DRAFT

COMMERCIAL COLLECTION SERVICE FRANCHISE APPLICATION CHECK-LIST

Applicant: Tracy L Britt - Britts Land Clearing Inc Date: 08-30-2025

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)

DRAFT

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.

I, _____ 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 23rd day of October, 2025, 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

Elizabeth A. Sullivan
Printed Name of Notary Public

HH690030 / 10-18-2029
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.

DIVISION OF CORPORATIONS

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

State Farm

LACY MC CLINTOCK, AGENT
STATE FARM INSURANCE CO
600 3RD ST SW
WINTER HAVEN FL 33880

CONTACT NAME: JULIE TRAMMELL
PHONE (A/C, No, Ext): 863-294-3580 FAX (A/C, No): 863-299-6505
E-MAIL ADDRESS: JULIE@TEAMLACY.COM

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : State Farm Florida Insurance Company	10739
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED

TRACY BRITT dba BRITTS LANDSCAPING SUPPLIES
BRITT'S LANDCLEARING INC.
2823 FOX RUN DR
LAKE WALES FL 33898

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	ADD INSD	SUB WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR X COMMERCIAL BUSINESS POLICY GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO-JECT LOC OTHER:	Y	Y	98-CD-Q665-9 B	12/06/2024	12/06/2025	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 2,000,000 $ 300,000 $ 5,000 $ 2,000,000 $ 4,000,000 $ 4,000,000
	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY SCHEDULED AUTOS NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ $ $ $
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION $						EACH OCCURRENCE AGGREGATE	$ $
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	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
ROOM #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

Julie A Trammell AZ67515

OneBeacon
INSURANCE

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.

Dennis R. Smith, Secretary
OneBeacon America Insurance Company

Michael Miller, President & CEO
OneBeacon America Insurance Company

PROOF OF INSURANCE

Issue Date: **09/18/2025** (MM/DD/YYYY)

Producer
OWNER-OPERATOR SERVICES. INC.

PO BOX 1000

GRAIN VALLEY MO 64029-1000

Insured
BRITT, TRACY L

2823 FOX RUN DR

LAKE WALES FL 33898-0803

This form is issued as a matter of information only and confers no rights upon the holder. This form does not amend, extend, or alter the coverage afforded by the policies below.

COMPANIES AFFORDING COVERAGE

A Atlantic Specialty Insurance Co.

B

C

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 1223326	**10/24/2014**	CONTINUOUS UNTIL CANCELLED	$ 1,000,000 COMBINED SINGLE LIMIT $ 2,000,000 AGGREGATE LIMIT $ 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)

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

Dari Russell

OneBeacon
INSURANCE

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.

Dennis R. Smith, Secretary
OneBeacon America Insurance Company

Michael Miller, President & CEO
OneBeacon America Insurance Company

PROOF OF INSURANCE

Issue Date: **09/10/2025** (MM/DD/YYYY)

Producer
OWNER-OPERATOR SERVICES, INC.

PO BOX 1000

GRAIN VALLEY MO 64029-1000

Insured
SULLIVAN, ELIZABETH ANNE

3113 S COUNTRY CLUB DR

AVON PARK FL 33825-8690

This form is issued as a matter of information only and confers no rights upon the holder. This form does not amend, extend, or alter the coverage afforded by the policies below.

COMPANIES AFFORDING COVERAGE

A Atlantic Specialty Insurance Co.

B

C

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 1560446	**09/10/2025**	CONTINUOUS UNTIL CANCELLED	$ 1,000,000 COMBINED SINGLE LIMIT $ 2,000,000 AGGREGATE LIMIT $ 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)

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

Dari Russell

OneBeacon
INSURANCE

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.

Dennis R. Smith

Dennis R. Smith, Secretary
OneBeacon America Insurance Company

Michael Miller, President & CEO
OneBeacon America Insurance Company

PROOF OF INSURANCE

Issue Date: **09/10/2025** (MM/DD/YYYY)

Producer
OWNER-OPERATOR SERVICES, INC.

