

**DRAFT**

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

Applicant: Preferred Dumpster ,LLC Date: 8.20.25

<b>Status</b>	<b>Brief Description of Application Requirements</b>
<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 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 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 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 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 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 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 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 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 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 type="checkbox"/> Met; <input type="checkbox"/> Not Met	Delivery of applicable Commercial Franchise application fee. Section 4-1 C. (5)

**DRAFT**



August 28, 2025

**To Whom It May Concern,**

**Subject: Statement of Experience and Qualification – Solid Waste Collection**

We are pleased to submit this letter outlining the experience and qualifications of Preferred Dumpster, LLC. and its personnel with regard to Solid Waste Collection services.

Preferred Dumpster, LLC. has been actively engaged in the solid waste management industry in Polk County Florida for 3 years, providing reliable, safe, and environmentally responsible waste collection services to both public and private sector clients. Our company has successfully handled residential, commercial, and industrial waste collection contracts across Polk County, demonstrating our capacity to meet a variety of service requirements and regulatory standards.

Our team is composed of highly trained personnel, many of whom possess certifications and qualifications specific to waste management operations, including:

- **Professional drivers** with extensive experience operating waste collection vehicles and equipment (Cable Roll-Off, Hook Lift Roll-Off).
- **Field supervisors** and operations managers with over 16 years of experience in route optimization, logistics planning, and compliance with local and national solid waste regulations.
- **Safety officers** responsible for implementing OSHA-compliant safety practices and training protocols.
- **Customer service and administrative staff** experienced in account management, service scheduling, and community engagement.

In addition to our personnel qualifications, Preferred Dumpster, LLC. maintains a modern fleet of well-maintained vehicles and utilizes route tracking technologies to improve efficiency, ensure timely service, and reduce our environmental impact.

We pride ourselves on delivering consistent, high-quality services and have a proven track record of performance, safety, and compliance. Our previous and ongoing contracts with Pike Residential, James W. Turner Construction, Lake Howard Heights, 35 5-star google reviews, further demonstrate our capability and commitment to excellence in solid waste collection.

We welcome the opportunity to bring our expertise and professionalism to Polk County Landfill and are confident in our ability to meet and exceed expectations.

Sincerely,  
Matthew Jeckovich  
Owner

Preferred Dumpster, LLC.  
Preferred dumpsterllc@gmail.com  
863-968-3996  
Preferred dumpsterllc.com



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

## Detail by Entity Name

Florida Limited Liability Company  
PREFERRED DUMPSTER, LLC

### Filing Information

Document Number L22000505015  
FEI/EIN Number 92-1230733  
Date Filed 11/30/2022  
State FL  
Status ACTIVE

### Principal Address

226 SEVENTH ST SW  
WINTER HAVEN, FL 33880

### Mailing Address

PO Box 4262  
WINTER HAVEN, FL 33885

Changed: 04/06/2023

### Registered Agent Name & Address

JECKOVICH, MATTHEW J  
226 SEVENTH ST SW  
WINTER HAVEN, FL 33880

Address Changed: 04/06/2023

### Authorized Person(s) Detail

#### **Name & Address**

Title VP

JECKOVICH, TANYA M  
226 SEVENTH ST SW  
WINTER HAVEN, FL 33880

Title President

Jeckovich, Matthew  
226 SEVENTH ST SW  
WINTER HAVEN, FL 33880



August 18<sup>th</sup> 2025

Re: Non-Exclusive Commercial Franchise

To whom it may concern:

As of the date of the correspondence stated above, Preferred Dumpster, LLC. as well as it's Managing Member/Owner, Matthew Jeckovich has never and is currently not involved in any type of litigation, criminal proceedings, judgements, and or Liens including Internal Revenue Service and all state and or federal government litigation, or civil suits.

I, Matthew Jeckovich Owner of Preferred Dumpster, LLC.

State of Florida

County of Polk

Further the affiant sayeth not. Dated 18 day of August, 20 25

Sworn Person Signature

MATTHEW JECKOVICH - OWNER

Printed Name and Title of Sworn Person

The foregoing instrument was sworn (or affirmed) and subscribed before me this 18<sup>th</sup> day of August, 2025, by MATTHEW JECKOVICH, who is either ☐ personally known to me; or ☒ has produced DL: J212-SSO-77-337-0 as identification.

Brianna Santos

Notary Public Signature

Brianna Santos

Printed Name of Notary Public

# HH 650442 / May 28<sup>th</sup>, 2028

(AFFIX NOTORIAL SEAL) Notary Commission Number/Expiration



Preferred Dumpster, LLC.

Preferreddumpsterllc@gmail.com

863-968-3996

Preferreddumpsterllc.com



September 2, 2025

**To Whom It May Concern,**

**Subject: No Agency Enforcement Proceedings Statement**

I hereby confirm that neither I nor my company Preferred Dumpster, LLC. is or has ever been the subject of any agency enforcement actions, investigations, or proceedings by any governmental or regulatory authority, whether at the federal, state, or local level.

This statement is made truthfully and to the best of my knowledge.

