

DRAFT

COMMERCIAL COLLECTION SERVICE FRANCHISE APPLICATION CHECK-LIST

Applicant: Roggen Clyne Development - 243 Date: 6/6/24

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 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) <i>In the letter</i>
<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 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)



2840 Security Lane
Lakeland, FL 33803

Ph: (863)-666-1999
Fax: (863)-666-1666

June 13, 2024

Polk County Waste & Recycling Division
10 Environmental Loop South
Winter Haven, Florida 33880

Re: Non-Exclusive Commercial Franchise

Please accept this correspondence as our Application Form to obtain a Non-Exclusive Commercial Franchise for the purpose of collecting, removing, and transporting commercial solid waste within Polk County and landfill privileges.

Roggen Clyne Development is a commercial site development company invoiced in land clearing, earthmoving, underground utilities, and road construction. The roll-off container division was added to help facilitate the collection, removal, and transporting of solid waste generated from its land clearing and demolition activities. Subsequently by natural extension, the roll-off container service was provided to the General Contractors the site development company was under contract with.

Roggen Clyne Development or any of its principals or offices are not involved in any litigation, criminal proceedings, or agency enforcement cases.

Our staff includes:

Kyle Clyne – President
Stacey Clyne – Sec/Tres
Kaleb Sherrouse – Dispatcher

Our CDL drivers for the roll-off trucks are:

James Wood
Robert Uhl
Keith Roggen

Sincerely,

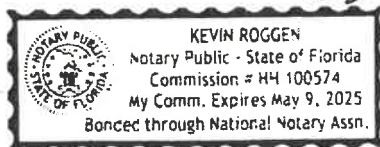
A handwritten signature in blue ink, appearing to read 'K. Clyne', is written over a horizontal line.

Kyle Clyne
President

County: Polk
State: Florida

Sworn to and subscribed before me by physical presence this 13th day of June 2024, by Kyle Clyne, President of Roggen Clyne Development who is personally known to me.

A handwritten signature in black ink, appearing to read 'Kevin Roggen', is written over a horizontal line.



2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P22000062631

Entity Name: ROGGEN CLYNE DEVELOPMENT, INC.

Current Principal Place of Business:

2840 SECURITY LANE
LAKELAND, FL 33803

Current Mailing Address:

2840 SECURITY LANE
LAKELAND, FL 33803 US

FEI Number: 88-3676102

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MILLER, THEODORE R
2323 S. FLORIDA AVENUE
LAKELAND, FL 33803 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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name CLYNE, KYLE T
Address 2840 SECURITY LANE
City-State-Zip: LAKELAND FL 33803

Title SEC
Name CLYNE, STACEY L
Address 2840 SECURITY LANE
City-State-Zip: LAKELAND FL 33803

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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: KYLE CLYNE

PRESIDENT

01/04/2024

Electronic Signature of Signing Officer/Director Detail

Date

POLK COUNTY LOCAL BUSINESS TAX RECEIPT
ACCOUNT NO. 251223 CLASS: A EXPIRES: 09/30/2024

OWNER NAME
KYLE CLYNE
LOCATION
2840 SECURITY LN
LAKELAND

BUSINESS NAME AND MAILING ADDRESS
ROGGEN CLYNE DEVELOPMENT
ROGGEN CLYNE DEVELOPMENT
2840 SECURITY LN
LAKELAND, FL 33803
CODE 230000 ACTIVITY TYPE LTD NON-LICENSED CONSTRUCTION ONLY

OFFICE OF JOE G. TEDDER, CFC * TAX COLLECTOR
THIS POLK COUNTY LOCAL BUSINESS TAX RECEIPT MUST BE DISPLAYED AT THE BUSINESS LOCATION

