

DRAFT**COMMERCIAL COLLECTION SERVICE FRANCHISE APPLICATION CHECK-LIST**Applicant: Lazy Lizard Dumpster and Trailer Rental llc Date: 12.23.25

Status	Brief Description of Application Requirements
<input checked="" type="checkbox"/> Met; 1. <input type="checkbox"/> Not	Identity of the applicant, to include its principals, partners, and management. Section 4-1 C. (2)(a)
<input checked="" type="checkbox"/> Met; 2. <input type="checkbox"/> Not Met	Evidence the entity is authorized to do business with the State of Florida and in good standing with the Department of State. Section 4-1 C. (2)(a)
<input checked="" type="checkbox"/> Met; 3. <input type="checkbox"/> Not Met	Information regarding the experience and qualifications of the applicant and its personnel with regard to Solid Waste collection. Section 4-1 C. (2)(b)
<input checked="" type="checkbox"/> Met; 4. <input type="checkbox"/> Not Met	Information about the applicant's (including its principals, partners, and officers) involvement as a subject or as a part in any litigation, criminal proceedings, or agency enforcement cases. Section 4-1 C. (2)(c) MUST BE NOTARIZED
<input checked="" type="checkbox"/> Met; 5. <input type="checkbox"/> Not Met	List of all vehicles, equipment and other physical assets [by make, model, capacity, size, type and VIN] the applicant will use to collect and transport Solid Waste when providing Commercial Collection service within Polk County. Section 4-1 C. (2)(d)
<input checked="" type="checkbox"/> Met; 6. <input type="checkbox"/> Not Met	List identifying the frequency of Commercial Collection Service applicant provides to its customers with the identification number, size, capacity, and type of each dumpster, roll cart, roll-off Container and compactor that the applicant will use to collect Commercial Solid Waste within the County. Section 4-1 C. (2)(e)
<input checked="" type="checkbox"/> Met; 7. <input type="checkbox"/> Not Met	Applicant's acknowledgment and consent the County has the right to inspect the applicant's vehicles, Containers, compactors and other equipment at any time. Section 4-1 C. (2)(f)
<input checked="" type="checkbox"/> Met; 8. <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) Certificate Holder: Polk County, a political subdivision of the State of Florida. 330 W Church St, Rm 150 Bartow, FL 33830
<input checked="" type="checkbox"/> Met; 9. <input type="checkbox"/> Not Met	Evidence the applicant has obtained all permits and licenses required by law or ordinance to provide Commercial Collection Service within the County. Section 4-1 C. (2)(h)
<input checked="" type="checkbox"/> Met 10. <input type="checkbox"/> Not Met	Delivery of Sworn affidavit confirming: (i) no unsatisfied judgments pending against the applicant; (ii) no liens of record filed by the IRS or State against the applicant; (iii) applicant will comply with all Ord. requirements and all applicable laws. Section 4-1 C. (2)(i) MUST BE NOTARIZED
<input checked="" type="checkbox"/> Met; 11. <input type="checkbox"/> Not Met	Delivery of written indemnity of County from any loss which may result from the applicant, its employees, subcontractors, agents, failure to perform in compliance with the terms of the franchise or the Ordinance. Section 4-1 C. (2)(j) MUST BE NOTARIZED
<input type="checkbox"/> Met 12. <input type="checkbox"/> Not Met	Delivery of applicable Commercial Franchise application fee. Section 4-1 C. (5)

DRAFT



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

Detail by Entity Name

Florida Limited Liability Company
LAZY LIZARD DUMPSTER AND TRAILER RENTALS LLC

Filing Information

Document Number L25000374949
FEI/EIN Number NONE
Date Filed 08/14/2025
Effective Date 08/14/2025
State FL
Status ACTIVE

Principal Address

8760 WEE FARMS LN
POLK, FL 33868

Mailing Address

8760 WEE FARMS LN
POLK, FL 33868

Registered Agent Name & Address

DIES, CHRISTOPHER C
8760 WEE FARMS LN
POLK, FL 33868

Authorized Person(s) Detail

Name & Address

Title MGR

DIES, CHRISTOPHER C
8760 WEE FARMS LN
POLK CITY, FL 33868

Title MGR

SPRING, JORDAN
8760 WEE FARMS LN
POLK, FL 33868

Annual Reports

No Annual Reports Filed



LAZYLIZ-01

MJONES

DATE (MM/DD/YYYY)

