## DRAFT COMMERCIAL COLLECTION SERVICE FRANCHISE APPLICATION CHECK-LIST

	Applicant:	PB of Central Florida 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)
	☐ 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;	Information regarding the experience and qualifications of the applicant and its personnel with regard to Solid Waste collection. Section 4-1 C. (2)(b)
Received	☑ 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)
	☐ 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;	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;	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)

Commented [DZ1]: 09.16.25 Sent email for this to be notarized

9-16-25 Sent Email

## PB of CENTRAL FLORIDA



125 NORTH LAKE FLORENCE DRIVE, WINTER HAVEN. FLORIDA. 33884. TEL:863-307-4255



09/09/2025

To whom it may concern:

The principals and directors of PB of Central Florida Inc. have been doing business in Polk County as a demolition and dumpster business for over 15 years.

We do not deal with the general public, only construction contractors and commercial customers.

We have our own mechanic shop to care for our truck, dumpsters and machinery. We only haul C/D and tree debris for ourselves (our own personal jobs) and our customers. We do not deal with hazardous waste, general trash or controlled substances.

Our own trash generated on our premises is collected by Trash Taxi.

I, David Stokes, owner/president of PB of Central Florida Inc., do attest the above statement is true and correct.

State of Florida

County of Polk

Notary Public State of Florida Crystal Daniels

Personally Known or Produced identification



1,







## PB of CENTRAL FLORIDA



125 NORTH LAKE FLORENCE DRIVE, WINTER HAVEN, FLORIDA, 33884. TEL:863-307-4255



09/16/2025

To whom it may concern:

As of the date of the correspondence stated above, PB of Central Florida Inc., as well as its managing members/owner David Stokes has never and is currently not involved in any type of litigation, criminal proceedings, judgements and or liens including the Internal Revenue Service and all State and federal government litigation or civil suits.

I, David Stokes, owner/president of PB of Central Florida Inc., do attest the above statement is true and correct.

State of Florida

County of Polk

The foregoing instrument was acknowledged before me this day of 2025

Personally Known or Produced identification





Department of State | I Division of Corporations | I Search Records | I Search by Entity Name | I

### **Detail by Entity Name**

Florida Profit Corporation
PB OF CENTRAL FLORIDA, INC.

