

CITY OF MIAMI GARDENS, FLORIDA
FY2009-10 STAFF CHECKLIST AND APPROVAL
FOR NON-EXCLUSIVE COMMERCIAL SOLID WASTE FRANCHISE

Applicant: _____ Application #: 10-__

	<u>Applicant</u>	<u>Staff</u>
🕒 Completed & Signed Application Form (SW-1)	_____ Initial:	_____
🕒 Application Fee (\$750.00)	_____ Initial:	_____
🕒 Vehicle Registration Fee (\$25 per Vehicle)	_____ Initial:	_____
🕒 Account Registration Fee (\$100 per Account)	_____ Initial:	_____
🕒 Insurance Certificate(s)	_____ Initial:	_____
🕒 Copy of County Waste Hauler Permit	_____ Initial:	_____
🕒 Copy of County Occupational License	_____ Initial:	_____
🕒 Copy of City Occupational License	_____ Initial:	_____
🕒 Payment Bond (SW-5)	_____ Initial:	_____
🕒 List of Customer Accounts within the City	_____ Initial:	_____
🕒 Evidence of Licensed, Approved Disposal Facility	_____ Initial:	_____
<input type="checkbox"/> Signed Indemnity Release (SW-7)	_____ Initial:	_____

Staff Approved by: _____ **Date:** _____

Asst. City Manager: _____ **Date:** _____

City Clerk: _____ **Date:** _____

PERMIT NO. 10- —

