DRAFT

COMMERCIAL COLLECTION SERVICE FRANCHISE APPLICATION CHECK-LIST

Applicant: FL Trash Bandit LLC Date: _____

Status	Brief Description of Application Requirements
☑ Met; ☐ Not Met	Identity of the applicant, to include its principals, partners, and management. Section 4-1 C. (2)(a)
☑ Met; ☐ 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)
☑ Met; ☐ 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)
☑ Met; ☐ 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)
☑ Met; ☐ 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)
☑ Met; ☐ 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)
☑ Met; ☐ 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)
☑ Met; ☐ 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)
☑ Met; ☐ 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)
☑ Met; ☐ 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)
☑ Met; ☐ 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)
☑ Met; ☐ Not Met	Delivery of applicable Commercial Franchise application fee. Section 4-1 C. (5)XX

9-16 Emailed

DRAFT

FL Trash Bandit LLC
6228 Lunnwoods Dr.
Lakeland, FL 33811
Phone: 863-600-2771

Date: September 19, 2025

To Whom It May Concern:

I'm Abraham Torres Jr, owner of FL Trash Bandit LLC. I just started my Dumpster Rental and Junk Removal Company in April 09,2025. I have 4 months of experience in the industry. The company has successfully managed waste collection projects of varying sizes, demonstrating the ability to coordinate routes, manage disposal, and maintain customer satisfaction. I'm currently employed at the Polk County Sheriff's Office and only operate my small business during days off. I operate a 2014 Ram 2500 with a gooseneck trailer with 3 roll off dumpsters. I hold any necessary licenses and certifications required for operation of vehicles and equipment.

FL Trash Bandit LLC is committed to providing professional, reliable, and environmentally responsible solid waste collection services. The combination of my experience and the personnel's qualifications ensures high-quality service delivery for all projects undertaken.

Sincerely,

Abraham Torres Jr.
Owner/Managing Member
FL Trash Bandit LLC

FL Trash Bandit LLC
6228 Lunnwoods Dr
Lakeland, FL 33811
Phone: 863-600-2771

Date: 9/25/25

To whom it may concern:

As of the date of the correspondence stated above, **FL Trash Bandit LLC**, as well as its Owner, **Abraham Torres Jr.**, has never and is currently not involved in any type of litigation, criminal proceedings, judgments, and/or any of its principles and officers are not involved in any agency enforcement cases, liens including with the Internal Revenue Service and all state and/or federal government litigation or civil suits.

I, **Abraham Torres Jr.**, MGR/Owner of **FL Trash Bandit LLC**, do attest the above statement to be true and correct.

State of Florida
County of Polk

Signature: Abraham Torres Jr.

The foregoing instrument was acknowledged before me this 25 day of September, **2025**

☐ Personally Known ☑ Produced Identification
Type of Identification Produced: FL DL TL620-00092-109-0

Notary Public Signature
Name: Alicia Stephenson
Commission No.: HH647900
My Commission Expires: 3/5/29

ALICIA STEPHENSON
Notary Public, State of Florida
Commission No. HH 647900
My Comm. Exp. 3/5/2029

State of Florida
Department of State

I certify from the records of this office that FL TRASH BANDIT LLC, is a limited liability company organized under the laws of the State of Florida, filed electronically on April 09, 2025, effective April 05, 2025.

The document number of this company is L25000154480.

I further certify that said company has paid all fees due this office through December 31, 2025, and its status is active.

I further certify that this is an electronically transmitted certificate authorized by section 15.16, Florida Statutes, and authenticated by the code noted below.

Authentication Code: 250409105434-100446943461#1

Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this the
Ninth day of April, 2025

Cord Byrd
Secretary of State

BLAISE INGOGLIA
CHIEF FINANCIAL OFFICER

STATE OF FLORIDA
DEPARTMENT OF FINANCIAL SERVICES
DIVISION OF WORKERS' COMPENSATION

*** * CERTIFICATE OF ELECTION TO BE EXEMPT FROM FLORIDA WORKERS' COMPENSATION LAW * ***

NON-CONSTRUCTION INDUSTRY EXEMPTION

This certifies that the individual listed below has elected to be exempt from Florida Workers' Compensation law.

EFFECTIVE DATE: 9/25/2025 **EXPIRATION DATE:** 9/25/2027

PERSON: ABRAHAM TORRES JR **EMAIL:** FLTRASHBANDIT@GMAIL.COM

FEIN: 333828505

BUSINESS NAME AND ADDRESS:

FL TRASH BANDIT LLC

6228 LUNNWOODS DR ,

LAKELAND, FL 33811

This certificate of election to be exempt is NOT a license issued by the Department of Business and Professional Regulation. To determine if the certificate holder is required to have a license to perform work or to verify the license of the certificate holder, go to www.myfloridalicense.com.

IMPORTANT: Pursuant to subsection 440.05(13), F.S., an officer of a corporation who elects exemption from this chapter by filing a certificate of election under this section may not recover benefits or compensation under this chapter. Pursuant to subsection 440.05(11), F.S., Certificates of election to be exempt issued under subsection (3) apply only to the corporate officer named on the notice of election to be exempt. Pursuant to subsection 440.05(12), F.S., notices of election to be exempt and certificates of election to be exempt shall be subject to revocation if, at any time after the filing of the notice or the issuance of the certificate, the person named on the notice or certificate no longer meets the requirements of this section for issuance of a certificate. The department shall revoke a certificate at any time for failure of the person named on the certificate to meet the requirements of this section.

