

DRAFT

COMMERCIAL COLLECTION SERVICE FRANCHISE APPLICATION CHECK-LIST

Applicant: Recycling Services of FL Date: 10.13.25

Status	Brief Description of Application Requirements
<input type="checkbox"/> Met; 1. <input type="checkbox"/> Not	Identity of the applicant, to include its principals, partners, and management. Section 4-1 C. (2)(a)
<input checked="" type="checkbox"/> Met; 2. <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 type="checkbox"/> Met; 3. <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; 4. <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) MUST BE NOTARIZED
<input checked="" type="checkbox"/> Met; 5. <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 type="checkbox"/> Met; 6. <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; 7. <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; 8. <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) Certificate Holder: Polk County, a political subdivision of the State of Florida. 330 W Church St, Rm 150 Bartow, FL 33830
<input checked="" type="checkbox"/> Met; 9. <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 10. <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) MUST BE NOTARIZED
<input checked="" type="checkbox"/> Met; 11. <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) MUST BE NOTARIZED
<input checked="" type="checkbox"/> Met 12. <input type="checkbox"/> Not Met	Delivery of applicable Commercial Franchise application fee. Section 4-1 C. (5)

DRAFT



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Detail by Entity Name

Florida Profit Corporation

RECYCLING SERVICES OF FLORIDA, INC.

Filing Information

Document Number P04000057979

FEI/EIN Number 20-0970835

Date Filed 03/31/2004

State FL

Status ACTIVE

Principal Address

3560 126TH AVE N.
CLEARWATER, FL 33762

Changed: 03/19/2008

Mailing Address

2401 S LAFLIN ST
CHICAGO, IL 60608

Registered Agent Name & Address

WARD, GEORGE
3560 126th Ave N
Clearwater, FL 33762

Address Changed: 04/25/2019

Officer/Director Detail

Name & Address

Title President

WARD, George
2401 S LAFLIN ST
CHICAGO, IL 60608

Title Secretary

WARD, Frank , Jr.
2401 S LAFLIN ST
CHICAGO, IL 60608

Title T

WARD, GEORGE
2401 S LAFLIN ST
CHICAGO, IL 60608

Annual Reports

Report Year	Filed Date
2023	04/10/2023
2024	04/12/2024
2025	03/11/2025

Document Images

03/11/2025 -- ANNUAL REPORT	View image in PDF format
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04/13/2018 -- ANNUAL REPORT	View image in PDF format
03/20/2017 -- ANNUAL REPORT	View image in PDF format
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03/19/2007 -- ANNUAL REPORT	View image in PDF format
02/28/2006 -- ANNUAL REPORT	View image in PDF format
04/05/2005 -- ANNUAL REPORT	View image in PDF format
03/31/2004 -- Domestic Profit	View image in PDF format

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3520 126th Avenue N., Clearwater, FL 33762

Phone: 727-573-9150

Fax: 727-572-1398

10/10/2025

Greetings,

As of the date of the correspondence stated above, Recycling Services of Florida, as well as it's Manger, Tyler Ward has never had involvement as a subject or as a part in any litigation, criminal proceedings, or agency enforcement cases are applicable to its principals, partners, and officers.

I, George Ward, MGR\Owner of Recycling Services of Florida, do attest the above statement to be true and correct.

State Florida

County of Polk

The foregoing instrument was acknowledged before me this 10th day of October 2025 Personally Know ☒ or Produced identification

Respectfully,
George Ward

X

Notary Seal:





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/14/2025

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 Commercial Insurance Associates, LLC 103 Powell Court, Ste 200 Brentwood TN 37027	CONTACT NAME: PHONE (A/C, No, Ext): 615-515-6000 FAX (A/C, No): 615-515-6001 E-MAIL ADDRESS: administrator@com-ins.com
INSURED Recycling Services of Florida 3560 126th Ave N Clearwater FL 33762	INSURER(S) AFFORDING COVERAGE INSURER A: Nautilus Insurance Company INSURER B: Key Risk Insurance Company INSURER C: INSURER D: INSURER E: INSURER F:
CORPCOV-01	NAIC # 17370 10885

