



SACRAMENTO REGIONAL SOLID WASTE AUTHORITY (SWA)

LIMITED LIABILITY COMPANY (LLC) SUPPLEMENTAL INFORMATION PACKET

SUPPLEMENT ATTACHMENT TO
NON-EXCLUSIVE COMMERCIAL
SOLID WASTE COLLECTION FRANCHISE
APPLICATION

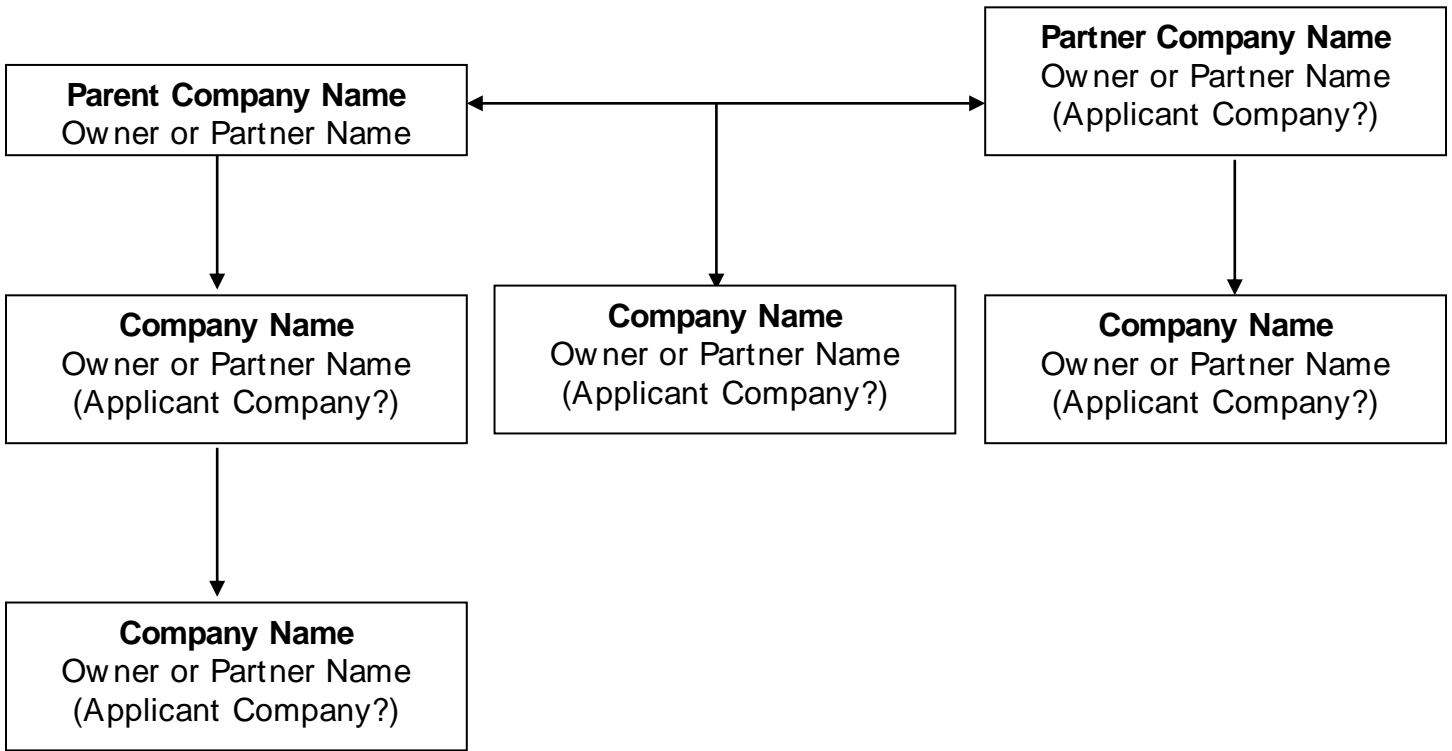
(Pursuant to Sacramento Regional Solid Waste Authority (SWA) Ordinance No. 18)

This packet must be submitted by any applicant that is a LLC and is applying for a Non-Exclusive Commercial Solid Waste Franchise within the SWA Region.

Please provide a Company Organizational Chart with your response. This chart should resemble the example on the next page.

EXAMPLE

LLC Structure Matrix



**SUPPLEMENTAL INFORMATION FOR
SACRAMENTO REGIONAL
SOLID WASTE AUTHORITY (SWA)
NON-EXCLUSIVE COMMERCIAL SOLID WASTE FRANCHISE
FOR LLC**

SECTION A (Identification)

Name of Applicant Company

Street Address of Applicant Company (Street, City, State, Zip)

Business Phone

Business Fax

E-mail or Website

Date of LLC Creation

SECTION B (Business Operations – Applicant LLC)

Please complete the following:

1. Officer Information:

Officer Name: _____

Title: _____

Address: _____

Phone: _____

Date Appointed or Hired to position: _____

Officer Name: _____

Title: _____

Address: _____

Phone: _____

Date Appointed or Hired to position: _____

Financial Officer(s):

Name: _____ Division or Operation: _____

Title: _____

Address: _____

Phone: _____

Date Appointed or Hired to Position: _____

Operations Manager(s):

Name: _____ Division or Operation: _____

Title: _____

Address: _____

Phone: _____

Date Appointed or Hired to Position: _____

Name: _____ Division or Operation: _____

Title: _____

Address: _____

Phone: _____

Date Appointed or Hired to Position: _____

Name: _____ Division or Operation: _____

Title: _____

Address: _____

Phone: _____

Date Appointed or Hired to Position: _____

SECTION C (Business Operations – Other Companies or Corporations)

Please complete the following for all **Other Companies or Corporations** related to the Applicant Company:

Additional Company or Corporation:

Company Name: _____

Business Type: _____

Executive Officer Name: _____

Title: _____

Address: _____

Phone: _____

Date Appointed or Hired to Position: _____

Company Name: _____

Business Type: _____

Executive Officer Name: _____

Title: _____

Address: _____

Phone: _____

Date Appointed or Hired to Position: _____

Company Name: _____

Business Type: _____

Executive Officer Name: _____

Title: _____

Address: _____

Phone: _____

Date Appointed or Hired to Position: _____

Attach additional sheets if necessary

SECTION D (Certification)

Read the following statement carefully

I hereby certify that the information in this corporation supplemental information package is true and correct, that the operation will be conducted in accordance with the information contained and certified herein, and in accordance with SWA Ordinance No. 18, County of Sacramento Code, City of Sacramento Code and the Sacramento Regional Solid Waste Authority rules and regulations written pursuant to Ordinance No. 18.

(Reserved for Notary Seal)

Name (print) _____

Signed _____

Title _____

Date _____