DRAFT

COMMERCIAL COLLECTION SERVICE FRANCHISE APPLICATION CHECK-LIST

Applicant: Sri - County Sweeping Date: 09.29.25 10.2.25

Status	Brief Description of Application Requirements
☑ Met; 1.	Identity of the applicant, to include its principals, partners, and management. Section 4-1 C. (2)(a)
Met; 2. ☐ 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; 3.	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; 4.	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
Met; 5. ☐ 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; 6.☐ 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; 7.	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; 8. ☐ 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; 9. ☐ 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 10. ☐ 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
Met; 11. ☐ 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
☑ Met 12.	Delivery of applicable Commercial Franchise application fee. Section 4-1 C. (5)



October 2, 2025

To Whom It May Concern:

As of the date of the correspindence stated above, Tri County Sweeping Services, Inc. as well as it's Managing member / Andrew Chehata has never and is currently not incolved in any type of litigation, criminal proceedings, judgements, and or liens including the Internal Revenue Service and all state and or federal government litigation, or civil suits, or agency enformance cases.

Tri County Sweeping Services, Inc. has been in the Property Maintence business for 31 years. Tri County Sweeping Services, Inc. started servicing the Poke County for 3 years.

I. Andrew chehata above statement to be true and	MGR\Dwner of Tri County correct.	Sweeping do attest the
By: Au	_	
Print Name Andrew Cheha	uta	
State Florida	County Broward	
The foregoing instrument was ac2025	cknowledged before me the Personally Know	
Samile Ina	en	AMILE GON
Notary Public Signature	ez	MY COMMUNICON
Printed Name of Notary Public, +++ 235389	6/29/2026	EXPIRES 6-29-2026
Notary Commission Number/Eyr	niration	10 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -

(AFFIX NOTORIAL SEAL)



Department of State / Division of Corporations / Search Records / Search by Entity Name /

Detail by Entity Name

Florida Profit Corporation

TRI-COUNTY SWEEPING SERVICES, INC.

Filing Information

 Document Number
 P94000019189

 FEI/EIN Number
 65-0477678

 Date Filed
 03/11/1994

State FL

Status ACTIVE

Last Event AMENDMENT
Event Date Filed 10/08/2021
Event Effective Date NONE

Principal Address

4900 SW 51ST STREET

DAVIE, FL 33314

Changed: 01/29/2002

Mailing Address

PO BOX 292457 DAVIE, FL 33329

Changed: 03/25/2007

Registered Agent Name & Address

Chehata, Ray C, President 4900 Sw 51st Street Davie, FL 33314

Name Changed: 07/15/2022

Address Changed: 07/15/2022

Officer/Director Detail

Name & Address

Title PSD

CHEHATA, RAY G **4900 SW 51ST STREET DAVIE, FL 33314**

Title VPTD

CHEHATA, ANDREW M **4900 SW 51ST STREET DAVIE, FL 33314**

Annual Reports

Report Year	Filed Date
2023	03/08/2023
2024	01/29/2024
2025	04/16/2025

Document Images

<u></u>	
04/16/2025 - ANNUAL REPORT	View image in PDF format
01/29/2024 ANNUAL REPORT	View image in PDF format
03/08/2023 ANNUAL REPORT	View image in PDF format
07/15/2022 - ANNUAL REPORT	View image in PDF format
10/08/2021 - Amendment	View image in PDF format
01/30/2021 - ANNUAL REPORT	View image in PDF format
01/19/2020 - ANNUAL REPORT	View image in PDF format
02/08/2019 - ANNUAL REPORT	View image in PDF format
31/14/2018 ANNUAL REPORT	View image in PDF format
01/07/2017 ANNUAL REPORT	View image in PDF format
91/24/2016 - ANNUAL REPORT	View image in PDF format
81/29/2015 - ANNUAL REPORT	View image in PDF format
68/20/2014 - ANNUAL REPORT	View image in PDF format
02/05/2013 ANNUAL REPORT	View image in PDF format
02/09/2012 ANNUAL REPORT	View image in PDF format
91/10/2011 - ANNUAL REPORT	View image in PDF format
01/00/2010 - ANNUAL REPORT	View image in PDF format
04/08/2009 - ANNUAL REPORT	View image in PDF format
61/06/2008 - ANNUAL REPORT	View image in PDF format
03/25/2007 ANNUAL REPORT	View image in PDF format
81/06/2006 - ANNUAL REPORT	View image in PDF format
03/09/2005 - ANNUAL REPORT	View image in PDF format
03/02/2004 - ANNUAL REPORT	View image in PDF format
06/13/2003 Amendment	View image in PDF format
01/02/2003 - ANNUAL REPORT	View image in PDF format
81/29/2002 - ANNUAL REPORT	View image in PDF format
03/02/2001 ANNUAL REPORT	View image in PDF format
02/26/2000 - ANNUAL REPORT	View image in PDF format
11/15/1999 - REINSTATEMENT	View image in PDF format