COVERAGES**CERTIFICATE NUMBER:** 1524836797**REVISION NUMBER:**

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 checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:		GSP2044850-11	10/1/2025	10/1/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 25,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Retention \$ 50,000
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY		BAP2044858-11	10/1/2025	10/1/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$		FFX2044851-11	10/1/2025	10/1/2026	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 \$
	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 <input type="checkbox"/> N/A				PER STATUTE E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Pollution Pollution		GSP2044850-11	10/1/2025	10/1/2026	Per Pollution Limit Total All Conditions 1,000,000 2,000,000

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

CERTIFICATE HOLDER**CANCELLATION**

Polk County, a political subdivision of the State of Florida
330 W Church Street, Rm 150
Bartow FL 33830

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

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/14/2025

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 The Bulow Group, Inc. 8101 183rd Street Tinley Park IL 60487	CONTACT NAME: Certificates	FAX (A/C, No): 708-377-4178
	PHONE (A/C, No, Ext): 708-258-5448	E-MAIL ADDRESS: coi@thebulowgroup.com
INSURER(S) AFFORDING COVERAGE	NAIC #	
INSURER A : Ascot Insurance Company	23752	
INSURER B :		
INSURER C :		
INSURER D :		
INSURER E :		
INSURER F :		

INSURED
Recycling Services of Florida
3560 126th Ave.
Clearwater FL 33762

License#: PC-1709914
CORPCOV-01

COVERAGES**CERTIFICATE NUMBER:** 2043879419**REVISION NUMBER:**

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY						
	CLAIMS-MADE <input type="checkbox"/> OCCUR <input type="checkbox"/>						EACH OCCURRENCE \$
							DAMAGE TO RENTED PREMISES (Ea occurrence) \$
							MED EXP (Any one person) \$
							PERSONAL & ADV INJURY \$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$
	POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/>						PRODUCTS - COMP/OP AGG \$
	OTHER:						\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	ANY AUTO						BODILY INJURY (Per person) \$
	OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
	HIRED AUTOS ONLY						PROPERTY DAMAGE (Per accident) \$
	SCHEDULED AUTOS						\$
	NON-OWNED AUTOS ONLY						
	UMBRELLA LIAB						EACH OCCURRENCE \$
	EXCESS LIAB						AGGREGATE \$
	DED <input type="checkbox"/> RETENTION \$ <input type="checkbox"/>						\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N					
	If yes, describe under DESCRIPTION OF OPERATIONS below	N/A					
				WC125-6006396	4/3/2025	4/3/2026	X PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
							E.L. EACH ACCIDENT \$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
							E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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

Waiver of Subrogation in favor of the Additional Insured as respects to the Workers Compensation all the foregoing as required by a written & signed contract.

CERTIFICATE HOLDER**CANCELLATION**

Polk County
a Political Subdivision of the State of Florida
330 W. Church St. Rm. 150
Bartow FL 33830

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

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POLK COUNTY WASTE & RECYCLING

NON-EXCLUSIVE COMMERCIAL FRANCHISE ANNUAL VEHICLE LIST

FRANCHISEE Recycling Services of Florida
 FOR YEAR 2025

OFFICE USE ONLY

DATE RECEIVED _____

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		Roll Off	2007	RO	15YD-40YD	54999	1M2AG11C87M058130
Mack		Roll Off	2006	RO	15YD-40YD	54999	1M2AG11C06M033463
Mack		Roll Off	2005	RO	15YD-40YD	54999	1M2AG11C45M030614
Mack		Semi Truck	2003	Semi Truck	NA	80000	1M1AA18Y13W152842
Mack		Front Load	2002	FEL	44	54999	1M2K195C72M019522
Mack		Front Load	2007	FEL	44	54999	1M2K189C97M035099
Mack		Semi Truck	2013	Semi Truck	NA	80000	1M1AW07Y1DM032758
Mack		Front Load	2008	FEL	44	54999	1M2AV04C58M003180
Mack		Front Load	1996	FEL	44	54999	1M2K195C6VM010699

NON-EXCLUSIVE COMMERCIAL FRANCHISE ANNUAL CONTAINER LIST

FRANCHISEE

FOR YEAR

OFFICE USE ONLY

DATE RECEIVED

DATE TO AUDITING

ACCEPTED

[illegible]

