



RECOVERED MATERIALS DEALER - REGISTRATION FORM

- Name of Recovered Materials Dealer _____
- Company description (check one): Individual Partnership Corporation
- List the name(s) of the owner and operator below. If Applicant is a business entity, list the names and business addresses of the general or limited partners, corporate officers and directors. Attach a separate sheet if necessary.

Name	Address

- Provide the complete address for the Registrant's permanent place of business:

- The Registrant shall provide a copy of the Registrant's state certification required by Section 403.7046, Florida Statutes.
- By signing below, the Registrant certifies that all recovered materials originating or collected within the municipal boundaries of Sunrise, Florida will be processed at a recovered materials processing facility satisfying the requirements of Section 403.7046, Florida Statutes.
- By signing below, the Registrant agrees to provide the City of Sunrise with access upon demand to any recovered materials containers placed in service in Sunrise by the Registrant, including locked containers, and that all service agreements with Registrant's customers located in Sunrise shall include a provision requiring the customers to provide access upon demand to the City of Sunrise for inspection purposes.
- Submit a nonrefundable \$200.00 registration fee with this form to: City of Sunrise, Attn: Finance Department Recycling Administration, 10770 W. Oakland Park Blvd., Sunrise, Florida 33351.

This registration must be signed by the individual submitting the registration or, in the case of a corporation, by a corporate officer.

By: _____
Signature

STATE OF _____
COUNTY OF _____

I HEREBY CERTIFY that on this _____ day of _____, 20____, before me personally appeared _____, to me known to be the person who signed the foregoing instrument.

Sworn and subscribed before me this _____ day of _____, 20____.

Signature of Notary Public

Print, Type or Stamp Name of Notary

Personally known to me, or
Produced identification: _____
Type of identification

My commission expires: