



# Johns Creek

## Solid Waste Service Provider Application

NEW     RENEWAL

<b>Business Name &amp; Contact Information</b>				<b>Control Number:</b>				
(Assigned by the City)								
Business Name / DBA								
Location Address			Suite/Unit	City		State	Zip	
Business Telephone			Email Address			Fax		
Mailing Address (if different)			Suite/Unit	City		State	Zip	
<b>EMERGENCY CONTACT</b> (Name / Title)				24-Hour/Emergency Phone Number:				
<b>Corporate / Owner Information</b>								
Type of Ownership ( <i>check one</i> )								
<input type="checkbox"/> Corporation	<input type="checkbox"/> Foreign Corporation		<input type="checkbox"/> Sole Proprietor		<input type="checkbox"/> Partnership	<input type="checkbox"/> Other: _____		
*Corporate / Owner Name								
Corporate / Owner Address				Suite/Unit	City		State	Zip Code
Contact Name				Phone Number				
<i>*Corporations and partnerships must provide the name of all officers or partners, their titles, and mailing addresses on a separate sheet of paper.</i>								
<b>Additional Required Information</b>								
Federal ID (FEIN)		SSN (Sole Proprietor/Owner)			Georgia State License No:			
Type of Waste Service Provider (check all that apply)				If checked "Other", describe the type of collection				
<input type="checkbox"/> Waste Collector/Hauler	<input type="checkbox"/> Recycling Collector/Hauler	<input type="checkbox"/> Medical Collector/Hauler		<input type="checkbox"/> Processor	<input type="checkbox"/> Other			
Services Provided within Johns Creek : (check all that apply)				Date business commenced in the City of Johns Creek (Not required for renewals)				
<input type="checkbox"/> Residential MSW Collection	<input type="checkbox"/> Commercial MSW Collection	<input type="checkbox"/> Disposal/Processing		<input type="checkbox"/> Other:				
<i>I hereby certify, under penalty of perjury, that statements made herein are to the best of my knowledge true &amp; correct.</i>								
SIGNATURE _____		TITLE _____		DATE _____				
<b>(FOR CITY USE ONLY)</b>				Registration Number: _____		Date Received: _____		
Total Amount Due: \$ _____		Total Amount Paid: \$ _____		<b>Balance Due:</b> \$ _____				
Receipt Number: _____		<input type="checkbox"/> Cash	<input type="checkbox"/> CC	<input type="checkbox"/> Check # _____	Staff Initials: _____			

### Revenue



**ALL NEW APPLICATIONS MAY BE SUBMITTED BY MAIL OR IN PERSON TO:**

**City of Johns Creek  
Revenue Division  
Public Works Solid Waste Program  
12000 Findley Road, Suite 400  
Johns Creek, GA 30097**

**DUE DATE: January 5, 2015**

**New** Solid Waste Service Provider Application and Fees are due within thirty (30) days of the commencement of business in the City.

**Renewal** application and fees shall be filed by January 1 of any calendar year when the business or practitioner was in operation the preceding calendar year.

Make check, cashier's check or money order payable to: **City of Johns Creek**  
(*Temporary or un-printed checks will not be accepted; credit card payments are accepted in person at City Hall in the Revenue Division*)

**Requirements**

1. **Completed Solid Waste Service Provider Application.**
2. **Liability Insurance, as required by the Solid Waste Collection Services Agreement , including an Endorsed Certificate naming the City of Johns Creek as Additional Insured.**
3. **Worker's Compensation Insurance as required by law and as further detailed in the Solid Waste Collection Services Agreement.**
4. **Performance Bond as required by Section 42-36 of the City of Johns Creek Solid Waste Ordinance.**
5. **Signed Solid Waste Collection Services Agreement (Attach 3 Copies with original signatures).**
6. **Completed affidavit verifying lawful presence Within the United States.**
7. **Completed Private Employer Affidavit.**
8. **Completed Contractor Affidavit.**
9. **Completed solid waste hauler information form.**

**Revenue**