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 09/26/2025

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	CONTACT NAME:	
Next First Insurance Agency, Inc. PO Box 60787 Palo Alto, CA 94306	PHONE (A/C, No, Ext): (855) 222-5919	FAX (A/C, No):
	E-MAIL ADDRESS: support@nextinsurance.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : State National Insurance Company, Inc.	12831
INSURED FL TRASH BANDIT LLC 6228 Lunn Woods Dr Lakeland, FL 33811	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** 027357392 **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	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY [ ] PRO-JECT [ ] LOC OTHER:	X		NXTV3R4LYT-00-GL	04/19/2025	04/19/2026	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$1,000,000.00 $100,000.00 $15,000.00 $1,000,000.00 $2,000,000.00 $2,000,000.00
	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY SCHEDULED AUTOS NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ $ $ $
A	X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION $	X		NXTV3R4LYT-00-GL	04/19/2025	04/19/2026	EACH OCCURRENCE AGGREGATE	$ 1,000,000.00 $ 1,000,000.00
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N [ ] (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N / A					PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ $ $

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

The Certificate Holder is Polk County Solid Waste Division. This Certificate Holder is an Additional Insured on the General Liability policy per the Additional Insured Automatic Status Endorsement. All Certificate Holder privileges apply only if required by written agreement between the Certificate Holder and the insured, and are subject to policy terms and conditions.

CERTIFICATE HOLDER

Polk County Solid Waste Division
10 Environmental Loop S
Winter Haven, FL 33880

LIVE CERTIFICATE

Click or scan to view

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

Ann Ryan

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POLK COUNTY WASTE & RECYCLING

NON-EXCLUSIVE COMMERCIAL FRANCHISE ANNUAL CONTAINER LIST

FRANCHISEE FL Trash Bandit LLC

FOR YEAR 2025 - 2026

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	
FL Trash Bandit LLC			X		15	✓		5044CB1625511177715 (25-2)
FL Trash Bandit LLC			X		15	✓		RBXXB1625109083 (25-3)
FL Trash Bandit LLC			X		15	✓		RBXRB1610R109296 (25-1)

REVISED 08/2014

POLK COUNTY WASTE & RECYCLING

NON-EXCLUSIVE COMMERCIAL FRANCHISE ANNUAL VEHICLE LIST

FRANCHISEE FL Trash Bandit LLC

FOR YEAR 2025-2026

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
Dodge Ram	Ram 2500	2014	Pickup			3C6UR5PL7EG291689

REVISED 08/2014

ACCOUNT NO. 261878 **CLASS: A** **EXPIRES: 09/30/2026**

OWNER NAME	LOCATION
ABRAHAM TORRES	6228 LUNN WOODS DR LAKELAND

BUSINESS NAME AND MAILING ADDRESS

FL TRASH BANDIT LLC
6228 LUNN WOODS DR
LAKELAND, FL 33811

CODE	ACTIVITY TYPE
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 - 3398007 07/03/2025 KMV **LSC 31.50** **FL TRASH BANDIT LLC**

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 Abraham Torres Jr. who, first being duly sworn, on oath deposes and states, as follows:

1) He is CEO of FL Trash Bandit, a FL 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 FL Trash Bandit.

4) There are no liens of record filed by the Internal Revenue Service against FL Trash Bandit.

5) There are no liens of record filed by the State of Florida, or any agency or subdivision thereof, against FL Trash Bandit.

6) Abraham Torres Jr. acknowledges and consents that the County shall have the right to inspect FL Trash Bandit's vehicles, containers, compactors, and other equipment at any time.

7) During the time of the existing Commercial Franchise, FL Trash Bandit 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 FL Trash Bandit will continue to comply with the same.

Further the affiant sayeth not.

Dated the 28th day of August, 2025

Sworn Person Signature

Abraham Torres Jr.
Printed Name and Title of Sworn Person

The foregoing instrument was sworn (or affirmed) and subscribed before me this 28th day of August, 2025, by Abraham Torres, who is either ☐ personally known to me; or ☐ has produced _____ as identification.

ALICIA STEPHENSON
Notary Public, State of Florida
Commission No. HH 647900
My Comm. Exp. 3/5/2029

Notary Public Signature

Alicia Stephenson
Printed Name of Notary Public

HH647900 3/5/29
Notary Commission Number/Expiration

(AFFIX NOTORIAL SEAL)

INDEMNITY

WHEREAS, THE UNDERSIGNED _____ (the "Undersigned"), is the President of FL Trash Bandit (the "Company"), a Florida Limited Liability Company,

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 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, FL Trash Bandit, 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 28th day of August, 2025.

ATTEST:

_____
a Florida Limited Liability Company

By: Abraham Torres - President

Abraham Torres - President
[Printed Name, Title]

By: _____

_____
[Printed Name, Title]

SEAL

ALICIA STEPHENSON
Notary Public, State of Florida
Commission No. HH 647900
My Comm. Exp. 3/5/2029

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: Abraham Torres
Address: 6228 Lunn Woods Drive, Lakeland 00, 00, 33811
Contact: 8636002771
Comments:

Payment ID: **183272307**
Date: 09/29/25 09:29 PM
Subtotal: $750.00
Fee: $2.95
Total: $752.95
Method: Electronic Check(**********8796)

Item Purchased	Transaction Description	Account	Amount
Miscellaneous Charges	CTYPolkWsteGOV	1	$750.00

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