

INTRODUCTION

This instruction guide is intended to assist applicants who are completing a Non-Exclusive Commercial Solid Waste Collection Franchise Application for the City of Sacramento.

For additional questions, please contact the City of Sacramento Commercial Waste Compliance team:
 Email: wastecompliance@cityofsacramento.org
 Phone: (916)808-4846

HOW TO USE THIS GUIDE

This guide is comprised of instructional crosswalks indicating each field of the Non-Exclusive Commercial Solid Waste Collection Franchise Application, along with the information to be input by the applicant (if any).

Field	Input
Section 1 – Identification	
Business Name or Name of Applicant Corporation	Required – The full Legal Business Name or Name of Applicant Corporation. This must be the name of the business applying to collect commercial waste in the City of Sacramento.
City of Sacramento Business Operation Tax Account Number	Required - The full <i>current</i> City of Sacramento Business Operation Tax (BOT) Account Number. Expired BOT Account Numbers must be renewed. To apply for a BOT Account Number, or Renew an Expired BOT Account Number, click here .
Business Phone	Required – The 10-digit phone number for the business applying to collect commercial waste in the City of Sacramento.
Business Fax	The 10-digit fax number for the business applying to collect commercial waste in the City of Sacramento
Business Email	Required – The full email address for the applicant.
Business Website	The full website address for the applicant business.
Business Mailing Address	Required – The full mailing address (street, city, state, zip) for the applicant business.
Primary Contact for Correspondence	Required – The first and last name of the primary contact person for the applicant business.
Title of Primary Contact	Required – The professional title of the Primary Contact for Correspondence (i.e.: Owner, Vice-President, Manager, Office Manager, etc).

Field	Input
Section 2 – Business Entity Type	
Business Entity Type	Required – Select the radio button for the appropriate business entity type.

Field	Input
Section 3 - Services	
Service Type(s)	Required – Select all service types provided by the applicant business. Note: If “Other” is selected, applicant must specify the “Other” service type on the space provided.

Field	Input
Section 4 – Vehicles/Fleet	
Vehicle Inventory – Total Vehicles by Type	Required – The total number of Front Loaders, Rear Loaders, Side Loaders, Roll-Offs, and Other vehicles used to collect waste in the City of Sacramento. If no vehicles exist in a category, enter “0.” Note: If “Other” is selected, applicant must specify the “Other” waste type on the space provided.
Vehicle Inventory – List of All Vehicles	Required – Attach the required list of every vehicle used to collect waste using the template provided. This list should be attached to the application when submitted. Templates, including the vehicle inventory list template, are located on the City of Sacramento website, here .
Location of Franchise Fleet – Street Address	Required – The address, including the street, city, state, and zip code of the location where vehicles used to collect waste in the City of Sacramento are housed.
Location of Franchise Fleet – Vehicle Shop On-site	Required – Select “yes” if there is a vehicle shop at the address provided in section 4.C Street Address. Select “no” if there is not a vehicle shop at the address provided in section 4.C Street Address.
Location of Franchise Fleet – Assessor Parcel Number	Required – The Assessor parcel number for the address provided in section 4.C Street Address. The parcel number lookup tool can be found on the Sacramento County Website here .
Location of Franchise Fleet – Surface Type in Parking Area	Required – The surface type of the parking area where commercial vehicles are stored (ie: asphalt, concrete).
Location of Franchise Fleet – Site Description	Required – Describe the location where vehicles are stored, including if there are gates to enter, space limitations, time limitations, etc.
Franchise Fleet Inspections	Required Attachment - Informational field regarding Franchise Fleet Inspections – no input required.

Field	Input
Section 5 – Insurance Requirements	
Requirements and Minimum Scope of Insurance	Informational field regarding location of requirements for Minimum Scope of required insurance – no input required.
Insurance Carrier Information – Auto/Truck	Required – <u>Carrier:</u> Name of Insurance Carrier for auto and truck insurance <u>Policy Number:</u> The full policy number for auto and truck insurance <u>Effective Date:</u> The effective date of the current auto and truck insurance policy <u>Carrier Contact:</u> The name and phone number of the contact at the insurance carrier for auto and truck insurance
Insurance Carrier Information – General Liability	Required – <u>Carrier:</u> Name of Insurance Carrier for general liability insurance <u>Policy Number:</u> The full policy number for general liability insurance <u>Effective Date:</u> The effective date of the current general liability insurance policy <u>Carrier Contact:</u> The name and phone number of the contact at the insurance carrier for general liability insurance

