## DRAFT COMMERCIAL COLLECTION SERVICE FRANCHISE APPLICATION CHECK-LIST

	Applicant: 1	recyl Both - Botts Land Cleaner Date: 08-30-2025									
,	Status	Brief Description of Application Requirements									
	☐ Met;	Identity of the applicant, to include its principals, partners, and management. Section 4-1 C. (2)(a)									
4	☐ 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;	Information regarding the experience and qualifications of the applicant and its personnel with regard to Solid Waste collection. Section 4-1 C. (2)(b)									
$\int$	☐ 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;	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;	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;	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;	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;	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)									
$\sqrt{ }$	☐ Met;	Delivery of Sworn affidavit confirming: (i) no unsatisfied judgments pending against tapplicant; (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 C. (2)(i)									
J	☐ 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;	Delivery of applicable Commercial Franchise application fee. Section 4-1 C. (5)									

## Britt's Land Clearing, Inc. 2823 Fox Run Drive Lake Wales, FL. 33898 863-949-6974

October 23, 2025

To whom it may concern:

As of the date of the correspondence stated above, Britt's Land Clearing, Inc., as well as its Managing Member/Owner, Tracy L Britt, has never had involvement as a subject or as a part in any litigation, criminal proceedings, or agency enforcement cases are applicable to its principals, partners, and officers.

Owner of Britt's Land Clearing, Inc., do attest the above statement to be true and correct.

State Florida, County of Polk. The foregoing instrument was acknowledged before me this day of october, dods, by Tracy L Britt, who is personally known to me and who has provided a State of Florida Driver License as identification.

**Notary Public Signature** 

HH 690030

Printed Name of Notary Public

Notary Commission Number / Expiration

## Britt's Land Clearing, Inc. 2823 Fox Run Drive Lake Wales, FL. 33898 863-949-6974

September 24, 2025

Polk County Solid Waste Division 10 Environmental Loop S Winter Haven, FL 33880

RE: Commercial Franchise Application

To Whom it May Concern,

Attached please find a completed Commercial Collection Service Franchise Application for Britt's Land Clearing, Inc. The applicants are the owners of the business and are as follows:

Tracy L Britt, President Tonda K Britt, Vice President

Britt's Land Clearing is authorized to do business within the State of Florida and is in good standing with the Department of State. This Florida corporation was formed on 12/07/2005. The primary operations of the business consist of land clearing, a retail landscaping supplies store, dump truck services, and most recently dumpster rentals / waste removal. The dumpster rental service started in the fall of 2023 and primarily serves Polk County, FL.

Our drivers and office staff are familiar with the materials that are prohibited to be disposed of at the Polk County Landfill facility and take careful measures to explain the rules to our dumpster rental customers.

I appreciate your time and consideration in this matter. If you have any further questions, please feel free to contact me at 863-528-5091.

Thank you,

Tracy L Britt, President

Britt's Land Clearing, Inc.



Department of State / Division of Corporations / Search Records / Search by Entity Name /

## **Detail by Entity Name**

Florida Profit Corporation BRITT'S LAND CLEARING INC.

#### **Filing Information**

 Document Number
 P05000160789

 FEI/EIN Number
 20-3981547

 Date Filed
 12/07/2005

State FL

Status ACTIVE

#### **Principal Address**

2823 FOX RUN DRIVE

LAKE WALES, FL 33898-0803

#### **Mailing Address**

2823 FOX RUN DRIVE

LAKE WALES, FL 33898-0803

#### Registered Agent Name & Address

BRITT, TRACY L

2823 FOX RUN DRIVE

LAKE WALES, FL 33898-0803

#### Officer/Director Detail

#### Name & Address

Title P

BRITT, TRACY L 2823 FOX RUN DRIVE

LAKE WALES, FL 33898-0803

Title V

BRITT, TONDA K 2823 FOX RUN DRIVE LAKE WALES, FL 33898-0803

#### **Annual Reports**

**Report Year** Filed Date 2023 03/25/2023

2024	03/01/2024
2025	03/17/2025

#### **Document Images**

03/17/2025 ANNUAL REPORT	View image in PDF format
03/01/2024 ANNUAL REPORT	View image in PDF format
03/25/2023 ANNUAL REPORT	View image in PDF format
04/06/2022 ANNUAL REPORT	View image in PDF format
03/31/2021 ANNUAL REPORT	View image in PDF format
04/28/2020 ANNUAL REPORT	View image in PDF format
04/09/2019 ANNUAL REPORT	View image in PDF format
04/02/2018 ANNUAL REPORT	View image in PDF format
04/25/2017 ANNUAL REPORT	View image in PDF format
03/28/2016 ANNUAL REPORT	View image in PDF format
04/27/2015 ANNUAL REPORT	View image in PDF format
04/26/2014 ANNUAL REPORT	View image in PDF format
04/24/2013 ANNUAL REPORT	View image in PDF format
04/24/2012 ANNUAL REPORT	View image in PDF format
04/09/2011 - ANNUAL REPORT	View image in PDF format
04/01/2010 ANNUAL REPORT	View image in PDF format
04/20/2009 ANNUAL REPORT	View image in PDF format
05/01/2008 ANNUAL REPORT	View image in PDF format
04/30/2007 ANNUAL REPORT	View image in PDF format
04/27/2006 ANNUAL REPORT	View image in PDF format
12/07/2005 Domestic Profit	View image in PDF format



### CERTIFICATE OF LIABILITY INSURANCE

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

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				NAME: PHONE	JOEIE IT	RAMMELL	LPAV			
State Farm LACY MC CLINTOCK,	AGEN	T		(A/C, No, Ext): 003-234-3300						
STATE FARM INSURA	NCE	CO		E-MAIL ADDRE	BULLEAT	TEAMLACY.C	СОМ			
600 3RD ST SW	600 3RD ST SW					INSURER(S) AFFORDING COVERAGE NA				
WINTER HAVEN			FL 33880	INSURE	RA: State Far	m Florida Inst	rance Company	10739		
INSURED				INSURE	RB:					
TRACY BRITT dba BRITTS	LAND	SCA	PING SUPPLIES	INSURE	RC:					
BRITT'S LANDCLEARING II	VC.			INSURE	RD:					
2823 FOX RUN DR				INSURE	RE:					
LAKE WALES			FL 33898	INSURE	RF:					
COVERAGES CER	TIFIC	CATE	NUMBER:				REVISION NUMBER:			
THIS IS TO CERTIFY THAT THE POLICIES INDICATED. NOTWITHSTANDING ANY R CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	OF EQUII PERT POLI	INSUI REME TAIN, CIES.	RANCE LISTED BELOW HA NT, TERM OR CONDITION THE INSURANCE AFFORD	OF AN	Y CONTRACT THE POLICIE	OR OTHER S DESCRIBE PAID CLAIMS.	DOCUMENT WITH RESPE	CT TO WHICH THIS		
INSR LTR TYPE OF INSURANCE	INSD	SUB	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT			
X COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$ 2,000,000		
CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000		
							MED EXP (Any one person)	\$ 5,000		
A COMMERCIAL BUSINESS POLICY	Y	Y	98-CD-Q665-9 B		12/06/2024	12/06/2025	PERSONAL & ADV INJURY	\$ 2,000,000		
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 4,000,000		
POLICY PRO-							PRODUCTS - COMP/OP AGG	\$ 4,000,000		
OTHER:								\$		
AUTOMOBILE LIABILITY	1						COMBINED SINGLE LIMIT (Ea accident)	\$		
ANY AUTO							BODILY INJURY (Per person)	\$		
OWNED SCHEDULED		1					BODILY INJURY (Per accident)	\$		
AUTOS ONLY AUTOS NON-COWNED	-						PROPERTY DAMAGE (Per accident)	\$		
AUTOS ONLY AUTOS ONLY							(1 or osolacity	\$		
UMBRELLA LIAB OCCUR	1						EACH OCCURRENCE	\$		
EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
DED RETENTION \$	1							\$		
WORKERS COMPENSATION	1	1					PER OTH-	\$		
AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE	1						E.L. EACH ACCIDENT	\$		
OFFICER/WEMBER EXCLUDED.	N/A						E.L. DISEASE - EA EMPLOYEE	\$		
(Mandatory in NH) If yes, describe under							E.L. DISEASE - POLICY LIMIT	\$		
DÉSCRIPTION OF OPERATIONS below	+	_					E.E. BIOLAGE TO CLOY CHAIT	Ψ		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC	CLES (	ACORI	O 101, Additional Remarks Schedu	ule, may t	e attached if moi	re space is requi	red)			
CERTIFICATE HOLDER				CAN	CELLATION					
Polk County, A Political Sub 330 W CHURCH ST ROOM #150	divisio	on of	the State of Florida	SHC THE ACC	OULD ANY OF	N DATE TH TH THE POLIC	DESCRIBED POLICIES BE C EREOF, NOTICE WILL CY PROVISIONS.			
BARTOW			FL 33830		lile	H ()	ORD CORPORATION.	All rights reserved		



Policyholder:

Owner-Operator Independent Drivers Association, Inc. Insurance Trust

Effective Date of Endorsement: June 1, 2007

Policy Number:

216-000-002

#### WORKERS' COMPENSATION INDEMNIFICATION ENDORSEMENT

It is hereby understood and agreed that, if an Insured Person is determined by a court of law or a state regulatory agency to be covered under Workers' Compensation for a Covered Loss, any benefits for which the Insured Person is eligible under this Policy are payable to the party who is liable for Workers' Compensation benefits or its designee. The Insured Person shall not be entitled to receive benefits under this Endorsement. For purposes of this Endorsement, item 11 of the GENERAL EXCLUSIONS Section of this Policy shall not apply.

Notwithstanding the foregoing, this Endorsement shall not apply: 1) to an Employee Driver or to a Temporary Replacement Driver who is an employee; or (2) if the party described above is covered under an insurance policy which will indemnify the party for the Workers' Compensation liability or will pay the Workers' Compensation benefits on behalf of the party, commonly referred to in the trucking industry as contingent liability coverage.

Except for the above, this Endorsement does not vary, alter, waive, or extend any of the terms of the Policy to which it is attached.

Endorsement No. 1

In Witness Whereof. We have caused this Endorsement to be executed and attested, and, if required by state law, this Endorsement shall not be valid unless countersigned by our authorized representative.

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Dennis R. Smith, Secretary OneBeacon America Insurance Company Michael Miller, President & CEO OneBeacon America Insurance Company

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Page 1 of 1

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#### PROOF OF INSURANCE Issue Date: 09/18/2025 (MM/DD/YYYY) This form is issued as a matter of information only and confers no rights Producer upon the holder. This form does not amend, extend, or alter the coverage OWNER-OPERATOR SERVICES, INC. afforded by the policies below. PO BOX 1000 COMPANIES AFFORDING COVERAGE **GRAIN VALLEY** MO 64029-1000 A Atlantic Specialty Insurance Co. Insured BRITT, TRACY L R 2823 FOX RUN DR C FL 33898-0803 LAKE WALES

COVERAGES 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 form may be issued or pertain.

The insurance afforded by the policies describe herein is subject to all the terms, exclusions and conditions of such policies. Limits shown may have been reduced by paid claims.

Co Type of Insurance	Policy Number	Effective	Expiration	P	olicy Limits
General Liability				Gen	eral Aggregate \$
_ Commercial General Liability				Products-Comp/	Ops Aggregate \$
_ Claims Made _ Occur.				Personal & Adv	ertising Injury \$
Owner's & Contractor's Prot.				E:	ach Occurence \$
_ Owner see Contractor s riot.				Fire Damag	ge (any one file) \$
				Medical Expense (a	iny one person) \$
Automobile Liability  Any Auto	94			Combin	ed Single Limit \$
_ All Owned Autos		1		Bodily Inju	ry (per person) \$
_ Scheduled Autos					(per accident) \$
Hired Autos					•
Non-Owned Autos				Pr	operty Damage \$
_ Garage Liability					
A Other	Master Policy:	10/24/2014			
INDEPENDENT TRUCKERS	216-000-002		CONTINUOUS	\$ 1,000,000	COMBINED SINGLE LIMIT
OCCUPATIONAL ACCIDENT INSURANCE	1223326		UNTIL	\$ 2,000,000	AGGREGATE LIMIT
			CANCELLED	\$ 2,000,000	DEDUCTIBLE
Exclusion:			CARCELLED	5 0	DEDUCTIBLE

Description of Operations/Locations/Vehicles/Restrictions/Special Terms

ALL COVERAGE IS SUBJECT TO THE ACTUAL INSURING AGREEMENTS, EXCLUSIONS, AND CONDITIONS OF THE MASTER POLICY.

CANCELLATION

WITH WORKER'S COMPENSATION INDEMNIFICATION ENDORSEMENT

(WORKER'S COMPENSATION INDEMNIFICATION ENDORSEMENT ATTACHED)

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л	17 E E.	DEAL	P.IJ	FA	R 1 Y

Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavor to mail  $\underline{10}$  days written notice to the Interested Party named to the left, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.

POLK COUNTY WASTE MANAGEMENT > AND RECYCLING 3131 K VILLE AVE

AUBURNDALE

FL 33823-9303

**AUTHORIZED REPRESENTATIVE** 

Russell

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Page 1



Policyholder:

**Owner-Operator Independent Drivers** Association, Inc. Insurance Trust

Effective Date of Endorsement: June 1, 2007

Policy Number:

216-000-002

#### WORKERS' COMPENSATION INDEMNIFICATION ENDORSEMENT

It is hereby understood and agreed that, if an Insured Person is determined by a court of law or a state regulatory agency to be covered under Workers' Compensation for a Covered Loss, any benefits for which the Insured Person is eligible under this Policy are payable to the party who is liable for Workers' Compensation benefits or its designee. The Insured Person shall not be entitled to receive benefits under this Endorsement. For purposes of this Endorsement, item 11 of the GENERAL EXCLUSIONS Section of this Policy shall not apply.

Notwithstanding the foregoing, this Endorsement shall not apply: 1) to an Employee Driver or to a Temporary Replacement Driver who is an employee; or (2) if the party described above is covered under an insurance policy which will indemnify the party for the Workers' Compensation liability or will pay the Workers' Compensation benefits on behalf of the party, commonly referred to in the trucking industry as contingent liability coverage.

Except for the above, this Endorsement does not vary, alter, waive, or extend any of the terms of the Policy to which it is attached.

Endorsement No. 1

In Witness Whereof, We have caused this Endorsement to be executed and attested, and, if required by state law, this Endorsement shall not be valid unless countersigned by our authorized representative.

Smio R. Smit

Dennis R. Smith, Secretary OneBeacon America Insurance Company

Michael Miller. President & CEO OneBeacon America Insurance Company

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Page 1 of 1

#### PROOF OF INSURANCE Issue Date: 09/10/2025 (MM/DD/YYYY) Producer This form is issued as a matter of information only and confers no rights OWNER-OPERATOR SERVICES, INC. upon the holder. This form does not amend, extend, or alter the coverage afforded by the policies below. PO BOX 1000 COMPANIES AFFORDING COVERAGE **GRAIN VALLEY** MO 64029-1000 A Atlantic Specialty Insurance Co. Insured SULLIVAN, ELIZABETH ANNE В 3113 S COUNTRY CLUB DR

AVON PARK

**COVERAGES** 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 form may be issued or pertain.

The insurance afforded by the policies describe herein is subject to all the terms, exclusions and conditions of such policies. Limits shown may have been reduced by paid claims.

C

Co Type of Insurance	Policy Number	Effective	Expiration		Policy Limits
General Liability					eneral Aggregate \$
_ Commercial General Liability			-		p/Ops Aggregate \$
_ Claims Made _Occur.		1			elvertising Injury \$
Owner's & Contractor's Prot.					Each Occurence \$
_				· ·	age (any one file) \$
					(any one person) \$
Automobile Liability					(any one person) 5
Any Auto				Cambi	ned Single Limit \$
All Owned Autos				0	
Scheduled Autos				Bodily Inj	ury (per person) \$
Hired Autos		ľ		Bodily Injui	y (per accident) \$
Non-Owned Autos					roperty Damage \$
_ Garage Liability				•	toperty Damage 3
			1		
A Other	Master Policy:	09/10/2025			
INDEPENDENT TRUCKERS	216-000-002	07/10/2025	CONTINUOUS	\$ 1,000,000	COMPANIES AND A STATE OF THE ST
OCCUPATIONAL ACCIDENT INSURANCE			UNTIL		COMBINED SINGLE LIMIT
	1500410			\$ 2,000,000	AGGREGATE LIMIT
Exclusion:			CANCELLED	\$ 0	DEDUCTIBLE

Description of Operations/Locations/Vehicles/Restrictions/Special Terms

ALL COVERAGE IS SUBJECT TO THE ACTUAL INSURING AGREEMENTS, EXCLUSIONS, AND CONDITIONS OF THE MASTER POLICY.

WITH WORKER'S COMPENSATION INDEMNIFICATION ENDORSEMENT (WORKER'S COMPENSATION INDEMNIFICATION ENDORSEMENT ATTACHED)

FL 33825-8690

INTERESTED PARTY

CANCELLATION

Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavor to mail  $1\overline{0}$  days written notice to the Interested Party named to the left, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.

**AUTHORIZED REPRESENTATIVE** 

POLK COUNTY WASTE MANAGEMENT > AND RECYCLING 3131 K VILLE AVE

AUBURNDALE

FL 33823-9303

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MOTOR CARRIER COPY

Page |



Policyholder:

**Owner-Operator Independent Drivers** Association, Inc. Insurance Trust

Effective Date of Endorsement: June 1, 2007

Policy Number:

216-000-002

#### WORKERS' COMPENSATION INDEMNIFICATION ENDORSEMENT

It is hereby understood and agreed that, if an Insured Person is determined by a court of law or a state regulatory agency to be covered under Workers' Compensation for a Covered Loss, any benefits for which the Insured Person is eligible under this Policy are payable to the party who is liable for Workers' Compensation benefits or its designee. The Insured Person shall not be entitled to receive benefits under this Endorsement. For purposes of this Endorsement, item 11 of the GENERAL EXCLUSIONS Section of this Policy shall not apply.

Notwithstanding the foregoing, this Endorsement shall not apply: 1) to an Employee Driver or to a Temporary Replacement Driver who is an employee; or (2) if the party described above is covered under an insurance policy which will indemnify the party for the Workers' Compensation liability or will pay the Workers' Compensation benefits on behalf of the party, commonly referred to in the trucking industry as contingent liability coverage.

Except for the above, this Endorsement does not vary, alter, waive, or extend any of the terms of the Policy to which it is attached.

Endorsement No. 1

In Witness Whereof. We have caused this Endorsement to be executed and attested, and, if required by state law, this Endorsement shall not be valid unless countersigned by our authorized representative.

Somo R. Smith

Dennis R. Smith, Secretary OneBeacon America Insurance Company Michael Miller, President & CEO OneBeacon America Insurance Company

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Page 1 of 1

#### PROOF OF INSURANCE Issue Date: 09/10/2025 (MM/DD/YYYY) Producer This form is issued as a matter of information only and confers no rights OWNER-OPERATOR SERVICES, INC. upon the holder. This form does not amend, extend, or alter the coverage afforded by the policies below. PO BOX 1000 COMPANIES AFFORDING COVERAGE **GRAIN VALLEY** MO 64029-1000 A Atlantic Specialty Insurance Co. Insured CHACON, MICHAEL J JR 1992 CHICKASAW BLVD C DAVENPORT FL 33837-1458

**COVERAGES** 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 form may be issued or pertain.

The insurance afforded by the policies describe herein is subject to all the terms, exclusions and conditions of such policies. Limits shown may have been reduced by paid claims.

Co Type of Insurance	Policy Number	Effective	Expiration	Policy Limits	
General Liability  Commercial General Liability  Claims Made Occur.  Owner's & Contractor's Prot.				General Aggregate \$ Products-Comp/Ops Aggregate \$ Personal & Advertising Injury \$ Each Occurence \$ Fire Damage (any one file) \$ Medical Expense (any one person) \$	
Automobile Liability  Any Auto  All Owned Autos  Scheduled Autos  Hired Autos  Non-Owned Autos  Garage Liability				Combined Single Limit \$ Bodily Injury (per person) \$ Bodily Injury (per accident) \$ Property Damage \$	
A Other INDEPENDENT TRUCKERS OCCUPATIONAL ACCIDENT INSURANCE  Exclusion:	Master Policy: 216-000-002 1560447	09/10/2025	CONTINUOUS UNTIL CANCELLED	\$ 1,000,000 COMBINED SINGLE \$ 2,000,000 AGGREGATE LIMIT \$ 0 DEDUCTIBLE	LIMIT

Description of Operations/Locations/Vehicles/Restrictions/Special Terms

ALL COVERAGE IS SUBJECT TO THE ACTUAL INSURING AGREEMENTS, EXCLUSIONS, AND CONDITIONS OF THE MASTER POLICY.

WITH WORKER'S COMPENSATION INDEMNIFICATION ENDORSEMENT

(WORKER'S COMPENSATION INDEMNIFICATION ENDORSEMENT ATTACHED)

INTERESTED PARTY

POLK COUNTY WASTE MANAGEMENT > AND RECYCLING 3131 K VILLE AVE

AUBURNDALE

FL 33823-9303

CANCELLATION

Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavor to mail 10 days written notice to the Interested Party named to the left, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.

AUTHORIZED REPRESENTATIVE

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MOTOR CARRIER COPY

Page 1

#### September 24, 2025

Polk County Solid Waste Division 10 Environmental Loop S Winter Haven, FL. 33880

RE: Affidavit - Judgments / Liens

#### To Whom it May Concern:

I, Tracy L Britt, am the owner / President of Britt's Land Clearing, Inc. Please accept this affidavit confirming the following:

- There are no unsatisfied judgments pending against Britt's Land Clearing, Inc.
- There are no liens of record filed by the IRS or any State in the USA against Britt's Land Clearing, Inc.
- That Britt's Land Clearing and its staff will comply with all ordinance requirements and applicable laws.

I appreciate your time and consideration in this matter. If you have any further questions, please feel free to contact me at 863-528-5091.

Dated the 24th day of September, 2025

Signature of Sworn Person

Printed Name and Title of Sworn Person

Tracy L Britt, president

The foregoing instrument was sworn (or affirmed) and subscribed before me this 24th day of September, 2025 by Tracy L Britt, who is personally known to me and has produced a Florida Driver Ligense as identification.

**Motary Public Signature** 

Printed Name of Notary Public

Notary Commission Number / Expiration

MY COMMISSION EXPIRES 10-18-2029

POLK COUNTY WASTE & RECYC						OFFICE USE ONLY		
NON-EXCLUSIVE COMMERCIAL	DATE RECEIVED							
FRANCHISEE	Britt's Land Cle	DATE TO AUDITING		"				
FOR YEAR	2025-2026					ACCEPTED	1	
		CADACITY	COLLECTION	FREQUENCY	T			
CUSTOMER NAME	DUMPSTER	COMPACTOR	R TYPE/SIZE ROLL OFF	OTHER	CAPACITY (CU YD)	ON CALL	DAYS/WK	CONTAINER IDENTIFICATION NUMBER
Rundal			×			X		20-01-23
			x		20	K		20-02-23
			×		20	X		20-03-23
			х		20	K		20-04-23
			х		20	X		20-05-23
			x		20	K		20-06-23
			х		20	K		20-07-23
			х		20	K		20-08-23
			x		20	K		20-09-23
			x		20	K		20-10-24
			x		20	K		20-11-24
			x		20	x		20-12-24
			x		20	X		20-13-24
<b>Y</b>			х		20	×		20-14-24
			х		20	X		20-15-24
			х		20	X		20-16-24

POLK COUNTY WASTE & RECYC	LING					OFFICE LICE ONLY		
NON-EXCLUSIVE COMMERCIAL		UAL CONTAIN	ER LIST			OFFICE USE ONLY  DATE RECEIVED		
FRANCHISEE	Britt's Land Cle			20		DATE TO AUDITING		
FOR YEAR	2025-2026		-141	i.		ACCEPTED		
CHCTOBAED SIABAE	CLISTOMED NAME CONTAINER TYPE/SIZE CAPACITY							
CUSTOMER NAME	DUMPSTER	COMPACTOR	ROLL OFF	OTHER	CAPACITY (CU YD)	ON CALL	PREQUENCY  DAYS/WK	CONTAINER IDENTIFICATION NUMBER
Rental			х		20	V	DATA WAL	20-17-24
1			х		20	K		20-17-24
			х		20	/		20-19-24
			x		20	K		20-20-25
V			×		20	(		20-21-25
			x		20	K		20-22-25
			x		20	K		20-23-25

POLK COUNTY WASTE & RECYC	TING					T		
NON-EXCLUSIVE COMMERCIAL		IAI CONTAIN	ED LICT			OFFICE USE ONLY		
			EK LIST			DATE RECEIVED		
FRANCHISEE	Britt's Land Cle	earing, Inc.		3.		DATE TO AUDITING		
FOR YEAR	2025-2026			_		ACCEPTED		
CUSTOMER NAME		CONTAINER	R TYPE/SIZE		CAPACITY	COLLECTION	I FREQUENCY	CONTAINED INTOVINCE
	DUMPSTER	COMPACTOR	ROLL OFF	OTHER	(CU YD)	ON CALL	DAYS/WK	CONTAINER IDENTIFICATION NUMBER
Rental			x		7	K		7/1/2023
			x		13	K		13-01-25
			х		15	K		15-01-23
			х		15	K		15-02-23
V			x		15	8		15-03-23
<del>y</del>								

DOLY COUNTY MACTE & DECYC	LING					
POLK COUNTY WASTE & RECYCI					OFFICE USE ONLY	
NON-EXCLUSIVE COMMERCIAL	FRANCHISE ANNUAL VEHICL	E LIST			DATE RECEIVED	
FRANCHISEE Britt's Land Clearing	n	DATE TO AUDITING				
FOR VEAR			-		DATE TO AUDITING	1 <del></del>
FOR YEAR 2025 - 2026			=		ACCEPTED	
			77/05			
VEHICLE MAKE	VEHICLE MODEL	YEAR	TYPE (RO, REL, FEL, ASL, ETC.)	CAPACITY (CU YD)	VEHICLE SIZE (GVW)	VEHICLE IDENTIFICATION NUMBER
Freightliner	M2	2023	RO	20	26000	3ALACWFC8PDUM7679
Freightliner	M2	2025	RO	20	26000	1FVACWFC4SHWD4884
V 19						

POLK COUNTY LOCAL BUSINESS TAX RECEIPT

**ACCOUNT NO. 177568** 

CLASS: A

EXPIRES:

09/30/2026

OWNER NAME

LOCATION

24218 HWY 27

TRACY L BRITT

LAKE WALES

**BUSINESS NAME AND MAILING ADDRESS** 

CODE

**ACTIVITY TYPE** 

440000

LTD RETAIL TRADE

BRITTS LAND CLEARING INC BRITTS LAND CLEARING INC 2823 FOX RUN DRIVE LAKE WALES, FL 33898-0803

OFFICE OF JOE G. TEDDER, CFC \* TAX COLLECTOR

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

PAID - 3507355 09/05/2025 OPY

**OLP 31.50** 

**BRITTS LAND CLEARING INC** 

# AFFIDAVIT SUPPORTING RENEWAL OF NONEXCLUSIVE FRANCHISE TO COLLECT, REMOVE, AND TRANSPORT COMMERCIAL SOLID WASTE WITHIN POLK COUNTY

STATE OF FLORIDA COUNTY OF

	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, Britts Land arang, a S 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 Britis Land Charing.			
4)	There are no liens of record filed by the Internal Revenue Service against Brits Land Clearing.			
5)	There are no liens of record filed by the State of Florida, or any agency or subdivision thereof, against Both hour a checken			
6)	the right to inspect Britts hand Classics vehicles, containers, compactors, and other equipment at any time.			
7)	During the time of the existing Commercial Franchise, Britts Loud Claring 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 Britts hand Cleaning will continue to comply with the same.			
Further the a	affiant sayeth not.			
Date	d the 30 Th day of August, 2025			
	Sworn Person Signature			
	Printed Name and Title of Sworn Person			
en c :	ag instrument was sworn (or affirmed) and subscribed before me this 32 day of			
The foregoin	ng instrument was sworn (or affirmed) and subscribed before me this day of who is either personally known to me; or			
has produced	de Dic / as identification			
Alaconin all Alaconing				
WALL TABLE	Notary Public Signature  Elitaria A Sullivan			
MYC	Printed Name of Notary Public			
EXPIRE (AFELX NO	OMMISSION 10-18-2025 HH 690030 TORIAL SEAL) Notary Commission Number/Expiration			
A PAR	OF FLORIDE CONTRACTOR OF STREET			
V VIONALIA	WMBER HT.			

#### **INDEMNITY**

WHEREAS, THE UNDERSIGNED COLL BOTH
(the "Undersigned"), is the Historian Tre
(the "Tros. decel "), a S Corporada,
WHEREAS, the Britis loud Character 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 Battle Change The
NOW, THEREFORE, in consideration of the benefits accruing to the Branch Olycone and for other good and valuable consideration, the Undersigned, by and on behalf of the Branch Clark Local
kind or nature whatsoever that is proximately caused by, incident to, resulting from, arising out of, or occurring in connection with, directly or indirectly, Botto local from from from from from from from from
IN WITNESS WHEREOF, the Undersigned has executed this instrument by and on behalf of the British Land Cleaner Teac this 30 day of August, 2025
ATTEST: GIRALIZ Anna Sullevan
By: Cylling By: Cyllivan  Treagh Britt  Elementh A. Sollivan
[Printed Name, Title] [Printed Name, Title]
SEAL  MY COMMISSION  EVALUATION TO THE PLANT OF THE PLANT

DEPARTMENT OF	, Po	OLK COUNT	Y FLORIDA N	09779	7
RECEIVED FROM BY ALSO Charge TACE			Date 9 /2	20	i i
FUND COST CENTER	A	CCOUNT		PROJECT	
R: New Frencher			\$ 300.00		
			\$		
			\$		
			\$		
CASH BY:BY:BY:BY:BY:		тот	AL 1750	Ó	
PRITTE I AND OF EARING INC		LOCK DISAPPEARS WHEN HEAT		<b>2</b>	164
BRITTS LAND CLEARING INC 2823 FOX RUN DR. LAKE WALES, FL 33898 (863) 949-6974	La	keland, Florida 334 63-7980/2631	801		
PAY TO THE ORDER OF POLK COUNTY WASTE & RECYCLING				9/22/2028 **750.00	
Seven Hundred Fifty and 00/100*********************************	******	*******	******	******	DO
POLK COUNTY WASTE&RECYCLING 10 ENVIRONMENTAL LOOP S WINTER HAVEN, FL 33880	6		lond K	Butt	<u></u>
COMMERCIAL FRANCHISE APPLICATION FOR		3337902	1000 at 1750 B	D SIGNATURE	
BRITTS LAND CLEARING INC.				The same of	
POLK COUNTY MACTE & BEOVER WA					164
POLK COUNTY WASTE & RECYCLING  Date Type Reference Orig 9/22/2025 Bill	ginal Amt. 750.00	Balance Due 750.00	9/22/2025 Discount Check Amount		nent 0.00 = 0.00