Filing Information

**Document Number** 

P07000108214

**FEI/EIN Number** 

26-1458193

Date Filed

09/28/2007

State

FL

**Status** 

**ACTIVE** 

Principal Address

5080 LUCERNE PARK ROAD WINTER HAVEN, FL 33881

Changed: 01/28/2020

**Mailing Address** 

125 N LAKE FLORENCE DRIVE WINTER HAVEN, FL 33884

Changed: 05/03/2012

Registered Agent Name & Address

Accounting & Tax Edge LLC

864 1st Street S

Winter Haven, FL 33880

Name Changed: 01/23/2024

Address Changed: 01/23/2024

Officer/Director Detail

Name & Address

Title DPS

STOKES, DAVID J 125 N LAKE FLORENCE DRIVE WINTER HAVEN, FL 33884

Title Director

STOKES, ROBERT JAMES 125 N LAKE FLORENCE DRIVE WINTER HAVEN, FL 33884

Title Secretary

WESTGATE, JESSICA LYNN 125 N LAKE FLORENCE DRIVE WINTER HAVEN, FL 33884

Title Director

STOKES, JAKE WILLIAM 124 TREMONT DRIVE WINTER HAVEN, FL 33884

Title Asst. Secretary

Spradley, Ariel 124 Tremont Dr Winter Haven, FL 33884-2045

### **Annual Reports**

Report Year	Filed Date
2023	04/11/2023
2024	01/23/2024
2025	01/14/2025

#### **Document Images**

01/14/2025 ANNUAL REPORT	View image in PDF format
01/23/2024 ANNUAL REPORT	View image in PDF format
04/11/2023 ANNUAL REPORT	View image in PDF format
03/07/2022 ANNUAL REPORT	View image in PDF format
02/05/2021 ANNUAL REPORT	View image in PDF format
01/28/2020 - ANNUAL REPORT	View image in PDF format
04/12/2019 ANNUAL REPORT	View image in PDF format
01/26/2018 ANNUAL REPORT	View image in PDF format
02/18/2017 ANNUAL REPORT	View image in PDF format
01/22/2016 - ANNUAL REPORT	View image in PDF format
03/20/2015 ANNUAL REPORT	View image in PDF format
02/06/2014 ANNUAL REPORT	View image in PDF format
02/28/2013 ANNUAL REPORT	View image in PDF format
05/03/2012 ANNUAL REPORT	View image in PDF format
01/17/2011 ANNUAL REPORT	View image in PDF format
03/31/2010 ANNUAL REPORT	View image in PDF format
03/19/2009 ANNUAL REPORT	View image in PDF format
02/08/2008 ANNUAL REPORT	View image in PDF format
09/28/2007 Domestic Profit	View image in PDF format

POLK COUNTY WASTE & RECYCL NON-EXCLUSIVE COMMERCIAL F FRANCHISEE PS 6 FOR YEAR 2025	RANCHISE ANNUAL VEHICLE Flori	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	
STEY	H9500	2007	Roll-off		64,000	2FZHAZCV47AW9	9317
							;

POLK COUNTY WASTE & RECYCLING						OFFICE USE ONLY			
NON-EXCLUSIVE COMMERCIAL FRAN	CHISE ANNUA	AL CONTAINER	CLIST			DATE RECEIVED			
FRANCHISEE PB DE	Central	1-lorida	a Inc.			DATE TO AUDITING		-	
FOR YEAR 202	ACCEPTED								
	COLLECTION	FREQUENCY	CONTAINER IDENTIFICATION						
CUSTOMER NAME	DUMPSTER	COMPACTOR ROLL OFF		OTHER	CAPACITY (CU YD)	ON CALL	DAYS/WK	NUMBER	
Varies	10/				2040.			na	
Varies	10/				3010.	V		nla	
Varies	8/				HOYO			n/a	
					,			,	
1									

POLK COUNTY LOCAL BUSINESS TAX RECEIPT

**ACCOUNT NO. 129570** 

CLASS: A

EXPIRES:

09/30/2026

OWNER NAME

LOCATION

**5080 LUCERNE PARK RD** 

DAVID J STOKES

WINTER HAVEN

BUSINESS NAME AND MAILING ADDRESS

PB OF CENTRAL FLORIDA PB OF CENTRAL FLORIDA 125 N LAKE FLORENCE DR WINTER HAVEN, FL 338842238

CODE

**ACTIVITY TYPE** 

920000 810000 LTD PUBLIC SERVICE 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

PAID - 3430404 07/22/2025 OPY

OLP 31.50

PB OF CENTRAL FLORIDA

#### BUSINESS TAX BECELPT

ACCOUNT#

10295

PB OF CENTRAL FLORIDA INC

WINTER HAVEN

Winter Haven FL 33884

LOCATION:

5080 LUCERNE PARK ROAD

CLASS ID.

Service Industry

Service Indust

RECEIPT#

250682

ISSUE DATE:

07/22/2025

EXPIRES ON

10/01/2026

# MATER HAVEN

## BUSINESS TAX RECEIPT

LOCATION

250682

5080 LUCERNE PARK ROAD

DATE ISSUED

07/22/2025

EXPIRES ON: CLASS ID#

Common Individual

PB OF CENTRAL FLORIDA INC 125 N LAKE FLORENCE DR WINTER HAVEN

Winter Haven, FL 33884

2025-26

490 3rd STREET NW - WINTER HAVEN FL 33881 - (863) 291 5695
MUST BE DISPLAYED IN A CONSPICUOUS PLACE



### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 9/10/2025

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.