Sincerely,  
Matthew Jeckovich  
Owner  
Preferred Dumpster, LLC.

Preferred Dumpster, LLC.  
Preferred dumpsterllc@gmail.com  
863-968-3996  
Preferred dumpsterllc.com

POLK COUNTY WASTE & RECYCLING NON-EXCLUSIVE COMMERCIAL FRANCHISE ANNUAL VEHICLE LIST					OFFICE USE ONLY	
FRANCHISEE Preferred Dumpster LLC. FOR YEAR 2025					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
Mack	MD6	2024	RO	NA	25999	1M2MDBAA6RS013048

## NON-EXCLUSIVE COMMERCIAL FRANCHISE ANNUAL CONTAINER LIST

FOR YEAR 2025

**ACCEPTED**

[illegible]



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
09/02/2025

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> Next First Insurance Agency, Inc. PO Box 60787 Palo Alto, CA 94306	<b>CONTACT NAME:</b> <b>PHONE (A/C, No, Ext):</b> (855) 222-5919 <b>E-MAIL ADDRESS:</b> support@nextinsurance.com <b>FAX (A/C, No):</b>
<b>INSURED</b> Preferred Dumpster, LLC. 226 7th St SW Winter Haven, FL 33880	<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> State National Insurance Company, Inc. <b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>
	<b>NAIC #</b> 12831

## COVERAGES

CERTIFICATE NUMBER: 120325539

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 SUBR INSD 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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	X	NXTWDTKL3X-02-GL	01/06/2025	01/06/2026	<b>EACH OCCURRENCE</b> \$ 1,000,000.00 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000.00 MED EXP (Any one person) \$ 15,000.00 PERSONAL & ADV INJURY \$ 1,000,000.00 GENERAL AGGREGATE \$ 2,000,000.00 PRODUCTS - COMP/OP AGG \$ 2,000,000.00
	<input type="checkbox"/> AUTOMOBILE LIABILITY <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) \$
	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> EXCESS LIAB DED RETENTION \$					<b>EACH OCCURRENCE</b> \$ 1,000,000.00 AGGREGATE \$ 1,000,000.00
	<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					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)

The Certificate Holder is Polk County. This Certificate Holder is an Additional Insured on the General Liability policy per the Additional Insured Automatic Status Endorsement. All Certificate Holder privileges apply only if required by written agreement between the Certificate Holder and the Insured, and are subject to policy terms and conditions.

## CERTIFICATE HOLDER

Polk County  
10 Environmental Loop S  
Winter Haven, FL 33880

LIVE CERTIFICATE



[Click or scan to view](#)

## 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





Policy Number: 520 - 62701

Date Entered: 9/5/2025

**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

9/5/2025

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> WorkComp Partners 310 E Main Street Bartow, FL 33830	<b>CONTACT NAME:</b> Steven Solomon	
	<b>PHONE (A/C, No, Ext):</b> (813) 747-7490 <b>FAX (A/C, No):</b> ( ) -	
	<b>E-MAIL ADDRESS:</b> janet@workcomppartners.com	
	<b>INSURER(S) AFFORDING COVERAGE</b>	<b>NAIC #</b>
	<b>INSURER A:</b> RetailFirst Insurance Company	
	<b>INSURER B:</b>	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	

**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 (M/M/DD/YYYY)	POLICY EXP (M/M/DD/YYYY)	LIMITS
	<b>COMMERCIAL GENERAL LIABILITY</b>						
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						EACH OCCURRENCE \$
							DAMAGE TO RENTED PREMISES (Ea occurrence) \$
							MED EXP (Any one person) \$
							PERSONAL & ADV INJURY \$
							GENERAL AGGREGATE \$
							PRODUCTS - COMP/OP AGG \$
							\$
	<b>GEN'L AGGREGATE LIMIT APPLIES PER:</b>						
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						
	<b>OTHER:</b>						
	<b>AUTOMOBILE LIABILITY</b>						
	<input type="checkbox"/> ANY AUTO						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
	<b>UMBRELLA LIAB</b>						EACH OCCURRENCE \$
	<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE \$
							\$
	<b>DED</b> <b>RETENTION \$</b>						\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>						
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N					<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
	If yes, describe under DESCRIPTION OF OPERATIONS below						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)

Preferred Dumpster, LLC

**CERTIFICATE HOLDER****CANCELLATION**

Polk County 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 <i>maria.welington</i>

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**SOLE PROPRIETORS, PARTNERS, OFFICERS AND OTHERS COVERAGE ENDORSEMENT**

An election was made by or on behalf of each person described in the Schedule to be subject to the workers compensation law of the state named in the Schedule. The premium basis for the policy includes the remuneration of such persons.

