



PERMIT APPLICATION FOR PRIVATE HAULER TO PROVIDE REFUSE HAULING WITHIN CITY LIMITS

Remit to: Director of Solid Waste/Recycling
Attn: Senior Accountant
City of Clearwater
1701 N. Hercules Avenue
Clearwater, FL 33765

Contact us: SWPrivateHauler@myclearwater.com or (727) 444-8554

Annual Application/Renewal Fee: \$56.50 (Make check payable to the City of Clearwater)

Applicant (Firm Name): \_\_\_\_\_

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

Telephone & Email: \_\_\_\_\_

Brief description of business firm is engaged in: \_\_\_\_\_

(1) Number, type and size of collection vehicles to be used, and number of employees assigned to each: \_\_\_\_\_

(2) Complete listing of names and addresses of commercial and industrial establishments being serviced within city limits (attach on separate page).

(3) No permit shall be granted without proof of a current City of Clearwater Business Tax Receipt OR (if located outside of the City) a City of Clearwater registration of an approved Occupational License as required by Sec. 36.064 of the Clearwater City Code.
Apply/Renew online at https://www.myclearwater.com/Business-Development/Clearwater-Business-Resources/Business-Tax-Receipts-BTR-Business-Registrations

Business Tax Receipt Number: \_\_\_\_\_

Business Tax Receipt Expiration Date: \_\_\_\_\_

or Occupational License Number: \_\_\_\_\_

(4) Names and contact information of employee(s) responsible for operation of applicant's business, meaning those who will manage, administer, and supervise the business under the permit when issued.

\_\_\_\_\_  
\_\_\_\_\_

- (5) **Applicant agrees to remit to the City of Clearwater each month a fee calculated in the following manner: Fifteen (15%) of gross revenue billed by the applicant for the preceding calendar month. In addition to the monthly fee, the applicant agrees to furnish invoice copies along with a report identifying collections with appropriate service addresses to corroborate the monthly gross revenue derived from servicing locations within city limits. Additionally, applicants shall submit a remittance form each month to the city, even if no services were provided for that month via mail, fax or email. The report, monthly fee, invoice copies, and monthly remittance form are *due no later than the 20<sup>th</sup> day* of the following month.**
  
- (6) Applicant shall also fax or email ([SWPrivateHauler@myclearwater.com](mailto:SWPrivateHauler@myclearwater.com)) a listing of all new waste receptacles set within city limits to Solid Waste/Recycling by the 10<sup>th</sup> business day of the following month.
  
- (7) **Applicant will provide:  
Public Liability Insurance per City Code (Sec. 32.292) [a Certificate of Insurance naming the City of Clearwater as a "Additional Insured" on the applicant's General Liability Policy]**
  
- (8) **The applicant agrees to make all books and records applicable to the business conducted under the permit required by section 32.290 (2) (c) available to the City for inspection and audit.**
  
- (9) If applicable, applicant agrees to provide a list of all previous business names, current subsidiaries, parent companies or any successors.

Applicant's Signature:

\_\_\_\_\_

(Applicant must indicate whether Corporation, Partnership, Company or Individual.)

\_\_\_\_\_ (Applicant/Agent)

By \_\_\_\_\_ (Seal)

The person signing shall, in his own handwriting, sign the Principal's name, his own name and title. \_\_\_\_\_

Where a person is signing for a Corporation, he must show by Affidavit his authority to bind the corporation: \_\_\_\_\_

STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_

Before me appeared \_\_\_\_\_, who acknowledged that he/she is the \_\_\_\_\_, that he/she is authorized to submit the above application on behalf of \_\_\_\_\_, and that the facts set forth in the application form are true to the best of his/her knowledge.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

Commission Expires \_\_\_\_\_

Notary Public