

EXHIBIT A

**APPLICATION FOR FRANCHISE
FOR COMMERCIAL SOLID WASTE COLLECTION SERVICES**

This application form must be completed by each person or company (“Applicant”) that wishes to obtain a Franchise from the City of Tampa for Commercial Solid Waste Collection Services.

An Applicant must provide the City with all of the information and documents requested in Sections 1-19 below, including the application fee and the affidavit that are described below. An Applicant may attach additional sheets of paper to this application form, if necessary.

1. Applicant Information.

Please provide the name, address and telephone number of the Applicant.

Name of Applicant: _____

Mailing Address: _____

E-Mail Address: _____

Telephone No.: _____

2. Applicant’s Authorized Representative.

Please provide the name, address and telephone number of the person that is the Applicant’s designated representative with regard to this Application.

Name of Representative: _____

Mailing Address: _____

E-Mail Address: _____

Telephone No.: _____

3. Type of Business Entity.

Please state whether the Applicant is an individual, a corporation, a partnership, or other type of business entity.

4. Applicant's Principals.

If the Applicant is a corporation, partnership or other business entity, please provide the name, address, and title of the Applicant's majority shareholder and each person that is a principal officer (e.g., Chief Executive Officer; President; Vice-President; Chief Operating Officer; etc.).

5. Applicant's Managers.

Please provide the name, address, and telephone number of each person that will serve as the Applicant's local manager (i.e., the person that will be responsible for performing or supervising the Commercial Solid Waste Collection Services for the Applicant).

6. Proof of Good Standing.

If the Applicant is a corporation, please provide proof that the corporation is in good standing in the state of Florida.

7. Authorization to do Business in Florida.

If the Applicant is not a Florida corporation, please provide proof that the Applicant is authorized to do business in Florida.

8. Fictitious Name.

If the Applicant is operating under a fictitious name, please provide information demonstrating that the fictitious name is properly registered by the Applicant.

9. Applicant's Experience.

- (a) Please provide a summary of the Applicant's experience with regard to the collection of Commercial Solid Waste.
- (b) Provide a complete list of all of the communities in Florida and other states (but

not more than a total of ten (10) communities) where the Applicant has provided solid waste collection services in the last five (5) years.

- (c) For each community listed in Section 9(b), above, please provide the name, address, and telephone number of a reference (i.e., a person employed by the local government in that community who can provide information concerning the quality of service provided by the Applicant).

10. Prior Enforcement Issues.

- (a) Please provide a complete list of all communities (if any) where the Applicant's permit, approval, franchise, or license to provide solid waste collection services was suspended or revoked.
- (b) Provide a complete list of all felony convictions, and all misdemeanor convictions within the last five (5) years, involving the Applicant's collection, receiving, storing, separating, transportation, or disposal of solid waste. If the Applicant is not an individual, also provide a list of such convictions for the Applicant's majority shareholder, any person having a controlling interest in the Applicant, and each person that is an officer or partner of the Applicant.
- (c) Provide a complete list of all civil penalties and liquidated damages in excess of five thousand dollars (\$5,000.00) that were assessed against the Applicant by local, state, and federal governmental entities within the last five (5) years involving the collection, transportation, or disposal of solid waste.
- (d) With regard to Sections 10(a) through 10(c), above, provide any information concerning the convictions, penalties, liquidated damages, etc., that the Applicant believes will help the City understand the facts concerning those matters.

11. Potential Customers.

Please provide the name and address of each Commercial Establishment that will be provided Commercial Solid Waste Collection Services by the Applicant if this Application is approved. Please provide this information on the blank form that is attached hereto entitled "City of Tampa Commercial Franchise Application Response; Potential Customers, Paragraph 11; Potential Customers".

