

DRAFT

COMMERCIAL COLLECTION SERVICE FRANCHISE APPLICATION CHECK-LIST

Applicant: Steel Smith

Date: 9/22/25

Status	Brief Description of Application Requirements
<input checked="" type="checkbox"/> Met; <input type="checkbox"/> Not Met	Identity of the applicant, to include its principals, partners, and management. Section 4-1 C. (2)(a)
<input checked="" type="checkbox"/> Met; <input type="checkbox"/> Not Met	Evidence the entity is authorized to do business with the State of Florida and in good standing with the Department of State. Section 4-1 C. (2)(a)
<input checked="" type="checkbox"/> Met; <input type="checkbox"/> Not Met	Information regarding the experience and qualifications of the applicant and its personnel with regard to Solid Waste collection. Section 4-1 C. (2)(b)
<input checked="" type="checkbox"/> Met; <input type="checkbox"/> Not Met	Information about the applicant's (including its principals, partners, and officers) involvement as a subject or as a part in any litigation, criminal proceedings, or agency enforcement cases. Section 4-1 C. (2)(c)
<input checked="" type="checkbox"/> Met; <input type="checkbox"/> Not Met	List of all vehicles, equipment and other physical assets [by make, model, capacity, size, type and VIN] the applicant will use to collect and transport Solid Waste when providing Commercial Collection service within Polk County. Section 4-1 C. (2)(d)
<input checked="" type="checkbox"/> Met; <input type="checkbox"/> Not Met	List identifying the frequency of Commercial Collection Service applicant provides to its customers with the identification number, size, capacity, and type of each dumpster, roll cart, roll-off Container and compactor that the applicant will use to collect Commercial Solid Waste within the County. Section 4-1 C. (2)(e)
<input checked="" type="checkbox"/> Met; <input type="checkbox"/> Not Met	Applicant's acknowledgment and consent the County has the right to inspect the applicant's vehicles, Containers, compactors and other equipment at any time. Section 4-1 C. (2)(f)
<input checked="" type="checkbox"/> Met; <input type="checkbox"/> Not Met	Original Certificates of Insurance evidencing current compliance with CGL coverage (NLT \$2M per occurrence) and State statutory workers' comp. coverage (or waiver). Section 4-1 C. (2)(g)
<input checked="" type="checkbox"/> Met; <input type="checkbox"/> Not Met	Evidence the applicant has obtained all permits and licenses required by law or ordinance to provide Commercial Collection Service within the County. Section 4-1 C. (2)(h)
<input checked="" type="checkbox"/> Met; <input type="checkbox"/> Not Met	Delivery of Sworn affidavit confirming: (i) no unsatisfied judgments pending against the applicant; (ii) no liens of record filed by the IRS or State against the applicant; (iii) applicant will comply with all Ord. requirements and all applicable laws. Section 4-1 C. (2)(i)
<input checked="" type="checkbox"/> Met; <input type="checkbox"/> Not Met	Delivery of written indemnity of County from any loss which may result from the applicant, its employees, subcontractors, agents, failure to perform in compliance with the terms of the franchise or the Ordinance. Section 4-1 C. (2)(j)
<input checked="" type="checkbox"/> Met; <input type="checkbox"/> Not Met	Delivery of applicable Commercial Franchise application fee. Section 4-1 C. (5)

DRAFT

9-3 sent to Attorney



RECEIVED

2025 SEP -2 PM 1:27

POLK COUNTY
SOLID WASTE DIVISION

August 26, 2025

To Whom it may concern,

SteelSmith, LLC was founded on March 30, 2015. SteelSmith is a recycling company and waste hauling provider. It is owned by Caroline Smith (CEO) and Joshua A. Smith (COO). Caroline brings a bachelor's degree in Finance from the University of South Florida and over 20 years of professional experience, with 8 of those being in the recycling and waste hauling industry. Joshua holds an AA with an Engineering Track and also has over 20 years professional experience, with over 10 of those in the recycling and waste hauling industry. SteelSmith a Florida State certified Woman Business Enterprise.

SteelSmith owns Ten trucks; 9 roll-off trucks, and one day-cab. The dumpster fleet is made up of nearly 500 roll-off dumpsters. SteelSmith has a total of 20 employees. SteelSmith carries 2 million dollars in general liability coverage and 1 million dollars in auto liability and workers comp coverage. The business has never had any debt, partners, investors, outside management or lawsuits. Neither of the owners have been involved as a subject or as a party in litigation, criminal proceedings or agency enforcement cases as outlined in Section 4-1 C. (2)(c) of the solid waste ordinance.