Insurance Carrier Information – Worker’s Comp	<p>Required –</p> <p><u>Carrier</u>: Name of Insurance Carrier for worker’s compensation insurance</p> <p><u>Policy Number</u>: The full policy number for worker’s compensation insurance</p> <p><u>Effective Date</u>: The effective date of the current worker’s compensation insurance policy</p> <p><u>Carrier Contact</u>: The name and phone number of the contact at the insurance carrier for worker’s compensation insurance</p>
Insurance Carrier Information – Other	<p><u>Carrier</u>: Name of Insurance Carrier for additional/other insurance</p> <p><u>Policy Number</u>: The full policy number for additional/other insurance</p> <p><u>Effective Date</u>: The effective date of the current additional/other insurance policy</p> <p><u>Carrier Contact</u>: The name and phone number of the contact at the insurance carrier for additional/other insurance</p>
Verification of Coverage	Informational field regarding verification of insurance coverage – no input required.

Field	Input
Section 6 – Diversion Plan	
Diversion Plan	Required Attachment - Informational field regarding the required Diversion Plan. The applicant’s Diversion Plan must be attached to the application when submitted (using the required template).
Diversion Plan – Acknowledgement	Required – Applicant must read and select checkbox to certify understanding of Diversion Plan requirements.

Field	Input
Section 7 – Judgements and Background Clearance	
Judgements & Background Clearance, 7.1	<p>Required – Select “yes” if the applicant, a manager, a financial officer, a partner, a corporate officer, a major stockholder, a parent company, or a subsidiary company has ever been convicted of a criminal offense. Select “no” if the applicant, a manager, a financial officer, a partner, a corporate officer, a major stockholder, a parent company, or a subsidiary company has <i>not</i> been convicted of a criminal offense.</p> <p>Note: Minor traffic offenses do not need to be reported.</p>
Judgements & Background Clearance, 7.1.a	<p>Required (if applicant selected “yes” in section 7.1) -</p> <p>Name of Person or Company: Enter the name of the person or company convicted of a criminal offense (omit minor traffic violations)</p> <p>Type of Conviction: Enter the type of conviction for the person or company</p> <p>Date of Conviction: Enter the date of the conviction</p> <p>Brief Description of Conviction: Provide a brief description of the conviction</p> <p>Note: If necessary, attach a separate sheet for each conviction with the same 4 fields above on each sheet.</p>
Judgements & Background Clearance, 7.2	<p>Required – Select “yes” if the applicant, a manager, a financial officer, a partner, a corporate officer, a major stockholder, a parent company, or a subsidiary company has ever had a criminal or civil ruling or judgement in excess of \$5,000. Select “no” if the applicant, a manager, a financial officer, a partner, a corporate officer, a major</p>

	stockholder, a parent company, or a subsidiary company has ever had not had a criminal or civil ruling or judgement in excess of \$5,000.
Judgements & Background Clearance, 7.2.a	Required (if applicant selected “yes” in section 7.2) - Name of Person or Company: Enter the name of the person or company with a criminal or civil judgement or ruling in excess of \$5,000 Type of Conviction: Enter the type of judgement or ruling Date of Conviction: Enter the date of the judgement or ruling Brief Description of Judgement or Ruling: Provide a brief description of the judgement or ruling Note: If necessary, attach a separate sheet for each judgement or ruling with the same 4 fields above on each sheet.
Judgements & Background Clearance – Acknowledgement	Required – Applicant must read sections 7.1, 7.2 and acknowledgement, and select checkbox to certify understanding.

Field	Input
Section 8 – Financial Review (New Applicants Only)	
Financial Review	Required Attachment (New Applicants Only) – Informational field regarding requirement for new applicants to submit satisfactory proof of financial resources as an attachment to the completed application – no input required.

Field	Input
Section 9 – Certification	
Certification – Text	Required – Applicant must read all certification verbiage - no input required.
Certification – Printed Name	Required – Print the name of the applicant (person who completed application on behalf of the company or business).
Certification – Signature	Required – Applicant Signature.
Certification – Date	Required – Date applicant signed the application.