DRAFT

COMMERCIAL COLLECTION SERVICE FRANCHISE APPLICATION CHECK-LIST

Applicant: SqFt H2O RX LLC dba Bin There Dump That Tampa Bay Date: 09.29.25

Status	Brief Description of Application Requirements
☑ Met; **1.** ☐ Not	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.** ☐ 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; **4.** ☐ 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**
☐ 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.** ☐ 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; **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.** ☐ Not Met	Delivery of applicable Commercial Franchise application fee. Section 4-1 C. (5)

Salt H2ORX LLC

September 30th, 2025

Topic	Polk County Solid Waste
Applicant	Salt H2ORX LLC dba Bin There Dump That Tampa Bay
State of FL	L14000022670 Sunbiz document # L14000022670
Federal EIN	46-4772023
Principal	Michael J Sovie 100%
Mbr/Mgr	Michael J Sovie

Experience Bin There Dump That has has operated in the Tampa region for 12 years providing roll off dumpster services

Litigation Michael J Sovie is not aware of any current or pending litigation, criminal proceedings, or agency enforcement cases.

Vehicle List 1. Ford F650 2022 **VIN: 1FDNF6DC4NDF02498**

Container List containers are "on call" there is no commercial services or recurring containers

Frequency "On call" only

Consent for inspection I agree that Polk County has a right to inspect our vehicle and/or containers at reasonable times.

Certificate of Insurance - provided separately

Sworn Affidavit - provided separately

Indemnify - provided separately

Michael J Sovie

Michael J Sovie, President / Owner

Salt H2ORX LLC
dba Bin There Dump That Tampa Bay
4209 114th Ter N

Clearwater, FL 33762

www.TampaBTDT.com
(727) 475-1080
TampaBay@BinThereDumpThat.com

Detail by Entity Name

Florida Limited Liability Company
SALT H2ORX LLC

Filing Information

Document Number	L14000022670
FEI/EIN Number	46-4772023
Date Filed	02/10/2014
Effective Date	02/03/2014
State	FL
Status	ACTIVE
Last Event	LC AMENDMENT
Event Date Filed	12/03/2018
Event Effective Date	NONE

Principal Address

4209 114th Ter N
Clearwater, FL 33762

Changed: 04/24/2023

Mailing Address

PO BOX 6837
Clearwater, FL 33758

Changed: 04/30/2018

Registered Agent Name & Address

SOVIE, MICHAEL J
4209 114th Ter N
Clearwater, FL 33762

Address Changed: 04/24/2023

Authorized Person(s) Detail

Name & Address

Title VP

SOVIE, Michael J

PO BOX 6837
Clearwater, FL 33758

Annual Reports

Report Year	Filed Date
2023	04/24/2023
2024	04/15/2024
2025	04/28/2025

Document Images

04/28/2025 -- ANNUAL REPORT	View image in PDF format
04/15/2024 -- ANNUAL REPORT	View image in PDF format
04/24/2023 -- ANNUAL REPORT	View image in PDF format
05/03/2022 -- ANNUAL REPORT	View image in PDF format
04/03/2021 -- ANNUAL REPORT	View image in PDF format
05/28/2020 -- ANNUAL REPORT	View image in PDF format
02/21/2019 -- ANNUAL REPORT	View image in PDF format
12/03/2018 -- LC Amendment	View image in PDF format
04/30/2018 -- ANNUAL REPORT	View image in PDF format
01/13/2017 -- ANNUAL REPORT	View image in PDF format
03/17/2016 -- ANNUAL REPORT	View image in PDF format
01/21/2015 -- ANNUAL REPORT	View image in PDF format
02/14/2014 -- CORLCSTCNC	View image in PDF format
02/10/2014 -- Florida Limited Liability	View image in PDF format

