



RICHARD E. LILYQUIST, P.E.
Director
Public Works Department

_____, 2009

APPLICATION FOR SOLID WASTE COLLECTION SERVICE

Submit to: Director
Public Works Department
City of Lakeland
228 S. Massachusetts Avenue
Lakeland, FL 33801-5086

Applicant (Name): _____

Applicant (Company): _____

Address: _____

Telephone: _____

E-Mail Address: _____

Fax #: _____

Requirements to accompany the completed application:

- (a) Names and locations (physical address) of establishments being serviced, and size and type of container. (Use separate sheets, entitled Attachment "A".)
- (b) Number, type, and size of collection vehicles to be used (use separate sheet entitled Attachment "B").
- (c) Names of employees' responsible for operation of applicant's business, who will manage, supervise, and administer the business under the permit (use separate sheet entitled Attachment "C").
- (d) Insurance – An insurance certificate providing the following coverages and naming the City as "additionally insured as its interests may appear".
 - Commercial/general liability insurance written on an occurrence basis, with a combined single limit of \$1,000,000.
 - Auto liability insurance covering any auto, hired auto, and non-owned auto, with a combined single limit of \$1,000,000.

- Umbrella liability with limits of not less than \$3,000,000 per occurrence covering all work performed under the permit.
- Workers' Compensation and Employees' Liability as per statutory limits.

Applicant has reviewed Section 86-37 of the Code of the City of Lakeland, and agrees to comply with the provisions of this section of the City Code. Applicant acknowledges that he/she is authorized to submit the application on behalf of the Company and that the statements set forth in the application are true to the best of his/her knowledge.

Witness as to all signatures:

Applicant

Witness Signature

Applicant Signature

Signature Printed

Signature Printed

Witness Signature

Applicant Title

Signature Printed

STATE OF _____
COUNTY OF _____

The foregoing instrument was acknowledged before me this ____ day of _____, 20____ by _____ who is [personally known to me] or [who has produced _____ as identification.

WITNESS my hand and official seal in the County and State last aforesaid this ____ day of _____, 200__.

Notary Public
Print Name: _____
Commission # _____
Expires: