



## Solid Waste Hauler Application

NEW     RENEWAL

<b>Business Name &amp; Contact Information</b>				<b>Control Number:</b> <small>(Assigned by the City)</small>			
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 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 Name							
Corporate Address			Suite/Unit	City	State	Zip Code	
Contact Name				Phone Number			
*Corporations and partnerships must provide the name of all officers or partners, their titles, and mailing addresses on a separate sheet of paper.							
<b>Owner Information</b>							
Owner's Name							
Owner's Address			Suite/Unit	City	State	Zip Code	
<b>Additional Required Information</b>							
Federal ID (FEIN)		SSN (Sole Proprietor/Owner)			Georgia State License No:		
Type of Waste Collected (check all that apply)				If checked "Other", describe the type of collection			
<input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Medical <input type="checkbox"/> Other							
Services Provided: (check all that apply)				Date business commenced in the City of Johns Creek			
<input type="checkbox"/> Garbage Collection <input type="checkbox"/> Recyclables Collection <input type="checkbox"/> Yard Trimmings Collection <input type="checkbox"/> Other: _____							
I hereby certify, under penalty of perjury, that statements made herein are to the best of my knowledge true & correct.							
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: _____			



**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 3, 2012**

**New** Solid Waste Hauler 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 Hauler Application**
2. **Liability Insurance**, as required by the Solid Waste Collection Services Agreement (Attach Copy), 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 (Attach Copy).