



PASADENA PUBLIC WORKS
 Street Maintenance & Integrated Waste Management
 www.ci.pasadena.ca.us/publicworks
 626-744-7162
 626-396-7774 Fax

Mail: City of Pasadena
 Department of Public Works/SMIWM
 P.O. Box 7115
 Pasadena, CA 91109-9866

APPLICATION FOR FRANCHISE HAULER – COMPOSTING ONLY

FRANCHISEE INFORMATION

Legal Company Name and DBA: _____

Address: _____

City: _____ State: _____ Zip: _____

Mailing Address (if different from above): _____

City: _____ State: _____ Zip: _____

Fleet Address (if different from above): _____

Website address: _____

Business License Number: _____ Expiration Date: _____

Contact/Preparer's Name and Title (print): _____

Telephone #: _____ Fax #: _____ E-mail: _____

Have you conducted trash, recycling, or organic collection in the City of Pasadena in the past, under a different name other than your current franchise name? No: _____ Yes: _____ Year: _____

Other Business Name: _____

CERTIFICATION

I declare under penalty of perjury under the laws of the State of California that I will only haul organic material to the facility noted below and understand my deposit may be forfeited in its entirety if I violate the agreement. I also declare under penalty of perjury under the laws of the State of California that the information contained in this application is true and correct.

Per Pasadena Municipal Code (PMC) 8.61.170 "Any franchisee that collects, transports, and/or hauls organics and/or other compostable materials shall only transport or haul said materials to a composting facility that has been permitted/certified by the State of California."

Facilities where organics will be processed: _____

Owner/President Name and Title (print)	Telephone Number	E-mail address

Owner/President Signature	Date

➔ **OFFICE USE ONLY** ➔

Date application received: _____ Date processing fee received: _____

Received by: _____ Date approved: _____ Date denied: _____