DRAFT

COMMERCIAL COLLECTION SERVICE FRANCHISE APPLICATION CHECK-LIST

Applicant:	FL Trash Bandit // C Date:
Status	Brief Description of Application Requirements
☐ Met;	Identity of the applicant, to include its principals, partners, and management. Section 4-1 C. (2)(a)
☑ Mets □ 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)
□ 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;	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	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)
☐ 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	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	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	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;	Delivery of applicable Commercial Franchise application fee. Section 4-1 C. (5)XX

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: Ash

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

☐ Personally Known

Produced Identification

Type of Identification Produced: FLDL 7220.00092.169.3

Notary Public Signature

Name: Alicia Stephenson

Commission No.: HH447900 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

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.

DFS-F2-DWC-252 CERTIFICATE OF ELECTION TO BE EXEMPT RULE 69L-6.012, F.A.C. REVISED 08/2025

E02216453

QUESTIONS? (850) 413-1609



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).

Next First Insurance Agency, Inc. PO Box 60787 E-MAIL SUP					au an an ant		FAX (A/C, No	i .		
Palo Alto, CA 94306					ADDRESS: support@nextinsurance.com					
1					INSURER(S) AFFORDING COVERAGE INSURER A . State National Insurance Company, Inc.				NAIC# 12831	
					INSURE		stional insuran	ce company, mc.		12031
	I RED TRASH BANDIT LLC				INSURE	RB:				
622	8 Lunn Woods Dr				INSURE	RC:				
Lak	eland, FL 33811				INSURE	RD:				
1					INSURE	RE:				
					INSURE	RF:				
				NUMBER: 027357392				REVISION NUMBER:		
IN C	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY RI ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	EQUIF PERT POLIC	REME AIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORDS LIMITS SHOWN MAY HAVE	OF AN' ED BY	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER I S DESCRIBEI PAID CLAIMS.	DOCUMENT WITH RESPI	ECT TO	WHICH THIS
INSR LTR	TYPE OF INSURANCE	INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIM	TS	
	X COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$1,000	0,000.00
1	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$100,0	00.00
								MED EXP (Any one person)	\$15,00	00.00
A		Х		NXTV3R4LYT-00-GL		04/19/2025	04/19/2026	PERSONAL & ADV INJURY	\$1,000	0,000.00
1	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$2,000	0,000.00
	X POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$2,000	0,000.00
	OTHER:								\$	
\vdash	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	
	ANY AUTO							BODILY INJURY (Per person)	\$	
1	OWNED SCHEDULED							BODILY INJURY (Per accident) \$	
AUTOS ONLY AUTOS NON-OWNED							PROPERTY DAMAGE	\$		
1	AUTOS ONLY AUTOS ONLY							(Per accident)	\$	
⊢	X UMBRELLA LIAB X OCCUR	Х		NXTV3R4LYT-00-GL		04/19/2025	04/19/2026	EAGU OCCUPRENCE	_	0,000.00
١.	COCOR	^		MXTVSN4ETT-00-GE		04/15/2025	04/15/2020	EACH OCCURRENCE	+ ' -	0,000.00
A	ODAIMO-MADE							AGGREGATE	1	0,000.00
⊢	DED RETENTION \$ WORKERS COMPENSATION		_					PER OTH- STATUTE ER	\$	
	AND EMPLOYERS' LIABILITY Y / N								+	
	ANYPROPRIETOR/PARTNER/EXECUTIVE [N/A						E.L. EACH ACCIDENT	\$	
	OFFICER/MEMBER EXCLUDED? (Mandatory In NH)							E.L. DISEASE - EA EMPLOYE		
	If yes, describe under DESCRIPTION OF OPERATIONS below	_						E.L. DISEASE - POLICY LIMIT	\$	
						l I				
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.										
CE	RTIFICATE HOLDER				CANC	ELLATION				
_	Polk County Solid Waste Division LIVE CERTIFICATE									

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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

