

**DRAFT**

**COMMERCIAL COLLECTION SERVICE FRANCHISE APPLICATION CHECK-LIST**

Applicant: RGH

Date: 09.29.25

Status	Brief Description of Application Requirements
<input checked="" 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 checked="" 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) <b>MUST BE NOTARIZED</b>
<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 checked="" 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) <b>Certificate Holder: Polk County, a political subdivision of the State of Florida. 330 W Church St, Rm 150 Bartow, FL 33830</b>
<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 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) <b>MUST BE NOTARIZED</b>
<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) <b>MUST BE NOTARIZED</b>
<input checked="" type="checkbox"/> Met 12. <input type="checkbox"/> Not Met	Delivery of applicable Commercial Franchise application fee. Section 4-1 C. (5)

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000326935

**Entity Name:** RGH WASTE & DISPOSAL, LLC

**Current Principal Place of Business:**

2625 PALM AVENUE  
APOPKA, FL 32703

**Current Mailing Address:**

2625 PALM AVENUE  
APOPKA, FL 32703

**FEI Number:** 85-3617384

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

GRIFFIN, DARRIN B.  
2625 PALM AVE.  
APOPKA , FL 32703 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:** DARRIN GRIFFIN B.

02/03/2025

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name GRIFFIN, DARRIN B  
Address 2625 PALM AVENUE  
City-State-Zip: APOPKA FL 32703

Title MGR  
Name HERB, CHARLES K  
Address 2625 PALM AVENUE  
City-State-Zip: APOPKA FL 32703

Title MGR  
Name GRIFFIN, SHARI  
Address 2625 PALM AVENUE  
City-State-Zip: APOPKA FL 32703

*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:** SHARI GRIFFIN

MANAGER

02/03/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date



October 1, 2025

To Whom It May Concern:

As of the date of the correspondence stated above, RGH Waste & Disposal, LLC.

Shari Griffin (Manager), Darrin Griffin and Charles Herb Co-Owners has never and is currently not involved in any type of litigation, criminal proceedings, judgments, and or Liens including the Internal Revenue Service and all state and federal government litigation, or civil suits. Or any agency enforcement cases.

I, Shari Griffin, MGR, do attest the above statement to be true and correct.

State Florida

County of Polk

The foregoing instrument was acknowledged before me this 1<sup>st</sup> day of October.

Personally known or Produced Identification.

A handwritten signature in blue ink, appearing to be "Shari Griffin", written over a faint circular stamp.



Address:  
2625 Palm Avenue  
Apopka, FL 32703

www.rghwaste.com  
Office: (407) 412-5800  
Email:



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
02/06/2026

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).**

<b>PRODUCER</b> InsuranceHub Leavitt Agency, Inc. 1720 Lakes Parkway Lawrenceville GA 30043		<b>CONTACT NAME:</b> Monica Lott <b>PHONE (A/C, No, Ext):</b> (770) 497-1200 <b>E-MAIL ADDRESS:</b> mlott@insurancehub.com <b>FAX (A/C, No):</b> (770) 814-7187	
<b>INSURED</b> RGH Waste and Disposal LLC 2625 Palm Avenue Apopka FL 32703		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Evanston Insurance Company NAIC # 35378 <b>INSURER B:</b> Prime Insurance Company 12588 <b>INSURER C:</b> ICW Group 16386 <b>INSURER D:</b> Capitol Specialty Insurance Corporation 10328 <b>INSURER E:</b> <b>INSURER F:</b>	

**COVERAGES**      **CERTIFICATE NUMBER:** Master COI 25-26      **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"/> <b>COMMERCIAL GENERAL LIABILITY</b> <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:			3AA876978	03/15/2025	03/15/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
B	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY			See Attached			COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$			EZXS3193301	03/15/2025	03/15/2026	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000
C	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	WGA 5079424 01	08/15/2025	08/15/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
D	Pollution Liability			EV20250178-01	03/31/2025	03/31/2026	Pollution Occurrence \$1,000,000 Pollution Aggregate \$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 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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## ADDITIONAL COVERAGES

