



City of Georgetown
 100 N. Court Street
 Georgetown, KY 40324

Non-Exclusive Solid Waste Franchise Application

Name of Business:

Business Address:

City, State, Zip:

Mailing Address (if different than Business Address):

City, State, Zip:

Telephone Number: () Fax Number: ()

Owner/Responsible Party Name:

Address:

City, State, Zip:

Telephone No: ()

Date Operations started in Georgetown:

Approx. number of employees:

Type of Business (ex: LLC, S Corp, etc.):

Federal EIN:

Georgetown-Scott County Revenue Commission Business License #:

Accounting Period: Calendar Year (January 1 – December 31) Fiscal Year (Month)

Partnerships: List all Partners

Name

Address

Social Security #

Under penalty of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct and complete. Further, I acknowledge receipt of Georgetown Code of Ordinances Chapter 40, Article II, and all amendments thereto, and fully understand my obligations thereunder, including, but not limited to, the obligation to remit, on a quarterly basis, ten percent (10%) of annual gross revenues generated within City of Georgetown limits. As a non-exclusive franchisee, I shall submit an annual statement, certified by a Certified Public Accountant, disclosing gross revenues received within City of Georgetown limits. I certify that my operations within the City of Georgetown shall be limited to those activities covered by Georgetown Code of Ordinances Section 40-32 and shall not infringe upon the City's exclusive franchise agreement with Republic Services. By submitting this application, I consent to the City of Georgetown and/or Georgetown-Scott County Revenue Commission's audit of my business and financial records at all reasonable times.

Signature:

Title:

Date:

For Official Use Only:

Approved:

Date: