

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) <i>OK! 1045 700.00 Need Addition \$50.00</i>

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.

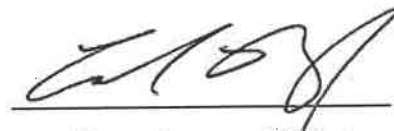
The document number of this corporation is P24000053260.

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*




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>

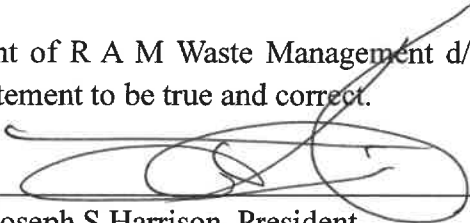
R A M WASTE MANAGEMENT INC
d/b/a
DUMPSTER DUDEZ OF POLK COUNTY
6029 WOODALE DR
LAKELAND, FL 33811

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.

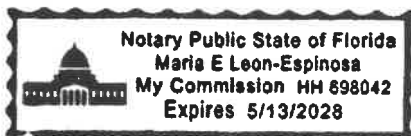

Joseph S Harrison, President

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 Poppell Insurance Inc. 503 W. Dr. M. L. King Blvd. Plant City FL 33563-5217		CONTACT NAME: Patty Lyons PHONE (A/C, No, Ext): (813) 752-4155 E-MAIL ADDRESS: Patty@poppellinsurance.com FAX (A/C, No): (813) 752-7681	
INSURED RAM Waste Management Inc 6029 Woodale Dr Lakeland FL 33811		INSURER(S) AFFORDING COVERAGE INSURER A: Evanston Insurance C0 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

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	ADDL INSD	SUBR 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			3AA954624	11/17/2025	11/17/2026	EACH OCCURRENCE \$ 1,000,000
			DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
			MED EXP (Any one person) \$ 5,000				
			PERSONAL & ADV INJURY \$ 1,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:						GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS - COMP/OP AGG \$ Included
	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						COMBINED SINGLE LIMIT (Ea accident) \$
							BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR			EZXS3226891	12/18/2025	11/17/2026	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE \$ 1,000,000
	DED \$ RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/>	N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
							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 FL 33830	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: 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		<u>OFFICE USE ONLY</u> DATE RECEIVED _____ DATE TO AUDITING _____ ACCEPTED _____
FRANCHISEE	RAM WASTE MAN/ _____ 10/01/2025 TO _____ FOR YEAR 09/30/2026 _____	

ACCEPTED

FOR YEAR 09/30/2026

[illegible]

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		10-01
						✓		10-02
						✓		10-03
						✓		10-04
						✓		10-05
						✓		15-01
								15-02
								15-03
								15-04
								15-05
								20-01
							25-01	20-02
							25-02	20-03
							25-03	20-04
							25-04	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**RAM WASTE MANAGEMENT INC**
DUMPSTER DUDEZ OF POLK COUNTY
6029 WOODALE DR
LAKELAND, FL 33813**CODE****530115****ACTIVITY TYPE****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**RAM WASTE MANAGEMENT INC**
DUMPSTER DUDEZ OF POLK COUNTY
6029 WOODALE DR
LAKELAND, FL 33813**CODE****530115****ACTIVITY TYPE****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

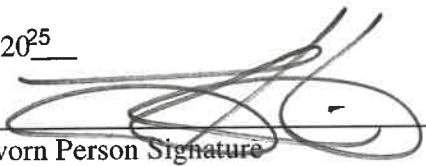
STATE OF FLORIDA
COUNTY OF POLK

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:

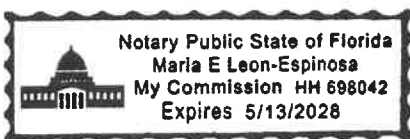
- 1) He is PRESIDENT OF RAM WASTE MANAGEMENT INC, a FLORIDA corporation.
- 2) He has personal knowledge of the facts stated in this Affidavit and that all such facts are true and correct.
- 3) There are no unsatisfied judgments entered against RAM WASTE MANAGMENT INC.
- 4) There are no liens of record filed by the Internal Revenue Service against RAM WASTE MANAGMENT INC.
- 5) There are no liens of record filed by the State of Florida, or any agency or subdivision thereof, against RAM WASTE MANAGMENT INC.
- 6) JOSEPH S HARRISON acknowledges and consents that the County shall have the right to inspect RAM WASTE MANAGMENT INC vehicles, containers, compactors, and other equipment at any time.
- 7) During the time of the existing Commercial Franchise, RAM WASTE MANAGMENT 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 06 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
HH698042 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.

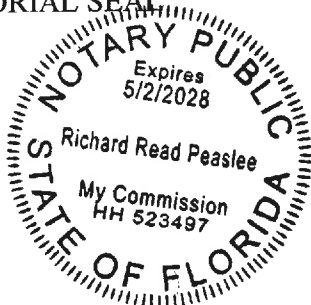
IN WITNESS WHEREOF, the Undersigned has executed this instrument by and on behalf of the R A M Waste Management Inc this ____ day of _____, 20__.

ATTEST:

By: 
Richard Read Peaslee, Notary
[Printed Name, Title]

R A M Waste Management Inc
a C Corp
By: 
Joseph S Harrison President
[Printed Name, Title]

AFFIX NOTORIAL SEAL



DEPARTMENT OF Solid Waste, POLK COUNTY FLORIDA No 97351

RECEIVED FROM RAM Waste Management Inc Date 10/06 20 25

FUND	COST CENTER	ACCOUNT	PROJECT

FOR: New Franchise Fee \$ 700.00

\$

\$

\$

CASH ☐

BY: Veronica Turpin-Corant

CHECK ☐

TOTAL \$700.00

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 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



[Signature]
AUTHORIZED SIGNATURE



⑈001045⑈ ⑆063103407⑆ 5600441901⑈

DEPARTMENT OF Solid Waste, POLK COUNTY FLORIDA No 97891

RECEIVED FROM RAM Waste Management Inc Date 10/15 2025

FUND	COST CENTER	ACCOUNT	PROJECT

FOR: Remaining Balance on \$ 50.00
new Franchise \$
\$
\$

CASH ☐ BY: Veronica Turpin-Grant
CHECK ☒ 1046 TOTAL \$50.00
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. FLORIDA AVE
LAKELAND, FL 33813

1046
Oct 14, 2025

PAY TO THE ORDER OF POLK COUNTY SOLID WASTE \$ 50.00
Fifty and 00/100 Dollars
DOLLARS

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

MEMO 1319



[Signature]
AUTHORIZED SIGNATURE

⑈001046⑈ ⑆063103407⑆ 5600441901⑈