

DRAFT**COMMERCIAL COLLECTION SERVICE FRANCHISE APPLICATION CHECK-LIST**

Applicant: Ram Waste (dumpster Div.) Date: 09.29.25

Status	Brief Description of Application Requirements
<input 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 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 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 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)
<input 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 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 type="checkbox"/> Met 12. <input type="checkbox"/> Not Met	Delivery of applicable Commercial Franchise application fee. Section 4-1 C. (5) <div style="text-align: right; margin-right: 100px;"><i>CK' 1045 700.00</i></div> <div style="text-align: right; margin-right: 100px;"><i>Need Addition \$50.00</i></div>

DRAFT

R A M WASTE MANAGEMENT INC
d/b/a
DUMPSTER DUDEZ OF POLK COUNTY
6029 WOODALE DR
LAKELAND, FL 33811

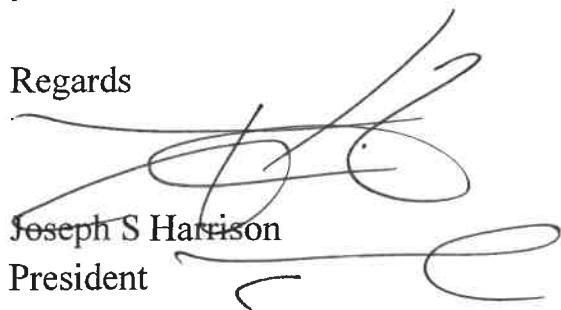
October 14, 2025

To Whom It May Concern:

R A M Waste Management Inc is owned either directly or indirectly by Joseph S Harrison. Joseph S Harrison is President and handles the daily operations of the company. R Read Peaslee, is Vice President and Treasurer of the company and handles the payment of bills and preparation of financial statements.

Neither principal had any prior experience in the collection of Solid Waste and disposal of same. Joseph S Harrison was a Polk County Firefighter of the past 20 years.

Regards



Joseph S Harrison
President

State of Florida

Department of State

I certify from the records of this office that R A M WASTE MANAGEMENT INC. is a corporation organized under the laws of the State of Florida, filed on August 15, 2024.

The document number of this corporation is P24000053260.

I further certify that said corporation has paid all fees due this office through December 31, 2025, that its most recent annual report/uniform business report was filed on April 25, 2025, and that its status is active.

I further certify that said corporation has not filed Articles of Dissolution.

*Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this
the Sixth day of October, 2025*



A handwritten signature in black ink, appearing to read "E. H. S." followed by a horizontal line.

Secretary of State

Tracking Number: 6972509586CU

To authenticate this certificate, visit the following site, enter this number, and then follow the instructions displayed.

<https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication>

R A M WASTE MANAGEMENT INC
d/b/a
DUMPSTER DUDEZ OF POLK COUNTY
6029 WOODALE DR
LAKELAND, FL 33811

October 14, 2025

To Whom It May Concern:

As of the date of correspondence state above, R A M Waste Management Inc, d/b/a Dumpster Dudez of Polk has never had involvement as a subject or as a part in any litigation, criminal proceeding, or agency enforcement cases as applicable to its principals and officers.

I, Joseph S Harrison, President of R A M Waste Management d/b/a Dumpster Dudez of Polk County, do attest the above statement to be true and correct.



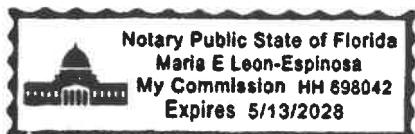
Joseph S Harrison, President

State of Florida
County of Hillsborough

The foregoing instrument was acknowledged before me on this 15th day of October,
Joseph S Harrison, personally know to me.



Maria Leon-Espinosa
Notary





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/19/2025

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		CONTACT NAME: Patty Lyons
Poppell Insurance Inc. 503 W. Dr. M. L. King Blvd.		PHONE (A/C No. Ext): (813) 752-4155 FAX (A/C, No): (813) 752-7681 E-MAIL ADDRESS: Patty@poppellinsurance.com
Plant City		FL 33563-5217
INSURED		INSURER(S) AFFORDING COVERAGE INSURER A: Evanston Insurance Co
RAM Waste Management Inc 6029 Woodale Dr		INSURER B:
Lakeland		INSURER C:
		INSURER D:
		INSURER E:
		INSURER F:
NAIC #		

COVERAGES		CERTIFICATE NUMBER: 25-26 incl umb		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	ADD'L SUBR INS'D WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		3AA954624	11/17/2025	11/17/2026	EACH OCCURRENCE	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
A	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY					PERSONAL & ADV INJURY	\$ 5,000
	COMBINED SINGLE LIMIT (Ea accident)					\$ 1,000,000	
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input checked="" type="checkbox"/> CLAIMS-MADE		EZXS3226891	12/18/2025	11/17/2026	EACH OCCURRENCE	\$ 2,000,000
	AGGREGATE					\$ Included	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> (Mandatory NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A				PER STATUTE	OTHER
	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)							

