DRAFT

COMMERCIAL COLLECTION SERVICE FRANCHISE APPLICATION CHECK-LIST

	7	The second second	7 -	- 1 -		2	
Applicant:	Din	There	Dump	hat	ampa	Day Date:	09.29.25

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.	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)
	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.	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.	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.	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.	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.	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.	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)

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

www.TampaBTDT.com

(727) 475-1080

TampaBay@BinThereDumpThat.com



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

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

Ellective Date

02/03/

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

tr	is certificate does not confer rights to	tne c	:ertm	cate noider in lieu of such							
PRO	DUCER				CONTA NAME:	CT Judy Cha	nce				
King Risk Partners, LLC					PHONE (000) 077 0400						
Ι ΄	SW 4th Ave Suite 210				(A/C, No, Ext): (888) 377-0420 (A/C, No): E-MAIL ADDRESS: judy.chance@king-insurance.com						
							SURER(S) AFFOR	IDING COVERAGE		NAIC #	
Gai	nesville			FL 32601	INSURER A: Great Divide Insurance Company 25						
INSU	IRED				INSURE	Var. Diel	Insurance Co	mpany		10885	
	Salt H20RX, LLC dba Bin There	Dum	p That	t Tampa Bay,	INSURE	RC: Western	World Ins Co			13196	
	DBA: TPA TRUCKRX, LLC				INSURE	la accessor	e Company of	the West			
	PO Box 6837				INSURE						
	Clearwater			FL 33758	INSURE						
CO	VERAGES CER	TIFIC	ATE	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	INSD	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE \$	1,00	0,000	
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence) \$	100,	000	
								MED EXP (Any one person) \$	5,00	0	
A				GLP2038364-13		08/26/2025	08/26/2026	PERSONAL & ADV INJURY \$	1,00	0,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$	\$ 2,000,000		
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG \$	2,000	0,000	
	OTHER:							\$			
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident) \$	1,000	0,000	
	ANY AUTO							BODILY INJURY (Per person) \$			
В	OWNED AUTOS ONLY SCHEDULED AUTOS			BAP2038365-13		08/26/2025	08/26/2026	BODILY INJURY (Per accident) \$			
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident) \$			
	AUTOS ONET								10,00	00	
	UMBRELLA LIAB X OCCUR							EACH OCCURRENCE \$	2,000	0,000	
c	X EXCESS LIAB CLAIMS-MADE			XGL8244024		08/26/2025	08/26/2026	AGGREGATE \$	2,000	0,000	
	DED RETENTION \$							s			
	WORKERS COMPENSATION							PER OTH- STATUTE ER			
_	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)					00/00/000		E.L. EACH ACCIDENT \$	1,000	0,000	
D			N/A WFL 5056913 05			08/26/2025	08/26/2026	E.L. DISEASE - EA EMPLOYEE \$	1,000	0,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$	1,000	0,000	
	DESCRIPTION OF OPERATIONS DELOW							E.E. DIOLINOZ I OLIO PENNI			
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICLE	S (AC	ORD 1	01, Additional Remarks Schedule,	may be a	ttached if more sp	pace is required)				
CFF	RTIFICATE HOLDER				CANC	ELLATION					
<u> </u>											
								SCRIBED POLICIES BE CANCE		BEFORE	
	Dally County Cally Marks Birth	_		1				F, NOTICE WILL BE DELIVERED PROVISIONS.) IN		
	Polk County Solid Waste Division	n									
	10 Environmental Loop S			1	AUTHO	RIZED REPRESEN	NTATIVE				
				EI 00000			Wil	liam			
	Winter Haven			FL 33880	I		A	for the			

Comiskey, Jr.

POLK COUNTY WASTE & RECY	/CLING AL FRANCHISE ANNUAL VEHIC	FIIST			OFFICE USE ONLY				
	nere Dump That Tampa B	DATE TO AUDITING							
FOR YEAR 202	25	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	1FDNF6DC4NDF0249			
			I.						
			-						

POLK COUNTY WASTE & RECYCLING				NA 184		OFFICE USE ONLY				
	FRANCHISEE Salt H20RX LLC dba BW Wor Dawn Hugt TS									
FRANCHISEE Salt H20RX LLC dba	DATE TO AUDITING									
FOR YEAR 2025	ACCEPTED									
CUSTOMER NAME	COLLECTION	FREQUENCY	CONTAINER IDENTIFICATION NUMBER							
COSTOMER NAME	DUMPSTER	COMPACTOR	ROLL OFF	OTHER	CAPACITY (CU YD)	ON CALL	DAYS/WK	NUMBER		
Kental					(0			653		
Restal					6			(de7		
Rendal					10			1008		
Rental					10			1014		
Certal					10			1025		
Kentall					0)	/		1037		
Kental					10			1041		
Rental					10			1052		
Kerdon					10			1059		
Rental			/,		15			1521		
Rental					15			1536		
Restal			1		15			1553		
Kental			1		15			1581		
Revital			J,		15			15122		
Rental				Y	20	/		2040		
KENAN					90			2044		