12. Vehicles and Equipment.

Please provide a list of the vehicles, equipment, and containers that will be used by the Applicant to provide Commercial Solid Waste Collection Services in the City. The list must identify the make, model, identification number, and year of each vehicle and piece of collection equipment. The list also must identify the size and type of each container that will be used by the Applicant. Please provide this information on the blank forms that are attached hereto entitled "City of Tampa Commercial Franchise Application

Response; Vehicles and Equipment, Paragraph 12; Vehicles” and “City of Tampa Commercial Franchise Application Response; Vehicles and Equipment, Paragraph 12; Other Collection Equipment”. Also include the street address of the equipment yard(s) where the Applicant’s vehicles, equipment, and containers are stored when they are not in use.

13. **Insurance Requirements.**

Please provide a properly executed Acord 25 Certificate of Insurance form demonstrating that the Applicant has the following types and amounts of insurance coverages issued by an insurance company that is licensed to do business in the State of Florida, with an A.M. Best Rating of A- or better, Class VII (or higher), or otherwise acceptable to the City, if the company is not rated by A.M. Best.

(a) Comprehensive General Liability Insurance with a limit of a one million dollar (\$1,000,000) per occurrence and a two million dollar (\$2,000,000) general aggregate. This policy must include the following coverages: premises and operations liability, independent contractors, products and completed operations, personal injury, contractual liability, and fire damage;

(b) Automotive Liability Insurance coverage providing a combined single limit of not less than one million dollars (\$1,000,000) per occurrence. This policy must include the following coverages: bodily injury and property damage including premises and operations, and pollution coverage for upset and overturn endorsement.

Note: the MCS-90 endorsement must be included in the automobile liability insurance policy. Proof of coverage is required by indication on the actual Acord certificate of insurance form OR by providing a copy of the endorsement.

(c) Workers Compensation Insurance shall be provided for all of Franchisee’s employees as required under Florida law; and

(d) Employers Liability Insurance providing a single limit of not less than one million dollars (\$1,000,000), bodily injury by each accident, and providing a single limit of not less than one million dollars (\$1,000,000), bodily injury disease per each employee, and providing a single limit of not less than one million dollars (\$1,000,000) bodily injury by disease policy limit.

The certificate of insurance must demonstrate that the insurance coverage will be in effect for the term of the proposed Franchise Agreement. The certificate of insurance must name the City as an additional insured (except with regard to workers compensation and employers liability insurances).

The “certificate holder” box on the certificate of insurance shall read as follows:

City of Tampa
Human Resources Department Risk Management Office
c/o Ebix (Periculum Services Group)
P.O. Box 257
Portland, MI 48857-0257

If the City's service provider changes in the future, the City will inform the Franchisee by providing notice in accordance with the requirements in Section 23 of the Franchise Agreement.

14. Bond Requirements.

Please provide a performance bond in the amount of fifty thousand dollars (\$50,000). The bond must be in the form that is attached hereto and is subject to review and approval of the City Attorney. The bond must be issued by a surety licensed to do business in the state of Florida.

15. Other Information.

Please provide any other information the Applicant believes will demonstrate that:

- (a) The Applicant has the experience, personnel, equipment, and other resources necessary to provide Commercial Solid Waste Collection Services in compliance with the requirements in the City Code;
- (b) The Applicant has the capacity and willingness to comply with all applicable local, state, and federal laws; and
- (c) The award of a Franchise to the Applicant will be in the public interest.

16. Franchise Agreement.

Please sign and properly execute the "Franchise Agreement for Commercial Solid Waste Collection Services" that is attached hereto.

17. Affidavit.

Please sign and properly execute the blank "Affidavit in support of Franchise Application" that is attached hereto.

18. Application Fee.

Please provide an application fee with this Application. The amount of the application fee shall be set by resolution of the City, and may be determined by contacting the City's Department of Solid Waste & Environmental Program Management. Payment of the application fee may be made by check or other forms of payment that are approved by the Director of the Department. Payments shall be made payable to the City of Tampa, Department of Solid Waste & Environmental Program Management.

19. Effective Date of Franchise Agreement.

Please identify the date when the Applicant wants its Franchise to take effect_____.

20. Attachments.

All of the information and documents requested in paragraphs 1-19, above, must be attached to this Application and submitted to the City's Department of Solid Waste and Environmental Program Management.