<b>Ref #</b>	<b>Description</b> Uninsured motorist BI split limit	<b>Coverage Code</b> UMISP	<b>Form No.</b>	<b>Edition Date</b>	
<b>Limit 1</b> 10,000	<b>Limit 2</b> 20,000	<b>Limit 3</b>	<b>Deductible Amount</b>	<b>Deductible Type</b>	<b>Premium</b>
<b>Ref #</b>	<b>Description</b>	<b>Coverage Code</b>	<b>Form No.</b>	<b>Edition Date</b>	
<b>Limit 1</b>	<b>Limit 2</b>	<b>Limit 3</b>	<b>Deductible Amount</b>	<b>Deductible Type</b>	<b>Premium</b>
<b>Ref #</b>	<b>Description</b>	<b>Coverage Code</b>	<b>Form No.</b>	<b>Edition Date</b>	
<b>Limit 1</b>	<b>Limit 2</b>	<b>Limit 3</b>	<b>Deductible Amount</b>	<b>Deductible Type</b>	<b>Premium</b>
<b>Ref #</b>	<b>Description</b>	<b>Coverage Code</b>	<b>Form No.</b>	<b>Edition Date</b>	
<b>Limit 1</b>	<b>Limit 2</b>	<b>Limit 3</b>	<b>Deductible Amount</b>	<b>Deductible Type</b>	<b>Premium</b>
<b>Ref #</b>	<b>Description</b>	<b>Coverage Code</b>	<b>Form No.</b>	<b>Edition Date</b>	
<b>Limit 1</b>	<b>Limit 2</b>	<b>Limit 3</b>	<b>Deductible Amount</b>	<b>Deductible Type</b>	<b>Premium</b>
<b>Ref #</b>	<b>Description</b>	<b>Coverage Code</b>	<b>Form No.</b>	<b>Edition Date</b>	
<b>Limit 1</b>	<b>Limit 2</b>	<b>Limit 3</b>	<b>Deductible Amount</b>	<b>Deductible Type</b>	<b>Premium</b>
<b>Ref #</b>	<b>Description</b>	<b>Coverage Code</b>	<b>Form No.</b>	<b>Edition Date</b>	
<b>Limit 1</b>	<b>Limit 2</b>	<b>Limit 3</b>	<b>Deductible Amount</b>	<b>Deductible Type</b>	<b>Premium</b>
<b>Ref #</b>	<b>Description</b>	<b>Coverage Code</b>	<b>Form No.</b>	<b>Edition Date</b>	
<b>Limit 1</b>	<b>Limit 2</b>	<b>Limit 3</b>	<b>Deductible Amount</b>	<b>Deductible Type</b>	<b>Premium</b>
<b>Ref #</b>	<b>Description</b>	<b>Coverage Code</b>	<b>Form No.</b>	<b>Edition Date</b>	
<b>Limit 1</b>	<b>Limit 2</b>	<b>Limit 3</b>	<b>Deductible Amount</b>	<b>Deductible Type</b>	<b>Premium</b>
<b>Ref #</b>	<b>Description</b>	<b>Coverage Code</b>	<b>Form No.</b>	<b>Edition Date</b>	
<b>Limit 1</b>	<b>Limit 2</b>	<b>Limit 3</b>	<b>Deductible Amount</b>	<b>Deductible Type</b>	<b>Premium</b>
<b>Ref #</b>	<b>Description</b>	<b>Coverage Code</b>	<b>Form No.</b>	<b>Edition Date</b>	
<b>Limit 1</b>	<b>Limit 2</b>	<b>Limit 3</b>	<b>Deductible Amount</b>	<b>Deductible Type</b>	<b>Premium</b>
<b>Ref #</b>	<b>Description</b>	<b>Coverage Code</b>	<b>Form No.</b>	<b>Edition Date</b>	
<b>Limit 1</b>	<b>Limit 2</b>	<b>Limit 3</b>	<b>Deductible Amount</b>	<b>Deductible Type</b>	<b>Premium</b>

# CERTIFICATE OF INSURANCE

DATE (MM/DD/YY)  
02/13/2026

**PRODUCER AND THE NAMED INSURED**  
Prime Property & Casualty Insurance Inc.

**THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE OF INSURANCE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND, OR ALTER THE COVERAGE AFFORDED BY THE INSURANCE POLICIES BELOW.**

8722 S. Harrison St.  
Sandy, UT 84070  
(801) 304-5500

### INSURERS AFFORDING COVERAGE

**INSURED**  
RGH Waste & Disposal LLC  
DBA:  
2625 Palm Ave  
Apopka, FL 32703

INSURER A: Prime Property & Casualty Insurance Inc.

