

DRAFT

COMMERCIAL COLLECTION SERVICE FRANCHISE APPLICATION CHECK-LIST

Applicant: Let it Go Dumpster LLC Date: 12.22.25

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 checked="" 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 checked="" 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 checked="" 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) Certificate Holder: Polk County, a political subdivision of the State of Florida. 330 W Church St, Rm 150 Bartow, FL 33830
<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 checked="" 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 checked="" type="checkbox"/> Met 12. <input type="checkbox"/> Not Met	Delivery of applicable Commercial Franchise application fee. Section 4-1 C. (5)

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L23000223548

Entity Name: LET IT GO DUMPSTERS LLC

Current Principal Place of Business:

1825 US HIGHWAY 17 N
FORT MEADE, FL 33841

Current Mailing Address:

2990 SPRING LAKE RD
LAKE WALES, FL 33898

FEI Number: 92-3984737

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

MCCARTNEY, CHARLES S
2990 SPRING LAKE RD
LAKE WALES, FL 33898 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	MGR	Title	MGR
Name	MCCARTNEY, CHARLES S	Name	HUNTER, KYLE S
Address	2990 SPRING LAKE RD	Address	1825 US HIGHWAY 17 N
City-State-Zip:	LAKE WALES FL 33898	City-State-Zip:	FORT MEADE FL 33841

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: CHARLES MCCARTNEY

MGR

01/21/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date



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: 12/9/2024

EXPIRATION DATE: 12/9/2026

PERSON: CHARLES MCCARTNEY

EMAIL: CMCCARTNEY202@GMAIL.COM

FEIN: 923984737

BUSINESS NAME AND ADDRESS:

LET IT GO DUMPSTERS LLC

2990 SPRING LAKE RD
LAKE WALES, FL 33898

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.

DFS-F2-DWC-252 CERTIFICATE OF ELECTION TO BE EXEMPT
RULE 69L-6.012, F.A.C. REVISED 08/2025

E02039814

QUESTIONS? (850) 413-1609



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
01/08/2026

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 KE Insurance Agency 936 US Highway 1 Sebastian FL 32958	CONTACT NAME: Rita Bailey	FAX (A/C, No): (772) 388-2067
	PHONE (A/C, No, Ext): (772) 589-1800	E-MAIL ADDRESS: RITA@KEAGENCY.COM
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A : Security National Ins Company		
INSURER B :		
INSURER C :		
INSURER D :		
INSURER E :		
INSURER F :		

INSURED: LET IT GO DUMPSTERS LLC

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 SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
X	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		SES183210500	09/23/25	09/23/26	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
						GENERAL AGGREGATE \$ 2,000,000
						PRODUCTS - COMP/OP AGG \$ 2,000,000
						\$
	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) \$
						\$
X	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$		EXS1833423 00	01/08/25	01/08/26	EACH OCCURRENCE \$ 1,000,000
						AGGREGATE \$ 1,000,000
						\$
	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 OTH-ER
						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 POLK COUNTY , a political subdivision of the state of Florida 330 W Church St RM 150 Bartow FL 33830	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 <i>Rita Bailey</i>

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Let It Go Dumpsters LLC

2990 Spring Lake Road

Lake Wales, FL 33898

December 3, 2025

To Whom it may concern:

As of the date of the correspondence stated above, Let It Go Dumpsters LLC, as well as it's Managing Member/Owner, Let It Go Dumpsters LLC has never had involvement as a subject or as a part in any litigation, criminal proceedings, or agency enforcement cases are applicable to its principles, partners, and officers.

I, Charles McCartney, Managing Partner of Let It Go Dumpsters LLC, do attest the above statement to be true and correct.

State Florida

County of Polk

The foregoing instrument was acknowledged before me this 3rd day of December personally know or produced identification.



Tina M. Griffin
12/3/2025

[Signature]
Charles McCartney
12/3/2025



Let It Go Dumpsters LLC

2990 Spring Lake Rd

Lake Wales, FL 33898

Let it Go Dumpsters was established in 2023. We have had 3 good year of reliable trash management and disposal. We have serviced customers all over Polk County and continue to support our long-term customers. Most of our dumpster rentals are long term positions at various construction locations and businesses. Please refer to our website for more pictures and information about Let It Go Dumpsters.

www.letitgodumpsters.com

POLK COUNTY WASTE & RECYCLING

NON-EXCLUSIVE COMMERCIAL FRANCHISE ANNUAL CONTAINER LIST

FRANCHISEE Let It Go Dumpster LLC

FOR YEAR _____

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	
Williams Collision			X		17	X		23010
SnB Concrete			X		17	X		23011
SnB Concrete			X		17	X		23012
Rental			X		17	X		23013
Rental			X		20	X		24010
Golden Ridge Groves			X		10	X		25010
Rental			X		10	X		25011
Rental			X		18	X		25012
Rental			X		18	X		25013
Rental			X		18	X		25014
Rental			X		18	X		25015