CERTIFICATE HOLDER		CANCELLATION	
Polk County, a political subdivision of the State of Florida 330 W Church St Rm 150 Bartow		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	



BLAISE INOGGLIA
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: 12/5/2025

EXPIRATION DATE: 12/5/2027

PERSON: JOSEPH S HARRISON

EMAIL: READP@CCHRP.COM

FEIN: 994624822

BUSINESS NAME AND ADDRESS:

R A M WASTE MANAGMENT INC

DUMPSTER DUDEZ OF POLK COUNTY

6029 WOODALE DR

LAKELAND, FL 33811

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.

POLK COUNTY WASTE & RECYCLING

NON-EXCLUSIVE COMMERCIAL FRANCHISE ANNUAL VEHICLE LIST

FRANCHISEE RAM WASTE MANA

10/01/2025 TO

FOR YEAR 09/30/2026

OFFICE USE ONLY

DATE RECEIVED

DATE TO AUDITING

ACCEPTED

POLK COUNTY WASTE & RECYCLING

NON-EXCLUSIVE COMMERCIAL FRANCHISE ANNUAL CONTAINER LIST

FRANCHISEE RAM WASTE MANA

10/01/2025 TO

FOR YEAR 09/30/2026

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	
NO CONTRACT CUSTOMERS - ALL CUSTOMERS ARE ON AN AS NEEDED BASIS	20					X		40-01
						✓		40-02
						✓		10-03
						✓		10-04
						✓		10-05
						✓		15-01
								15-02
								15-03
								15-04
								15-05
								20-01
								20-02
								20-03
								20-04
								20-05
								25-05

POLK COUNTY LOCAL BUSINESS TAX APPLICATION FORM

ACCOUNT NO. 260341

CLASS: B

PAYMENT DUE BY: 09/30/2025

OWNER NAME	LOCATION	
JOSEPH HARRISON	6155 S FLORIDA AVE LAKELAND	
BUSINESS NAME AND MAILING ADDRESS	CODE	ACTIVITY TYPE
RAM WASTE MANAGEMENT INC DUMPSTER DUDEZ OF POLK COUNTY 6029 WOODALE DR LAKELAND, FL 33813	530115	RENTAL SERVICE
SIGN HERE	RAMWM863@GMAIL.COM	
SIGNATURE INDICATES APPLICANT READ AND UNDERSTANDS THE APPLICATION AFFIDAVIT ON THE BACK OF THE FORM AND AFFIRMS THE INFORMATION PROVIDED IS TRUE AND CORRECT.		AMOUNT DUE: 79.30

PAID - 3940442 12/17/2025 OPY OLP 79.30 RAM WASTE MANAGEMENT INC

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 April 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 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. 260341

CLASS: B

EXPIRES:

09/30/2026

OWNER NAME	LOCATION	
JOSEPH HARRISON	6155 S FLORIDA AVE LAKELAND	

BUSINESS NAME AND MAILING ADDRESS

CODE ACTIVITY TYPE

RAM WASTE MANAGEMENT INC
DUMPSTER DUDEZ OF POLK COUNTY
6029 WOODALE DR
LAKELAND, FL 33813

530115 RENTAL SERVICE

PROFESSIONAL LICENSE (IF APPLICABLE)

OFFICE OF JOE G. TEDDER, CFC * TAX COLLECTOR	THIS POLK COUNTY LOCAL BUSINESS TAX RECEIPT MUST BE CONSPICUOUSLY DISPLAYED AT THE BUSINESS LOCATION
--	---

PAID - 3940442 12/17/2025 OPY OLP 79.30 RAM WASTE MANAGEMENT INC

AFFIDAVIT SUPPORTING RENEWAL OF NONEXCLUSIVE 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 JOSEPH S HARRISON who, first being duly sworn, on oath deposes and states, as follows:

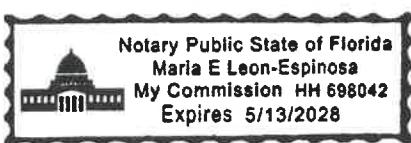
- 1) He is PRESIDENT OF RAM WASTE MANAGEMENT INC, a FLORIDA corporation.
- 2) He has personal knowledge of the facts stated in this Affidavit and that all such facts are true and correct.
- 3) There are no unsatisfied judgments entered against RAM WASTE MANAGEMENT INC.
- 4) There are no liens of record filed by the Internal Revenue Service against RAM WASTE MANAGEMENT INC.
- 5) There are no liens of record filed by the State of Florida, or any agency or subdivision thereof, against RAM WASTE MANAGEMENT INC.
- 6) JOSEPH S HARRISON acknowledges and consents that the County shall have the right to inspect RAM WASTE MANAGEMENT INC vehicles, containers, compactors, and other equipment at any time.
- 7) During the time of the existing Commercial Franchise, RAM WASTE MANAGEMENT INC 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 _____ will continue to comply with the same.