lf th	SUBROGATION IS WAIVED, subject is certificate does not confer rights t	to the	e ter certi	ms and conditions of the	e polic uch end	y, certain po dorsement(s)	licies may r	equire an endorsement	. A sta	itement on	
_	DUCER				CONTA NAME:	CT Certificate	Department				
Sih	le Insurance Group Inc.				PHONE (A/C, No, Ext): 407-869-5490 (A/C, No): 407-389-3580						
102	21 Douglas Ave.				E-MAIL ADDRESS: Certificates@sihle.com						
Alta	amonte Springs FL 32714				ADDRE			DING COVERAGE		NAIC#	
					INCHIDE			nderwriters Insurance Co	mnan	13037	
	050			PBCEFLO-01				The state of the s	пран	10677	
NSU PB	of Central Florida Inc.						707	nce Company		23418	
125	N Lake Florence Drive					Rc: Mid-Conf	inent Group		-	23410	
Wir	nter Haven FL 33884-2238				INSURE						
					INSURE	RE:			$\rightarrow$		
					INSURE	RF:					
CO	VERAGES CER	TIFIC	ATE	NUMBER: 2006102774				REVISION NUMBER:	IE BOLL	OV BEDIOD	
IN	IIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY ICCLUSIONS AND CONDITIONS OF SUCH	QUIRE PERTA POLIC	EME! NN, IES.	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF AN' ED BY	Y CONTRACT THE POLICIES REDUCED BY F	OR OTHER D DESCRIBED PAID CLAIMS,	OCUMENT WITH RESPEC	CLIOA	VHICH THIS	
NSR LTR	TYPE OF INSURANCE	ADDL S	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
A	X COMMERCIAL GENERAL LIABILITY			CSU 0095223		2/17/2025	2/17/2026	EACH OCCURRENCE	\$ 1,000,	,000	
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,00	00	
1								MED EXP (Any one person)	\$5,000		
1	5,000							PERSONAL & ADV INJURY	\$1,000,	,000	
- 1	OFFINI ACCRECATE LIMIT APPLIES SER.							GENERAL AGGREGATE	\$ 2,000,	.000	
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY X PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$2,000,		
								TRODUCTO - COMITTOL ACC	\$	,000	
<u></u>	OTHER:			EBA 0519254	_	2/17/2025	2/17/2026	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,	.000	
В	AUTOMOBILE LIABILITY			EDA 0319234		2/1/12025	21112020	(Ea accident) BODILY INJURY (Per person)	\$	,	
	X ANY AUTO OWNED SCHEDULED										
	AUTOS ONLY AUTOS								S		
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)			
									\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION \$							DED OTH	\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE ER			
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$		
	OFFICER/MEMBER EXCLUDED? [Mandatory In NH)	N/A						E.L. DISEASE - EA EMPLOYEE	\$		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
С	Inland Marine			04 CIM 005004186		2/17/2025	2/17/2026	Rented/Leased Equip	25,00	0	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	CORD	101, Additional Remarks Schedu	ile, may b	e attached if more	space is require	ed)			
25	DEFENDATE NOI DED				CANO	CELLATION					
UE	RTIFICATE HOLDER				- WIA						
Polk County Solid Waste						EXPIRATION	DATE TH	ESCRIBED POLICIES BE C. EREOF, NOTICE WILL I Y PROVISIONS.			
	10 Environmental Loop So Winter Haven FL 33880	outh			AUTHO	RIZED REPRESE	NTATIVE				
	winter Haven FL 33880				Je .	12may 42.1					
					Skyana Teck						



### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 9/24/2025

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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)