INSURER B:

INSURER C: - Company #27876

**COVERAGES**

**"LIMITS SHOWN ARE THOSE IN EFFECT AS OF POLICY INCEPTION"**

**808519**

The policies of insurance listed below have been issued to the insured named above for the policy 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. Aggregate limits shown may have been reduced by paid claims.

TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
<input type="checkbox"/> <b>Commercial Liability</b> <input type="checkbox"/> Claims Made <input type="checkbox"/> Exclude Products <input type="checkbox"/> Exclude Completed Operations				
<input checked="" type="checkbox"/> <b>Commercial Auto Liability</b> <input type="checkbox"/> Any Auto <input type="checkbox"/> All Owned Autos <input checked="" type="checkbox"/> Scheduled Autos <input type="checkbox"/> Hired Autos <input type="checkbox"/> Non-Owned Autos <input type="checkbox"/> Drive Away <input type="checkbox"/> Specifically Described Autos	PC25031593	03/13/2025	03/13/2026	\$1,000,000 CSL  \$10,000 P.I.P Per Person \$10,000 U.M. Per Person \$20,000 U.M. Per Accident
<input type="checkbox"/> <b>Commercial Garage Liability</b> <input type="checkbox"/> G.K.L.L. <input type="checkbox"/> O.T.R.P.D. <input type="checkbox"/> D.O.C. <input type="checkbox"/> Cargo <input type="checkbox"/> On Hook <input type="checkbox"/> Contractual Liability Indemnification <input type="checkbox"/> Wrongful Repossession <input type="checkbox"/> Exclude Completed Operations <input type="checkbox"/> Exclude Products <input type="checkbox"/> Claims Made				
<input type="checkbox"/> <b>Excess Liability</b> <input type="checkbox"/> Claims Made				

OTHER

DESCRIPTION OF OPERATION/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

**CERTIFICATE HOLDER**  
  **ADDITIONAL INSURED**  
  **LOSS PAYEE**  
  **WAIVER OF SUBROGATION**  
  **PRIMARY AND NON-CONTRIBUTORY**

Polk County, a political subdivision of the State of Florida

Debra Zimmerman  
330 W Church St, RM 150  
Barton, FL 33830

SHOULD ANY OF THE ABOVE-DESCRIBED POLICIES BE CANCELLED BEFORE THE STATED EXPIRATION DATE OR BE OTHERWISE AMENDED, THE CERTIFICATE HOLDER MAY NOT RECEIVE WRITTEN NOTICE. THE INSURER AND ITS AGENTS AND REPRESENTATIVES HAVE NO OBLIGATION OR LIABILITY OF ANY KIND TO A CERTIFICATE HOLDER WHO RELIES ON THE INFORMATION PROVIDED BY THIS CERTIFICATE

AUTHORIZED REPRESENTATIVE



**WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT**

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule. (This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.)

This agreement shall not operate directly or indirectly to benefit anyone not named in the Schedule.

**Schedule**

**ANY PERSON OR ORGANIZATION FOR WHOM THE NAMED INSURED IS  
REQUIRED UNDER THE WRITTEN CONTRACT TO FURNISH THIS WAIVER.**

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.  
(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective **08-15-24**      Policy No. **WGA 5079424 00**  
Insured **RGH WASTE AND DISPOSAL LLC**  
Insurance Company **INSURANCE COMPANY OF THE WEST**

Endorsement No.  
Premium \$ **INCL.**

Countersigned By \_\_\_\_\_



## EVANSTON INSURANCE COMPANY

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

### BLANKET WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US

This endorsement modifies insurance provided under the following:  
COMMERCIAL GENERAL LIABILITY COVERAGE FORM

#### SCHEDULE

**Name Of Person Or Organization:**

Any person(s) or organization(s) with whom the Named Insured agrees, in a written contract executed prior to the "occurrence", to waive rights of recovery

**Additional Premium:** \$ 595

The following is added to Condition 8. Transfer Of Rights Of Recovery Against Others To Us under Section IV – Commercial General Liability Conditions:

We waive any right of recovery we may have against any person or organization shown in the Schedule of this endorsement. This waiver applies only to the person or organization shown in the Schedule of this endorsement.

All other terms and conditions remain unchanged.