POLK COUNTY LOCAL BUSINESS TAX APPLICATION FORM**ACCOUNT NO. 241101****CLASS: B****PAYMENT DUE BY: 09/30/2025**

OWNER NAME	LOCATION	
GEORGE M WARD	4101 HOLDEN RD LAKELAND	
BUSINESS NAME AND MAILING ADDRESS	CODE	ACTIVITY TYPE
RECYCLING SERVICES OF FLORIDA INC	480010	COMMERCIAL DRIVER
RECYCLING SERVICES OF FLORIDA INC	330005	MANUFACTURING
2401 S LAFLIN ST	330010	PROCESSING
CHICAGO, FL 60608		
SIGN HERE		gward@recyclingit.com
SIGNATURE INDICATES APPLICANT READ AND UNDERSTANDS THE APPLICATION AFFIDAVIT ON THE BACK OF THE FORM AND AFFIRMS THE INFORMATION PROVIDED IS TRUE AND CORRECT.		AMOUNT DUE: 57.75
PAID - 3410461 07/10/2025 OPY OLP 57.75 RECYCLING SERVICES OF FLORIDA INC		

For Your Information: What You Need To Know About Tangible Personal Property

Every individual or firm doing business and located in Polk County is also subject to the tangible personal property requirement.

An initial tangible personal property tax return is required to be filed with the Polk County Property Appraiser's Office by April 1st of the year after the business opens. The initial return is required if the business owns or leases any personal property, without regard to the value of that personal property. In subsequent years, however, no return is required unless the combined value of all business equipment is more than 25,000 dollars.

To file an initial tangible personal property tax return or for additional information, visit Polk County Property Appraiser's Office website, polkpa.org.

POLK COUNTY LOCAL BUSINESS TAX RECEIPT**ACCOUNT NO. 241101****CLASS: B****EXPIRES:****09/30/2026**

OWNER NAME	LOCATION	
GEORGE M WARD	4101 HOLDEN RD LAKELAND	
BUSINESS NAME AND MAILING ADDRESS	CODE	ACTIVITY TYPE
RECYCLING SERVICES OF FLORIDA INC	480010	COMMERCIAL DRIVER
RECYCLING SERVICES OF FLORIDA INC	330005	MANUFACTURING
2401 S LAFLIN ST	330010	PROCESSING
CHICAGO, FL 60608		
PROFESSIONAL LICENSE (IF APPLICABLE)		
OFFICE OF JOE G. TEDDER, CFC * TAX COLLECTOR	THIS POLK COUNTY LOCAL BUSINESS TAX RECEIPT MUST BE CONSPICUOUSLY DISPLAYED AT THE BUSINESS LOCATION	
PAID - 3410461 07/10/2025 OPY OLP 57.75 RECYCLING SERVICES OF FLORIDA INC		

INDEMNITY

WHEREAS, THE UNDERSIGNED George Ward
(the "Undersigned"), is the President of Recycling Services of Florida
the "company", a Florida S corporation,

WHEREAS, the company 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

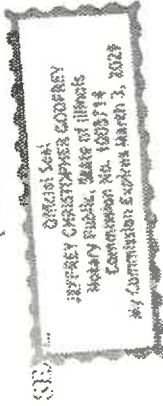
WHEREAS, the Undersigned is duly authorized to execute this instrument by and on behalf of the company

NOW, THEREFORE, in consideration of the benefits accruing to the company and for other good and valuable consideration, the Undersigned, by and on behalf of the company does hereby ~~forbear~~ 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, Recycling Services of Florida of the company, 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 company this 22 day of November, 2017.

ATTEST:

By: [Signature]
Jeffrey Christopher Coorsey
[Printed Name, Title]



By: [Signature]
Recycling Services of Florida Inc.
a Florida S corporation

By: George Ward
[Printed Name, Title]

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


STATE OF FLORIDA
COUNTY OF POLK

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

- 1) He is Recycling Services of Florida, 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 Recycling Services of Florida.
- 4) There are no liens of record filed by the Internal Revenue Service against Recycling Services of Florida.
- 5) There are no liens of record filed by the State of Florida, or any agency or subdivision thereof, against Recycling Services of Florida.
- 6) Recycling Services of Florida acknowledges and consents that the County shall have the right to inspect Recycling Services of Florida vehicles, containers, compactors, and other equipment at any time.
- 7) During the time of the existing Commercial Franchise, Recycling Services of Florida 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 Recycling Services of Florida will continue to comply with the same.

Further the affiant sayeth not.

