Commercial Solid Waste
Service Provider Application

Business Name & Contact Information			***Control Number:*** *(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
EMERGENCY CONTACT (Name / Title)		24-Hour/Emergency Phone Number:		

Corporate / Owner Information				
Type of Ownership (*check one*) Corporation Foreign Corporation Sole Proprietor Partnership Other: _____				
*Corporate / Owner Name				
Corporate / Owner 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.

Additional Required Information		
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
☐ Waste Collector/Hauler ☐ Recycling Collector/Hauler ☐ Medical Collector/Hauler ☐ Processor ☐ Other	
Services Provided within Hapeville: (check all that apply) ☐ Disposal/Processing ☐ Commercial MSW Collection Other:	Date business commenced in the City of Hapeville (Not required for renewals)

I hereby certify, under penalty of perjury, that statements made herein are to the best of my knowledge true & correct.

SIGNATURE_____ TITLE_____ DATE _____

(FOR CITY USE ONLY)

Registration Number:_____ Date Received:_____ Staff Initials: _____

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

City of Hapeville

Community Services Department

Requirements

1. **Completed Commercial 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 Hapeville as Additional Insured.**
3. **Worker's Compensation Insurance as required by law and as further detailed in the Commercial Solid Waste Collection Services Agreement.**
4. **Signed Commercial Solid Waste Collection Services Agreement (Attach 3 Copies with original signatures).**
5. **Completed affidavit verifying lawful presence Within the United States.**
6. **Completed Private Employer Affidavit.**
7. **Completed Contractor Affidavit.**
8. **Completed solid waste hauler information form.**

Affidavit Verifying Lawful Presence Within the United States

I, (print name) _____, swear or affirm under penalty of perjury that *(check one)*:

- ☐ I am a United States citizen.
- ☐ I am a legal permanent resident of the United States.
- ☐ I am a qualified alien or nonimmigrant under the Federal Immigration and Nationality Act 18 years of age or older lawfully present in the United States.

Alien Registration Number: _____

I am applying for the following public benefit *(check one)*:

- ☐ Alcoholic Beverage License for _____ (Print Business Name)
- ☐ Alcohol Employee Pouring Permit
- ☐ Occupation Tax Certificate _____ (Print Business Name)
- ☐ Door-to-Door Salesmen/Solicitors Permit
- ☐ Other: _____ (Public Benefit) _____ (Name of Business (if applicable))

I understand that this sworn statement is required by law because I have applied for a public benefit. I understand that state law requires me to provide proof that I am lawfully present in the United States prior to receipt of this public benefit. I further acknowledge that knowingly and willfully making a false, fictitious, or fraudulent statement of representation in this affidavit shall be guilty of a violation of Code Section 16-10-20 of the Official Code of Georgia.

_____ Print Name of Applicant

_____ Position Title (if applicable)

_____ Signature of Applicant

_____ Date

Subscribed and sworn to before me on

this the_____day of_____, 20_____.

_____
(Clerk/Notary Public)

My commission expires: _____

PRIVATE EMPLOYER AFFIDAVIT

Private Employer Affidavit Pursuant to O.C.G.A. § 36-60-6(d)

By executing this affidavit under oath, as an applicant for an occupational tax certificate (*business license, occupational tax certificate, or other document required to operate a business*) as referenced in O.C.G.A. § 36-60- 6(d), from the City of Hapeville, the undersigned applicant representing the private employer known as

(Print Business Name) _____ (*printed name of business/private employer*) verifies one of the following with respect to my application for the above mentioned document:

Fill out this section (Effective July 1, 2013) for new and/or renewal business occupation tax certificates. Check (a) or (b).

(a) _____ On the below signed year the individual, firm, or corporation employed ten (10) or more employees.

(b) _____ On the below signed year the individual, firm, or corporation employed **less** than ten (10) employees.

COMPLETE THIS SECTION IF AND ONLY IF YOU CHECKED (a) ABOVE

The employer has registered with and utilizes the federal work authorization program, commonly known as E-Verify or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 36-60-6(a). The undersigned private employer also attests that its federal work authorization user identification number and date of authorization are as listed below:

_____ _____ _____

Federal Work Authorization User Identification Number | Date of Authorization

ALL APPLICANTS MUST SIGN BELOW, NOTARIZE, AND THEN RETURN THIS AFFIDAVIT WITH APPLICATION/PAYMENT TO OBTAIN YOUR BUSINESS TAX CERTIFICATE

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16- 10-20, and face criminal penalties allowed by such statute.

Executed on the _____ day of _____, 20_____ in _____ (city),

_____ (state)

_____

Printed Name of and Title of Authorized Officer or Agent

_____

Signature of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME

ON THIS THE _____ DAY OF _____, 20_____.

_____ NOTARY SEAL

Notary Signature

IMMIGRATION AND SECURITY FORM

CONTRACTOR AFFIDAVIT AND AGREEMENT

By executing this affidavit, the undersigned Contractor verifies its compliance with O.C.G.A. 13-10-91, stating affirmatively that the individual, firm, or corporation which is contracting with the City of Hapeville has registered with and is participating in a federal work authorization program* [any of the electronic verification of work authorization programs operated by the United States Department of Homeland Security or any equivalent federal work authorization program operated by the United States Department of Homeland Security to verify information of newly hired employees, pursuant to the Immigration Reform and Control Act of 1986 (IRCA), P.L. 989-603], in accordance with the applicability provisions and deadlines established in O.C.G.A. 13-10-91. The [Contractor] further certifies that at the time of the execution of this contract, the [Contractor] employs_____employees.

The undersigned further agrees that, should it employ or contract with any subcontractor(s) in connection with the physical performance of services pursuant to this contract with the City of Hapeville, Contractor will secure from such subcontractor(s) similar verification of compliance with O.C.G.A. 13-10-91 on the subcontractor Affidavit provided in Rule 300-10-01-.08 or substantially similar form. Contractor further agrees to maintain records of such compliance and provide a copy of each such verification to the City of Hapeville at the time the subcontractor (s) is retained to perform such service.

_____
EEV / Basic Pilot Program* User Identification Number

_____ _____
BY: Authorized Officer or Agent Date
(Contractor Name)

_____
Title of Authorized Officer or Agent of Contractor

_____
Printed Name of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME ON
THIS_____DAY OF_____20____

_____
Notary Public
My Commission Expires:_____

*As of the effective date of O.C.G.A. 13-10-91, the applicable federal work authorization program is the "EEV/ Basic Pilot Program" operated by the U.S. Citizenship and Immigration Services Bureau of the U.S. Department of Homeland Security, in conjunction with the Social Security Administration (SSA).