Further the affiant sayeth not.

Dated the 06 day of OCTOBER, 2025


Sworn Person Signature
JOSEPH S HARRISON, PRESIDENT
Printed Name and Title of Sworn Person

The foregoing instrument was sworn (or affirmed) and subscribed before me this 6 day of October, 2025, by Joseph S. Harrison, who is either personally known to me; or has produced _____ as identification.



(AFFIX NOTORIAL SEAL)

Maria Leon
Notary Public Signature
Maria Leon
Printed Name of Notary Public
HH696042 5/13/28
Notary Commission Number/Expiration

INDEMNITY

Joseph S Harrison

WHEREAS, THE UNDERSIGNED _____
(the "Undersigned"), is the President _____ of R A M Waste Management Inc
(the "____ Company _____"), a C Corporation _____,

WHEREAS, the Joseph S Harrison _____, 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 R A M Waste Management Inc _____

NOW, THEREFORE, in consideration of the benefits accruing to the R A M Waste Management Inc _____ and for other good and valuable consideration, the Undersigned, by and on behalf of the R A M Waste Management Inc _____ 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, R A M Waste Management Inc _____, 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 R A M Waste Management Inc _____ this ____ day of _____, 20 ____.

ATTEST:

By: Richard Read Peaslee

Richard Read Peaslee, Notary

[Printed Name, Title]

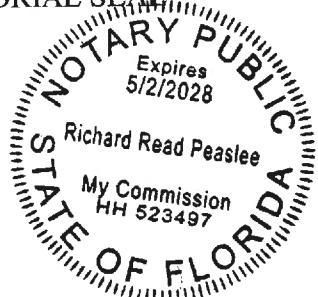
R A M Waste Management Inc
a C Corp

By: Joseph S Harrison

Joseph S Harrison President

[Printed Name, Title]

AFFIX NOTORIAL SEAL



DEPARTMENT OF Solid Waste, POLK COUNTY FLORIDA No 97851
RECEIVED FROM RAM Waste Management Inc Date 10/06 2025

FUND	COST CENTER	ACCOUNT	PROJECT
FOR: <u>New Franchise Fee</u>		\$ <u>700.00</u>	
		\$	
		\$	
		\$	
		\$	
CASH <input type="checkbox"/>	BY: <u>Veronica Timp-Orson</u>		
CHECK <input type="checkbox"/>			<u>\$700.00</u>
TOTAL <u>\$700.00</u>			

REVISED 05/12

THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND ON WHITE PAPER

RAM WASTE MANAGEMENT INC
6029 WOODALE DR
LAKELAND, FL 33811

CITIZENS BANK & TRUST
5850 S FLORIDA AVE
LAKELAND, FL 33813

1045

Oct 7, 2025

PAY TO THE ORDER OF POLK COUNTY SOLID WASTE \$ 700.00
Seven Hundred and 00/100 Dollars

DOLLARS

POLK COUNTY SOLID WASTE
10 ENVIRONMENTAL LOOP S
WINTER HAVEN, FL 33880

MEMO1319

RUB RED IMAGE
FADES WITH HEAT


AUTHORIZED SIGNATURE

1001045 1063103407 5600441901

DEPARTMENT OF

Solid Waste, POLK COUNTY FLORIDA No 97891
RECEIVED FROM RAM Waste Management Inc Date 10/15/25

FUND	COST CENTER	ACCOUNT	PROJECT
FOR:	Remaining Balance on new Franchise	\$ 50.00	
		\$	
		\$	
		\$	
CASH <input type="checkbox"/>	BY: <u>Veronica Turpin-Grant</u>		
CHECK <input checked="" type="checkbox"/> 1046		TOTAL	<u>\$ 50.00</u>
REVISED 05/12			

THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND ON WHITE PAPER

R-A M WASTE MANAGEMENT INC
6029 WOODALE DR
LAKELAND, FL 33811

CITIZENS BANK & TRUST
5850 S. 10TH AVE
LAKELAND, FL 33813

1046

Oct 14, 2025

PAY TO THE
ORDER OF POLK COUNTY SOLID WASTE
Fifty and 00/100 Dollars

\$ 50.00

DOLLARS

POLK COUNTY SOLID WASTE
10 ENVIRONMENTAL LOOP S
WINTER HAVEN, FL 33880

MEMO 1319

THIS IMAGE
FADES WITH HEAT

AUTHORIZED SIGNATURE

Karen Deuel

1001046 10631034071 5600441901