10/2/25, 11:31 AM

09/16/1998 - ANNUAL REPORT	View image in PDF format
01/21/1997 ANNUAL REPORT	View image in PDF format
06/01/1995 ANNUAL REPORT	View image in PDF format

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/02/2025

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).

PRO	DUCER				CONTAC NAME:	СТ					
Brown & Brown Insurance Services, Inc.					PHONE (05.4) 770 0000 FAX (05.4) 770 4440					76-4446	
1201 W Cypress Creek Rd					E-MAIL 053 certs@hhrown.com						
Suite 130					INSURER(S) AFFORDING COVERAGE NAIC #						NAIC #
Fort Lauderdale FL 33309						FOOL Lawrence Comment					10178
					Metional Trust Insurance Company					20141	
INSURED					INSURER B:						
	Tri-County Sweeping Services,	inc.			INSURER C:						
	4900 SW 51st Street				INSURE	RD:					
l					INSURE	RE:					
	Davie			FL 33314	INSURE	RF:					
				NUMBER: CL241189077				REVISION NUM			
IN Ci	IIS IS TO CERTIFY THAT THE POLICIES OF DICATED. NOTWITHSTANDING ANY REQUIRENTIFICATE MAY BE ISSUED OR MAY PERTAKCLUSIONS AND CONDITIONS OF SUCH PO	REME AIN, T	NT, TE	ERM OR CONDITION OF ANY I SURANCE AFFORDED BY THE	CONTRA E POLICI	ACT OR OTHER ES DESCRIBEI ED BY PAID CL	DOCUMENT V HEREIN IS SI AIMS.	WITH RESPECT TO	O WHICH TI	HIS	
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LIK	COMMERCIAL GENERAL LIABILITY	III	1,40					EACH OCCURREN	CE	\$ 1,00	0,000
	CLAIMS-MADE X OCCUR							DAMAGE TO RENT PREMISES (Ea occ	ED	s 100,	
								MED EXP (Any one		\$ 5,00	0
A				GL10009710600		11/10/2024	11/10/2025	PERSONAL & ADV	PERSONAL & ADV INJURY \$ 1,000		0,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREC	ENERAL AGGREGATE \$ 2,000,00		0,000
	POLICY PRO- LOC							PRODUCTS - COMP/OP AGG \$ 2,000		0,000	
	OTHER:									\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE (Ea accident)	ELIMIT	\$ 1,00	0,000
	ANY AUTO							BODILY INJURY (Pe	er person)	\$	
A	OWNED SCHEDULED AUTOS ONLY			CA10009710000		11/10/2024	11/10/2025	BODILY INJURY (Pe	Y INJURY (Per accident) \$		
	HIRED NON-OWNED							PROPERTY DAMAG	3E	\$	
	AUTOS ONLY AUTOS ONLY							If or accidenty		\$	
	➤ UMBRELLA LIAB ➤ OCCUR							EACH OCCURREN	CE .	s 2,00	0,000
В	EXCESS LIAB CLAIMS-MADE		UMB10009711300	UMB10009711300		11/10/2024	11/10/2025	AGGREGATE			0,000
-	DED RETENTION \$ 10,000	1						AGGILLOATE		s	
	WORKERS COMPENSATION							➤ PER STATUTE	OTH- ER	Ψ	
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE	,					44400000	E.L. EACH ACCIDE		s 1,00	0,000
Α	OFFICER/MEMBER EXCLUDED?	N/A		WCO10009710700		11/10/2024	11/10/2025	E.L. DISEASE - EA			0,000
	If yes, describe under							E.L. DISEASE - POL			0,000
\vdash	DÉSCRIPTION OF OPERATIONS below		\vdash					E.E. DIGEAGE TO	LIOT EIIVILT	Ψ	
DES	:RIPTION OF OPERATIONS / LOCATIONS / VEHICLI	S /Ar	OPD 1	01 Additional Remarks Schedule	may he at	tached if more so	ace is required)				
		JA) 6-	יו שאטי	VI, Additional Remarks Schedule,	may be a	tached if filore op	acc is required,				
UIII	orella does not go over the Auto										
CEF	RTIFICATE HOLDER		_		CANC	ELLATION					
Polk County Solid Waste Division					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
	10 Environmental Loop S				AUTHORIZED REPRESENTATIVE						
	M#=4==1.1=			EI 20000			7/	The state of the s	_		
Winter Haven FL 33880											

