



City of Florence
A City in Motion

FRANCHISE APPLICATION

Communications Providers

250 Highway 101

Florence, OR 97439

Phone: 541-997-3437 | Fax: 541-997-4109

www.ci.florence.or.us

Type of Request

New Franchise Agreement

Franchise Agreement Renewal

Applicant Information

Provider Name: _____

Legal Status (e.g. partnership, corporation): _____

Mailing Address: _____

E-mail Address: _____

Telephone: _____ Website: _____

Provider Affiliates or Provider's Corporate Partners: _____

Name, address and telephone number of duly authorized officer, agent or employee responsible for accuracy of information and to be contacted in case of an emergency:

Name: _____ Title: _____

Mailing Address: _____

Telephone: _____ Email: _____

Applicant is the following type of communications provider:

Carrier per ORS 133.721(8)

Private Communications Network

Non-Carrier with City Customers

Non-Carrier with no City Customers

Type of customers applicant will serve within the next 6-12 months:

End Users/Residents – Number of City Resident Users: _____

End Users/Commercial – Number and names of City Commercial Users: _____

Other Communications Providers – Please List: _____

Other – Please describe: _____

No Customers within City Limits (Backhaul)

For Office Use Only:

Date Received: _____

Received By: _____

Fee: _____

Date Paid: _____

Processed By: _____

Communications Facilities Information

Provide a description of the applicant's existing or proposed communications facilities within the City, a description of the communications facilities that the applicant intends to construct, a description of all services that the applicant intends to offer or provide to persons, firms, businesses, or institutions within the City, and an estimated timeline of when applicant's services will be provided. If applicant has no City Customers, include the number of linear feet of right-of-way occupied or proposed to be occupied (if any) by applicant's facilities and specify when, if ever, you will provide services to customers within the City.

Provide information or documentation to establish that the applicant has obtained, or has applied for, all other governmental approvals and permits to construct and operate the facilities and to offer or provide the services. Such approvals include, without limitation, any required land use decisions or approvals. In the event the required government approval is not obtained, any license, franchise, or right granted shall be subject to modification or rescission.

Identify any adverse circumstances affecting the use of the public way which may be caused by applicant's project, and a description of your efforts to mitigate such circumstances.

Describe how applicant's accounting system will attribute or source revenue earned from applicant's facilities within the right of way as being derived from customers or facilities within the City.

Note: *The City requires engineering plans, specifications and a network map (in a form customarily used by the applicant) of facilities located or to be located within the public rights-of-way in the City, including the location and route requested for applicant's proposed telecommunication facilities. If provider owns facilities in the City of Florence's right-of-way, a preliminary construction schedule for build-out to the entire franchise area must be provided. Please attach all such plans, specifications, and maps.*

I, the undersigned, am a duly authorized officer of the applicant and I swear that the information provided herein is true, correct and accurate and is a true representation of the facilities and services the applicant will build or offer.

Signature: _____ Date: _____

Printed Name & Title: _____