DRAFT COMMERCIAL COLLECTION SERVICE FRANCHISE APPLICATION CHECK-LIST

Applicant: _	Coastal Transport 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)	Commented [DZ1]: Missing
☐ 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)	Commented [DZ2]: Missing
☑ 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)	Commented [DZ3]: Missing
	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)	Commented [DZ4]: Missing Needs to be notarized, Provide example
☐ 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)	Provide example
☑ 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)	Commented [DZ5]: Need Polk County Business Tax
J-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)	Dent Email
Ø 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)	

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.

1, Sheldon McVay, MGRIOWNER of Coastal Transport of Polk County co

State Florida County of Polk

The foregoing instrument was acknowledged before me this_ day of SCOLEM DEK Personally Known or Produced identification.

Notary Seal



Expires May 20, 2026

Signature

Expires: Nay 202026

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000200383

Entity Name: COASTAL TRANSPORT OF POLK COUNTY LLC

FILED Feb 10, 2025 Secretary of State 0111835711CC

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

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

SIGNATURE: SHELDON MCVAY

that my name appears above, or on an attachment with all other like empowered.

PRESIDENT

02/10/2025

DIBJ01

ACORD'

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 Joshua Dibling					
Mulling Insurance Agency, Inc. P.O. Box 308	PHONE (A/C, No, Ext): (863) 967-4454	63) 967-7592				
Auburndale, FL 33823	EMAIL SS: joshd@mullinginsurance.com					
	INSURER(S) AFFORDING CO	NAIC#				
	INSURER A : FCCI Insurance Compan	10178				
INSURED	INSURER B : National Trust Insurance	20141				
Coastal Transport Of Polk County, LLC	INSURER C :					
P.O. Box 847	INSURER D :					
Eagle Lake, FL 33839-0847	INSURER E :					
	INSURER F :					

COVERAGES	CERTIFICATE NUMBER:	REVISION NUMBER:
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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.

NSR LTR	X COMMERCIAL GENERAL LIABILITY	INSD	1000		(MM/DD/YYYY)									
					3.41.224.244.244	NAMES OF STREET WAS	EACH OCCURRENCE	\$	1,000,000					
	CLAIMS-MADE X OCCUR			GL10009794700	1/1/2025	1/1/2026	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	50,000					
							MED EXP (Any one person)	\$	5,000					
							PERSONAL & ADV INJURY	\$	1,000,000					
_	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000					
	POLICY X PRO X LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000					
_	OTHER:							\$						
-	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000					
1	X ANY AUTO SCHEDULED			CA10009794600	1/1/2025	1/1/2026	BODILY INJURY (Per person)	\$						
	AUTOS ONLY AUTOS						BODILY INJURY (Per accident)	\$						
7	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	5						
							PIP	5	10,000					
B	X UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	1,000,000					
	EXCESS LIAB CLAIMS-MADE			UMB100097995100	1/1/2025	1/1/2026	AGGREGATE	\$	1,000,000					
	DED RETENTION\$							5						
A W	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						X PER OTH-							
A	ANY PROPRIETOR/PARTNER/EXECUTIVE N	N/A		NC010009795200	WC010009795200	1/1/2025	1/1/2025 1/1/2026	1/1/2026	E.L. EACH ACCIDENT	\$	1,000,000			
(A	Mandatory in NH)		N, A										E.L. DISEASE - EA EMPLOYEE	\$
D	f yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	S	1,000,000					
A In	nland 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	CANCELLATION

Polk County 330 W Church St Bartow, FL 33831 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

1944

POLK COUNTY WASTE & RECYCLING						OFFICE USE ONLY			
NON-EXCLUSIVE COMMERCIAL FRANCHISE	ANNUAL CONTAINER	LIST				DATE RECEIVED			
FRANCHISEE Coastal Transport of Polk Co	FRANCHISEE Coastal Transport of Polk County LLC						DATE TO AUDITING		
FOR YEAR	2025					ACCEPTED		8	
CUSTOMER NAME		CONTAINER TYPE/SIZE				COLLECTION FREQUENCY		CONTAINER IDENTIFICATION	
	DUMPSTER	COMPACTOR	ROLL OFF	OTHER	(CU YD)	ON CALL	DAYS/WK	NUMBER	
Coastal Transport of Polk County LLC			×		10	x		110	
Coastal Transport of Polk County LLC			x		20	X		101	
Coastal Transport of Polk County LLC			х	ı	20	×		102	
Coastal Transport of Polk County LLC			х		20	x		103	
Coastal Transport of Polk County LLC			х		20	X		104	
Coastal Transport of Polk County LLC			x		20	X		105	
Coastal Transport of Polk County LLC			х		20	x		108	
Coastal Transport of Polk County LLC			хх		20	x		109	
Coastal Transport of Polk County LLC			х		30	x		106	
Coastal Transport of Polk County LLC			х		30	x		111	
Coastal Transport of Polk County LLC			х		30	x		112	
Coastal Transport of Polk County LLC			х		30	х		107	

POLK COUNTY WASTE & RECYCLING	OFFICE USE ONLY					
NON-EXCLUSIVE COMMERCIAL FRANCHISE ANI	NUAL VEHICLE LIST			DATE RECEIVED		
FRANCHISEE Coastal Transport of Polk County LLC				DATE TO AUDITING		
FOR YEAR 2021			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

(Ed. 4-84)

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.
Premium \$ Incl.

Insured CON-SUR INC

Insurance Company FCCI Insurance Company

Countersigned By _____

WC 00 03 13 (Ed. 4-84)

© 1983 National Council on Compensation Insurance.

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

480000

LTD TRANSPORTATION

SHELDON MCVAY PO BOX 847

EAGLE LAKE, FL 33839

OFFICE OF JOE G. TEDDER, CFC * TAX COLLECTOR

THIS POLK COUNTY LOCAL BUSINESS TAX RECEIPT MUST SE CONSPICUOUSL 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 E	F POIV
Before me,	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 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
5)	There are no liens of record filed by the State of Florida, or any agency or subdivision thereof, against Coostal Transport
6)	the right to inspect Court acknowledges and consents that the County shall have the right to inspect Court wehicles, containers, compactors, and other equipment at any time.
7)	During the time of the existing Commercial Franchise, Coasto 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 Costo Transport will continue to comply with the same.
Further the aff	fiant sayeth not.
Dated	Sworn Person Signature Shellon MVay - President Printed Name and Title of Sworn Person
nas produced _	charge sewell. Commission # HH 218192 Expires May 20, 2026 Instrument was sworn (or affirmed) and subscribed before me this 21 day of who is either personally known to me; or as identification. Notary Public Signature Printed Name of Nature Public
(AFFIX NOT	Printed Name of Notary Public HHZ 18192 WYW, 7024 ORIAL SEAL) Notary Commission Number/Expiration

INDEMNITY
(the "Undersigned"), is the whole of wasta transport "), a whereas, the wasta 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 Coasta I raysoc
and for other good and valuable consideration, the Undersigned, by and on behalf of the Coasta 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, Coasta Toursport 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 Coasta Transport this 21 day of AUUST, 2025
Sheldon McVay President Coastal Transport By: Sheldon McVay President Wall't Servi
Sheldon McVay President WWW [Printed Name, Title]
SEAL
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

Company Name: Coastal Transport of Polk County, LLC \$750.00

Renewal

Ticket or Invoice

Coastal Transport of Polk

Number:

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.