**EVANSTON INSURANCE COMPANY**  
THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**BLANKET ADDITIONAL INSURED**

This endorsement modifies insurance provided under the following:

- COMMERCIAL GENERAL LIABILITY COVERAGE FORM
- LIQUOR LIABILITY COVERAGE FORM
- OWNERS AND CONTRACTORS PROTECTIVE LIABILITY COVERAGE FORM
- PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE FORM

**SCHEDULE**

Additional Premium: \$1,191 (Check box if fully earned <input checked="" type="checkbox"/> )
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Please refer to each Coverage Form to determine which terms are defined. Words shown in quotations on this endorsement may or may not be defined in all Coverage Forms.

**A.** Who Is An Insured is amended to include as an additional insured any person or entity to whom you are required by valid written contract or agreement to provide such coverage, but only with respect to "bodily injury", "property damage" (including "bodily injury" and "property damage" included in the "products-completed operations hazard"), and "personal and advertising injury" caused, in whole or in part, by the negligent acts or omissions of the Named Insured and only with respect to any coverage not otherwise excluded in the policy.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. The insurance afforded to such additional insured will not be broader than that which you are required by the valid written contract or agreement to provide for such additional insured.

Our agreement to accept an additional insured provision in a valid written contract or agreement is not an acceptance of any other provisions of such contract or agreement or the contract or agreement in total.

When coverage does not apply for the Named Insured, no coverage or defense will apply for the additional insured.

No coverage applies to such additional insured for injury or damage of any type to any "employee" of the Named Insured or to any obligation of the additional insured to indemnify another because of damages arising out of such injury or damage.

**B.** With respect to the insurance afforded to these additional insured, the following is added to limits of insurance:

The most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the valid written contract or agreement; or
2. Available under the applicable limits of insurance shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable limits of insurance shown in the Declarations.

All other terms and conditions remain unchanged.





## Truck List

MAKE	MODEL	YEAR	TRUCK ID #	LICENSE PLATE #	VIN NUMBER
MACK	GR64F	2021	#4001	P6592H	1M2GR4GC1MM024409
MACK	GR64F	2021	#4002	P6594H	1M2GR4GC9MM021161
MACK	GR64F	2021	#4003	P6593H	1M2GR4GC7MM024415
MACK	GR64F	2021	#4004	P6591H	1M2GR4GCXMM024411
MACK	GR64F	2023	#4005	P7824H	1M2GR3GC3PM036155
MACK	GR64F	2023	#4006	P7823H	1M2GR3GC5PM036156
MACK	GR64F	2024	#4007	P6590H	1M2GR3GC1RM041017
MACK	GR64F	2024	#4008	P6589H	1M2GR3GC7RM041412
MACK	GR64F	2025	#4009	P8422K	1M2G23GC2SM047074
MACK	GR64F	2025	#4010	P8424K	1M2GR3GC0SM047073
FREIGHTLINER	M2	2024	GRAPPLE	P33641	1FVHG3FM9RHUS8453

## Container List

30 YRD Roll-Off Dumpster Container

20 YRD Roll-Off Dumpster Container

10 YRD Roll-Off Dumpster Container

**POLK COUNTY LOCAL BUSINESS TAX APPLICATION FORM**

ACCOUNT NO. 257906

CLASS B

PAYMENT DUE BY: 09/30/2025

OWNER NAME

LOCATION

CHUCK K HERB

OUT OF COUNTY

BUSINESS NAME AND MAILING ADDRESS

CODE

ACTIVITY TYPE

RGH WASTE &amp; DISPOSAL LLC

480000

LTD TRANSPORTATION

2625 PALM AVE

480010

COMMERCIAL DRIVER

APOPKA FL 32703

**SIGN HERE**

SIGNATURE INDICATES THAT APPLICANT READ AND UNDERSTANDS THE APPLICATION AFFIDAVIT ON THE BACK OF THE FORM AND AFFIRMS THE INFORMATION PROVIDED IS TRUE AND CORRECT.

AMOUNT  
DUE:

\$0.00

Paid by receipt(s) 2024-3491353 on 08/27/25 for \$57.75

**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 the 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 the 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](http://polkpa.org).

