

DRAFT

COMMERCIAL COLLECTION SERVICE FRANCHISE APPLICATION CHECK-LIST

Applicant: Haferflocken Removals LLC Date: 5/1/2026

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) MUST BE NOTARIZED
<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) Certificate Holder: Polk County, a political subdivision of the State of Florida. 330 W Church St, Rm 150 Bartow, FL 33830
<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 checked="" 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) MUST BE NOTARIZED
<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) MUST BE NOTARIZED
<input checked="" type="checkbox"/> Met 12. <input type="checkbox"/> Not Met	Delivery of applicable Commercial Franchise application fee. Section 4-1 C. (5) New Application Fee \$750.00 We have a convenient payment option: You may copy Link into Web Brower: https://public.pointandpay.net/collect/partner/PolkCoSolidWasteFL



10 Environmental Loop S.
Winter Haven, FL 33880

PHONE: 863-284-4319
FAX: 863-284-4321
www.polkfl.gov

SOLID WASTE DIVISION

Contact information Needed for Non-exclusive Franchise

Contact Person name for Franchise Renewal: Christopher Hafer

Contact Person for Reporting: Christopher Hafer

Contact Email: haferflocken.removals@outlook.com

Contact Telephone: (863) 521-2101

Customer Address: 180 E. Valencia Ct. Bartow, FL 33830

How do you want the information to be listed on our website for customers ?

Hauler's Name: Haferflocken Removals, LLC

Email Address: haferflocken.removals@outlook.com

Web address: haferflockenremovals.com

Phone: (855) 5-JunkOut
or
(855) 558-6568

What areas do you service in Polk County, FL ?

We will service all incorporated and unincorporated areas within Polk County, FL.



[Department of State](#) / [Division of Corporations](#) / [Search Records](#) / [Search by Entity Name](#) /

Detail by Entity Name

Florida Limited Liability Company
 HAUFLOCKEN REMOVALS, LLC

Filing Information

Document Number L26000168188
FEI/EIN Number NONE
Date Filed 03/23/2026
State FL
Status ACTIVE

Principal Address

180 E VALENCIA CT
 BARTOW, FL 33830

Mailing Address

180 E VALENCIA CT
 BARTOW, FL 33830

Registered Agent Name & Address

HAUF, CHRISTOPHER B
 180 E VALENCIA CT
 BARTOW, FL 33830

Authorized Person(s) Detail

Name & Address

Title MGR

HAUF, CHRISTOPHER B
 180 E VALENCIA CT
 BARTOW, FL 33830

Title MGR

HAUF, DAVID B
 180 E VALENCIA CT
 BARTOW, FL 33830

Annual Reports

No Annual Reports Filed

Document Images

[03/23/2026 -- Florida Limited Liability](#)

**Electronic Articles of Organization
For
Florida Limited Liability Company**

L26000168188
FILED 8:00 AM
March 23, 2026
Sec. Of State
tlgibb

Article I

The name of the Limited Liability Company is:
HAFERFLOCKEN REMOVALS, LLC

Article II

The street address of the principal office of the Limited Liability Company is:
180 E VALENCIA CT
BARTOW, FL. 33830

The mailing address of the Limited Liability Company is:
180 E VALENCIA CT
BARTOW, FL. 33830

Article III

The name and Florida street address of the registered agent is:
CHRISTOPHER B HAFER
180 E VALENCIA CT
BARTOW, FL. 33830

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: CHRISTOPHER HAFER

Article IV

The name and address of person(s) authorized to manage LLC:

Title: MGR
CHRISTOPHER B HAFER
180 E VALENCIA CT
BARTOW, FL. 33830

Title: MGR
DAVID B HAFER
180 E VALENCIA CT
BARTOW, FL. 33830

L26000168188
FILED 8:00 AM
March 23, 2026
Sec. Of State
tlgibb

Signature of member or an authorized representative

Electronic Signature: CHRISTOPHER HAFER

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.

Haferflocken Removals, LLC
180 E Valencia Ct
Bartow, FL 33830
(855) 558-6568



4/21/2026

To whom it may concern,

We are writing to briefly describe our experience and qualifications to perform junk removal services in Polk County, Florida in compliance with Section 11-41 (c)(2)a.

I, **David Hafer**, have four years experience as a Biological Scientist II and an Agricultural Biologist with the University of Florida, Ona Agricultural Research Center and the Polk County Mined Lands Research and Demonstration Project. Duties included licensed application and proper handling and disposal of restricted use pesticides and other forms of hazardous waste. Duties also included supervision of temporary employees with the production of agricultural crops for research purposes.

I also have more than four years experience as a licensed Wastewater Treatment Plant Operator for Brevard County Utilities. Duties included the proper handling of waste oil and fuels used for various equipment.

