DRAFT

# COMMERCIAL COLLECTION SERVICE FRANCHISE APPLICATION CHECK-LIST

Applicant: Amenity Services LLC Date: 09.29.25

| Status | Brief Description of Application Requirements |
|---|---|
| ☑ Met; **1.** ☐ Not | Identity of the applicant, to include its principals, partners, and management. Section 4-1 C. (2)(a) |
| ☑ Met; **2.** ☐ 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; **3.** ☐ 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; **4.** ☐ 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** |
| ☑ Met; **5.** ☐ 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; **6.** ☐ 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; **7.** ☐ 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; **8.** ☐ 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** |
| ☑ Met; **9.** ☐ 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 **10.** ☐ 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** |
| ☑ Met; **11.** ☐ 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** |
| ☑ Met **12.** ☐ Not Met | Delivery of applicable Commercial Franchise application fee. Section 4-1 C. (5) |

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The Power of Purpose - Amenity Services

With a long history of commitment to the environment, community and service, we're a company driven by purpose. Through social impact programming, we activate all generations to make measurable differences across the State of Florida.

As stewards of the environment, we educate customers and communities about managing waste responsibly. Whether it's recycling right or preventing litter, we share tips to encourage everyone to do their part. Join us as we continue to work for a sustainable tomorrow.

Amenity Services was founded in 2019 with the idea of providing Resorts and Communities with a permanent waste solution. A one stop shop for household and loose trash, bulk, evictions and move outs. Our equipment is kept up to date to ensure satisfaction of service and our trucks and trailers get the job done each time.

Please also see the link to our website as requested

https://www.amenityservices.org/

Date: 10/13/2025

**To whom it may concern:**

As of the date of the correspondence stated above, Your Business Name (Amenity Services LLC), as well as it's Managing Member/Owner, Business owner's name (Jonathan Malslavia) 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, Jonathan Malslavia, MGR\Owner of Amenity Services LLC; do attest the above statement to be true and correct.

State Florida County of Polk

The foregoing instrument was acknowledged before me this 13th day of October Personally Know or Produced identification

STATE OF FLORIDA, COUNTY OF POLK
Sworn to and subscribed before me this
13 day of Oct 2025
Signature of Notary Public, State of Florida
Parul Patel
Print, Type, Commissioned Name of Notary Public

NOTARY PUBLIC STATE OF FLORIDA

PARULBEN K. PATEL
Commission # HH 433467
Expires August 15, 2027

## Detail by Entity Name

Florida Limited Liability Company
AMENITY SERVICES LLC

### Filing Information

| | |
|---|---|
| **Document Number** | L19000233217 |
| **FEI/EIN Number** | 84-3170474 |
| **Date Filed** | 09/16/2019 |
| **Effective Date** | 09/16/2019 |
| **State** | FL |
| **Status** | ACTIVE |