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 10/07/2025

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 King Risk Partners, LLC 643 SW 4th Ave Suite 210 Gainesville FL 32601	**CONTACT NAME:** Judy Chance **PHONE (A/C, No, Ext):** (888) 377-0420 **FAX (A/C, No):** **E-MAIL ADDRESS:** judy.chance@king-insurance.com
INSURED Salt H20RX, LLC dba Bin There Dump That Tampa Bay, DBA: TPA TRUCKRX, LLC PO Box 6837 Clearwater FL 33758	**INSURER(S) AFFORDING COVERAGE** — **NAIC #** **INSURER A:** Great Divide Insurance Company — 25224 **INSURER B:** Key Risk Insurance Company — 10885 **INSURER C:** Western World Ins Co — 13196 **INSURER D:** Insurance Company of the West **INSURER E:** **INSURER F:**

COVERAGES **CERTIFICATE NUMBER:** CL259494566 **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:			GLP2038364-13	08/26/2025	08/26/2026	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 $ 100,000 $ 5,000 $ 1,000,000 $ 2,000,000 $ 2,000,000 $
B	AUTOMOBILE LIABILITY [ ] ANY AUTO [ ] OWNED AUTOS ONLY [X] SCHEDULED AUTOS [X] HIRED AUTOS ONLY [X] NON-OWNED AUTOS ONLY			BAP2038365-13	08/26/2025	08/26/2026	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) PIP-Basic	$ 1,000,000 $ $ $ $ 10,000
C	[ ] UMBRELLA LIAB [X] OCCUR [X] EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [ ] RETENTION $			XGL8244024	08/26/2025	08/26/2026	EACH OCCURRENCE AGGREGATE [ ]	$ 2,000,000 $ 2,000,000 $
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N [Y] If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		WFL 5056913 05	08/26/2025	08/26/2026	[ ] PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ 1,000,000 $ 1,000,000 $ 1,000,000

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

CERTIFICATE HOLDER

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

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

William Comiskey, Jr.

POLK COUNTY WASTE & RECYCLING

NON-EXCLUSIVE COMMERCIAL FRANCHISE ANNUAL VEHICLE LIST

FRANCHISEE Bin There Dump That Tampa Bay

FOR YEAR 2025

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
Ford	F650	2022	RO		26,000	1FDNF6DC4NDF02498

REVISED 08/2014

POLK COUNTY WASTE & RECYCLING

NON-EXCLUSIVE COMMERCIAL FRANCHISE ANNUAL CONTAINER LIST

FRANCHISEE Salt H20RX LLC dba Bin There Dump That TB

FOR YEAR 2025

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	
Rental			✓		6	✓		653
Rental			✓		6	✓		667
Rental			✓		10	✓		1008
Rental			✓		10	✓		1014
Rental			✓		10	✓		1025
Rental			✓		10	✓		1037
Rental			✓		10	✓		1041
Rental			✓		10	✓		1052
Rental			✓		10	✓		1059
Rental			✓		15	✓		1521
Rental			✓		15	✓		1536
Rental			✓		15	✓		1553
Rental			✓		15	✓		1581
Rental			✓		15	✓		15122
Rental			✓		20	✓		2040
Rental			✓		20	✓		2044

POLK COUNTY WASTE & RECYCLING

NON-EXCLUSIVE COMMERCIAL FRANCHISE ANNUAL CONTAINER LIST

FRANCHISEE Salt H20RX LLC dba Bin There Dump That TB

FOR YEAR 2025

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	
Rental			✓		20	✓		2046
Rental			✓		20	✓		2054
Rental			✓		20	✓		20101
Rental			✓		20	✓		20125
Rental			✓		20	✓		20129
Rental			✓		20	✓		20168
Rental			✓		20	✓		20201
Rental			✓		20	✓		20210

POLK COUNTY LOCAL BUSINESS TAX RECEIPT

ACCOUNT NO. 234419 **CLASS: A** **EXPIRES: 09/30/2026**

OWNER NAME	LOCATION
MICHAEL J SOVIE	2365 HWY 92 LAKELAND

BUSINESS NAME AND MAILING ADDRESS

BIN THERE DUMP THAT LAKELAND DUMPSTER RENTAL

BIN THERE DUMP THAT LAKELAND DUMPSTER RENTAL
SALT H2ORX LLC
PO BOX 6837
CLEARWATER, FL 33758

CODE	ACTIVITY TYPE
230000	LTD NON-LICENSED CONSTRUCTION ONLY
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 - 3553617 10/01/2025 OPY **OLP 44.65** **BIN THERE DUMP THAT LAKELAND DUMPSTER RENTAL**