SteelSmith prides itself on the exceptional customer service delivered to its customers, well-maintained, nice-looking equipment and a professional image in an industry where these things are generally lacking.

We are looking forward to continuing to serve the Polk County area!

Sincerely,

A handwritten signature in black ink that reads 'Caroline Smith'.

Caroline Smith, CEO



[Department of State](#) / [Division of Corporations](#) / [Search Records](#) / [Search by Entity Name](#) /

Detail by Entity Name

Florida Limited Liability Company
STEELSMITH, LLC

Filing Information

Document Number	L15000056096
FEI/EIN Number	47-3574396
Date Filed	03/30/2015
Effective Date	03/30/2015
State	FL
Status	ACTIVE
Last Event	LC AMENDMENT
Event Date Filed	04/30/2015
Event Effective Date	NONE

Principal Address

6809 SCENIC DR.
APOLLO BEACH, FL 33572

Mailing Address

6809 SCENIC DR.
APOLLO BEACH, FL 33572

Registered Agent Name & Address

SMITH, Caroline C
6809 SCENIC DR.
APOLLO BEACH, FL 33572

Name Changed: 02/09/2018

Authorized Person(s) Detail

Name & Address

Title COO

SMITH, JOSHUA A
6809 SCENIC DR.
APOLLO BEACH, FL 33572

Title CEO

SMITH, CAROLINE Christine
6809 SCENIC DR.
APOLLO BEACH, FL 33572

Annual Reports

Report Year	Filed Date
2023	03/10/2023
2024	02/06/2024
2025	02/14/2025

Document Images

02/14/2025 -- ANNUAL REPORT	View image in PDF format
02/06/2024 -- ANNUAL REPORT	View image in PDF format
03/10/2023 -- ANNUAL REPORT	View image in PDF format
01/30/2022 -- ANNUAL REPORT	View image in PDF format
02/01/2021 -- ANNUAL REPORT	View image in PDF format
09/11/2020 -- AMENDED ANNUAL REPORT	View image in PDF format
02/27/2020 -- ANNUAL REPORT	View image in PDF format
02/10/2019 -- ANNUAL REPORT	View image in PDF format
02/09/2018 -- ANNUAL REPORT	View image in PDF format
02/10/2017 -- ANNUAL REPORT	View image in PDF format
04/27/2016 -- ANNUAL REPORT	View image in PDF format
04/30/2015 -- LC Amendment	View image in PDF format
03/30/2015 -- Florida Limited Liability	View image in PDF format

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000056096

Entity Name: STEELSMITH, LLC

Current Principal Place of Business:

6809 SCENIC DR.
APOLLO BEACH, FL 33572

Current Mailing Address:

6809 SCENIC DR.
APOLLO BEACH, FL 33572

FEI Number: 47-3574396

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SMITH, CAROLINE C
6809 SCENIC DR.
APOLLO BEACH, FL 33572 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: CAROLINE SMITH

02/14/2025

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title COO
Name SMITH, JOSHUA A
Address 6809 SCENIC DR.
City-State-Zip: APOLLO BEACH FL 33572

Title CEO
Name SMITH, CAROLINE CHRISTINE
Address 6809 SCENIC DR.
City-State-Zip: APOLLO BEACH FL 33572

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CAROLINE SMITH

CEO

02/14/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date

POLK COUNTY WASTE & RECYCLING NON-EXCLUSIVE COMMERCIAL FRANCHISE ANNUAL VEHICLE LIST					OFFICE USE ONLY		
FRANCHISEE <u>Steelsmith LLC</u>					DATE RECEIVED _____		
FOR YEAR <u>2025</u>					DATE TO AUDITING _____		
					ACCEPTED _____		
VEHICLE MAKE	VEHICLE MODEL	YEAR	TYPE (RO, REL, FEL, ASL, ETC.)	CAPACITY (CU YD)	VEHICLE SIZE (GVW)	VEHICLE IDENTIFICATION NUMBER	
Mack		2015	RO	40	62000	1M2AX04C1FM021621	T2
Mack	GRANITE	2021	RO	40	70000	1M2GR4NC8MM002023	T4
Mack	GU813	2023	RO	40	66000	1M2GR3GC4PM036696	T5
Mack	GRANITE	2023	RO	40	70000	1M2GR3GCXPM037044	T6
Mack	GU813	2020	RO	40	66000	1M2GR3GC6LM019344	T7
Mack	GRANITE	2023	RO	40	62000	1M2GR3GC4PM036150	T8
Mack	GRANITE	2024	RO	40	62000	1M2GR3GC0RM041011	T9
MACK	GU813	2019	RO	40	66000	1M2GR3GC7KM010165	T10
MACK	GR64B	2022	RO	40	66000	1M2GR3GCXPM036699	T11