PO BOX 1000

GRAIN VALLEY MO 64029-1000

Insured
CHACON, MICHAEL J JR

1992 CHICKASAW BLVD

DAVENPORT FL 33837-1458

This form is issued as a matter of information only and confers no rights upon the holder. This form does not amend, extend, or alter the coverage afforded by the policies below.

COMPANIES AFFORDING COVERAGE

A Atlantic Specialty Insurance Co.

B

C

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 LIMIT $ 2,000,000 AGGREGATE LIMIT $ 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)

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

Dari Russell

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

Tracy L Britt, president
Printed Name and Title of Sworn Person

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 License as identification.

Notary Public Signature

Elizabeth Anne Sullivan
Printed Name of Notary Public

Exp 10-16-2025 / #HH 690030
Notary Commission Number / Expiration

ELIZABETH ANNE SULLIVAN
NOTARY PUBLIC
MY COMMISSION EXPIRES 10-18-2029
STATE OF FLORIDA
COMMISSION NUMBER HH 690030

POLK COUNTY WASTE & RECYCLING

NON-EXCLUSIVE COMMERCIAL FRANCHISE ANNUAL CONTAINER LIST

FRANCHISEE Britt's Land Clearing, Inc.

FOR YEAR 2025-2026

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	
Rented			X		20	X		20-01-23
			X		20	X		20-02-23
			X		20	X		20-03-23
			X		20	X		20-04-23
			X		20	X		20-05-23
			X		20	X		20-06-23
			X		20	X		20-07-23
			X		20	X		20-08-23
			X		20	X		20-09-23
			X		20	X		20-10-24
			X		20	X		20-11-24
			X		20	X		20-12-24
			X		20	X		20-13-24
			X		20	X		20-14-24
			X		20	X		20-15-24
			X		20	X		20-16-24

REVISED 08/2014

POLK COUNTY WASTE & RECYCLING

NON-EXCLUSIVE COMMERCIAL FRANCHISE ANNUAL CONTAINER LIST

FRANCHISEE Britt's Land Clearing, Inc.

FOR YEAR 2025-2026

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	
Rented			X		20	X		20-17-24
			X		20	X		20-18-24
			X		20	X		20-19-24
			X		20	X		20-20-25
			X		20	X		20-21-25
			X		20	X		20-22-25
			X		20	X		20-23-25

REVISED 08/2014

POLK COUNTY WASTE & RECYCLING

NON-EXCLUSIVE COMMERCIAL FRANCHISE ANNUAL CONTAINER LIST

FRANCHISEE Britt's Land Clearing, Inc.

FOR YEAR 2025-2026

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	
Rental			X		7	X		7/1/2023
			X		13	X		13-01-25
			X		15	X		15-01-23
			X		15	X		15-02-23
			X		15	X		15-03-23

REVISED 08/2014

POLK COUNTY WASTE & RECYCLING

NON-EXCLUSIVE COMMERCIAL FRANCHISE ANNUAL VEHICLE LIST

FRANCHISEE Britt's Land Clearin

FOR YEAR 2025 - 2026

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
Freightliner	M2	2023	RO	20	26000	3ALACWFC8PDUM7679
Freightliner	M2	2025	RO	20	26000	1FVACWFC4SHWD4884

POLK COUNTY LOCAL BUSINESS TAX RECEIPT

ACCOUNT NO. 177568 **CLASS: A** **EXPIRES: 09/30/2026**

OWNER NAME	LOCATION
TRACY L BRITT	24218 HWY 27 LAKE WALES

BUSINESS NAME AND MAILING ADDRESS

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

CODE	ACTIVITY TYPE
440000	LTD RETAIL TRADE

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 Polk

Before me, the undersigned notary public authorized to administer oaths, personally appeared Tracy L Britt who, first being duly sworn, on oath deposes and states, as follows:

1) He is President, Britts Land Clearing, Inc, 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 Britts Land Clearing.