INDEMNITY

WHEREAS, THE UNDERSIGNED Michael T Savie (the "Undersigned"), is the member of Salt H2O RX LLC (the "LLC"), a LLC,

WHEREAS, the Salt H2O RX LLC, 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 Salt H2O RX LLC

NOW, THEREFORE, in consideration of the benefits accruing to the LLC and for other good and valuable consideration, the Undersigned, by and on behalf of the 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, Salt H2O RX 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 Salt H2O RX LLC this 30 day of September, 2025.

ATTEST:

By: _____
Salt H2O RX LLC
[Printed Name, Title]

Michael Savie
a President

By: _____
Alisa M. Gamboe, Notary
[Printed Name, Title]

SEAL

ALISA MARIE GAMBOE
Notary Public - State of Florida
Commission # HH 626366
My Comm. Expires Jan 6, 2029
Bonded through National Notary Assn.

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

STATE OF FLORIDA
COUNTY OF Pinellas

Before me, the undersigned notary public authorized to administer oaths, personally appeared Michael J Savie who, first being duly sworn, on oath deposes and states, as follows:

1) He is Manager Salt H2O RX LLC, 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 Salt H2O RX LLC.

4) There are no liens of record filed by the Internal Revenue Service against Salt H2O RX LLC.

5) There are no liens of record filed by the State of Florida, or any agency or subdivision thereof, against Salt H2O RX LLC.

6) Salt H2O RX LLC acknowledges and consents that the County shall have the right to inspect Salt H2O RX LLC vehicles, containers, compactors, and other equipment ~~at any time.~~ (Reasonable hours)

7) During the time of the existing Commercial Franchise, Salt H2O RX 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 Salt H2O RX LLC will continue to comply with the same.

Further the affiant sayeth not.

Dated the 30 day of September, 2025

Sworn Person Signature

Michael Savie Manager
Printed Name and Title of Sworn Person

The foregoing instrument was sworn (or affirmed) and subscribed before me this 30th day of September, 2025, by Michael Savie, who is either ☑ personally known to me; or ☐ has produced _____ as identification.

ALISA MARIE GAMBOE
Notary Public - State of Florida
Commission # HH 626366
My Comm. Expires Jan 6, 2029
Bonded through National Notary Assn.

Alisa Marie Gamboe
Notary Public Signature

Alisa Gamboe
Printed Name of Notary Public

Jan 6, 2029
Notary Commission Number/Expiration

(AFFIX NOTORIAL SEAL)

Payment Search

Search By: Payment ID | Payment ID: 184925874 | Search

Payment ID	Created	Customer Name	Status	Product	Amount
184925874	10/28/25 03:11 PM	Michael Sovie	Approved - Comp	Miscellaneous Charges	$773.15

Hide Details | Save Changes | Email Customer | View Receipt | Make Comment | New Payment | Approve Payment | Void Payment | Refund Payment | Chargeback | View Bank Info

Payment Summary

Payment ID:	184925874
Subtotal:	$750.00
Fee:	$23.15
Total:	$773.15
Type:	Credit Card
Account:	378751****1012

Payment Details

Type:	Purchase
Created:	10/28/25 03:11 PM
Status:	Approved - Comp
Channel:	WEB
Partner:	Polk County BoCC - Solid Waste (FL)
Office:	No Office
User:	
Related:	

Customer Details

Name:	Michael Sovie
Address:	4209 114th Terrace N
City/ST/Zip:	Clearwater FL 33762 US
Email:	accountingtb@bintheredumpthat.com
Phone:	(727) 475-1080
Mobile:	
Birthdate:	
Comments:	

Additional Details

Lineitem Details

PID	Product	Account	Qty	Subtotal	Fee	Total	Additional Details
184925874	Miscellaneous Charges	Bin There Dump That- Franchise App Fee	1	$750.00	$23.15	$773.15	Click To View