Dated the 24 day of September, 2017


Sworn Person Signature

George Ward - President
Printed Name and Title of Sworn Person

The foregoing instrument was sworn (or affirmed) and subscribed before me this 24 day of September, 2017, by George Ward, who is either ☒ personally known to me; or ☐ has produced _____ as identification.



(AFFIX NOTORIAL SEAL)


Notary Public Signature

Jeffrey Christopher Godfrey
Printed Name of Notary Public

1005714 / 3-3-29
Notary Commission Number/Expiration

DEPARTMENT OF Solid Waste, POLK COUNTY FLORIDA No 97674
RECEIVED FROM Recycling Services of Florida, Inc Date 9/2 2025

FUND	COST CENTER	ACCOUNT	PROJECT
DR: <u>Renewal Franchise Fee</u>		\$ <u>500.00</u>	
		\$	
		\$	
		\$	
CASH <input type="checkbox"/> CHECK <input checked="" type="checkbox"/> <u>48721</u>		BY: <u>Kermita Turpin-Grand</u>	TOTAL <u>\$500.00</u>

USED 05/12

THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND ON WHITE PAPER AND ORIGINAL DOCUMENT SECURITY SCREEN ON BACK WITH PADLOCK SECURITY ICON.

RECYCLING SERVICES OF FLORIDA, INC.
3560 126th Ave. North
Clearwater, FL 33762


WINTRUST
BANK
CHICAGO
70-2544/719

48721
48721

***Five Hundred & No/100 US Dollar

DATE 08/26/25 AMOUNT \$500.00

PAY TO THE ORDER OF POLK COUNTY BOARD OF COUNTY COMMISS
10 Environmental Loop south
Winter Haven, FL 33880

VOID AFTER 180 DAYS

AUTHORIZED SIGNATURE

⑈048721⑈ ⑆071925444⑆ ⑈6350015509⑈

RECYCLING SERVICES OF FLORIDA, INC. 3560 126th Ave. North Clearwater, FL 33762 **48721**

VENDOR NO.: POL025 NAME: POLK COUNTY BOARD OF COUNTY COMMISS 48721

INVOICE	REFERENCE	INV. DATE	INV. AMOUNT	DISCOUNT	ADJ. AMT.	AMT. PAID
081425	RENEWAL	08/14/25	500.00	0.00	0.00	500.00
(Acct: 10002-000)			Check Date 08/26/25		Total	500.00

SECURE DOCUMENT SQUARE IMAGES FADE WHEN HEAT IS APPLIED.

Thank you for your payment!

This service has been provided by [Polk County BoCC - Solid Waste, FL](#) and [Point & Pay](#). We value your business. Please keep this receipt for future reference.

You have made a payment to [Polk County BoCC - Solid Waste, FL](#). The Polk County BoCC - Solid Waste department Thanks You For Your Payment. Credit Card Services provided by Polk County BoCC - Solid Waste department are in connection with POINT & PAY.

Name: Abigail Ward
Address: 121 20th Ave NE, St Petersburg FL, US, 33704
Contact: 6307422421
Comments:

Payment ID: 183026273
Date: 09/24/25 01:55 PM
Subtotal: \$250.00
Fee: \$8.40
Total: \$258.40
Method: Credit Card(*****2238)

Item Purchased	Transaction Description	Account	Amount
Miscellaneous Charges	CTYPolkWsteGOV	RecyclingServicesOfFloridaFF	\$250.00

Signature: _____ **Date:** ____/____/____

By signing this receipt you agree to the terms and conditions of this service.

You will see one line item on your credit or debit card statement indicating the amount you paid and will be identified as *CTYPolkWsteGOV*. If you have any questions about the charges please call 1-888-891-6064.

[Print Receipt](#) [Close Window](#)

Zimmerman, Debra

From: noreply@pointandpay.com
Sent: Wednesday, September 24, 2025 1:55 PM
To: Abby Ward
Subject: Your Polk County Solid Waste Payment Receipt

Your payment to Polk County Solid Waste has been authorized and will be processed soon. Please see below for the details of your payment:

Product: Miscellaneous Charges - Account Number: RecyclingServicesOfFloridaFF - Amount: \$250.00

Sub Total: \$250.00

Fee: \$8.40 ,

Total: \$258.40

Payment Details:

Confirmation ID: 183026273

Payment Date: 09/24/2025 01:55 PM US Eastern Time

Account Last Four: 2238

Customer Phone Number: (630) 742-2421