4) There are no liens of record filed by the Internal Revenue Service against Britts Land Clearing.

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

6) Tracy L Britt acknowledges and consents that the County shall have the right to inspect Britts Land Clearing vehicles, containers, compactors, and other equipment at any time.

7) During the time of the existing Commercial Franchise, Britts Land Clearing 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 Land Clearing will continue to comply with the same. 1 year

Further the affiant sayeth not.

Dated the 30TH day of August, 2025

Sworn Person Signature

Tracy L Britt
Printed Name and Title of Sworn Person

The foregoing instrument was sworn (or affirmed) and subscribed before me this 30TH day of August, 2025, by Tracy L Britt, who is either ☐ personally known to me; or ☒ has produced FL DLIC as identification.

Notary Public Signature

Elizabeth A. Sullivan
Printed Name of Notary Public

10-18-2025 HH690030
Notary Commission Number/Expiration

ELIZABETH ANNE SULLIVAN NOTARY PUBLIC MY COMMISSION EXPIRES 10-18-2029 STATE OF FLORIDA COMMISSION NUMBER HH 690030

(AFFIX NOTORIAL SEAL)

INDEMNITY

WHEREAS, THE UNDERSIGNED Tracy L. Britt (the "Undersigned"), is the President of Britts Land Clearing, Inc (the "President"), a S Corporation,

WHEREAS, the Britts Land Clearing Inc 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 Britts Land Clearing, Inc

NOW, THEREFORE, in consideration of the benefits accruing to the Britts Land Clearing and for other good and valuable consideration, the Undersigned, by and on behalf of the Britts Land Clearing, 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, Britts Land Clearing 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 Britts Land Clearing Inc this 30th day of August, 2025

ATTEST:

Elizabeth Anne Sullivan
a Notary Public

By: _____

Tracy L Britt
[Printed Name, Title]

By: _____

Elizabeth A. Sullivan
[Printed Name, Title]

SEAL

ELIZABETH ANNE SULLIVAN
NOTARY PUBLIC
MY COMMISSION EXPIRES 10-18-2029
STATE OF FLORIDA
COMMISSION NUMBER HH 690030

DEPARTMENT OF Solid Waste, POLK COUNTY FLORIDA No 97797

RECEIVED FROM Britts Land Clearing INC Date 9/23 20 25

FUND	COST CENTER	ACCOUNT	PROJECT

FOR: New franchise $ 750.00

$

$

$

CASH ☐ _____ BY: _____

CHECK ☒ 16431

TOTAL 750 00

REVISED 05/12

HOLD TO LIGHT TO VIEW TRUE WATERMARK IN PAPER HEAT SENSITIVE RED LOCK DISAPPEARS WHEN HEATED

16431

BRITTS LAND CLEARING INC
2823 FOX RUN DR.
LAKE WALES, FL 33898
(863) 949-6974

MIDFLORIDA CREDIT UNION
Lakeland, Florida 33801

63-7980/2631

9/22/2025

PAY TO THE ORDER OF POLK COUNTY WASTE & RECYCLING

$ **750.00

DOLLAR

Seven Hundred Fifty and 00/100**********

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

MEMO

Linda K Britts
AUTHORIZED SIGNATURE

COMMERCIAL FRANCHISE APPLICATION FORM

⑈016438⑈ ⑆263179804⑆ 1333790221⑈

BRITTS LAND CLEARING INC.

1643

POLK COUNTY WASTE & RECYCLING

Date	Type	Reference	Original Amt.	Balance Due	9/22/2025 Discount	Payment
9/22/2025	Bill		750.00	750.00		750.00
					Check Amount	750.00

Britt's Land Clearing I COMMERCIAL FRANCHISE APPLICATION FO 750.00