DRAFT

COMMERCIAL COLLECTION SERVICE FRANCHISE APPLICATION CHECK-LIST

Applicant: Coastal Transport LLC Date: _____

Status	Brief Description of Application Requirements
☑ Met; ☐ Not Met	Identity of the applicant, to include its principals, partners, and management. Section 4-1 C. (2)(a)
☑ Met; ☐ 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; ☐ 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; ☐ 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)
☑ Met; ☐ 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; ☐ 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; ☐ 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; ☐ 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; ☐ 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; ☐ 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)
☑ Met; ☐ 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)
☑ Met; ☐ Not Met	Delivery of applicable Commercial Franchise application fee. Section 4-1 C. (5)

Commented [DZ1]: Missing

Commented [DZ2]: Missing

Commented [DZ3]: Missing

Commented [DZ4]: Missing Needs to be notarized, Provide example

Commented [DZ5]: Need Polk County Business Tax Receipt

Sent Email

DRAFT

Coastal Transport of Polk County, LLC
P.O. Box 847 Eagle Lake FL 33839
Phone: 863-533-3001
Email: office@con-sur.com

Date: 9/30/25

To Whom it may concern:

As of the date of the correspondence stated above, Coastal Transport of Polk County LLC as well as it's managing Member/Owner, Sheldon McVay has never and is not involved in any type of litigation, criminal proceedings, judgements, and or Liens including the Internal Revenue Service and all state and federal government litigation, civil suits or agency enforcement cases.

I, Sheldon McVay, MGR\Owner of Coastal Transport of Polk County LLC, do attest the above statement to be true and correct.

State Florida
County of Polk

The foregoing instrument was acknowledged before me this 30th day of September Personally Known or Produced identification.

Notary Seal

CHARLIE SEWELL
Commission # HH 218192
Expires May 20, 2026

Signature

Expires: May 20 2026

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000200383

Entity Name: COASTAL TRANSPORT OF POLK COUNTY LLC

Current Principal Place of Business:

4301 OLD EAGLE LAKE RD
BARTOW, FL 33830

Current Mailing Address:

PO BOX 847
EAGLE LAKE, FL 33839 US

FEI Number: 81-4327166

FILED
Feb 10, 2025
Secretary of State
0111835711CC

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PARRISH & PARRISH CPAS PA
6700 S FLORIDA AVE STE 19
LAKELAND, FL 33813 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent — Date

Authorized Person(s) Detail :

Title	PRESIDENT	Title	MGR
Name	MCVAY, SHELDON C	Name	THIELEN, SARI
Address	4301 OLD EAGLE LAKE RD	Address	4301 OLD EAGLE LAKE RD
City-State-Zip:	BARTOW FL 33830	City-State-Zip:	BARTOW FL 33830

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SHELDON MCVAY PRESIDENT 02/10/2025

Electronic Signature of Signing Authorized Person(s) Detail — Date

CON-INC-01 DIBJO1

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/8/2025

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: Joshua Dibling	
Mulling Insurance Agency, Inc. P.O. Box 308 Auburndale, FL 33823	PHONE (A/C, No, Ext): (863) 967-4454	FAX (A/C, No): (863) 967-7592
	E-MAIL ADDRESS: joshd@mullinginsurance.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : FCCI Insurance Company	10178
INSURED	INSURER B : National Trust Insurance Company	20141
Coastal Transport Of Polk County, LLC P.O. Box 847 Eagle Lake, FL 33839-0847	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** **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: POLICY [X] PRO-JECT [X] LOC OTHER:			GL10009794700	1/1/2025	1/1/2026	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 $ 50,000 $ 5,000 $ 1,000,000 $ 2,000,000 $ 2,000,000
A	AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY / SCHEDULED AUTOS X HIRED AUTOS ONLY / X NON-OWNED AUTOS ONLY			CA10009794600	1/1/2025	1/1/2026	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) PIP	$ 1,000,000 $ 10,000
B	X UMBRELLA LIAB [X] OCCUR EXCESS LIAB [ ] CLAIMS-MADE DED RETENTION $			UMB100097995100	1/1/2025	1/1/2026	EACH OCCURRENCE AGGREGATE	$ 1,000,000 $ 1,000,000
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N [N] N/A If yes, describe under DESCRIPTION OF OPERATIONS below		X	WC010009795200	1/1/2025	1/1/2026	X 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
A	Inland Marine Policy			CM10009794900	1/1/2025	1/1/2026	Limit	250,000

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

CERTIFICATE HOLDER

Polk County
330 W Church St
Bartow, FL 33831

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

POLK COUNTY WASTE & RECYCLING

NON-EXCLUSIVE COMMERCIAL FRANCHISE ANNUAL CONTAINER LIST

FRANCHISEE Coastal Transport of Polk County LLC

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	
Coastal Transport of Polk County LLC			X		10	X		110
Coastal Transport of Polk County LLC			X		20	X		101
Coastal Transport of Polk County LLC			X		20	X		102
Coastal Transport of Polk County LLC			X		20	X		103
Coastal Transport of Polk County LLC			X		20	X		104
Coastal Transport of Polk County LLC			X		20	X		105
Coastal Transport of Polk County LLC			X		20	X		108
Coastal Transport of Polk County LLC			X		20	X		109
Coastal Transport of Polk County LLC			X		30	X		106
Coastal Transport of Polk County LLC			X		30	X		111
Coastal Transport of Polk County LLC			X		30	X		112
Coastal Transport of Polk County LLC			X		30	X		107

POLK COUNTY WASTE & RECYCLING

NON-EXCLUSIVE COMMERCIAL FRANCHISE ANNUAL VEHICLE LIST

FRANCHISEE Coastal Transport of Polk County LLC

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
Peterbilt	567	2025	RO		66000	1NPCX4EXXSD703017

WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule. (This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.)

