

**DRAFT**

**COMMERCIAL COLLECTION SERVICE FRANCHISE APPLICATION CHECK-LIST**

Applicant: i4WasteValt and Recycling

Date: 9/20/2025

Status	Brief Description of Application Requirements
<input type="checkbox"/> Met; <input type="checkbox"/> Not Met	Identity of the applicant, to include its principals, partners, and management. Section 4-1 C. (2)(a)
<input checked="" type="checkbox"/> Met; <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 type="checkbox"/> Met; <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 type="checkbox"/> Met; <input checked="" 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)
<input checked="" type="checkbox"/> Met; <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 type="checkbox"/> Met; <input checked="" 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; <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 checked="" type="checkbox"/> Met; <input 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)
<input checked="" type="checkbox"/> Met; <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; <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)
<input checked="" type="checkbox"/> Met; <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)
<input checked="" type="checkbox"/> Met; <input type="checkbox"/> Not Met	Delivery of applicable Commercial Franchise application fee. Section 4-1 C. (5)

*needs additional verbiage*

*not completely filled out*

*?*



[Department of State](#) / [Division of Corporations](#) / [Search Records](#) / [Search by Entity Name](#) /

## Detail by Entity Name

Florida Limited Liability Company  
I4 WASTE VALET & RECYCLING "L.L.C."

### Filing Information

<b>Document Number</b>	L17000188627
<b>FEI/EIN Number</b>	82-2728067
<b>Date Filed</b>	09/05/2017
<b>Effective Date</b>	09/01/2017
<b>State</b>	FL
<b>Status</b>	ACTIVE
<b>Last Event</b>	LC NAME CHANGE
<b>Event Date Filed</b>	01/16/2018
<b>Event Effective Date</b>	NONE

### Principal Address

7802 Kingspointe Pkwy  
Suite #209  
Orlando, FL 32819

Changed: 01/26/2021

### Mailing Address

7802 Kingspointe Pkwy  
Suite #209  
Orlando, FL 32819

Changed: 01/26/2021

### Registered Agent Name & Address

DORVIL, ROBENSON  
7802 Kingspointe Pkwy  
Suite #209  
Orlando, FL 32819

Address Changed: 01/26/2021

### Authorized Person(s) Detail

**Name & Address**

Title President

Dorvil, Robenson  
 7802 Kingspointe Pkwy  
 Suite #209  
 Orlando, FL 32819

**Annual Reports**

Report Year	Filed Date
2023	01/10/2023
2024	03/25/2024
2025	04/02/2025

**Document Images**

<a href="#">04/02/2025 -- ANNUAL REPORT</a>	View image in PDF format
<a href="#">03/25/2024 -- ANNUAL REPORT</a>	View image in PDF format
<a href="#">01/10/2023 -- ANNUAL REPORT</a>	View image in PDF format
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<a href="#">05/01/2020 -- ANNUAL REPORT</a>	View image in PDF format
<a href="#">03/10/2019 -- ANNUAL REPORT</a>	View image in PDF format
<a href="#">03/24/2018 -- ANNUAL REPORT</a>	View image in PDF format
<a href="#">01/16/2018 -- LC Name Change</a>	View image in PDF format
<a href="#">09/05/2017 -- Florida Limited Liability</a>	View image in PDF format



# Waste Valet & Recycling

Unforgettably Different

November 13, 2025

To whom it may concern:

As of the date of the correspondence stated above, i4 Waste Valet & Recycling as well as it's Managing Member/Owner, Robenson Dorvil has never and is currently not involved in any type of litigation, criminal proceedings, or agency enforcement case, judgements, and or Liens including the Internal Revenue Service and all state and or federal government litigation, or civil suits.