POLK COUNTY LOCAL BUSINESS TAX APPLICATION FORM

ACCOUNT NO. 256968

CLASS: A

PAYMENT DUE BY: 09/30/2025

OWNER NAME	LOCATION	
CHARLES SPEARMAN MCCARTNEY	1825 HWY 17 N FORT MEADE	
BUSINESS NAME AND MAILING ADDRESS	CODE	ACTIVITY TYPE
LET IT GO DUMPSTERS LLC LET IT GO DUMPSTERS LLC 1825 HWY 17 N FORT MEADE, FL 33841	530000	LTD PROP SALES LEASING EQUIP RENTAL

SIGN HERE

LETITGODUMPSTERS@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: 47.80
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PAID - 3953094 12/23/2025 OPY OLP 47.80 LET IT GO DUMPSTERS LLC

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. 256968

CLASS: A

EXPIRES:

09/30/2026

OWNER NAME	LOCATION	
CHARLES SPEARMAN MCCARTNEY	1825 HWY 17 N FORT MEADE	
BUSINESS NAME AND MAILING ADDRESS	CODE	ACTIVITY TYPE
LET IT GO DUMPSTERS LLC LET IT GO DUMPSTERS LLC 1825 HWY 17 N FORT MEADE, FL 33841	530000	LTD PROP SALES LEASING EQUIP RENTAL

OFFICE OF JOE G. TEDDER, CFC * TAX COLLECTOR

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

PAID - 3953094 12/23/2025 OPY OLP 47.80 LET IT GO DUMPSTERS 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 Charles McEntary who, first being duly sworn, on oath deposes and states, as follows:

- 1) He is Owner, a LP 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 Let It Go Dumpsters LLC
- 4) There are no liens of record filed by the Internal Revenue Service against Let It Go Dumpsters LLC
- 5) There are no liens of record filed by the State of Florida, or any agency or subdivision thereof, against Let It Go Dumpsters LLC
- 6) Charles McEntary acknowledges and consents that the County shall have the right to inspect Let It Go Dumpsters LLC vehicles, containers, compactors, and other equipment at any time.
- 7) During the time of the existing Commercial Franchise, Let It Go Dumpsters LLC 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 One Year will continue to comply with the same.

Further the affiant sayeth not.

Dated the 2 day of December, 2025



Sworn Person Signature

Charles McEntary

Printed Name and Title of Sworn Person

The foregoing instrument was sworn (or affirmed) and subscribed before me this 2 day of December, 2025, by Charles McEntary, who is either personally known to me; or has produced _____ as identification.

Wendy L. Etheridge
Notary Public, State of Florida
My Comm Expires January 6, 2029
Commission #HH626167



Notary Public Signature

Wendy Etheridge

Printed Name of Notary Public

626167

Notary Commission Number/Expiration

(AFFIX NOTORIAL SEAL)

INDEMNITY

WHEREAS, THE UNDERSIGNED Charles McEntoy
(the "Undersigned"), is the Owner of Let It Go Dumpsters LLC
(the "_____", a _____,

WHEREAS, the Charles McEntoy, 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 Let It Go Dumpsters LLC

NOW, THEREFORE, in consideration of the benefits accruing to the Let It Go Dumpsters LLC and for other good and valuable consideration, the Undersigned, by and on behalf of the Let It Go Dumpsters LLC 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, Let It Go Dumpsters LLC, 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 Let It Go Dumpsters LLC this 2 day of December, 2025

ATTEST:


a Co-Owner

By: Wendy L. Etheridge
Wendy L. Etheridge
[Printed Name, Title]

By: _____

[Printed Name, Title]

AFFIX NOTORIAL SEAL

Wendy L. Etheridge
Notary Public, State of Florida
My Comm Expires January 6, 2029
Commission #HH626167

Result: Payment Authorized

Confirmation Number: 186224316

Your payment has been authorized successfully and payment will be processed.

The Polk County BoCC - Solid Waste department Thanks You For Your Payment. Credit Card Services provided by Polk County BoCC - Solid Waste department are in connection with POINT & PAY. Thank you for using our bill payment services.

Please save or print a copy of this receipt for record keeping purposes.

My Bills

Description	Amount
Miscellaneous Charges payment of \$750.00 on Ticket Number NEW FF APP	\$750.00
Subtotal:	\$750.00
Convenience Fee:	\$0.00
Total Payment:	\$750.00

Customer Information

First Name: CHARLES

Last Name: MCCARTNEY

Payment Information

Payment Date: 11/17/2025

Card Type: Visa

Card Number: *****7463

Signature: 

Date: 11/17/2025

By signing this receipt you agree to the terms and conditions of this service.

You will see one line item on your credit or debit card statement indicating the amount you paid and will be identified as CTYPolkWsteGOV. If you have any questions about the charges please call 1-888-891-6064.