12/8/2025

CERTIFICATE OF LIABILITY INSURANCE

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERs NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT	Michele Jones
	NAME:	
Corkhill Insurance Agency, LLC 20 S. Bumby Ave Orlando, FL 32803	PHONE (A/C, No. Ext):	(407) 898-8891
	FAX (A/C, No.):	(407) 898-8813
INSURED	E-MAIL ADDRESS:	michele@corkhillinsurance.com
	INSURER(S) AFFORDING COVERAGE	NAIC #
Lazy Lizard Dumpster and Trailer Rentals LLC 8760 Wee Farms Ln Polk City, FL 33868-2651	INSURER A : Security National Ins Co	19879
	INSURER B :	
INSURER C :		
INSURER D :		
INSURER E :		
INSURER F :		

COVERAGES		CERTIFICATE NUMBER:		REVISION NUMBER:					
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.									
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WWD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	X COMMERCIAL GENERAL LIABILITY			SES1832821 01	12/3/2025	12/3/2026	EACH OCCURRENCE	\$ 1,000,000	
	CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (EA occurrence)	\$ 100,000	
						MED EXP (Any one person)	\$ 5,000		
						PERSONAL & ADV INJURY	\$ 1,000,000		
						GENERAL AGGREGATE	\$ 2,000,000		
						PRODUCTS - COMP/OP AGG	\$ 2,000,000		
						OTHER:	\$		
						GEN'L AGGREGATE LIMIT APPLIES PER:			
						POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC			
						AUTOMOBILE LIABILITY			
						ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS			
						HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			
A	X UMBRELLA LIAB	<input checked="" type="checkbox"/>	OCCUR	EXS1832828 400	12/3/2025	12/3/2026	EACH OCCURRENCE	\$ 1,000,000	
	EXCESS LIAB	<input type="checkbox"/>	CLAIMS-MADE				AGGREGATE	\$ 1,000,000	
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000								
						WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			
						ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/>			
						(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			
						Y / N	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	
	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.	
Polk County a political subdivision of the State of Florida 330 W Church Street Rm 150 Bartow, FL 33830	AUTHORIZED REPRESENTATIVE	
	<i>Anne M. Stevenson</i>	

11:00

71

apps.flDFS.com/bocexempt/C



WORKERS' COMPENSATION

Advancing the Self-Insured of the Best Workers' Compensation System

WC Home WC Databases CFO Home



NOTICE OF ELECTION TO BE EXEMPT

THANK YOU FOR SUBMITTING YOUR APPLICATION TO THE
DIVISION OF WORKERS' COMPENSATION.

Application Number: E02269028

The Division of Workers' Compensation (Division) has 30 days to review your application to determine if it meets the eligibility requirements for the issuance of an exemption. The Division will issue a Certificate of Election to be Exempt from Florida Workers' Compensation Law or request additional information. The Division reviews and processes exemption applications in the order they are received.

An email notification will be sent to the email address indicated on the exemption application of the issuance of the Certificate. Certificate holders may print the Certificate of Election to be Exempt immediately after the exemption is issued by the Division. Additionally, exemption information is reflected on the Exemption Search database the day following the issuance of the exemption.

If you have any questions or need additional assistance, contact the Division's Customer Service Office at 850-413-1609.

Click the button below to print a copy of the exemption application.

[PRINT APPLICATION](#)

[WC Home](#)

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BLAISE INGOGLIA
CHIEF FINANCIAL OFFICER

STATE OF FLORIDA
DEPARTMENT OF FINANCIAL SERVICES
DIVISION OF WORKERS' COMPENSATION

**** CERTIFICATE OF ELECTION TO BE EXEMPT FROM FLORIDA WORKERS' COMPENSATION LAW ****

NON-CONSTRUCTION INDUSTRY EXEMPTION

This certifies that the individual listed below has elected to be exempt from Florida Workers' Compensation law.

EFFECTIVE DATE: 1/5/2026

EXPIRATION DATE: 1/5/2028

PERSON: CHRISTOPHER C DIES

EMAIL: CHRIS@GREENSWAMPEXOTICS.COM

FEIN: 394305970

BUSINESS NAME AND ADDRESS:

LAZY LIZARD DUMPSTER AND TRAILER RENTALS LLC

8760 WEE FARMS LN

POLK CITY, FL 33868

This certificate of election to be exempt is NOT a license issued by the Department of Business and Professional Regulation. To determine if the certificate holder is required to have a license to perform work or to verify the license of the certificate holder, go to www.myfloridalicense.com.