This agreement shall not operate directly or indirectly to benefit anyone not named in the Schedule.

Schedule

All persons or organizations that, in a written contract executed by both parties prior to the date of the injury covered by this policy, require you to obtain this agreement from us.

NOTE: This endorsement does not apply to any work completed at job sites located in Kentucky.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.
(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective 01-01-25 Policy No. WC0100097952-00 Endorsement No.

Insured CON-SUR INC Premium $ Incl.

Insurance Company FCCI Insurance Company

Countersigned By _____

POLK COUNTY LOCAL BUSINESS TAX RECEIPT

ACCOUNT NO. 264689 **CLASS: A** **EXPIRES: 09/30/2026**

OWNER NAME	LOCATION
SHELDON C MCVAY	4301 OLD BARTOW EAGLE LAKE RD BARTOW

BUSINESS NAME AND MAILING ADDRESS	CODE	ACTIVITY TYPE
COASTAL TRANSPORT OF POLK COUNTY LLC SHELDON MCVAY PO BOX 847 EAGLE LAKE, FL 33839	480000	LTD TRANSPORTATION

OFFICE OF JOE G. TEDDER, CFC * TAX COLLECTOR

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

PAID - 3557319 10/03/2025 HMF **TAX 31.50** **COASTAL TRANSPORT OF POLK COUNTY LLC**

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 Sheldon McVay who, first being duly sworn, on oath deposes and states, as follows:

1) He is President, 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 Coastal Transport

4) There are no liens of record filed by the Internal Revenue Service against Coastal Transport.

5) There are no liens of record filed by the State of Florida, or any agency or subdivision thereof, against Coastal Transport

6) Sheldon McVay acknowledges and consents that the County shall have the right to inspect Coastal Transport vehicles, containers, compactors, and other equipment at any time.

7) During the time of the existing Commercial Franchise, Coastal Transport 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 Coastal Transport will continue to comply with the same.

Further the affiant sayeth not.

Dated the 27 day of August, 2025

Sworn Person Signature

Sheldon McVay - President
Printed Name and Title of Sworn Person

The foregoing instrument was sworn (or affirmed) and subscribed before me this 27 day of August, 2025, by Sheldon McVay, who is either ☒ personally known to me; or ☐ has produced _____ as identification.

NOTARY PUBLIC STATE OF FLORIDA

CHARLIE SEWELL
Commission # HH 218192
Expires May 20, 2026

Notary Public Signature

Charlie Sewell
Printed Name of Notary Public

HH218192 May20,2026
Notary Commission Number/Expiration

(AFFIX NOTORIAL SEAL)

INDEMNITY

WHEREAS, THE UNDERSIGNED Sheldon McVay (the "Undersigned"), is the President of Coastal Transport (the "Coastal Transport"), a LLC,

WHEREAS, the Coastal Transport 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 Coastal Transport

NOW, THEREFORE, in consideration of the benefits accruing to the Coastal Transport and for other good and valuable consideration, the Undersigned, by and on behalf of the Coastal Transport 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, Coastal Transport, 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 Coastal Transport this 27 day of August, 2025

ATTEST:

By: _____

Sheldon McVay President

[Printed Name, Title]

Coastal Transport
a LLC

By: _____

Charlie Sewell

[Printed Name, Title]

SEAL

NOTARY PUBLIC STATE OF FLORIDA

CHARLIE SEWELL
Commission # HH 218192
Expires May 20, 2026

Thank you for your payment

Confirmation #	181981820
Date	Wednesday, September 3, 2025, 4:25:48 PM US Eastern Time
Total Amount	$752.95
Paid with	Business Checking account ending in 3583
Customer Information	Sheldon McVay office@con-sur.com (863) 533-3001

Transaction Details

Bill Type	Details		Amount
License Renewal	**Company Name:** Coastal Transport of Polk County, LLC		$750.00
	Ticket or Invoice Number:	Coastal Transport of Polk County, LLC	

Sub Total	$750.00
Convenience Fee	$2.95
Total	**$752.95**

CONVENIENCE FEE

Your agency has partnered with a third party service provider to provide you with convenient online payment services via credit card debit card or electronic check payments. IN ORDER TO USE THIS SERVICE YOU MAY HAVE TO PAY A NON-REFUNDABLE CONVENIENCE FEE IN ADDITION TO THE AMOUNT(S) OWED TO YOUR PAYEE. Please note that the service provider (not your Payee) will appear as the merchant of record next to your payment on your bank or credit card statement.

ACCESSIBILITY

This service is accessible through the Internet. In order to use this service you will need a personal computer access to the Internet with an Internet service provider and a web browser which supports this service.