### Principal Address

351 Ironwood Dr
Davenport, FL 33837

Changed: 01/14/2020

### Mailing Address

351 Ironwood Dr
Davenport, FL 33837

Changed: 01/14/2020

### Registered Agent Name & Address

MALSLOVIA, JOHNATHAN C
351 IRONWOOD DR
DAVENPORT, FL 33837

### Authorized Person(s) Detail

**Name & Address**

Title MGR

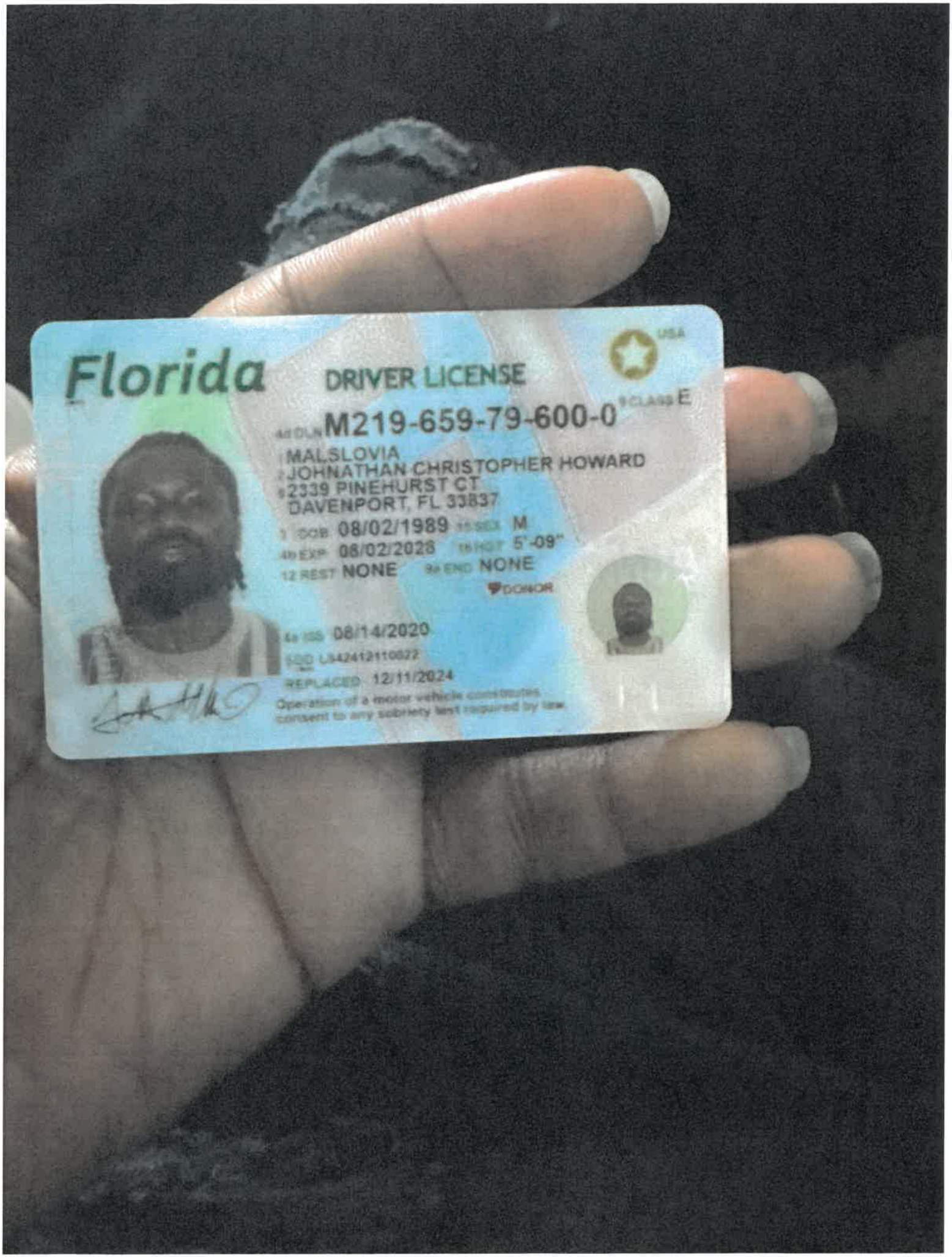
MALSLOVIA, JOHNATHAN C
351 IRONWOOD DR
DAVENPORT, FL 33837

### Annual Reports

| Report Year | Filed Date |
|---|---|
| 2023 | 01/26/2023 |
| 2024 | 02/15/2024 |
| 2025 | 01/29/2025 |

### Document Images

| | |
|---|---|
| 01/29/2025 -- ANNUAL REPORT | View image in PDF format |
| 02/15/2024 -- ANNUAL REPORT | View image in PDF format |
| 01/26/2023 -- ANNUAL REPORT | View image in PDF format |
| 01/04/2022 -- ANNUAL REPORT | View image in PDF format |
| 01/31/2021 -- ANNUAL REPORT | View image in PDF format |
| 01/14/2020 -- ANNUAL REPORT | View image in PDF format |
| 09/16/2019 -- Florida Limited Liability | View image in PDF format |


Florida
DRIVER LICENSE
USA
4d DLN M219-659-79-600-0
9 CLASS E
1 MALSLOVIA
2 JOHNATHAN CHRISTOPHER HOWARD
8 2339 PINEHURST CT
DAVENPORT, FL 33837
3 DOB 08/02/1989 15 SEX M
4b EXP 08/02/2028 16 HGT 5'-09"
12 REST NONE 9a END NONE
DONOR
4a ISS 08/14/2020
5 DD US424121106222
REPLACED 12/11/2024
Operation of a motor vehicle constitutes consent to any sobriety test required by law