IMPORTANT: Pursuant to subsection 440.05(13), F.S., an officer of a corporation who elects exemption from this chapter by filing a certificate of election under this section may not recover benefits or compensation under this chapter. Pursuant to subsection 440.05(11), F.S., Certificates of election to be exempt issued under subsection (3) apply only to the corporate officer named on the notice of election to be exempt. Pursuant to subsection 440.05(12), F.S., notices of election to be exempt and certificates of election to be exempt shall be subject to revocation if, at any time after the filing of the notice or the issuance of the certificate, the person named on the notice or certificate no longer meets the requirements of this section for issuance of a certificate. The department shall revoke a certificate at any time for failure of the person named on the certificate to meet the requirements of this section.

LAZY LIZARD DUMPSTER AND TRAILER RENTALS

863-877-5146

chris@greenswampexotics.com
8760 wee farms In polk city
FF 33868

Date: 12/22/2025

To whom it may concern



As of the date of the correspondence stated above, lazy lizard dumpster and trailer rentals, as well as it's Managing Member/Owner, Christopher Dies 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

Christopher Dies, MGR\Owner of Lazy Lizard Dumpster and Trailer Rentals do attest the above statement to be true and correct.

State Florida

County of Polk

The foregoing instrument was acknowledged before me this 22nd day of December 2025 Personally Know or Produced identification NDU

A handwritten signature in blue ink that reads "Amanda Dean".

Amanda Dean
Notary Public, State of Florida
My Comm Expires July 16, 2027
Commission #HH400468

POLK COUNTY WASTE & RECYCLING

NON-EXCLUSIVE COMMERCIAL FRANCHISE ANNUAL CONTAINER LIST

FRANCHISEE Lazy Lizard Dumpster and Trailer Ranch

FOR YEAR 2025

OFFICE USE ONLY

DATE RECEIVED

DATE TO AUDITING

ACCEPTED

1 POLK COUNTY WASTE & RECYCLING

2 NON-EXCLUSIVE COMMERCIAL FRANCHISE ANNUAL VEHICLE LIST

3 FRANCHISEE Lazy Lizard Dumpster and Trailer Rental

4 FOR YEAR 2025

5 OFFICE USE ONLY

6 DATE RECEIVED

7 DATE TO AUDITING

8 ACCEPTED

9 VEHICLE MAKE	10 VEHICLE MODEL	11 YEAR	12 TYPE (RO, REL, FEL, ASL, ETC.)	13 CAPACITY (CU YD)	14 VEHICLE SIZE (GVW)	15 VEHICLE IDENTIFICATION NUMBER
16 Ford	17 F250	18 2020	19 Roll up	20 15	21 10800	22 1FT8W2BT3L6L72947
23	24	25	26	27	28	29
30	31	32	33	34	35	36
37	38	39	40	41	42	43
44	45	46	47	48	49	50
51	52	53	54	55	56	57
58	59	60	61	62	63	64
65	66	67	68	69	70	71
72	73	74	75	76	77	78
79	80	81	82	83	84	85
86	87	88	89	90	91	92
93	94	95	96	97	98	99
100	101	102	103	104	105	106

For Your Information: What You Need To Know About Tangible Personal Property

Every individual or firm doing business and located in Polk County is also subject to the tangible personal property requirement.

An initial tangible personal property tax return is required to be filed with the Polk County Property Appraiser's Office by April 1st of the year after the business opens. The initial return is required if the business owns or leases any personal property, without regard to the value of that personal property. In subsequent years, however, no return is required unless the combined value of all business equipment is more than 25,000 dollars.

To file an initial tangible personal property tax return or for additional information, visit Polk County Property Appraiser's Office website, polkpa.org.

POLK COUNTY LOCAL BUSINESS TAX RECEIPT

ACCOUNT NO. 265254

CLASS: A

EXPIRES: 09/30/2026

OWNER NAME	LOCATION
CHRISTOPHER CHARLES DIES	8760 WEE FARMS LN POLK CITY

BUSINESS NAME AND MAILING ADDRESS

LAZY LIZARD DUMPSTER AND TRAILER
RENTALS LLC
CHRISTOPHER DIES
8760 WEE FARMS LN
POLK CITY, FL 33868

CODE ACTIVITY TYPE
810000 LTD OTHER SERVICES

OFFICE OF JOE G. TEDDER, CFC • TAX COLLECTOR

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

PAID - 3709739 11/21/2025 HMF

TAX 31.50

LAZY LIZARD DUMPSTER AND TRAILER RENTALS LLC



INDEMNITY

WHEREAS, THE UNDERSIGNED Christopher Dres
(the "Undersigned"), is the Owner of Lazy Lizard Dumpster and Tractor Rents
(the "Company"), a LLC,

WHEREAS, the Christopher Dres, 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 Lazy Lizard Dumpster and Tractor Rents)

NOW, THEREFORE, in consideration of the benefits accruing to the Lazy Lizard Dumpster and Tractor Rents and for other good and valuable consideration, the Undersigned, by and on behalf of the Lazy Lizard Dumpster and Tractor Rents 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 Lazy Lizard Dumpster and Tractor Rents, 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 Lazy Lizard Dumpster and Tractor Rents, this 16th day of Dec, 2025.

ATTEST:

By: Christopher Dres

Christopher Dres

[Printed Name, Title]

a _____

By: Jennifer Miller

Jennifer Miller

[Printed Name, Title]

AFFIX NOTORIAL SEAL

Jennifer A. Miller
Notary Public, State of Florida
My Comm Expires August 28, 2026
Commission #HH286313

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 Christopher Dies who, first being duly sworn, on oath deposes and states, as follows:

- 1) He is Christopher Dies, a LLC corporation.
- 2) He has personal knowledge of the facts stated in this Affidavit and that all such facts are true and correct.
- 3) There are no unsatisfied judgments entered against Lazy Lizard Dumpster and Trailer Rent
- 4) There are no liens of record filed by the Internal Revenue Service against Lazy Lizard Dumpster and Trailer Rent
- 5) There are no liens of record filed by the State of Florida, or any agency or subdivision thereof, against Lazy Lizard Dumpster Rent
- 6) Christopher Dies acknowledges and consents that the County shall have the right to inspect Lazy Lizard Dumpster and _{Trailer Rent} vehicles, containers, compactors, and other equipment at any time.
- 7) During the time of the existing Commercial Franchise, Lazy Lizard Dumpster and Trailer Rent 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 of 1 Year will continue to comply with the same.

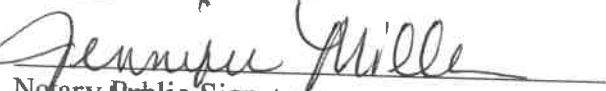
Further the affiant sayeth not.

Dated the 16th day of Dec, 2025


Sworn Person Signature
Christopher Dies /Owner
Printed Name and Title of Sworn Person

The foregoing instrument was sworn (or affirmed) and subscribed before me this 17 day of December, 2025, by Christopher Dies, who is either personally known to me; or as identification.
has produced FL DR LIC

Jennifer A. Miller
Notary Public, State of Florida
My Comm Expires August 28, 2026
Commission #HH286313


Notary Public Signature
Jennifer Miller
Printed Name of Notary Public
8/28/2026
Notary Commission Number/Expiration

(AFFIX NOTORIAL SEAL)

Payment Search

Search By	Payment ID																				
Payment ID	188516057	Search																			
Payment ID	Created	Customer Name	Status	Product	Amount																
188516057	12/22/25 08:21 AM	Christopher Dies	Approved - Comp	Truck Inspection	\$773.15																
<input type="button" value="Hide Details"/> <input type="button" value="Save Changes"/> <input type="button" value="Email Customer"/> <input type="button" value="View Receipt"/> <input type="button" value="Make Comment"/> <input type="button" value="New Payment"/> <input type="button" value="Approve Payment"/> <input type="button" value="Void Payment"/> <input type="button" value="Refund Payment"/> <input type="button" value="Chargeback"/> <input type="button" value="View Bank Info"/>		Payment Summary Payment ID: 188516057 Subtotal: \$750.00 Fee: \$23.15 Total: \$773.15 Type: Credit Card Account: 470793****4207		Payment Details Type: Purchase Created: 12/22/25 08:21 AM Status: Approved - Comp Channel: WEB Partner: Polk County BoCC - Solid Waste (FL) Office: <input type="button" value="No Office"/>		Customer Details Name: Christopher Dies Address: 8760 wee farms ln City/ST/Zip: Polk FL 33868 US Email: chris@greenswampexotics.com Phone: (863) 877-5146 Mobile: Birthdate: Comments:															
Additional Details Lineitem Details <table border="1"> <thead> <tr> <th>PID</th> <th>Product</th> <th>Account</th> <th>Qty</th> <th>Subtotal</th> <th>Fee</th> <th>Total</th> <th>Additional Details</th> </tr> </thead> <tbody> <tr> <td>188516057</td> <td>Truck Inspection</td> <td>Lazy lizard dumpster and trailer rentals</td> <td>1</td> <td>\$750.00</td> <td>\$23.15</td> <td>\$773.15</td> <td>Click To View</td> </tr> </tbody> </table>						PID	Product	Account	Qty	Subtotal	Fee	Total	Additional Details	188516057	Truck Inspection	Lazy lizard dumpster and trailer rentals	1	\$750.00	\$23.15	\$773.15	Click To View
PID	Product	Account	Qty	Subtotal	Fee	Total	Additional Details														
188516057	Truck Inspection	Lazy lizard dumpster and trailer rentals	1	\$750.00	\$23.15	\$773.15	Click To View														