## Schedule

<u>Person</u>	<u>Title</u>	<u>State</u>	<u>Start Date</u>	<u>Stop Date</u>
The Health Coach LLC Tanya Jeckovich	Managing Member	FL	05/24/23	
Preferred Dumpster, LLC Matthew Jeckovich	Managing Member	FL	04/16/25	
Tanya Jeckovich	Managing Member	FL	04/16/25	

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

Date Prepared: April 18, 2025

Carrier: RetailFirst Insurance Company

Effective Date of Endorsement: May 24, 2024

Policy Number: 520-62701

Countersigned by:



Insured: The Health Coach LLC

**WC 00 03 10** (Ed. 4-84)

**POLK COUNTY LOCAL BUSINESS TAX RECEIPT**

**ACCOUNT NO. 251318**

**CLASS: A**

**EXPIRES:**

**09/30/2025**

OWNER NAME	LOCATION
MATTHEW J JECKOVICH	226 7TH ST NW WINTER HAVEN

**BUSINESS NAME AND MAILING ADDRESS**

**PREFERRED DUMPSTER, LLC**  
PREFERRED DUMPSTER, LLC  
PO BOX 4262  
WINTER HAVEN, FL 33885

**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 - 2557990 08/19/2024 OPY**

**OLP 31.50**

**PREFERRED DUMPSTER, 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 Matthew Jeckovich 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 Preferred Dumpster, LLC.
- 4) There are no liens of record filed by the Internal Revenue Service against Preferred Dumpster, LLC.
- 5) There are no liens of record filed by the State of Florida, or any agency or subdivision thereof, against Preferred Dumpster, LLC.
- 6) Matthew Jeckovich acknowledges and consents that the County shall have the right to inspect Preferred Dumpster, LLC vehicles, containers, compactors, and other equipment at any time.
- 7) During the time of the existing Commercial Franchise, Preferred Dumpster, 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 1 Year will continue to comply with the same.

Further the affiant sayeth not.

Dated the 18 day of August, 2025

  
Sworn Person Signature  
MATTHEW JECKOVICH - owner  
Printed Name and Title of Sworn Person

The foregoing instrument was sworn (or affirmed) and subscribed before me this 18<sup>th</sup> day of August, 2025, by MATTHEW JECKOVICH who is either ☐ personally known to me; or ☒ has produced DL: J212-550-77-337-0 as identification.



(AFFIX NOTORIAL SEAL)

Brianna Santos  
Notary Public Signature  
Brianna Santos  
Printed Name of Notary Public  
# HH 650442 / May 28, 2028  
Notary Commission Number/Expiration

**INDEMNITY**

**WHEREAS, THE UNDERSIGNED** Matthew Jeckovich  
(the "Undersigned"), is the Owner of Preferred Dumpster, LLC.  
(the "I" "), a Limited Liability Company ,

**WHEREAS**, the Matthew Jeckovich , 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 Preferred Dumpster, LLC.

**NOW, THEREFORE**, in consideration of the benefits accruing to the Preferred Dumpster, LLC. and for other good and valuable consideration, the Undersigned, by and on behalf of the Preferred Dumpster, 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, Preferred Dumpster, 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 Preferred Dumpster, LLC. this 18 day of August , 2025 .

**ATTEST:**

By: Brianna Santos  
Brianna Santos  
[Printed Name, Title]

a \_\_\_\_\_  
By: Matthew Jeckovich  
Matthew Jeckovich - Owner  
[Printed Name, Title]

SEAL



DEPARTMENT OF Solid Waste, POLK COUNTY FLORIDA No 97474

RECEIVED FROM Preferred Dumpster, LLC Date 8/20 2025

FUND	COST CENTER	ACCOUNT	PROJECT

FOR: New Non Exclusive Franchise Application \$ 50.00  
\$  
\$  
\$

CASH ☐ BY: KRONICA TURPIN-GRANT TOTAL \$50.00  
CHECK ☒ 0139

REVISED 05/12



**Preferred Dumpster, LLC.**  
PO Box 4262  
Winter Haven, FL 33885  
(863)968-3996, preferred dumpsterllc@gmail.com

MidFlorida Credit Union

63-7980/2631

0139

DATE 8-20-2025

PAY TO THE ORDER OF Polk County  
fifty and 00/100

\$ 50.00

DOLLARS

FOR County Franchise

Matthew Jeckovich

Matthew Jeckovich

⑈000139⑈ ⑆263179804⑆

135449099⑈



DEPARTMENT OF Solid Waste, POLK COUNTY FLORIDA No 97473

RECEIVED FROM Preferred Dumpster, LLC Date 8/20 2025

FUND	COST CENTER	ACCOUNT	PROJECT
FOR: <u>New Non Exclusive Franchise Application</u>		\$ <u>700.00</u>	
		\$	
		\$	
		\$	

CASH ☐  
CHECK ☒

BY: Veronica Turpin-Grant

TOTAL \$700.00

REVISED 06/12



Preferred Dumpster, LLC.

PO Box 4262  
Winter Haven, FL 33885  
(863)968-3996, preferred dumpsterllc@gmail.com

MidFlorida Credit Union

63-7980/2631

0138

PAY  
TO THE  
ORDER OF

Polk County

DATE 8-18-2025

Seven hundred and 00/100

\$ 700.00

DOLLARS

FOR

non-exclusive Comm Franchise

Matthew Jeckovich

[Signature]

⑈000138⑈ ⑆263179804⑆

135449099⑈