

**DRAFT**

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

Applicant: AFFINITY WASTE SOLUTION, LLC Date: 12.22.25

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 (NLT \$2M per occurrence) 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 checked="" type="checkbox"/> Met 12. <input type="checkbox"/> Not Met	Delivery of applicable Commercial Franchise application fee. Section 4-1 C. (5)

# Experience and Company Background

## Name

Affinity Waste Solutions LLC, A wholly owned subsidiary of the Brightstep Family of Companies

## Industry

Multifamily focused valet waste and junk removal services.

## Location

3848 Moores Station Rd  
Sanford, FL 32773

## Contact

Primary - Keaton Horvat  
502-640-8401

[Keatonhorvat@greenwaywaste.com](mailto:Keatonhorvat@greenwaywaste.com)

Websites - [affinitywastesolutions.com](http://affinitywastesolutions.com)  
<https://brightstep.us/>

## Core Services

- Valet Waste/Doorside trash removal of multifamily waste
- Junk Removal

## Experience with Solid Waste

- Affinity Waste Solutions has been in business for 10+ years. Previously they utilized a subcontractor approach in the Polk County area for junk removal. Affinity waste solutions has over 10 years of experience operating valet trash on multifamily communities across the region. Additionally, they are a hauler in good standing for multifamily communities across multiple other counties in the state. They have operated junk removal services outside of Polk County for 5+ years.

## Our Safety First Commitment

- Affinity Waste Solutions is focused on safety first. We utilize in-cab dash cameras with AI software to monitor the safety and activity of our drivers. Our team internally reviews infractions with a progressive discipline

approach. We also have a designated safety committee and meet regularly to discuss, review, and prevent injuries.

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Apr 20, 2025  
Secretary of State  
4076535322CC**

DOCUMENT# L14000165666

**Entity Name:** AFFINITY WASTE SOLUTIONS, LLC

**Current Principal Place of Business:**

3848 MOORE'S STATION RD  
SANFORD, FL 32773

**Current Mailing Address:**

3848 MOORES STATION RD  
SANFORD, FL 32773 US

**FEI Number:** 47-2191419

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

COGENCY GLOBAL INC.  
115 NORTH CALHOUN ST., SUITE 4  
TALLAHASSEE, FL 32301 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title PRESIDENT, AUTHORIZED SIGNATORY  
Name FROST, JUSTIN  
Address 3848 MOORES STATION RD  
City-State-Zip: SANFORD FL 32773

Title CHAIRMAN, EXECUTIVE VP, AUTHORIZED SIGNATORY  
Name WESTER, FOREST  
Address 2811 PONCE DE LEON BLVD SUITE 400  
City-State-Zip: CORAL GABLES FL 33134

Title EXECUTIVE VP, GENERAL COUNSEL, SECRETARY, AUTHORIZED SIGNATORY  
Name GERSHMAN, DAVID  
Address 2811 PONCE DE LEON BLVD SUITE 400  
City-State-Zip: CORAL GABLES FL 33134

Title ASST. SECRETARY  
Name CALDERON, MICHELSA  
Address 2811 PONCE DE LEON BLVD SUITE 400  
City-State-Zip: CORAL GABLES FL 33134

Title SOLE MEMBER, MANAGER  
Name AFFINITY ACQUISITION CORPORATION  
Address 2811 PONCE DE LEON BLVD SUITE 400  
City-State-Zip: CORAL GABLES FL 33134

Title CEO, AUTHORIZED SIGNATORY  
Name LOCKE, MATT  
Address 3848 MOORE'S STATION RD  
City-State-Zip: SANFORD FL 32773

Title COO  
Name BETSILL, MATT  
Address 3848 MOORE'S STATION RD  
City-State-Zip: SANFORD FL 32773

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** MICHELSA CALDERON

**ASST SECRETARY**

**04/20/2025**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date



AFFIWAS-CL

AALFORD

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/9/2025

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> Gregory & Appel Insurance 433 N Capitol Ave Suite 400 Indianapolis, IN 46204	<b>CONTACT NAME:</b> Autumn Alford	
	<b>PHONE (A/C, No, Ext):</b> (317) 352-3345	<b>FAX (A/C, No):</b>
<b>E-MAIL ADDRESS:</b> aalford@gregoryappel.com		
<b>INSURED</b> Affinity Waste Solutions, LLC 3848 Moores Station Road Sanford, FL 32773	<b>INSURER(S) AFFORDING COVERAGE</b>	
	<b>INSURER A :</b> Hanover American Insurance	<b>NAIC #</b> 36064
	<b>INSURER B :</b> National Liability & Fire Insurance Company	<b>NAIC #</b> 20052
	<b>INSURER C :</b> Hanover Insurance Company	<b>NAIC #</b> 36064
	<b>INSURER D :</b> Ascot Insurance Company	<b>NAIC #</b> 23752
	<b>INSURER E :</b> Upland Specialty Insurance Company	<b>NAIC #</b> 16988
<b>INSURER F :</b> Evanston Insurance Company		<b>NAIC #</b> 35378