lf th	SUBROGATION IS WAIVED, subject is certificate does not confer rights t	to the	e ter	rms and conditions of th ificate holder in lieu of si	e polic uch end	y, certain po dorsement(s	olicies may : ).	require an endorsement	. A sta	itement on	
	DUCER	0 1110	0011	The state of the s	CONTAC NAME:	CT Certificate					
Sihle Insurance Group Inc.											
	21 Douglas Ave.	PHONE (A/C, No, Ext): 407-869-5490 FAX, No): 407-389-3580 E-MAIL aDDRESs: Certificates@sihle.com									
Alta	amonte Springs FL 32714				ADDRES						
								RDING COVERAGE		NAIC#	
				PBCEFLO-01				Inderwriters Insurance Co	npan	13037	
INSU	of Central Florida Inc.			PBCEFEO-VI	INSURE	RB: The Cinc	cinnati Insura	nce Company		10677	
	5 N Lake Florence Drive				INSURE	Rc: Mid-Con	tinent Group			23418	
Wii	nter Haven FL 33884-2238				INSURE	R ש : Kinsale I	nsurance Co	mpany		38920	
					INSURE	RE:					
					INSURE	RF:					
CO	VERAGES CER	TIFIC	ATE	NUMBER: 1075032064				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.										WHICH THIS	
INSR LTR	TYPE OF INSURANCE		SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	3		
A	X COMMERCIAL GENERAL LIABILITY			CSU 0095223		2/17/2025	2/17/2026	EACH OCCURRENCE	\$ 1,000,	000	
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,00	00	
	X 5,000							MED EXP (Any one person)	\$ 5,000		
	5,000							PERSONAL & ADV INJURY	\$ 1,000,	000	
1	OFFINITA OFFICIAL AND ASSOCIATE AND ASSOCIATE							GENERAL AGGREGATE	\$ 2,000,		
	GEN'L AGGREGATE LIMIT APPLIES PER:								\$ 2,000,		
	POLICY N JECT LOC							PRODUCTS - COMP/OP AGG	\$ 2,000,	000	
_	OTHER: AUTOMOBILE LIABILITY	_	_	EDA 0540054	-	2/17/2025	2/17/2026	COMBINED SINGLE LIMIT	\$ 1,000,	000	
В				EBA 0519254		2/17/2025	2/1//2020	(Ea accident) BODILY INJURY (Per person)	\$	-	
	X ANY AUTO OWNED SCHEDULED										
	AUTOS ONLY AUTOS							BODILY INJURY (Per accident) PROPERTY DAMAGE			
	X HIRED X NON-OWNED AUTOS ONLY							(Per accident)	\$		
									\$		
D	UMBRELLA LIAB X OCCUR			0100399790-0		9/23/2025	2/17/2026	EACH OCCURRENCE	\$1,000,	.000	
	X EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$ 1,000,	000	
	DED RETENTION\$								\$		
	WORKERS COMPENSATION							PER OTH- STATUTE ER			
	AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT	\$		
	OFFICER/MEMBEREXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE	\$		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
С	Inland Marine			04 CIM 005004186		2/17/2025	2/17/2026	Rented/Leased Equip	25,000	)	
DESC	L CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (A	CORD	101. Additional Remarks Schedu	le, may be	attached if more	space is require	ed)			
220		(-		,				,			
CEI	RTIFICATE HOLDER	_			CANC	ELLATION					
	Polk County Solid Waste 10 Environmental Loop So	uth			THE	EXPIRATION ORDANCE WI	I DATE THE TH THE POLIC	ESCRIBED POLICIES BE CA EREOF, NOTICE WILL E Y PROVISIONS.			
	Winter Haven FL 33880	ull			AUTHO	RIZED REPRESEI	NTATIVE				
	AMILITED LIGABILLE 20000	Siranu York									



## **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 09/10/2025

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).

