



City of Roseville Non-Exclusive Refuse Franchise Application

Name of Business: _____

Business Contact: _____

Business Address: _____

Business Phone: _____ Business email: _____

Term of Franchise Requested: _____ 2 Years

Minimum/Maximum term is two (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 \$260 is required, as is a renewal fee of \$260 for every two years thereafter

_____ Applicant shall pay a franchise fee of \$6.88 to the City for each ton of refuse collected and disposed of within the city limits. This fee shall be included with the refuse haulers written monthly report due on the 15th day of each month.

_____ Applicant shall provide a written monthly report on the 15th day of each month reporting the total refuse hauled from Roseville and disposed of at the Western Placer Waste Management Authorities: Landfill or Material Recovery Facility

_____ Applicant shall obtain, provide, and maintain a City of Roseville business license

_____ Applicant shall obtain, provide, and maintain insurance per City of Roseville insurance requirements

_____ 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.

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