State of Florida

County of Orange

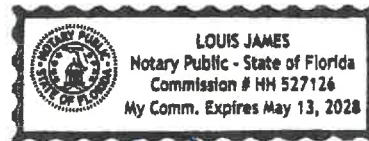
On December 16, 2025 before me, Robenson Dorvil (name and title of officer), personally appeared DL-5228-871-44, who proved to me based on satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that she/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of Florida that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature [Handwritten Signature]

Print Name Louis James



[Handwritten Signature]

i4 Waste Valet & Recycling  
7802 Kingspointe Parkway  
Suite 209  
Orlando, FL 32819

321-370-1707  
Info@i4WasteValet.com



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/09/2025

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 TROXELL 214 South Grand Ave West  Springfield IL 62704	CONTACT NAME: Kathleen Ohl	PHONE (A/C, No, Ext): (217) 528-7533	FAX (A/C, No): (217) 528-1041
	E-MAIL ADDRESS: kohl@troxellins.com		
INSURED  I4 Waste Valet & Recycling, L.L.C. 7802 Kingspointe Pkwy Suite 209 Orlando FL 32819	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Cincinnati Specialty Underwriters Ins Co Inc		
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		
INSURER F:			


**COVERAGES** CERTIFICATE NUMBER: CL252449894 REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			CSU0224992	02/15/2025	02/15/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ Excluded PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
	<b>AUTOMOBILE LIABILITY</b> <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) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			CSU0224993	02/15/2025	02/15/2026	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> 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****CANCELLATION**

Polk County Solid Waste 10 Environmental Loop S  Winter Haven FL 33880	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 
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# CERTIFICATE OF LIABILITY INSURANCE

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10/09/2025

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<b>PRODUCER</b> Lee R. Rogers Agency, Inc.- DBA Florida Insurance Group 11531 Lake Underhill Road Orlando, FL 32825 License #: A224521	<b>CONTACT NAME:</b> Elizabeth Sito <b>PHONE (A/C, No, Ext):</b> 407-277-6000 <b>E-MAIL ADDRESS:</b> ebeths@floridainsurance.com	<b>FAX (A/C, No):</b> 407-277-9777	
	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
<b>INSURED</b> I4 WASTE VALET & RECYCLING LLC ROBENSON DORVIL 7802 Kingspointe Pkwy Ste 209 Orlando, FL 32819	<b>INSURER A : Progressive</b>		<b>10193</b>
	<b>INSURER B :</b>		
	<b>INSURER C :</b>		
	<b>INSURER D :</b>		
	<b>INSURER E :</b>		
	<b>INSURER F :</b>		

**COVERAGES**      **CERTIFICATE NUMBER: 00017542-1348358**      **REVISION NUMBER: 1**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	<b>COMMERCIAL GENERAL LIABILITY</b> <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:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$	
<b>A</b>	<b>AUTOMOBILE LIABILITY</b> <input checked="" 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			<b>03843130</b>	<b>07/30/2025</b>	<b>07/30/2026</b>	COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b> BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$	
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$	
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N 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****CANCELLATION**

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

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

*Elizabeth Sito*

(ELZ)

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# CERTIFICATE OF LIABILITY INSURANCE

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10/9/2025

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<b>PRODUCER</b> LRA Insurance P.O. Box 948173  Maitland FL 32794	<b>CONTACT NAME:</b> Brittani Wiedemann <b>PHONE (A/C No. Ext):</b> (407) 838-3445 <b>E-MAIL ADDRESS:</b> bwiedemann@lrainsurance.com	<b>FAX (A/C No.):</b> (407) 838-3460
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> I4 Waste Valet & Recycling, LLC 7802 KingsPointe Pkwy Suite 209 Orlando FL 32839	<b>INSURER A:</b> Service Lloyds Insurance Company <b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	<b>NAIC #</b> 43389

**COVERAGES**

CERTIFICATE NUMBER: 25 - 26


REVISION NUMBER:

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	<b>COMMERCIAL GENERAL LIABILITY</b> <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:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$	
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$	
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$	
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	11134	6/22/2025	6/22/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000	

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

**CERTIFICATE HOLDER****CANCELLATION**

Polk County Solid Waste 10 Environmental Loop S Winter Haven, FL 33880	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  John Lumbra/CLYN 
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ACORD 25 (2014/01)

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INS025 (201401)

POLK COUNTY WASTE & RECYCLING  
 NON-EXCLUSIVE COMMERCIAL FRANCHISE ANNUAL CONTAINER LIST  
 FRANCHISEE i4 Waste Valet and Recycling  
 FOR YEAR 2025