**POLK COUNTY WASTE & RECYCLING**

**NON-EXCLUSIVE COMMERCIAL FRANCHISE ANNUAL CONTAINER LIST**

**FRANCHISEE** Amenity Services LLC

**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 | |
| Joe Bullins, Artemis Lifestyles Management | | | X | | 20 | | 5 | FGEM68<br>DM73LT<br>DJ93XC<br>DR57YF |
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REVISED 08/2014

**POLK COUNTY WASTE & RECYCLING**

**NON-EXCLUSIVE COMMERCIAL FRANCHISE ANNUAL VEHICLE LIST**

**FRANCHISEE** Amenity Services LLC

**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 |
|---|---|---|---|---|---|---|
| RAM | 2500 | 2018 | Pick Up Truck | 20 Yrd | 9000lb | 3C6TR5CT9JG338023 |
| RAM | 2006 | | | | | |
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REVISED 08/2014

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 10/06/2025

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**
Automatic Data Processing Insurance Agency, Inc.
1 Adp Boulevard
Roseland NJ 07068

**CONTACT NAME:**
**PHONE (A/C, No, Ext):** **FAX (A/C, No):**
**E-MAIL ADDRESS:**

| INSURER(S) AFFORDING COVERAGE | | NAIC # |
|---|---|---|
| INSURER A : | Travelers Indemnity Company of America | 25666 |
| INSURER B : | State Farm Mutual Automobile Insurance Company | 23919 |
| INSURER C : | | |
| INSURER D : | | |
| INSURER E : | | |
| INSURER F : | | |

**INSURED**
AMENITY SERVICES LLC
351 Ironwood Dr
Davenport FL 33837

**COVERAGES** **CERTIFICATE NUMBER:** 1306504 **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 | |
|---|---|---|---|---|---|---|---|---|
| | X COMMERCIAL GENERAL LIABILITY<br>CLAIMS-MADE X OCCUR<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br>X POLICY PRO-JECT LOC<br>OTHER: | Y | Y | NXT234UYAR-00-GL | 10/06/2025 | 10/06/2026 | EACH OCCURRENCE<br>DAMAGE TO RENTED PREMISES (Ea occurrence)<br>MED EXP (Any one person)<br>PERSONAL & ADV INJURY<br>GENERAL AGGREGATE<br>PRODUCTS - COMP/OP AGG<br>$ | $ 2,000,000<br>$ 100,000<br>$ 10,000<br>$ 1,000,000<br>$ 2,000,000<br>$ 2,000,000<br>$ |
| | AUTOMOBILE LIABILITY<br>ANY AUTO<br>OWNED AUTOS ONLY<br>X SCHEDULED AUTOS<br>HIRED AUTOS ONLY<br>NON-OWNED AUTOS ONLY | | | L64 4342-E09-59D | 10/06/2025 | 10/06/2026 | COMBINED SINGLE LIMIT (Ea accident)<br>BODILY INJURY (Per person)<br>BODILY INJURY (Per accident)<br>PROPERTY DAMAGE (Per accident)<br>$ | $ 300,000<br>$<br>$<br>$<br>$ |
| | UMBRELLA LIAB OCCUR<br>EXCESS LIAB CLAIMS-MADE<br>DED RETENTION $ | | | | | | EACH OCCURRENCE<br>AGGREGATE<br>$ | $<br>$<br>$ |
| A | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N N<br>If yes, describe under DESCRIPTION OF OPERATIONS below | N/A | Y | UB3P54997819 | 10/06/2025 | 10/06/2026 | X PER STATUTE OTH-ER<br>E.L. EACH ACCIDENT<br>E.L. DISEASE - EA EMPLOYEE<br>E.L. DISEASE - POLICY LIMIT | <br>$ 1,000,000<br>$ 1,000,000<br>$ 1,000,000 |
| | **Prof. Liability** | | | NXT234UYAR-00-GL | | | **Aggregate** | **50,000** |

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

This certificate has a blanket Waiver of Subrogation for the following state(s) :FL

Job Locations: , FL

**CERTIFICATE HOLDER**
Polk County Solid Waste Division
10 Environmental Loop S
Winter Haven FL 33880

**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**

**POLK COUNTY LOCAL BUSINESS TAX APPLICATION FORM**

**ACCOUNT NO. 257219** **CLASS:** A **PAYMENT DUE BY:** 09/30/2025

| OWNER NAME | LOCATION |
|---|---|
| JOHNATHON C.H. MALSLOVIA | 351 IRONWOOD DR<br>DAVENPORT |

**BUSINESS NAME AND MAILING ADDRESS**

**AMENITY SERVICES LLC**
JOHNATHON MALSLOVIA
351 IRONWOOD DR
DAVENPORT, FL 33837

| CODE | ACTIVITY TYPE |
|---|---|
| 230000 | LTD NON-LICENSED CONSTRUCTION ONLY |
| 310000 | LTD MANUFACTURING CONSUMER |
| 810000 | LTD OTHER SERVICES |