	UCER Transfer Insurance Agency, LLC				NAME:	THE THE C	ayroll Solutions,	Inc.		
200 5	S. Orange				PHONE (A/C, No.	Ext):		(A/C, No):		
Ste.	750 Ido, FL 32801				ADDRES	s: certificates(	@timefl.com			
						INS	URER(S) AFFOR	DING COVERAGE		NAIC#
					INSURE	RA:Service An	nerican Indemn	ity Company		39152
INSUI	RED HR Payroll Solutions, Inc.			1	INSUREF	RB:				
115 \	V. Olympia Avenue			<u>L</u> i	INSUREF	RC:				
Punt	a Gorda, FL 33950				INSUREF	RD:				
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					INSURE	RF:				
COV				NUMBER:8LBDJ56J				REVISION NUMBER:		
IM	IS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RE RTIFICATE MAY BE ISSUED OR MAY F	OHIR	<b>EMEI</b>	NT. TERM OR CONDITION C	OF ANY	' CONTRACT	OR OTHER I	DOCUMENT WITH RESPE	CT TO '	WHICH THIS
EX	CLUSIONS AND CONDITIONS OF SUCH	POLIC	CIES.	LIMITS SHOWN MAY HAVE B	EEN RI	EDUCED BY F	PAID CLAIMS.	D FILE.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
INSR LTR	TYPE OF INSURANCE		SUBR			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	5	
LIK	COMMERCIAL GENERAL LIABILITY	may.	1110					EACH OCCURRENCE	\$	
	CLAIMS-MADE OCCUR				1			DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	
	OEAN/O-NABE ( ) 33331							MED EXP (Any one person)	\$	
	<del>-</del>							PERSONAL & ADV INJURY	\$	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	
	PRO-							PRODUCTS - COMP/OP AGG	\$	
- 8									\$	
-	OTHER: AUTOMOBILE LIABILITY				_			COMBINED SINGLE LIMIT (Ea accident)	\$	71
1	ANY AUTO							BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED						i	BODILY INJURY (Per accident)	\$	
	AUTOS ONLY AUTOS NON-OWNED							PROPERTY DAMAGE	\$	
	AUTOS ONLY AUTOS ONLY							(Per accident)	\$	
_	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
8	— — — — OOON				-			AGGREGATE	\$	
1	DO MINO INVOL							AGGINEGALE	\$	
Α	DED RETENTION \$ WORKERS COMPENSATION		-	RT25MWC7320093105		01/01/2025	01/01/2026	X PER OTH-	Ψ	-
, · ·	AND EMPLOYERS' LIABILITY Y/N						j	STATUTE ER	\$	1,000,000
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. DISEASE - EA EMPLOYEE		1,000,000
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - POLICY LIMIT	\$	1,000,000
_	DÉSCRIPTION OF OPERATIONS below		_					E.L. DISEASE - POLICI LIMIT	\$	
									\$	
									\$	
	RIPTION OF OPERATIONS / LOCATIONS / VEHICL	FO /*	COPP	404 Additional Damarka Calculula	maybo	attached if more	enace je reguir	ed)	\$	-
DESC The	RIPTION OF OPERATIONS / LOCATIONS / VEHICL Officer for Time HR Payroll Solutions, Inc.	.es (A is not	inclu	ded under the Workers' Com	pensati	on policy liste	d above as ma	arked "Y"		
									ractoro	of DR of
Work	ers Compensation coverage is provided in ral Florida Inc	n all s	tates,	except for monopolistic states	S (ND,	OH, WA, WY)	tor employee	s leased to, but not subcom	raciors	OI FB OI
Cein	iai i iorida inc									
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					0.4.1.0	TILL ATION				
CEF	RTIFICATE HOLDER				CANC	ELLATION			_	
				ì	SHO	ULD ANY OF	THE ABOVE D	ESCRIBED POLICIES BE C	ANCEL	LED BEFORE
				1	THE	EXPIRATIO	N DATE TH	EREOF, NOTICE WILL E	E DE	LIVERED IN
				1	ACC	UKDANCE WI	IN INE POLIC	Y PROVISIONS.		
	K COLUMN COLUMN KASTE			}	AUTHOR	RIZED REPRESE	NTATIVE	programme 172-	_	
POL   10 F	K COUNTY SOLID WASTE NVIRONMENTAL LOOP SOUTH			1	AUINUI	WELLE VELVESE		Japan 12	,	
	TER HAVEN, FL 33880			1				" BOALD TO	-	

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

STATE OF FLORIDA COUNTY OF YOU
Before me, the undersigned notary public authorized to administer oaths, personally appeared who, first being duly sworn, on oath deposes and states, as follows:
1) He is vesident , a 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 Poof Control F. lorida r
4) There are no liens of record filed by the Internal Revenue Service against
There are no liens of record filed by the State of Florida, or any agency or subdivision thereof, against PD 66 Control Florida in C.
acknowledges and consents that the County shall have the right to inspect the compactors, and other equipment at any time.
During the time of the existing Commercial Franchise. Por Completed 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 will continue to comply with the same.
Further the affiant sayeth not.
Dated the
The foregoing instrument was sworn (or affirmed) and subscribed before me this 9th day of who is either personally known to me; or the produced privers License as identification.
Notary Public State of Florida Crystal Oaniels My Commission HH 482174 Expires 3/1/2028  Notary Public Signature Crystal Daniels Printed Name of Notary Public HH 462174 3-1-2038
(AFFIX NOTORIAL SEAL) Notary Commission Number/Expiration

(AFFIX NOTORIAL SEAL)

### INDEMNITY

(the "Undersigned"), is the
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 Control Local Control C
IN WITNESS WHEREOF, the Undersigned has executed this instrument by and on behalf of the Ph of Central Florida this 9 day of September, 2025
ATTEST:
By: Guytto Daniels  [Printed Name, Title] Or Door [Printed Name, Title]
SEAL

Notary Public State of Florida Crystal Daniels My Commission HH 462174 Expires 3/1/2028

DEPARTMENT OF RECEIVED FROM	Bof Central F	, POLK COUNT	Y FLORIDA No 97	7759 20 <u>2 \</u>
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FOR: I-Ra	notice fee		\$ 750.0	0
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PAY TO THE ORDER OF SURA		Waste Divi	ision so	COO.OO
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