## 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	ADDITIONAL SUBROGATION	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:		ZZWJ210878	11/12/2025	11/12/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
B	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		73APB012889	11/12/2025	7/15/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0		ZZWJ210879	11/12/2025	11/12/2026	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	WC1255011012	7/15/2025	7/15/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
E	Excess		USXTL1144525	11/12/2025	7/15/2026	Auto/Employers Liab. 2,000,000
F	Pollution Liability		CPLMOL129651	2/28/2025	2/28/2026	Occ/Agg 1,000,000

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

## CERTIFICATE HOLDER

## CANCELLATION

Polk County, a political subdivision in the State of Florida  
 330 W. Church St, 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

*Autumn Alford*



**ORANGE COUNTY TAX COLLECTOR**  
**SCOTT RANDOLPH**  
 INDEPENDENTLY ELECTED TO SERVE YOU

P.O. Box 545100, Orlando, FL 32854 | (407) 434-0312  
 octaxcol.com | octaxcol

**ORANGE COUNTY**  
**LOCAL BUSINESS TAX**  
**RENEWAL CERTIFICATE**

**Local Business Tax Renewal**  
 Orange County, Florida

**Tax Year**  
 2025 - 2026

**Orange County Tax Collector**  
 Contact us at (407) 434-0312

Year	Code	Nature of Business	Tax
2026	2403	JUNK DEALER-TRAVEL	30.00
	3100	MISC SERVICE	30.00

Unpaid Prior Years:

**Current Year Total: 60.00**  
**Prior Year(s) Balance: 0.00**  
**Total: 60.00**

**Business Tax Receipts are now printed by the customer, please visit octaxcol.com for printing instructions.**

Application is hereby made to engage in the business, profession, or occupation hereinafter described for the period of October 1, 2025 through September 30, 2026. (Ref: Florida Statute 205.032)

Business Name:  
 AFFINITY WASTE SOLUTIONS LLC  
 Owner(s): FROST JUSTIN  
 3848 MOORES STATION RD  
 SANFORD, FL

Business Tax Receipt ID: 1252034  
 Business Mailing Address:  
 AFFINITY WASTE SOLUTIONS LLC  
 3848 MOORES STATION RD  
 SANFORD, FL 32773-6523

Location:  
 MOBILE FROM SEMINOLE COUNTY  
 00000, 00 0000

DETACH HERE AND RETURN BOTTOM PORTION WITH YOUR PAYMENT

Remittance should be made by check or money order made payable to "Scott Randolph" or "Orange County Tax Collector," P.O. Box 545100, Orlando, FL 32854

**Orange County, Florida**

Tax Year: 2025 - 2026

Business Tax Fee: 60.00

Business Tax Receipt ID: 1252034

Phone: 855-258-7274

**ORANGE COUNTY**  
**LOCAL BUSINESS TAX**  
**RENEWAL CERTIFICATE**

Save Time, Renew Online  
 octaxcol.com

ONLY PAY ONE AMOUNT	
If Paid By	Amount Due
<b>Sep 30, 2025</b>	<b>\$60.00</b>
Oct 31, 2025	\$66.00
Nov 30, 2025	\$69.00
Dec 31, 2025	\$72.00
Jan 31, 2026	\$75.00



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## LOCAL BUSINESS TAX RENEWAL NOTICE

PAYING YOUR BUSINESS TAXES

Local Business Tax Receipts expire **September 30** and can be renewed on or after July 1. The business tax is imposed by the **Orange County Board of County Commissioners**.

### 3 STEPS TO PAY YOUR BUSINESS TAX RECEIPT

#### 1. Verify

Please verify the description of your business on the reverse side. A change of location, ownership or business type cannot be completed by mail.

#### 2. Select a payment method

**Online:** Visit [octaxcol.com](http://octaxcol.com). Pay by credit card.

**By Mail:** Sign, detach and return the notice to Tax Dept., P.O. Box 545100, Orlando, FL 32854. Pay by check made payable to "Scott Randolph" or "Orange County Tax Collector."

