



REGISTRATION FOR RECOVERED MATERIALS DEALER

Submit to: Director of Solid Waste/General Services
Attn: Mr. Earl Gloster
City of Clearwater
1701 N. Hercules Avenue
Clearwater, FL 33765

Application Fee: \$57.50 (Make check payable to the City of Clearwater)

Applicant:
(Firm name) _____

Address: _____

Telephone: _____ Fax: _____

1. Applicant Information: (Name of the owner or operator of the dealer or company. List general or limited partners, if a partnership. List corporate officers and directors if corporation. State permanent place of business: _____

2. Brief description of business that firm is engaged in: _____

3. As required by Section 403.7046, Florida Statutes, applicant shall attach a valid copy of its Recovered Materials Certification to submit along with this application.
4. This application shall be accompanied by a check in the amount of \$57.50 payable to the City of Clearwater.
5. Applicant shall provide a copy of current a City of Clearwater business tax receipt.
6. Applicant acknowledged receipt of a copy of Section 32.2715 and Section 32.311-32.315, City of Clearwater Code of Ordinances, and agrees to comply with the terms thereof as created by Ordinance 5506-94, as may be amended from time to time.

7. Applicant certifies that the recovered materials collected in the City of Clearwater will be processed at a recovered materials processing facility satisfying the requirements of Section 403.7046, Florida Statutes.
8. Applicant agrees to provide the Director of Solid Waste/General Services a quarterly report identifying the types and tonnages of recovered materials from the City of Clearwater that were collected, recycled, or used during the reporting period; the approximate percentage of recovered materials reused, stored or delivered to a recovered materials processing facility or disposed of in the solid waste disposal facility; and the locations where any recovered materials were disposed of as solid waste. Each quarterly report shall be due not later than the last business day of the month following the end of each calendar quarter (Sec. 32.314).
9. Applicant acknowledges that registration or the renewal of a registration shall not be construed as a grant or franchise or a vested right.

Applicant's Signature: _____

Title: _____

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

(Authorized Agent/Principal)

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

Personally Known Or Produced Identification _____

Type of Identification Produced _____