



Legislation Details (With Text)

**File #:** 21-455      **Version:** 1      **Name:**  
**Type:** Ordinances      **Status:** Second Reading  
**File created:** 4/8/2021      **In control:** City Council  
**On agenda:** 5/11/2021      **Final action:**  
**Title:** An Ordinance granting a non-exclusive franchise to “Elmshire, LLC” to place and maintain up to 150 waste containers on sidewalks and City property within the City of El Paso, subject to the terms and conditions described in the Ordinance.

**Sponsors:**

**Indexes:**

**Code sections:**

**Attachments:** 1. 05112128

Date	Ver.	Action By	Action	Result
5/11/2021	1	City Council		

**CITY OF EL PASO, TEXAS  
AGENDA ITEM SUMMARY FORM**

**All Districts**

Environmental Services, Ellen Smyth, (915) 212-6060

**PUBLIC HEARING DATE:** 5/11/2021

**STRATEGIC GOAL:**

**Goal 3 - Promote the Visual Image of El Paso**

**SUBGOAL:** Choose an item.

**SUBJECT:**

*APPROVE a Resolution / Ordinance / lease to do what? OR AUTHORIZE the City Manager to do what? Be descriptive of what we want Council to approve. Include \$ amount if applicable.*

An Ordinance granting a non-exclusive franchise to “Elmshire, LLC” to place and maintain up to 150 waste containers on sidewalks and City property within the City of El Paso, subject to the terms and conditions described in the Ordinance.

**BACKGROUND / DISCUSSION:**

*Discussion of the what, why, where, when, and how to enable Council to have reasonably complete description of he contemplated action. This should include attachment of bid tabulation, or ordinance or resolution if appropriate. What are the benefits to the City of this action? What are the citizen concerns?*

A franchise agreement is required for the placement of solid waste containers on City property. The Ordinance, acknowledged by the franchisee, identifies standards to be maintained for the placement, maintenance, and use for advertising of the solid waste containers at locations identified in the ordinance.

**PRIOR COUNCIL ACTION:**

*Has the Council previously considered this item or a closely related one?*

Click or tap here to enter text.

**AMOUNT AND SOURCE OF FUNDING:**

*How will this item be funded? Has the item been budgeted? If so, identify funding source by amount numbers and description of account. Does it require a budget transfer?*

Click or tap here to enter text.

\*\*\*\*\*REQUIRED AUTHORIZATION\*\*\*\*\*

**Department Head:**

*If Agenda Item Summary Form is initiated by Purchasing, client department should sign also*