POLK COUNTY WASTE & RECY NON-EXCLUSIVE COMMERCIA	L FRANCHISE ANNUAL VEHIC				OFFICE USE ONLY DATE RECEIVED	
FRANCHISEE Tri-	County Sweeping S	DATE TO AUDITING				
FOR YEAR	aoas	ACCEPTED				
VEHICLE MAKE	VEHICLE MODEL	YEAR	TYPE (RO, REL, FEL, ASL, ETC.)	CAPACITY (CU YD)	VEHICLE SIZE (GVW)	VEHICLE IDENTIFICATION NUMBER
Chemolet	Pick up	aoa4			4828	3GCPABEKTRG38046
Down	Trailer	2024			2170	1xubdio2583105382
Ford	F150	2023		62	5355	IFTFWIEDGPFAY7695
			-			

POLK COUNTY WASTE & RECYCLING			OFFICE USE ONLY					
NON-EXCLUSIVE COMMERCIAL FRA	DATE RECEIVED							
FRANCHISEE	DATE TO AUDITING							
FOR YEAR	ACCEPTED							
	T	CAPACITY	COLLECTION FREQUENCY CONTAINER IDENTIFICATIO					
CUSTOMER NAME	DUMPSTER	COMPACTOR	ROLL OFF	OTHER	(CU YD)	ON CALL	DAYS/WK	NUMBER
Tri County Sweeping Services, Inc.	We do not use co	ontainer. We use	our own dump tr	ucks.	On Call when	customers ask for t	he pickup, of their	bulk trash on property
					4			

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

STATE COUNT	OF FLO	ORIDA					
Before Andres	me, the	undersign	ed notary pul ho, first being	olic authorized duly sworn, on o	to administe eath deposes	er oaths, and states	personally appeared, as follows:
1) He	e is	Vice P	resident	, a	S	corporation.
2	•	e has perso		of the facts state	d in this Affi	idavit and	that all such facts are
3	3) Th	nere are no	unsatisfied jud	Igments entered a	igainst <u>Tri</u>	- (ounty	Sweeping Services
4			no liens of		the Interr	nal Rever	nue Service against
5	i) Th	iere are no ereof, agaii	liens of record	d filed by the Sta hy Sweepings	ervices	a, or any a	gency or subdivision
6	th	e right to i	nspect ent at any time	AII	s and conser	nts that thes, contain	e County shall have ers, compactors, and
7	co wi	mplied wit	h all of the re-	quirements stated ws, and if awarde	in the Polk	County C	has prdinance 13-069 and
Further t	the affian	it sayeth no	it.				
I	Dated the	1144	_ day of Seq	Sworn Per	son Signature		
				Andre	w Chelu	15	
				Printed Na	me and Title	of Sworn	Person
Septemb	er, 2	20 <u>35,</u> by _	as sworn (or at		10 is either 🗖	e me this _ personally	day of y known to me; or □
has prod	uced will E	GONZ		as ide	ntification.	0	
	TAP NOTAF	Y PURI		NI-A D. Lili-	Sand	June	-
Минен	MYCON	Mission	ALL STATES	Notary Public	A C GO	nzale	2
44444	EXPIRES	6-29-2026		Printed Name	of Notary Pu	iblic	an 2006
(AFFIX	NO TOW	OF SEE		Notary Comm		er/Expirat	ion