OFFICE USE ONLY  
 DATE RECEIVED \_\_\_\_\_  
 DATE TO AUDITING \_\_\_\_\_  
 ACCEPTED \_\_\_\_\_

CUSTOMER NAME	CONTAINER TYPE/SIZE				CAPACITY (CU YD)	COLLECTION FREQUENCY		CONTAINER IDENTIFICATION NUMBER
	DUMPSTER	COMPACTOR	ROLL OFF	OTHER		ON CALL	DAYS/WK	
N/A We do not Service compactors Dumpsters or roll offs								



POLK COUNTY WASTE & RECYCLING  
 NON-EXCLUSIVE COMMERCIAL FRANCHISE ANNUAL VEHICLE LIST

FRANCHISEE iA Waste Valet and Recycling  
 FOR YEAR 2025

OFFICE USE ONLY

DATE RECEIVED \_\_\_\_\_

DATE TO AUDITING \_\_\_\_\_

ACCEPTED \_\_\_\_\_

VEHICLE MAKE	VEHICLE MODEL	YEAR	TYPE (RO, REL, FEL, ASL, ETC.)	CAPACITY (CU YD)	VEHICLE SIZE (GVW)	VEHICLE IDENTIFICATION NUMBER
Chevrolet	C6C	2003	Dump		22000	1CBJ6J1C03FS14616
ISUZU	NPR	2017	Dump		25999	JALCAW16XH7000662
Ford	F550	2021	Trailer (NO DUMP)		19500	1FD0FSHN7MEDS4390
ISUZU	NPR	2024	Dump		19500	JALESW16ZR7307122
ISUZU	NPR-HD	2024	Dump		14500	5ADCAW1D7RS220805

## Zimmerman, Debra

---

**From:** i4ServiceTeam <info@i4wastevalet.com>  
**Sent:** Tuesday, October 28, 2025 2:47 PM  
**To:** Zimmerman, Debra  
**Subject:** [EXTERNAL]: Re: Non-Exclusive Franchise Agreement  
**Attachments:** Outlook-2rba03o0

Hello Debbie,

Thank you. I'll make the revisions and have the document notarized.

Just to clarify, we currently don't service compactors or handle trash removal from them. This is something we may consider adding to our services in the future.

At this time, in Polk County, we collect and dispose of household furniture items at the landfill. That's why I indicated that we don't service compactors.

Kindly,  
Nadege

---

**From:** Zimmerman, Debra <debrazimmerman@polk-county.net>  
**Sent:** Tuesday, October 28, 2025 1:59 PM  
**To:** i4ServiceTeam <info@i4wastevalet.com>  
**Subject:** RE: Non-Exclusive Franchise Agreement

Good afternoon,

The following verbiage needs to be added: "or agency enforcement cases after criminal proceeding"  
Also, this form needs to be notarized.

Container List: Not sure what you mean by "We do not service compactors, dumpster. Or Rolloff. What is the nature of your business? Do you rent out your dumpsters? What is the Collection Frequency , Container Identification Numbers.

**POLK COUNTY LOCAL BUSINESS TAX RECEIPT**

**ACCOUNT NO. 251553**

**CLASS: A**

**EXPIRES:**

**09/30/2026**

**OWNER NAME**

**LOCATION**

**ROBENSON DORVIL**

**BUSINESS NAME AND MAILING ADDRESS**

**CODE**

**ACTIVITY TYPE**

**I4 WASTE VALET & RECYCLING LLC**

**560000**

**LTD SUPPORT SERVICE**

**I4 WASTE VALET & RECYCLING LLC**

**7802 KINGSPONTE PKWY**

**ORLANDO, FL 32819**



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

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

**PAID - 3420008 07/16/2025 OPY**

**OLP 31.50**

**I4 WASTE VALET & RECYCLING LLC**

INDEMNITY

WHEREAS, THE UNDERSIGNED Roberson Dorvil  
(the "Undersigned"), is the Owner of 14 Waste Valet and Recycling  
(the "\_\_\_\_"), a \_\_\_\_\_,

WHEREAS, the Owner, 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 14 Waste Valet and Recycling

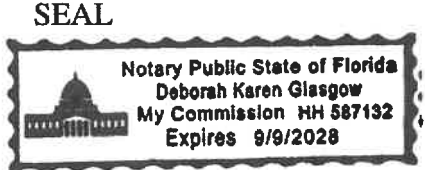
NOW, THEREFORE, in consideration of the benefits accruing to the \_\_\_\_\_ and for other good and valuable consideration, the Undersigned, by and on behalf of the 14 Waste Valet and Recycling does hereby forever release, indemnify, keep, save, and hold harmless the County, its commissioners, officers, 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, 14 Waste Valet and Recycling, 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 Roberson Dorvil this 17<sup>th</sup> day of October, 2015.