**SIGN HERE** GATES@AMENITYSERVICES.OI

| | |
|---|---|
| SIGNATURE INDICATES APPLICANT READ AND UNDERSTANDS THE APPLICATION AFFIDAVIT ON THE BACK OF THE FORM AND AFFIRMS THE INFORMATION PROVIDED IS TRUE AND CORRECT. | **AMOUNT DUE: 44.65** |

**PAID - 3560020 10/06/2025 OPY** **OLP 44.65 AMENITY SERVICES LLC**

## 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. 257219** **CLASS:** A **EXPIRES:** **09/30/2026**

| OWNER NAME | LOCATION |
|---|---|
| JOHNATHON C.H. MALSLOVIA | 351 IRONWOOD DR<br>DAVENPORT |

**BUSINESS NAME AND MAILING ADDRESS**

**AMENITY SERVICES LLC**
JOHNATHON MALSLOVIA
351 IRONWOOD DR
DAVENPORT, FL 33837

| CODE | ACTIVITY TYPE |
|---|---|
| 230000 | LTD NON-LICENSED CONSTRUCTION ONLY |
| 310000 | LTD MANUFACTURING CONSUMER |
| 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 - 3560020 10/06/2025 OPY** **OLP 44.65 AMENITY SERVICES LLC**

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 Johnathan Malslovia who, first being duly sworn, on oath deposes and states, as follows:

1) He is Owner, 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 Amenity Services. LLC

4) There are no liens of record filed by the Internal Revenue Service against Amenity Services LLC

5) There are no liens of record filed by the State of Florida, or any agency or subdivision thereof, against Amenity Services LLC

6) _____ acknowledges and consents that the County shall have the right to inspect Amenity Services LLC vehicles, containers, compactors, and other equipment at any time.

7) During the time of the existing Commercial Franchise, Amenity Services LLC 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 Sep, 2025

Sworn Person Signature

Johnathan Malslovia MGT
Printed Name and Title of Sworn Person

The foregoing instrument was sworn (or affirmed) and subscribed before me this 16 day of Sept, 2025, by Johnathan malslovia, who is either ☐ personally known to me; or ☑ has produced FL DL M219-659-79-600-0 as identification.

ALKA R. KANERIA
Commission # HH 479209
Expires January 9, 2028

AKKaneria
Notary Public Signature

Alka R. Kaneria
Printed Name of Notary Public

January 9, 2028
Notary Commission Number/Expiration

(AFFIX NOTORIAL SEAL)

# INDEMNITY

**WHEREAS, THE UNDERSIGNED** Johnathon Maklovia (the "Undersigned"), is the Owner / MGR of Amenity Services LLC (the "_____"), a LLC,

**WHEREAS**, the _____, 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 Amenity Services LLC

**NOW, THEREFORE**, in consideration of the benefits accruing to the Amenity Services LLC and for other good and valuable consideration, the Undersigned, by and on behalf of the Amenity Services LLC 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, Amenity Services LLC, 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 Amenity Services LLC this 16 day of September, 2025.

**ATTEST:**

By: AR Kaneria

Alka R. Kaneria
[Printed Name, Title]

_____
a _____

By: MGR

Johnathon Maklovia, MGR
[Printed Name, Title]

SEAL

NOTARY PUBLIC STATE OF FLORIDA

ALKA R. KANERIA
Commission # HH 479269
Expires January 9, 2028

# 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:** | Raquel Torres |
| **Address:** | 1520 Woodlark Drive, Haines City FL, US, 33844 |
| **Contact:** | 4073603290 |
| **Comments:** | |

| | |
|---|---|
| **Payment ID:** | **182693773** |
| **Date:** | 09/17/25 02:33 PM |
| **Subtotal:** | $750.00 |
| **Fee:** | $23.15 |
| **Total:** | $773.15 |
| **Method:** | Credit Card(**********1002) |

| Item Purchased | Transaction Description | Account | Amount |
|---|---|---|---|
| Miscellaneous Charges | CTYPolkWsteGOV | FF | $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