INDEMNITY

(the "Undersigned"), is the UP of Tei-(ounly sweeping Services (the ", a,
WHEREAS, the, 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 Tri-(ounty Sweeping SetVices
and for other good and valuable consideration, the Undersigned, by and on behalf of the
IN WITNESS WHEREOF, the Undersigned has executed this instrument by and on behalf of the this day of, 20, 20
By: Sample Gonzalez Printed Name, Title] Tri-County Sweeping Services a
SEAL SEAL THE GONZAL T

POLK COUNTY LOCAL BUSINESS TAX RECEIPT 09/30/2026 **EXPIRES: ACCOUNT NO. 257074** CLASS: A LOCATION **OWNER NAME ANDREW MICHAEL CHEHATA ACTIVITY TYPE BUSINESS NAME AND MAILING ADDRESS** CODE TRI-COUNTY SWEEPING SERVICES INC TRI-COUNTY SERVICES PO BOX 292467 DAVIE, FL 33329-2457 810000 LTD OTHER SERVICES THIS POLK COUNTY LOCAL BUSINESS TAX RECEIPT MUST BE CONSPICUOUSLY OFFICE OF JOE G. TEDDER, CFC * TAX COLLECTOR DISPLAYED AT THE BUSINESS LOCATION

OLP 31.50

PAID - 3540027 09/24/2025 OPY

TRI-COUNTY SWEEPING SERVICES INC

Zimmerman, Debra

From: Yamile Gonzalez <ygonzalez@trisweep.com>

Sent: Monday, October 6, 2025 11:06 AM

To: Zimmerman, Debra

Subject: [EXTERNAL]: RE: Non Exclusive Franchise

Good Morning

We use our trucks to pick up customers bulk trash from their property. Our trucks are the pickup trucks and a trailer attached we call them our dump trucks.

From: Zimmerman, Debra <debrazimmerman@polk-county.net>

Sent: Friday, October 3, 2025 2:26 PM

To: Yamile Gonzalez <ygonzalez@trisweep.com>

Subject: Non Exclusive Franchise

Good afternoon,

Please see notes from Attorney below:

In Tri-County Sweeping's application it notes that Tri-County Sweeping uses dump trucks rather than containers to list, or whether it uses other vehicles which have not been included on the vehicle list. This question could be add

Debbie Zimmerman

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

Office (863) 284-4363 ext: 214

debrazimmerman@polk-county.net



Thank you for your payment

Confirmation # 182974588

Date Tuesday, September 23, 2025, 1:30:10 PM US

Eastern Time

Total Amount \$773.15

Paid with

AXX EXX

account ending in 1033

Customer Information David Chehata

David@trisweep.com

(954) 797-0101

Transaction Details

Bill Type Details Amount

License Company Name: Tri County Sweeping Services Inc. \$750.00

Renewal Ticket or Invoice Tri County Sweeping Services

Number: Inc.

Sub Total \$750.00

Convenience Fee \$23.15

Total \$773.15

CONVENIENCE FEE

Your agency has partnered with a third party service provider to provide you with convenient online payment services via credit card debit card or electronic check payments. IN ORDER TO USE THIS SERVICE YOU MAY HAVE TO PAY A NON-REFUNDABLE CONVENIENCE FEE IN ADDITION TO THE AMOUNT(S) OWED TO YOUR PAYEE, Please note that the service provider (not your Payee) will appear as the merchant of record next to your payment on your bank or credit card statement.

ACCESSIBILITY

This service is accessible through the Internet. In order to use this service you will need a personal computer access to the Internet with an Internet service provider and a web browser which supports this service.