



City of Lakewood
Franchise Application
For Location of Telecommunications
Facilities within City Right-of-Way

City Lakewood
6000 Main St SW
Lakewood, WA 98499-5027
Ph: 253-589-5027
Fax: 253-512-2218

IMPORTANT: THIS APPLICATION CAN NOT BE SUBMITTED UNLESS ACCOMPANIED BY A FRANCHISE APPLICATION FEE DEPOSIT OF \$5,000. THIS DEPOSIT IS TO COVER ACTUAL ADMINISTRATIVE EXPENSES INCURRED BY THE CITY (INCLUDING STAFF AND ATTORNEY/CONSULTANT RELATED TIME) AND FEES ASSOCIATED WITH THE REVIEW OF THIS FRANCHISE APPLICATION AND ASSOCIATED FRANCHISE NEGOTIATIONS. THIS IS ONLY AN INITIAL DEPOSIT, ADDITIONAL FEES MAY APPLY IF ADDITIONAL STAFF AND ATTORNEY/CONSULTANT RELATED TIME IS NECESSARY.

Applicants may attach additional pages to further explain the answers below.

If you have any questions related to filling out this Franchise Application, please contact the City of Lakewood Permit Counter.

GENERAL INFORMATION			
1.	Name of Applicant Telecommunications Carrier:		
2.	Address:		
3.	City, State:	Zip Code:	Telephone:
4.	<p>Has the Applicant obtained a City business license? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>City of Lakewood Business license: _____</p> <p>PLEASE NOTE: All telecommunication carriers and service providers engaged in the business of transmitting, supplying or furnishing telecommunications service of any kind originating or terminating in the City of Lakewood shall apply for and obtain a Business License from the City pursuant to Chapter 5 of the Lakewood Municipal Code.</p>		
5.	<p>Name of Person Filing this Application:</p> <p>Title:</p> <p>Company:</p>		
6.	Address:		
7.	City, State:	Zip Code:	Telephone:

8.	<p>Are you serving as agent for the above named telecommunications carrier? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, please attach proof of agency.</p>
PROPERTY AND FACILITY INFORMATION:	
9.	<p>Is this an application for:</p> <p>(i) New franchise? Yes <input type="checkbox"/> No <input type="checkbox"/></p>
10.	<p>(ii) Renewal/amending an existing franchise? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>(iii) Transfer of a franchise? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, identify the current franchisee:</p>
11.	<p>If you are renewing/amending an existing franchise, has your franchise otherwise expired? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If not, what is the expiration date of your current franchise?</p>
12.	<p>Describe the telecommunications facilities and/or other equipment proposed to be located within subject right-of-way.</p>
13.	<p>Indicate what licenses, certificates, and authorizations are required from the Federal Communications Commission, the Washington Utilities and Transportation Commission and any other federal or state agency with jurisdiction over the proposed activities. Have all such licenses, certificates and authorizations been obtained?</p>
14.	<p>Describe in detail the services that you expect to provide within the City, including whether the provision off services will be to commercial and/or residential customers.</p>
15.	<p>Provide a summary of all utility taxes the proposed activities, facilities, and other equipment will be subject to. In doing so, provide an estimate of income/revenues that can be used to calculate estimated future utility taxes. Should applicant believe it is not subject to any utility taxes, provide the basis for such belief.</p>
16.	<p>Explain whether the Internet Tax Freedom Act does or does not apply to the services being provided.</p>

<i>The City of Lakewood reserves the right to ask additional questions on a case by case basis.</i>			
Certification			
I certify that the information and any attachment herewith submitted are true and correct to the best of my knowledge and that I have the authority to file this application and act on behalf of the above named telecommunications provider or carrier.			
17.	Signature	Please Print Name	Date
18.	SUBMIT TO: Permit Technician City Lakewood 6000 Main St SW Lakewood, WA 98499-5027 Ph: 253-589-5027 Fax: 253-512-2218		
19.	Received By:		
20.	Signature	Please Print Name	Date
ALSO SUBMIT WITH THIS COMPLETED APPLICATION FORM:			
21.	i. Evidence of registration in the one-number locator service, as described in RCW Chapter 19.122. ii. Proof of agency, if necessary (as indicated above). iii. If you are a new franchisee or if you are requesting a franchise transfer provide a copy of the Utilities and Transportation Commission Registration and Competitive Classification of Telecommunications Companies form, if you are registered with the Utilities and Transportation Commission. iv. If you are a current franchisee or if you are requesting a franchise transfer provide the most recent income statement or report of gross revenues used for calculating utility taxes paid to the City. This report should contain detailed information as to how you calculated the utility taxes owed to the City.		