Office of Joe G. Tedder, Tax Collector for Polk County, Florida

PO Box 2016 | Bartow, FL 33831-2016 | Tel. 863-534-4700 | Fax: 863-534-4735 | Email: BT@PolkTaxes.com

COUNTY LOCAL BUSINESS TAX ACCOUNT APPLICATION FORM

To be submitted October through June

SECTION

Application Instructions: Please print. Enter all required information. Once completed, follow payment instructions at the bottom of page 2.

Note: Tangible Personal Property information and the telephone number and email address provided in this application are recorded on behalf of the Property Appraiser as part of the applicant's tangible personal property tax return (required under F.S. 193) and are not subject to a regular public records request. Applicants can have their telephone number and email address made available to the public by checking the applicable box provided. Social Security (SSN) or Federal Employment Identification (FEIN) Number is required under F.S. 205.0535 (5). SSN and FEIN are not subject to regular public record requests.

1. Name of Applicant (Owner or Principal): Enter the legal name of the owner or principal of the business making application.

First Christopher M. Charles Last Dies Sur.

2. Business Entity Type & Name: Check one Business Entity Type and enter the Legal Name of the Business where applicable.

<input type="checkbox"/> Corporation	Enter Corporation's Legal Name ►	<u></u>
<input type="checkbox"/> General Partnership	Enter General Partnership's Legal Name ►	<u></u>
<input type="checkbox"/> Limited Partnership	Enter Limited Partnership's Legal Name ►	<u></u>
<input checked="" type="checkbox"/> Limited Liability Company	Enter Limited Liability Company's Legal Name ►	<u>Lazy lizard dumpster and trailer</u>
<input type="checkbox"/> Sole Proprietor (Individual)	No Entry For Sole Proprietor ► Legal Name Of Sole Proprietor Should Be Printed In Section 1	<u></u>

3. Fictitious Name: A Fictitious Name or "Doing Business As" Name is used by a Corporation, General Partnership, Limited Partnership, Limited Liability Company or Sole Proprietor that is different from their legal name. If applicable, enter the Fictitious Name and Number provided by the Florida Department of State, Division of Corporations. (Note: Fictitious Name Numbers are obtained online at <https://efile.sunbiz.org/ficregintro.html>.)

Enter Fictitious Name: Enter Fictitious Name Number:

Note: If Fictitious Name is provided above without a Fictitious Name Number, the applicant is required to explain why they do not need to comply with the Fictitious Name Registration Act:

4. Business Location: Enter physical location of business.

Address 8760 wee farms In City Polk State Fl Zip 33868

5. Location Boundary: Indicate the boundary status of the physical location of the business.

Check only one

A. Outside of Polk County.
B. In Polk County and inside the city limits entered in Section 4.
C. In Polk County only (not inside city limits).

6. Mailing Address: Enter mailing address if different from business/physical location entered in Item 4

Address 8760 wee farms In City Polk State Fl Zip 33868

7. Required Confidential Telephone & Email Address: Enter telephone number and email address.

Telephone: (863)3253867 Email: Budda863@gmail.com Check here to have telephone and email address made available to the public.

8. Tangible Personal Property: Florida Statute 193.052 requires that all Tangible Personal Property (TPP) be reported each year to the Property Appraiser's Office. The TPP Tax return is the Department of Revenue (DOR) approved form used as the declaration of personal property situated in the county. The Polk County Property Appraiser Tangible Return On-Line Filing Application makes preparing and filing your Tangible Tax Return (Department of Revenue Form DR-405) quick and easy. To file online go to: www.polkpa.org

The deadline to file the TPP Tax Return is April 1. If you do not file a return or extension by the deadline, you will not qualify for the \$25,000 Tangible Personal Property Exemption.