**POLK COUNTY LOCAL BUSINESS TAX RECEIPT**

ACCOUNT NO. 257906

CLASS B

EXPIRES:

09/30/2026

OWNER NAME

LOCATION

CHUCK K HERB

OUT OF COUNTY

BUSINESS NAME AND MAILING ADDRESS

CODE

ACTIVITY TYPE

RGH WASTE &amp; DISPOSAL LLC

480000

LTD TRANSPORTATION

2625 PALM AVE

480010

COMMERCIAL DRIVER

APOPKA FL 32703

OFFICE OF JOE G. TEDDER, CFC \* TAX COLLECTOR

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

Paid by receipt(s) 2024-3491353 on 08/27/25 for \$57.75

**INDEMNITY**

**WHEREAS, THE UNDERSIGNED** Shari Griffin  
(the "Undersigned"), is the President of RGH Waste & Disposal, LLC.  
(the "\_\_\_\_"), a Florida Limited Liability Company.

**WHEREAS,** the RGH Waste & Disposal 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 RGH Waste & Disposal, LLC.

**NOW, THEREFORE,** in consideration of the benefits accruing to the RGH Waste & Disposal, LLC. and for other good and valuable consideration, the Undersigned, by and on behalf of the RGH Waste & Disposal, 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, RGH Waste & Disposal, 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.

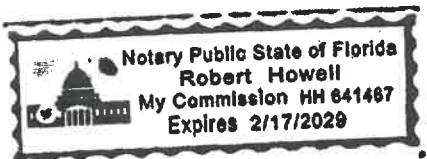
**IN WITNESS WHEREOF,** the Undersigned has executed this instrument by and on behalf of the RGH Waste & Disposal this 1 day of October, 2025

**ATTEST:**

By: [Signature]  
Notary, Robert Howell  
[Printed Name, Title]

\_\_\_\_\_  
a \_\_\_\_\_  
By: Shari Griffin, Pres.  
[Signature]  
[Printed Name, Title]

AFFIX NOTORIAL SEAL



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


STATE OF FLORIDA  
COUNTY OF ORANGE

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

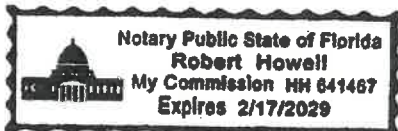
- 1) He is RGH WASTE & DISPOSAL LLC., a LLC. corporation.
- 2) He has personal knowledge of the facts stated in this Affidavit and that all such facts are true and correct.
- 3) There are no unsatisfied judgments entered against RGH WASTE & DISPOSAL
- 4) There are no liens of record filed by the Internal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

Further the affiant sayeth not.

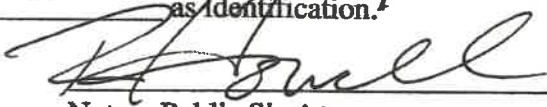
Dated the 22 day of Dec, 2025

  
\_\_\_\_\_  
Sworn Person Signature  
Shari Griffin  
\_\_\_\_\_  
Printed Name and Title of Sworn Person

The foregoing instrument was sworn (or affirmed) and subscribed before me this 22 day of Dec, 2025, by Shari Griffin, who is either  personally known to me; or  has produced \_\_\_\_\_ as identification.



(AFFIX NOTORIAL SEAL)

  
\_\_\_\_\_  
Notary Public Signature  
Robert Howell  
\_\_\_\_\_  
Printed Name of Notary Public  
02/17/2029  
\_\_\_\_\_  
Notary Commission Number/Expiration

DEPARTMENT OF Solid Waste, POLK COUNTY FLORIDA No 91979

RECEIVED FROM RGH Waste & Disposal, LLC Date 11/7 2025

FUND	COST CENTER	ACCOUNT	PROJECT
FOR: <u>New Franchise Fee</u>		\$ <u>750.00</u>	
		\$	
		\$	
		\$	

CASH   
CHECK  6131

BY: Veronica Tupper-Crand

TOTAL \$750.00

REVISED 05/12

RGH WASTE & DISPOSAL, LLC.  
2625 Palm Ave.  
Apopka, FL 32703

6131  
63-9059/2670

DATE Oct. 18th 2025

PAY TO THE ORDER OF Polk County Solid Waste \$ 750.00  
Seven hundred fifty dollars + 00/100 DOLLARS

Bank United



FOR Franchise Dept.

[Signature]

⑈006131⑈ ⑆267090594⑆ 9856067679⑈