POLK COUNTY WASTE & RECYCLING NON-EXCLUSIVE COMMERCIAL FRAI		JAL CONTAINI	ER LIST			OFFICE USE ONLY		
FRANCHISEE Salt H20RX LLC dba				TB	_	DATE TO AUDITING		
FOR YEAR 2025						ACCEPTED		
		CONTAINER	TYPE/SIZE		CADACITY	COLLECTION	FREQUENCY	CONTAINER IDENTIFICATION
CUSTOMER NAME	DUMPSTER	COMPACTOR	ROLL OFF	OTHER	(CU YD)	ON CALL	DAYS/WK	CONTAINER IDENTIFICATION NUMBER
Kentall								2046
Kartal"					100			QO 54
Rental					10			30101
Rectal				_	70			20125
Restal					70			20129
Restal					03			70168
Nerten					70	/,		10606
Richall					70			20210
7								
					1			

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 CODE

ACTIVITY TYPE

230000 810000 LTD NON-LICENSED CONSTRUCTION ONLY

1000 LTD OTHER SERVICES

OFFICE OF JOE G. TEDDER, CFC * TAX COLLECTOR

THIS POLK COUNTY LOCAL BUSINESS TAX RECEIPT MUST BE CONSPIGUOUSLY DISPLAYED AT THE BUSINESS LOCATION

PAID - 3553617 10/01/2025 OPY

CLEARWATER, FL 33758

OLP 44.65

BIN THERE DUMP THAT LAKELAND DUMPSTER RENTAL

INDEMNITY

WHEREAS, THE UNDERSIGNED MILMEN Some
(the "Undersigned"), is the Weller of Suff Heller
(ше
WHEREAS, the <u>Sulf Hollactor</u> , 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
NOW, THEREFORE, in consideration of the benefits accruing to the
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,
IN WITNESS WHEREOF, the Undersigned has executed this instrument by and on
behalf of the Salt ACO LX LLC this 30 day of Sertomber, 2025.
ATTEST: Alidnost Sovie a Arcident Olly M. Archive
By: By: White Company Company (Company Company
SEAL
ALISA MARIE GAMBOE Notary Public - State of Florida Commission # HH 626386 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 COUNTY O	
	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 M/4/MAY Sulf HOORX (LC , a LC 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 Toll 170 R/CC.
4)	There are no liens of record filed by the Internal Revenue Service against
5)	There are no liens of record filed by the State of Florida, or any agency or subdivision thereof, against
6)	the right to inspect acknowledges and consents that the County shall have the right to inspect to vehicles, containers, compactors, and other equipment at any time. (Reasonable family)
7)	During the time of the existing Commercial Franchise, Alf 176 fee Commercial Franchise, and the Polk County Ordinance 13-069 and with all other applicable laws, and if awarded a renewal term Alf 186 fee Ce owill continue to comply with the same.
Further the at	ffiant sayeth not.
Dated	Sworn Person Signature Printed Name and Title of Sworn Person
The foregoing	g instrument was sworn (or affirmed) and subscribed before me this day of , 2005, by Nichael Some, who is either personally known to me; or as identification.
No. M. Bonded	ALISA MARIE GAMBOE chary Public - State of Fiorida Commission # HH 626366 y Comm. Expires Jan 6, 2029 through National Notary Assn. Printed Name of Notary Public Printed Name of Notary Public
(AFFIX NO)	CORIAL SEAL) Notary Commission Number/Expiration

Payment Search

Payment ID	~	184925874	Search							
Payment ID 184925874	Creat 10/28	ed /25 03:11 PM	Customer Name Michael Sovie				Product Miscellaneous	Charges	Amount \$773.15	
Save Changes Pay		Payment ID:	Summary 184925874	Payment D	Details Purchase			Custome Name:	r Details Michael Sovie	
		Subtotal:	\$750.00		10/28/25 03:11 PM				Address:	4209 114th Terrace N
Fee:	Fee: Total:	\$23.15 \$773.15			Approved - Comp WEB			City/ST/Zip: Email:	Clearwater FL 33762 US accountingtb@bintheredumpthat.com	
Make Comme	nt ;	Type:	Credit Card		Polk County BoCC - Solid W			Waste (FL)	Phone:	(727) 475-1080
New Payment		Account	378751****1012	Office:	No Office ❤				Mobile:	
Approve Payment	ent			User:					Birthdate: Comments:	
Void Payment Additions Refund Payment		I Datalla	Related:							
		Additional Details								
Chargeback		Lineitem I	Details			numpey.	and a series of a			
View Bank Inf	0	PID	Product	Account		Qty	Subtotal	fee	Total	Additional Details
		184925874	Miscellaneous Charges	Bin There Dump That- Franchise Fee		1	\$750.00	\$23.15	\$773.15	Sick To View