NON-EXCLUSIVE COMMERCIAL FRANCHISE ANNUAL CONTAINER LIST

FOR YEAR 2025

ACCEPTED

[illegible]



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

08/26/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Gulf Coast Commercial Insurance 815 B Cypress Village Blvd Sun City Center, FL 33573	CONTACT NAME: Courtney PHONE (A/C, No, Ext): (813)633-7705 E-MAIL ADDRESS: Courtney@gcci-ins.com FAX (A/C, No): INSURER(S) AFFORDING COVERAGE <table><tr><td>INSURER A: CLEAR BLUE INSURANCE COMPANY</td><td>28860</td></tr><tr><td>INSURER B: Clear Blue Insurance Company</td><td>28860</td></tr><tr><td>INSURER C: SERVICE LLOYDS INSURANCE COMPANY</td><td>43389</td></tr><tr><td>INSURER D:</td><td></td></tr><tr><td>INSURER E:</td><td></td></tr><tr><td>INSURER F:</td><td></td></tr></table> NAIC #	INSURER A: CLEAR BLUE INSURANCE COMPANY	28860	INSURER B: Clear Blue Insurance Company	28860	INSURER C: SERVICE LLOYDS INSURANCE COMPANY	43389	INSURER D:		INSURER E:		INSURER F:	
INSURER A: CLEAR BLUE INSURANCE COMPANY	28860												
INSURER B: Clear Blue Insurance Company	28860												
INSURER C: SERVICE LLOYDS INSURANCE COMPANY	43389												
INSURER D:													
INSURER E:													
INSURER F:													
INSURED SteelSmith, LLC 6809 Scenic Dr Apollo Beach, FL 33572-1543													

COVERAGES**CERTIFICATE NUMBER:** 00013098-240618095525**REVISION NUMBER:** 68

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	BGFL0031807600	09/28/2024	09/28/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		AQ1YFL004160-01	06/16/2025	06/16/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ PIP \$ 10,000
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$		BXFL0031807601	09/28/2024	09/28/2025	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000
C	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N Y N/A	11252	10/01/2024	10/01/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.I. EACH ACCIDENT \$ 1,000,000 E.I. DISEASE - EA EMPLOYEE \$ 1,000,000 E.I. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Workers Comp: Caroline Smith Joshua Smith are exempt**CERTIFICATE HOLDER****CANCELLATION****POLK COUNTY**
330 W CHURCH STREET
Bartow, FL 33831

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

(CDF)

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POLK COUNTY LOCAL BUSINESS TAX RECEIPT

ACCOUNT NO. 242311

CLASS: A

EXPIRES:

09/30/2026

OWNER NAME

LOCATION

CAROLINE C SMITH

POLK COUNTY

BUSINESS NAME AND MAILING ADDRESS

CODE

ACTIVITY TYPE

**STEELSMITH LLC
STEELSMITH LLC
6809 SCENIC DR
APOLLO BEACH, FL 33572**

810000

LTD OTHER SERVICES

OFFICE OF JOE G. TEDDER, CFC * TAX COLLECTOR

**THIS POLK COUNTY LOCAL BUSINESS TAX RECEIPT MUST BE CONSPICUOUSLY
DISPLAYED AT THE BUSINESS LOCATION**

PAID - 3471119 08/14/2025 OPY

OLP 31.50

STEELSMITH LLC



AFFIDAVIT SUPPORTING RENEWAL OF NONEXCLUSIVE FRANCHISE TO COLLECT,
REMOVE, AND TRANSPORT COMMERCIAL SOLID WASTE
WITHIN POLK COUNTY

STATE OF FLORIDA
COUNTY OF Hillsborough

Before me, the undersigned notary public authorized to administer oaths, personally appeared Caroline Smith who, first being duly sworn, on oath deposes and states, as follows:

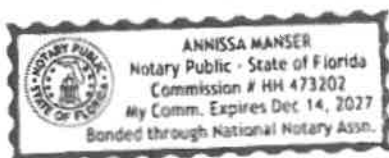
- 1) He is SteelSmith LLC, a S corporation.
- 2) He has personal knowledge of the facts stated in this Affidavit and that all such facts are true and correct.
- 3) There are no unsatisfied judgments entered against SteelSmith LLC.
- 4) There are no liens of record filed by the Internal Revenue Service against SteelSmith LLC.
- 5) There are no liens of record filed by the State of Florida, or any agency or subdivision thereof, against SteelSmith LLC.
- 6) SteelSmith LLC acknowledges and consents that the County shall have the right to inspect SteelSmith LLC vehicles, containers, compactors, and other equipment at any time.
- 7) During the time of the existing Commercial Franchise, SteelSmith LLC has complied with all of the requirements stated in the Polk County Ordinance 13-069 and with all other applicable laws, and if awarded a renewal term SteelSmith LLC will continue to comply with the same.

Further the affiant sayeth not.

Dated the 19th day of September, 2025

Caroline Smith
Sworn Person Signature
Caroline Smith CEO
Printed Name and Title of Sworn Person

The foregoing instrument was sworn (or affirmed) and subscribed before me this 19th day of September, 2025, by Isabella Prater, who is either ☒ personally known to me; or ☐ has produced Passport as identification.



(AFFIX NOTORIAL SEAL)

Anissa Manser
Notary Public Signature
Anissa Manser
Printed Name of Notary Public
December 14, 2027
Notary Commission Number/Expiration

INDEMNITY

WHEREAS, THE UNDERSIGNED Caroline Smith
(the "Undersigned"), is the CEO of SteelSmith LLC
(the "undersigned"), a LLC.

WHEREAS, the SteelSmith, is herewith submitting an application to Polk County, a political subdivision of the State of Florida, (the "County") for the grant, renewal, or modification of a non-exclusive commercial franchise (a "Commercial Franchise") to collect, remove and transport commercial solid waste within the geographic areas of Polk County; and

WHEREAS, the Commercial Franchise application process is described in Polk County Ordinance 13-069 (the "Ordinance") and requires, among other matters, that an applicant indemnify the County from and against any loss which may result from the applicant, its employees, subcontractors, and agents, failure to perform in accordance with the terms of the awarded Commercial Franchise and the terms of the Ordinance; and

WHEREAS, the Undersigned is duly authorized to execute this instrument by and on behalf of the SteelSmith LLC

NOW, THEREFORE, in consideration of the benefits accruing to the SteelSmith LLC and for other good and valuable consideration, the Undersigned, by and on behalf of the SteelSmith LLC does hereby forever release, indemnify, keep, save, and hold harmless the County, its commissioners, officers, officials, and employees, from and against any and all damages, losses, penalties, liabilities, costs and expenses of any kind or nature whatsoever that is proximately caused by, incident to, resulting from, arising out of, or occurring in connection with, directly or indirectly, SteelSmith LLC, its employees, subcontractors, or agents, failure to perform in compliance with the terms of the Commercial Franchise or failure to perform in compliance with the terms of the Ordinance.

IN WITNESS WHEREOF, the Undersigned has executed this instrument by and on behalf of the SteelSmith this 19 day of September, 2025

ATTEST:

By: Annisia Manser

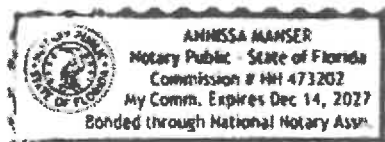
Annisia Manser
[Printed Name, Title]

SteelSmith
a LLC

By: Caroline Smith

Caroline Smith - CEO
[Printed Name, Title]

SEAL



SteelSmith, LLC
3905 S 54th St.
Tampa, FL 33619

TRUIST
11015 CAUSEWAY BOULEVARD
BRANDON, FL 33511
88-215/001

3507

08/26/2025

PAY TO THE ORDER OF Polk County Board of County Commissioners

\$**500.00

Five hundred and 00/100*****

DOLLARS

Polk County Board of County Commissioners
Attn: Terri Phillips
Waste and Recycling Division
10 Environmental Loop South
Winter Haven, FL 33880

VALID VALUE
VALID VALUE
VALID VALUE

AUTHORIZED SIGNATURE

[Handwritten Signature]

MEMO

⑈003507⑈ ⑆0863102152⑆ 1000182249507⑈

SteelSmith, LLC

3507

Date	Type	Reference	Original Amount	Balance Due	Payment
08/26/2025	Bill	Polk County Board of County Commissioners	500.00	500.00	500.00
08/26/2025		Check Amount			500.00

Truist Checking #950

500.00