Additionally, I have Fifteen years experience with the Polk Soil and Water Conservation District, working with the Polk County Cooperative Extension Service, conducting education programs for students and adults, including water conservation, and pollution prevention from point and nonpoint sources to surface waters and groundwater. Education programs also included presentations for students and adults concerning recycling, agricultural production, and prevention of the spread of invasive exotic plant species. Formerly licensed to possess and handle invasive species for education programs, by the Department of Environmental Protection (DEP) and the Department of Environmental Management prior to their merger with DEP.

The list truly goes on if more info about my experience is needed.

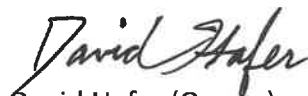
I, **Christopher Hafer**, have been an accountant for the last 10 years working in the State & Local Gov. and in the Non-Profit sectors. My experience reconciling and reporting on monthly, quarterly and annual financial activity, as well as ensuring grant compliance with various government and private entities qualifies me for the commercial collection service franchise.

With my experience, I will have no issue properly accounting for, documenting and reporting tonnage collected from both incorporated and unincorporated areas within Polk County to the Solid Waste Division on a monthly basis, and paying the related franchise fees of \$2/ton for collections in unincorporated areas no later than the 15th of the following month as required in Section 11-42 (d)(1-7). I don't miss deadlines, and I'm sure the admin staff at the Solid Waste Division will appreciate my timeliness, organization and attention to detail.

Thank you,

A handwritten signature in black ink, appearing to read "Ch Hafer", with a stylized flourish at the end.

Christopher Hafer (Owner)

A handwritten signature in black ink, appearing to read "David Hafer", with a stylized flourish at the end.

David Hafer (Owner)

Haferflocken Removals, LLC
180 E Valencia Ct
Bartow, FL 33830
(855) 558-6568



4/21/2026

To whom it may concern,

As of the date of the correspondence stated above, Haferflocken Removals, LLC, as well as it's Managing Members/Owners, Christopher Hafer and David Hafer, have never had involvement as a subject or as a part in any litigation, criminal proceedings, or agency enforcement cases are applicable to its principals, partners, and officers.

I, Christopher Hafer, MGR/Owner of Haferflocken Removals, LLC, do attest the above statement to be true and correct.

A handwritten signature in black ink, appearing to read "CH", is written over a horizontal line.

Sworn Person Signature

Christopher Hafer (Owner)

Printed Name and Title of Sworn Person

State: Florida County of: Polk

The foregoing instrument was sworn (or affirmed) before me this 21 day of April, 2026, by Christopher Hafer, who is either personally known or has produced FL PL as identification.



(AFFIX NOTORIAL SEAL)

A handwritten signature in blue ink, appearing to read "Brenda Desantiago", is written over a horizontal line.

Notary Public Signature

Brenda De Santiago

Printed Name of Notary Public

01/01/2027

Notary Commission Number/Expiration

AFFIDAVIT SUPPORTING NEW NON-EXCLUSIVE 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 Christopher Hafer who, first being duly sworn, on oath deposes and states, as follows:

- 1) He is Owner, 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 Haferflocken Removals, LLC.
- 4) There are no liens of record filed by the Internal Revenue Service against Haferflocken Removals, LLC.
- 5) There are no liens of record filed by the State of Florida, or any agency or subdivision thereof, against Haferflocken Removals, LLC.
- 6) Christopher Hafer acknowledges and consents that the County shall have the right to inspect Haferflocken Removals, LLC vehicles, containers, compactors, and other equipment at any time.
- 7) During the time of the existing Commercial Franchise, Haferflocken Removals, LLC 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 of 1 Year will continue to comply with the same.

Further the affiant sayeth not.

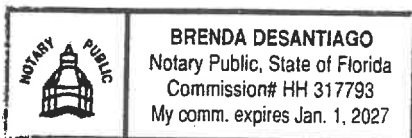
Dated the 21 day of April, 2026

Ch Hafer

Sworn Person Signature
Christopher Hafer

Printed Name and Title of Sworn Person

The foregoing instrument was sworn (or affirmed) and subscribed before me this 21 day of April, 2026, by Christopher Hafer, who is either personally known to me; or has produced PL PL as identification.



(AFFIX NOTORIAL SEAL)

Brenda Desantiago
Notary Public Signature

Printed Name of Notary Public

01/01/2027

Notary Commission Number/Expiration



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
04/20/2026

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).