PAID - 1637143 07/10/2023 OPY OLP 31.50 ROGGEN CLYNE DEVELOPMENT





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
6/6/2024

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 WorkComp Solutions, Inc. 5143 South Lakeland Drive, Suite 1 Lakeland, FL 33813 www.workcompsolutionsfl.com	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">CONTACT NAME: Eglis Vinson</td> </tr> <tr> <td>PHONE (A/C, No, Ext): 863-646-4642</td> <td>FAX (A/C, No): 863-646-3521</td> </tr> <tr> <td colspan="2">E-MAIL ADDRESS: eglis@workcompsolutionsfl.com</td> </tr> <tr> <td colspan="2" style="text-align: center;">INSURER(S) AFFORDING COVERAGE</td> </tr> <tr> <td>INSURER A: Bridgefield Casualty Insurance Company</td> <td style="text-align: right;">NAIC # 10335</td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></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>	CONTACT NAME: Eglis Vinson		PHONE (A/C, No, Ext): 863-646-4642	FAX (A/C, No): 863-646-3521	E-MAIL ADDRESS: eglis@workcompsolutionsfl.com		INSURER(S) AFFORDING COVERAGE		INSURER A: Bridgefield Casualty Insurance Company	NAIC # 10335	INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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INSURER F:																					
INSURED Roggen Clyne Development, Inc. 2840 Security Lane Lakeland FL 33830																					

COVERAGES **CERTIFICATE NUMBER:** 80377490 **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 <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COM/PO/AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			196-56865	1/1/2024	1/1/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER 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)

30 Day Notice of Cancellation Applies

CERTIFICATE HOLDER Polk County Waste & Recycling 10 Environmental Loop South Winter Haven FL 33880	CANCELLATION 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 * Darrell J. Mills
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
6/6/2024

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 Mulling Insurance Agency, Inc. P.O. Box 308 Auburndale, FL 33823	CONTACT NAME: Joshua Dibling PHONE (A/C, No, Ext): (863) 967-4454 E-MAIL ADDRESS: joshd@mullinginsurance.com		FAX (A/C, No): (863) 967-7592
	INSURER(S) AFFORDING COVERAGE		
INSURED Roggen Clyne Development Inc 2840 Security Lane Lakeland, FL 33803-7333	INSURER A : Addison Insurance Company		NAIC # 10324
	INSURER B : Travelers Casualty and Surety Co. America		NAIC # 31194
	INSURER C :		
	INSURER D :		
	INSURER E :		
INSURER F :			

COVERAGES CERTIFICATE NUMBER: 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
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 type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			85325447	9/18/2023	9/18/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 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 \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			85325447	9/18/2023	9/18/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ PIP \$ 10,000
B	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0			CUP2X277659	9/18/2023	9/18/2024	EACH OCCURRENCE \$ 3,000,000 AGGREGATE \$ 3,000,000 \$ PER STATUTE OTH-ER
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH) <input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Inland Marine Policy			85325447	9/18/2023	9/18/2024	Rented/Leased Equip 250,000

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

CERTIFICATE HOLDER

CANCELLATION

Polk County 10 Environmental Loop South Winter Haven, FL 33880	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 CONTAINER LIST

FRANCHISEE Roggen Clyne Deve

FOR YEAR 2024

OFFICE USE ONLY

DATE RECEIVED

DATE TO AUDITING

ACCEPTED

CUSTOMER NAME	CONTAINER TYPE/SIZE				CAPACITY (CU YD)	COLLECTION FREQUENCY		CONTAINER IDENTIFICATION NUMBER
	DUMPSTER	COMPACTOR	ROLL OFF	OTHER		ON CALL	DAYS/WK	
Roggen Clyne Development			3		40		5-6	
Roggen Clyne Development			9		30		5-6	
Roggen Clyne Development			74		20		5-6	
Roggen Clyne Development			4		15		5-6	

POLK COUNTY WASTE & RECYCLING
NON-EXCLUSIVE COMMERCIAL FRANCHISE ANNUAL VEHICLE LIST

FRANCHISEE Roggen Clyne Deve

FOR YEAR 2024

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
Peterbilt	340	2012	RO	15-40 Cyd	66,000	2NP3LNOX6CM171138
International	HV607	2020	RO	15-40 Cyd	62000	3HAEKTAT4L883386
International	HV607	2022	RO	15-40 Cyd	66000	3HAEKTAT8NL337029

Customers:

Pick up frequency: type of container

Rodda Construction	As needed	15-40 yard container	Please be advised that we pick up construction and demolition debris.
Strickland Construction	As needed	15-40 yard container	Please be advised that we pick up construction and demolition debris.
Clancy & Theys	As needed	15-40 yard container	Please be advised that we pick up construction and demolition debris.
Fuqua Construction	As needed	15-40 yard container	Please be advised that we pick up construction and demolition debris.
Doka, Inc.	As needed	15-40 yard container	Please be advised that we pick up construction and demolition debris.
Greer Contracting	As needed	15-40 yard container	Please be advised that we pick up construction and demolition debris.
Olson Construction	As needed	15-40 yard container	Please be advised that we pick up construction and demolition debris.
Springer Construction	As needed	15-40 yard container	Please be advised that we pick up construction and demolition debris.
Retreat at Stuart Crossing	As needed	15-40 yard container	Please be advised that we pick up construction and demolition debris.

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 Kyle Clyne who, first being duly sworn, on oath deposes and states, as follows:

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


Further the affiant sayeth not.

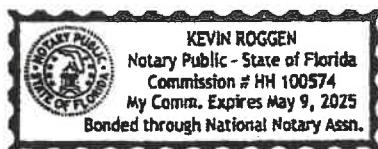
Dated the 8th day of August, 202



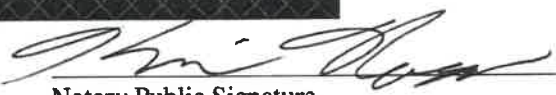
Sworn Person Signature
Kyle Clyne, President

Printed Name and Title of Sworn Person

The foregoing instrument was sworn (or affirmed) and subscribed before me this 8th day of August, 202, by Kyle Clyne, who is either personally known to me 



(AFFIX NOTORIAL SEAL)



Notary Public Signature
Kevin Roggen

Printed Name of Notary Public
HH 100574 May 9, 2025

Notary Commission Number/Expiration

INDEMNITY

WHEREAS, THE UNDERSIGNED Kyle Clyne
(the "Undersigned"), is the President of Roggen Clyne Development
(the "company"), a Florida Corporation ,

WHEREAS, Roggen Clyne Development , 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 Roggen Clyne Development

NOW, THEREFORE, in consideration of the benefits accruing to Roggen Clyne Development and for other good and valuable consideration, the Undersigned, by and on behalf of Roggen Clyne Development 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, Roggen Clyne Development , 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.

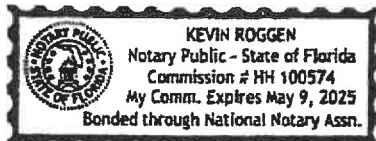
IN WITNESS WHEREOF, the Undersigned has executed this instrument by and on behalf of the Roggen Clyne Development this 5t day of August , 2024.

ATTEST:

By: 
Kevin Roggen, Office Manager
[Printed Name, Title]

Roggen Clyne Development
a Florida Corporation
By: 
Kyle Clyne, President
[Printed Name, Title]

SEAL



Polk County Waste & Recycling
 10 Environmental Loop S
 Winter Haven, FL 33880

Check: 6793
 Date: 6/6/2024
 Vendor: PLKWSTRS

<u>Invoice</u>	<u>P.O. Num.</u>	<u>Invoice Amt</u>	<u>Prior Balance</u>	<u>Retention</u>	<u>Discount</u>	<u>Amt. Paid</u>
2024 renewal renewal fee		500.00	500.00	0.00	0.00	500.00
		=====	=====	=====	=====	=====
		500.00	500.00	0.00	0.00	500.00

6793

6/6/2024 *****500.00
 THE SUM OF FIVE HUNDRED DOLLARS AND NO CENTS *****

Polk County Waste & Recycling
 10 Environmental Loop S
 Winter Haven, FL 33880

Polk County Waste & Recycling
 10 Environmental Loop S
 Winter Haven, FL 33880

Check: 6793
 Date: 6/6/2024
 Vendor: PLKWSTRS

<u>Invoice</u>	<u>P.O. Num.</u>	<u>Invoice Amt</u>	<u>Prior Balance</u>	<u>Retention</u>	<u>Discount</u>	<u>Amt. Paid</u>
2024 renewal renewal fee		500.00	500.00	0.00	0.00	500.00
		=====	=====	=====	=====	=====
		500.00	500.00	0.00	0.00	500.00