10 Environmental Loop S Winter Haven, FL 33880

Click or scan to view

POLK COUNTY WASTE & RECYCLING	9					OFFICE USE ONLY				
NON-EXCLUSIVE COMMERCIAL FRA	DATE RECEIVED									
FRANCHISEE FL Trush Bondot LLC										
l .				-		DATE TO AUDITING				
FOR YEAR _ 3025 -	2026			-		ACCEPTED				
		CONTAINE	R TYPE/SIZE		CAPACITY	COLLECTION FREQUENCY CONTAINED		CONTAINED IDEALTIFICATION		
CUSTOMER NAME	DUMPSTER COMPACTOR		ROLL OFF OTHER		(CU YD)	ON CALL	DAYS/WK	CONTAINER IDENTIFICATION NUMBER		
FL Trash BandotLLC			X		15			504CB162551117715		
FL Trush BundetLLC FL Trush BundetLLC FL Trush BundetLLC			X		15			RB XX-BIGE RIGORY		
FL Trash BandotLLC			X		15	V		50468162551117715 R8 X461612 21090087 RBXRB1610121090296		

OLK COUNTY WASTE & RECYCLING OFFICE USE ONLY							
ION-EXCLUSIVE COMMERCIAL FRANCHISE ANNUAL VEHICLE LIST							
FRANCHISEE #	rash Boadot LLC				DATE TO AUDITING		
FOR YEAR 202	5-2026		6)		ACCEPTED		
			7/25				
VEHICLE MAKE	VEHICLE MODEL	YEAR	TYPE (RO, REL, FEL, ASL, ETC.)	CAPACITY (CU YD)	VEHICLE SIZE (GVW)	VEHICLE IDENTIFICATION NUMBER	
Dodge Ram	Ren 2500	2014	Pickup			3C6UR5PL7EG291689	

ACCOUNT NO. 261878	CLASS: A	E	XPIRES:	09/30/2026		
OWNER NAME		LOCATION				
ABRAHAM TORRES		6228 LU LAKELA	INN WOODS D	DR		
BUSINESS NAME AND MAILING	ADDRESS	CODE	ACTIVITY	TYPE	1	
FL TRASH BANDIT LLC 6228 LUNN WOODS DR LAKELAND, FL 33811		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

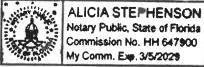
LSC 31.50 FL TRASH BANDIT LLC

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

	TY OF POLK
	me, the undersigned notary public authorized to administer oaths, personally appeared notary 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	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 againstFL Trash Bandit
4	There are no liens of record filed by the Internal Revenue Service against FL Trash Bandit
4	There are no liens of record filed by the State of Florida, or any agency or subdivision thereof, againstFL 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.
	the affiant sayeth not.
I	Dated the 28 m day of August, 2025
	Sworn Person Signature Abraham Comes Sc. Printed Name and Title of Sworn Person
The fore	egoing instrument was sworn (or affirmed) and subscribed before me this 284 day of day of your to me; or as identification.
	ALICIA STEPHENSON Notary Public, State of Florida Commission No. HH 647900 My Comm. Exp. 3/5/2029 Printed Name of Notary Public HHQ17900 3 5
(AFFIY	NOTORIAL SEAL) Notary Commission Number/Expiration

INDEMNITY

WHEREAS, THE UNDERSIGNED	of El Troch Pandit					
(the "Undersigned"), is the President	OI FL Hash bandi					
(the "Company"), a Florida Limited						
WHEREAS, the Company Polk County, a political subdivision of the State of or modification of a non-exclusive commercial fra remove and transport commercial solid waste with	nchise (a "Commercial Franchise") to collect,					
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 behalf of the Company	horized to execute this instrument by and on					
behalf of theCompany keep, save, and hold harmless the County, its comfrom and against any and all damages, losses, pekind or nature whatsoever that is proximately caus of, or occurring in connection with, directly or indifferent process, subcontractors, or agents, for the Commercial Franchise or failure to performance.	consideration, the Undersigned, by and on does hereby forever release, indemnify, emissioners, officers, officials, and employees, enalties, liabilities, costs and expenses of any sed by, incident to, resulting from, arising out rectly, FL Trash Bandit ailure to perform in compliance with the terms form in compliance with the terms of the					
IN WITNESS WHEREOF, the Undersign behalf of the Company this 28	8th day of August , 2025.					
ATTEST:	aFlorida Limited Liability Company					
By:Abraham Torres - President	Ву:					
Alu Dor- Resdel						
[Printed Name, Title]	[Printed Name, Title]					
SEAL						
ALICIA STEPHENSON						



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 \$752.95

Total: Method:

Electronic Check(*********8796)

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

Signature:	/
Dy pigning this receipt you agree to the forms on	d conditions of this service

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