ Approve _____ Deny _____ Valid until: _____
Renew non-exclusive refuse franchise date: _____ Valid until: _____
Fee collected/date: _____ Insurance received/renewed: _____
Signature/title: _____ Date: _____