

COMMERCIAL COLLECTION OF RECOVERED MATERIALS

REGISTRATION APPLICATION

**A) PARTNERSHIP**

Name of Partnership: \_\_\_\_\_

Address: \_\_\_\_\_

State of Organization: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

<u>Name of Partners</u>	<u>Address</u>	<u>Phone</u>	<u>Fax</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Name of Registered Agent: \_\_\_\_\_

Address: \_\_\_\_\_

If limited partnership, qualify limits of each partner:

<u>Name</u>	<u>Limits</u>
_____	_____
_____	_____
_____	_____

**B) CORPORATION**

Name of Corporation: \_\_\_\_\_

Address: \_\_\_\_\_

State of Incorporation: \_\_\_\_\_

Name of Contact: \_\_\_\_\_

Title: \_\_\_\_\_

Address (if different from above): \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

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**B) CORPORATION (Continued)**

List other corporate officers:

<u>Title:</u>	<u>Address</u>	<u>Phone</u>	<u>Fax</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Registered Agent: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**C) PUBLICLY HELD CORPORATION (twenty five or more stockholders)**

Local Managing Officer's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**D) SOLE PROPRIETORSHIP**

Name of business: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Owner/Operator's Name: \_\_\_\_\_

PLEASE ATTACH THE FOLLOWING DOCUMENTATION:	PLEASE CHECK IF DOCUMENT IS ENCLOSED
<ul style="list-style-type: none"><li>• Proof of current corporate standing.</li></ul>	
<ul style="list-style-type: none"><li>• List of all officers' from the State of Incorporation. If foreign corporation, information certifying applicant is qualified to do business in the State of Florida.</li></ul>	
<ul style="list-style-type: none"><li>• If fictitious name, proof of registration.</li></ul>	
<ul style="list-style-type: none"><li>• Copy of the recovered materials certification under Section 403.7046, F.S.</li></ul>	

# COMMERCIAL COLLECTION OF RECOVERED MATERIALS

## REGISTRATION APPLICATION

By signing below, the registrant acknowledges and agrees to abide by the requirements of Ordinance 2001-52 amended from time to time, which includes but is not limited to:

- a) That the recovered materials will be processed at a recovered materials facility satisfying the requirements of section 403.706, Florida Statutes.

Name and address where the recovered materials will be processed:

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- b) That the missing of recovered materials with garbage or trash contaminates the product and renders it as garbage or trash. Garbage and trash shall not be mixed with recovered materials and shall be sourced separate.
- c) All service shall be provided between the hours of 7:00 am and 7:00 pm. Monday through Saturday.
- d) That no deliveries of recovered materials shall be made to a facility which is permitted as a solid waste facility unless the registrant has given prior notification to the Town's Recycling Coordinator and has received authorization to utilize such a facility.
- e) That if any information changes during the term of the registration, the registrant shall report those changes to the Town within 30 calendar days of the change.
- f) That a copy of the Florida Department of Environmental Protection (FDEP) recovered materials reporting form submitted to the FDEP be simultaneously submitted to the Town's Recycling Coordinator.

I hereby state that I have read, understand, and will ensure that I and the company I represent will comply with the Town Ordinance and I also state that I will ensure that I and my company will represent and comply with and obey all applicable federal, state and local laws, regulations, and ordinances.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Company: \_\_\_\_\_

Local Mailing Address: \_\_\_\_\_

Phone number: \_\_\_\_\_ Fax number: \_\_\_\_\_

Type or Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_