FRANCHISE APPLICATION

All service providers applying for a Telecommunications Franchise must complete this application and submit it to City of Everett Permit Services for review. All applications will be reviewed for completeness. If an application is incomplete or if more time is needed to review the application, the Authorized Person filing the application will be notified. In most instances a completed application will be acted upon by the City within 120 days of filing. Upon filing, the application will become a public record.

1. Definitions: “Applicant” is the service provider to whom the franchise will be issued. “Authorized Person” is the person authorized by the Applicant to complete and file the application on behalf of the Applicant and who is authorized to receive any notices on behalf of the Applicant of any action taken by the City regarding the franchise application.

2. Please provide the following contact information for the Authorized Person:

(a) Name:
(b) Title:
(c) Mailing Address:
(d) URL:
(e) Phone Number:
(f) Email:

3. State the legal name, dba (doing business as), mailing address, Everett business license number, Washington tax number, and phone number of the Applicant.

4. If a corporation, state the name and address of registered agent of the Applicant in Washington State, and the state of incorporation of the Applicant.

5. If the entity is something other than a corporation, such as a partnership or limited liability company, state the names and business addresses of the principals.

6. State the legal name, dba, and mailing address of any entities who exercise working control over the Applicant, and the entities who control those entities up to the ultimate parent entity.
7. As to that portion of the telecommunications system Applicant intends to initially install within the public rights-of-way, describe and identify: (a) the route of the telecommunications system; (b) the construction techniques that the Applicant proposed to use; (c) the approximate linear feet of overhead and underground facilities; (d) the type of overhead and underground facilities; (e) the size of equipment cabinets, shielding, and electronics that will be installed; (f) the power sources that will be used; and (g) a description of the noise, exhaust and pollutants, if any, that will be generated by the operation of the same.

8. The Applicant must provide with its application an original signed and notarized affidavit of an authorized officer of the Applicant certifying the truth and accuracy of the information in the application certifying that the application meets all requirements of applicable law, and certifying the following:

(a) That prior to the granting of this franchise the Applicant has received, or is in a position to receive, necessary authorizations from state and federal authorities to provide telecommunications services using facilities within the public rights-of-way.

(b) That the Applicant is not in default relative to any existing franchise, special street use permit, or license for facilities in the public rights-of-way; and

(c) That the Applicant is willing to accept a franchise and abide by the provisions of applicable law, including those relating to the construction, operation, or maintenance of its telecommunications facilities in the public rights-of-way, and that the Applicant has not entered into any agreement that would prevent it from doing so.

9. The Application will not be deemed complete without Applicant first depositing with Public Works a $5,000 application fee.

10. Please provide a list of three Municipal Government References in which you have built a network or similar infrastructure that you are planning to build in Everett. Please
include the name of the city, contact name, phone number, and email address, and a brief description regarding the project completed in that city.

11. Please provide financial documentation that will allow the City of Everett to verify that your entity has the financial ability to accomplish the project proposed for Everett.

12. The City may request such additional information as it finds necessary and which may be lawfully required.

APPLICANT

[Applicant’s Complete Legal Name]

By: ______________________________
Typed/Printed Name: __________________
Its: ______________________________
Date: __________________________