ATTEST:

By: Deborah Karen Glasgow  
Deborah Karen Glasgow  
[Printed Name, Title]

a \_\_\_\_\_  
By: [Signature]  
Roberson Dorvil Founder  
[Printed Name, Title]



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

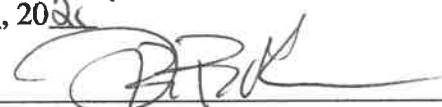
STATE OF FLORIDA  
COUNTY OF Orange

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

- 1) He is OWNER OF i4 Waste Valet and Recycling 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 i4 Waste Valet and Recycling
- 4) There are no liens of record filed by the Internal Revenue Service against i4 Waste Valet and Recycling
- 5) There are no liens of record filed by the State of Florida, or any agency or subdivision thereof, against i4 Waste Valet and Recycling
- 6) Roberson Dorvil acknowledges and consents that the County shall have the right to inspect i4 Waste Valet and Recycling vehicles, containers, compactors, and other equipment at any time.
- 7) During the time of the existing Commercial Franchise, i4 Waste Valet and Recycling 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 2026 will continue to comply with the same.

Further the affiant sayeth not.

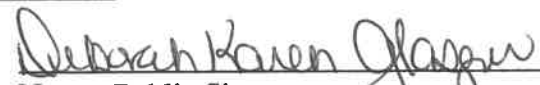
Dated the 17<sup>th</sup> day of October, 2020

  
Sworn Person Signature  
ROBERSON DORVIL Founder  
Printed Name and Title of Sworn Person

The foregoing instrument was sworn (or affirmed) and subscribed before me this 17<sup>th</sup> day of October, 2025, by Roberson Dorvil, who is either  personally known to me; or  has produced N/A as identification.



(AFFIX NOTORIAL SEAL)

  
Notary Public Signature  
Deborah Karen Glasgow  
Printed Name of Notary Public  
HH587132 9/9/2028  
Notary Commission Number/Expiration

# Thank you for your payment

**Confirmation #** 183830883  
**Date** Thursday, October 9, 2025, 12:23:18 PM US  
 Eastern Time  
**Total Amount** \$752.95  
**Paid with** Business Checking account ending in 4622  
**Customer Information** Robenson Dorvil  
 info@i4WasteValet.com  
 (321) 370-1707

## Transaction Details

Bill Type	Details	Amount
License	<b>Company Name:</b> i4 Waste Valet and Recycling	\$750.00
Renewal	<b>Ticket or Invoice</b> Franchise Application <b>Number:</b> Fee	
	Sub Total	\$750.00
	Convenience Fee	\$2.95
	<b>Total</b>	<b>\$752.95</b>

### 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

# Thank you for your payment!

This service has been provided by [Polk County BoCC - Solid Waste, FL](#) and [Point & Pay](#). We value your business. Please keep this receipt for future reference.

You have made a payment to [Polk County BoCC - Solid Waste, FL](#). 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.

**Name:** Robenson Dorvil  
**Address:** 7802 Kingspointe Parkway, Orlando 00, 00, 32819  
**Contact:** 3213701707  
**Comments:**

**Payment ID:** 183830883  
**Date:** 10/09/25 12:23 PM  
**Subtotal:** \$750.00  
**Fee:** \$2.95  
**Total:** \$752.95  
**Method:** Electronic Check(\*\*\*\*\*4622)

Item Purchased	Transaction Description	Account	Amount
License Renewal	CTYPolkWsteGOV	Franchise Application Fee	\$750.00

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
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.

[Print Receipt](#) [Close Window](#)

*14 waste .*