PRODUCER Next First Insurance Agency, Inc. PO Box 60787 Palo Alto, CA 94306	CONTACT NAME: PHONE (A/C, No, Ext): (855) 222-5919 FAX (A/C, No): E-MAIL ADDRESS: support@nextinsurance.com	
	INSURER(S) AFFORDING COVERAGE NAIC #	
INSURED Haferflocken Removals, LLC 180 E Valencia Ct Bartow, FL 33830	INSURER A: Next Insurance US Company 16285	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** 652175911 **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 SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <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:	X	NXTYLVCWDT-00-GL	04/09/2026	04/09/2027	EACH OCCURRENCE \$1,000,000.00
	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY					DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000.00 MED EXP (Any one person) \$5,000.00 PERSONAL & ADV INJURY \$1,000,000.00 GENERAL AGGREGATE \$1,000,000.00 PRODUCTS - COMP/OP AGG \$1,000,000.00 \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$	X	NXTYLVCWDT-00-GL	04/09/2026	04/09/2027	EACH OCCURRENCE \$ 1,000,000.00
	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH) <input type="checkbox"/> Y/N N/A If yes, describe under DESCRIPTION OF OPERATIONS below					AGGREGATE \$ 1,000,000.00 \$ 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. This Certificate Holder is an Additional Insured on the General Liability policy and Umbrella/Excess Liability policy per the Additional Insured Automatic Status Endorsement. All Additional Insured 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 a political subdivision of the State of Florida 330 W Church St Rm 150 Bartow, FL 33830	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 
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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: 4/30/2026

EXPIRATION DATE: 4/29/2028

PERSON: CHRISTOPHER B HAFER

EMAIL: HAFERFLOCKEN.REMOVALS@OUTLOOK.COM

FEIN: 415045218

BUSINESS NAME AND ADDRESS:

HAFERFLOCKEN REMOVALS, LLC

180 E VALENCIA CT

BARTOW, FL 33830

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

E02344913

QUESTIONS? (850) 413-1609

PLEASE CUT OUT CARD BELOW AND RETAIN FOR FUTURE REFERENCE

BLAISE INGOGLIA
CHIEF FINANCIAL OFFICER

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



NON-CONSTRUCTION INDUSTRY EXEMPTION

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

EFFECTIVE DATE: 4/30/2028

EXPIRATION DATE: 4/29/2028

PERSON: CHRISTOPHER B HAFER

EMAIL: HAFERFLOCKEN.REMOVALS@OUTLOOK.COM

FEIN: 415045218

BUSINESS NAME AND ADDRESS:

HAFERFLOCKEN REMOVALS, LLC

180 E VALENCIA CT

BARTOW, FL 33830

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.

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

IMPORTANT

F
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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.

E02344913

QUESTIONS? (850) 413-1609

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.

POLK COUNTY LOCAL BUSINESS TAX RECEIPT

ACCOUNT NO. 300643	CLASS	EXPIRES:	09/30/2026
OWNER NAME		LOCATION	
CHRISTOPHER BRUCE HA FER		180 E VALENCIA CT BARTOW FL 33830	
BUSINESS NAME AND MAILING ADDRESS	CODE	ACTIVITY TYPE	
HA FERLOCKEN REMOVALS LLC 180 E VALENCIA CT BARTOW FL 33830	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 by receipt(s) 2025-91902 on 04/09/26 for \$31.50

INDEMNITY

WHEREAS, THE UNDERSIGNED Christopher Hafer
(the "Undersigned"), is the Owner of Haferflocken Removals, LLC
(the "Company"), a LLC,

WHEREAS, the Owner, 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

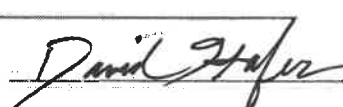
WHEREAS, the Undersigned is duly authorized to execute this instrument by and on behalf of the Haferflocken Removals, LLC

NOW, THEREFORE, in consideration of the benefits accruing to the Haferflocken Removals, LLC and for other good and valuable consideration, the Undersigned, by and on behalf of the Haferflocken Removals, 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, Haferflocken Removals, 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 Haferflocken Removals, LLC this 21 day of April, 2026.

ATTEST:

By: 
Christopher Hafer, Owner
[Printed Name, Title]

a _____
By: 
David Hafer, Owner
[Printed Name, Title]

AFFIX NOTORIAL SEAL



Payment Search

Search By **Payment ID**
 [Payment ID]

Payment ID	Created	Customer Name	Status	Product	Amount
196094699	04/21/26 12:41 PM	Christopher Hafer	Approved - Comp	Miscellaneous Charges	\$773.15

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-

Payment Summary

Payment ID: 196094699
Subtotal: \$750.00
Fee: \$23.15
Total: \$773.15
Type: Credit Card
Account: 411871****7516

Payment Details

Type: Purchase
Created: 04/21/26 12:41 PM
Status: Approved - Comp
Channel: WEB
Partner: Polk County BoCC - Solid Waste (FL)
Office: No Office
User:
Related:

Customer Details

Name: Christopher Hafer
Address: 180 E. Valencia Ct.
City/ST/Zip: Bartow FL 33830 US
Email: haferflocken.removals@outlook.com
Phone: (863) 521-2101
Mobile:
Birthdate:
Comments:

Additional Details

Lineitem Details

PID	Product	Account	Qty	Subtotal	Fee	Total	Additional Details
196094699	Miscellaneous Charges	New Application Fee	1	\$750.00	\$23.15	\$773.15	Click To View