



Solid Waste Hauler Application

NEW RENEWAL

| | | | | | | | |
|---|--|--|--------------|---|---------------------------|----------------------|--|
| Business Name & Contact Information | | | | Control Number: <small>(Assigned by the City)</small> | | | |
| Business Name / DBA | | | | | | | |
| Location Address | | | Suite/Unit | City | State | Zip | |
| Business Telephone | | Email Address | | | Fax | | |
| Mailing Address (if different) | | | Suite/Unit | City | State | Zip | |
| EMERGENCY CONTACT (Name / Title) | | | | 24-Hour/Emergency Phone Number: | | | |
| Corporate Information | | | | | | | |
| Type of Ownership (<i>check one</i>) <input type="checkbox"/> Corporation <input type="checkbox"/> Foreign Corporation <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Other: _____ | | | | | | | |
| *Corporate Name | | | | | | | |
| Corporate Address | | | Suite/Unit | City | State | Zip Code | |
| Contact Name | | | Phone Number | | | | |
| <i>*Corporations and partnerships must provide the name of all officers or partners, their titles, and mailing addresses on a separate sheet of paper.</i> | | | | | | | |
| Owner Information | | | | | | | |
| Owner's Name | | | | | | | |
| Owner's Address | | | Suite/Unit | City | State | Zip Code | |
| Additional Required Information | | | | | | | |
| Federal ID (FEIN) | | SSN (Sole Proprietor/Owner) | | | Georgia State License No: | | |
| Type of Waste Collected (<i>check all that apply</i>) <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Medical <input type="checkbox"/> Other | | | | If checked "Other", describe the type of collection | | | |
| Services Provided: (<i>check all that apply</i>) <input type="checkbox"/> Garbage Collection <input type="checkbox"/> Recyclables Collection <input type="checkbox"/> Yard Trimmings Collection <input type="checkbox"/> Other: _____ | | | | Date business commenced in the City of Johns Creek (Not required for renewals) | | | |
| <i>I hereby certify, under penalty of perjury, that statements made herein are to the best of my knowledge true & correct.</i> | | | | | | | |
| SIGNATURE _____ | | TITLE _____ | | DATE _____ | | | |
| (FOR CITY USE ONLY) | | | | Registration Number: _____ | | Date Received: _____ | |
| Total Amount Due: \$ _____ | | Total Amount Paid: \$ _____ | | Balance Due: \$ _____ | | | |
| Receipt Number: _____ | | <input type="checkbox"/> Cash <input type="checkbox"/> CC <input type="checkbox"/> Check # _____ | | Staff Initials: _____ | | | |



ALL NEW APPLICATIONS MAY BE SUBMITTED BY MAIL OR IN PERSON TO:

City of Johns Creek
Revenue Division
Public Works Solid Waste Program
12000 Findley Road, Suite 400
Johns Creek, GA 30097

DUE DATE: January 15, 2014

New Solid Waste Hauler Application and Fees are due within thirty (30) days of the commencement of business in the City.

Renewal application and fees shall be filed by January 1 of any calendar year when the business or practitioner was in operation the preceding calendar year.

Make check, cashier's check or money order payable to: **City of Johns Creek**
(Temporary or un-printed checks will not be accepted; credit card payments are accepted in person at City Hall in the Revenue Division)

Requirements

1. **Completed Solid Waste Hauler Application**
2. **Liability Insurance**, as required by the Solid Waste Collection Services Agreement (Attach Copy), including an **Endorsed Certificate** naming the City of Johns Creek as **Additional Insured**.
3. **Worker's Compensation Insurance** as required by law and as further detailed in the Solid Waste Collection Services Agreement (Attach Copy).
4. **Completed affidavit verifying lawful presence Within the United States.**
5. **Completed solid waste hauler information form.**