

**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) <b>MUST BE NOTARIZED</b>
<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 ( <b>NLT \$2M per occurrence</b> ) and State statutory workers' comp. coverage (or waiver). Section 4-1 C. (2)(g) <b>Certificate Holder: Polk County, a political subdivision of the State of Florida. 330 W Church St, Rm 150 Bartow, FL 33830</b>
<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) <b>MUST BE NOTARIZED</b>
<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) <b>MUST BE NOTARIZED</b>
<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

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

**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

12/8/2025

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).

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

**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 WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			SES1832821 01	12/3/2025	12/3/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO 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"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			EXS1832828 400	12/3/2025	12/3/2026	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
	<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 a political subdivision of the State of Florida 330 W Church Street Rm 150 Bartow, FL 33830	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE <i>Anne M Stearnson</i>

11:00

71

apps.fldfs.com/bocexempt/C



## WORKERS' COMPENSATION

Ensuring the Well-Being of the State's 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](#)



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@GREENSWAMPXOTICS.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](http://www.myfloridalicense.com).

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**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 ln 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

I, 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 22<sup>nd</sup> day of December 2023 Personally Know or Produced identification no

Amanda Dean

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



## NON-EXCLUSIVE COMMERCIAL FRANCHISE ANNUAL CONTAINER LIST

FOR YEAR 2025

OFFICE USE ONLY

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

DATE TO AUDITING

ACCEPTED

[illegible]

OFFICE USE ONLY

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

DATE TO AUDITING

ACCEPTED

	VEHICLE MAKE	VEHICLE MODEL	YEAR	TYPE (RG, REL, FEL, ASL, ETC.)	CAPACITY (CU YD)	VEHICLE SIZE (GVW)	VEHICLE IDENTIFICATION NUMBER
6							
7							
8	Ford	F250	2020	Pick up	15	10800	1FT8W2BT3LEF7299
9							
10							
11							
12							
13							

2



### 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](http://polkpa.org).

#### POLK COUNTY LOCAL BUSINESS TAX RECEIPT

ACCOUNT NO. 265254

CLASS: A

EXPIRES:

09/30/2026

#### OWNER NAME

CHRISTOPHER CHARLES DIES

#### LOCATION

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

810000

#### ACTIVITY TYPE

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 Dries  
(the "Undersigned"), is the Owner of Lazy Lizard Dumpster and Trailer Rental  
(the "Company"), a LLC,

**WHEREAS**, the Christopher Dries, 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

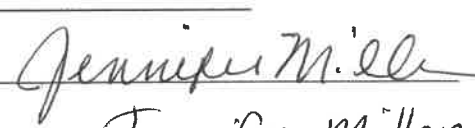
**WHEREAS**, the Undersigned is duly authorized to execute this instrument by and on behalf of the Lazy Lizard Dumpster and Trailer Rental

**NOW, THEREFORE**, in consideration of the benefits accruing to the Lazy Lizard Dumpster and Trailer Rental and for other good and valuable consideration, the Undersigned, by and on behalf of the Lazy Lizard Dumpster and Trailer Rental 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 Trailer Rental, 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 Trailer Rental this 16<sup>th</sup> day of Dec, 2025.

**ATTEST:**

By:   
Christopher Dries  
[Printed Name, Title]

a \_\_\_\_\_  
By:   
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 Rental
- 4) There are no liens of record filed by the Internal Revenue Service against Lazy Lizard Dumpster and Trailer Rental
- 5) There are no liens of record filed by the State of Florida, or any agency or subdivision thereof, against Lazy Lizard Dumpster and Trailer Rental
- 6) Christopher Dies acknowledges and consents that the County shall have the right to inspect Lazy Lizard Dumpster and Trailer Rental vehicles, containers, compactors, and other equipment at any time.
- 7) During the time of the existing Commercial Franchise, Lazy Lizard Dumpster and Trailer Rental 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 16<sup>th</sup> day of Dec, 2025

Christopher Dies  
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 ☐ has produced FL DL Lic as identification.

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

Jennifer Miller  
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
<a href="#">188516057</a>	12/22/25 08:21 AM	Christopher Dies	Approved - Comp	Truck Inspection	\$773.15

- Hide Details
- Save Changes
- Email Customer
- View Receipt
- Make Comment
- New Payment
- Approve Payment
- Void Payment
- Refund Payment
- Chargeback
- 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: No Office ▼  
User:  
Related:

### Customer Details

Name: Christopher Dies  
Address: 8760 wee farms ln  
City/ST/Zip: Polk FL 33868 US  
Email: [chris@greenswampexotics.com](mailto:chris@greenswampexotics.com)  
Phone: (863) 877-5146  
Mobile:  
Birthdate:  
Comments:

### Additional Details

#### Lineitem Details

PID	Product	Account	Qty	Subtotal	Fee	Total	Additional Details
<a href="#">188516057</a>	Truck Inspection	Lazy lizard dumpster and trailer rentals	1	\$750.00	\$23.15	\$773.15	<a href="#">Click To View</a>



## 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.

- ☐ Corporation Enter Corporation's Legal Name ► \_\_\_\_\_
- ☐ General Partnership Enter General Partnership's Legal Name ► \_\_\_\_\_
- ☐ Limited Partnership Enter Limited Partnership's Legal Name ► \_\_\_\_\_
- ☒ Limited Liability Company Enter Limited Liability Company's Legal Name ► Lazy lizard dumpster and trailer
- ☐ Sole Proprietor (Individual) No Entry For Sole Proprietor ► Legal Name Of Sole Proprietor Should Be Printed In Section 1

**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 ln 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 ln City Polk State FL Zip 33868

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

Telephone: ( 8633253867 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](http://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.**