



City of Orange, Texas

SOLID WASTE FRANCHISE APPLICATION

Applicant and Property Information (print)	Type of Business
Name: Mailing Address: City, State, ZIP: Telephone: Email: Fax:	<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other (specify) <hr style="width: 80%; margin-left: 0;"/> Trade Name:
Business address (if different from applicant):	Address where equipment will be parked or stored:
Number, type and carrying capacity of each vehicle:	
Type of waste to be collected:	
Location of landfill or other waste disposal facility(ies):	
Please attach name, address, telephone number, fax number and email address of each the operator of each location. Attach certificate of insurance showing current commercial general liability, motor vehicle liability, and worker's compensation for the applicant.	
_____ Signature of Owner/Contractor/Applicant:	_____ Date:
By signing this application I understand and agree to abide by the provisions of the City Code and ordinances.	
Office Use:	
Date Received:	By:
Date:	
Submit this form to the Planning and Community Development Department at 303 N. 8th Street, Orange, Texas 77631, by fax at 409-988-7407 or by email kknauf@orangetx.org.	