**In Person:** Visit our Tax Department. Pay by check made payable to "Scott Randolph" or "Orange County Tax Collector," cash or credit card.

#### 3. Avoid Penalties

After September 30, expired Business Tax Receipts are subject to the following penalties plus fees:

October 1: 10%  
November 1: 15%  
December 1: 20%  
January 1: 25%

DETACH HERE AND RETURN BOTTOM PORTION WITH YOUR PAYMENT

### TAX DEPARTMENT

Online 24/7 at [octaxcol.com](http://octaxcol.com)

301 S. Rosalind Ave.  
Orlando, FL 32801

### HOURS OF OPERATION

8:30 AM – 5:00 PM – Monday - Friday  
(9:00 AM Wednesdays)

### DID YOU KNOW?

Most businesses in Orange County are required to obtain a county Business Tax Receipt from the Tax Collector, which must be displayed at the place of business in open view to the public.

Several municipalities, including the cities of Apopka, Belle Isle, Eatonville, Edgewood, Maitland, Oakland, Ocoee, Orlando, Windermere, Winter Garden and Winter Park also issue local Business Tax Receipts. Businesses in these municipalities must obtain a local Business Tax Receipt prior to obtaining one from the county.

For more information, visit [octaxcol.com](http://octaxcol.com) or search for Orange County Code Article III.

DETACH & RETURN

### FLORIDA LICENSURE

Do you have an active State of Florida Professional License?

Yes  No

Signature \_\_\_\_\_ Date \_\_\_\_\_

### CHANGE OF BUSINESS

If there are any changes to your business, please **STOP** and contact the Tax Department immediately at (407) 434-0312 option 2.

**Note:** A change of business location, ownership or business type **CANNOT** be completed by mail.



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If Paid By	Amount Due
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AFFINITY WASTE SOLUTIONS LLC  
 3848 MOORES STATION RD  
 SANFORD FL 32773-6523





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DETACH & RETURN

### FLORIDA LICENSURE

Do you have an active State of Florida Professional License?

Yes  No

Signature \_\_\_\_\_ Date \_\_\_\_\_

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Dec 15 2025

Attn: Polk County Waste Department

As of the date of the correspondence stated above, Affinity Waste Solutions, LLC as well as its managing members/owners have not been, and are not currently involved in any type of litigation, criminal proceedings, judgements and or liens including the Internal Revenue Service, and all state and or federal government agencies, or agency enforcement cases.

, Director of Affinity Waste Solutions LLC, do attest the above statement to be true and correct.

State of Kentucky

The foregoing instrument was acknowledged before me this 15<sup>th</sup> day of December

( ) Personally Know

Produced identification - Drivers License  
HI0-961-792

Ariana T. Cuzzo 12/15/25







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

STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_

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

- 1) He is Director of Ancillary Services, Affinity Waste Solutions, LLC, a \_\_\_\_\_ 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 Affinity Waste Solutions, LLC.
- 4) There are no liens of record filed by the Internal Revenue Service against Affinity Waste Solutions, LLC.
- 5) There are no liens of record filed by the State of Florida, or any agency or subdivision thereof, against Affinity Waste Solutions, LLC.
- 6) Keaton C Horvat acknowledges and consents that the County shall have the right to inspect Affinity Waste Solutions, LLC vehicles, containers, compactors, and other equipment at any time.
- 7) During the time of the existing Commercial Franchise, Affinity Waste Solutions, 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 Affinity Waste Solutions, LLC will continue to comply with the same.

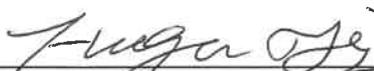
Further the affiant sayeth not.

Dated the 5 day of Nov, 2025

  
\_\_\_\_\_  
Sworn Person Signature  
Keaton Horvat - Director  
Printed Name and Title of Sworn Person

The foregoing instrument was sworn (or affirmed) and subscribed before me this 5 day of Nov, 2025 by Keaton Horvat, who is either  personally known to me; or  has produced DL# H10-961-792 as identification.



  
\_\_\_\_\_  
Notary Public Signature  
Hugh Tigus  
Printed Name of Notary Public  
09126127 / KYNP 88118  
Notary Commission Number/Expiration



# Payment Search

Search By **Payment ID**  
 Payment ID

Payment ID	Created	Customer Name	Status	Product	Amount
<a href="#">185557860</a>	11/06/25 11:06 AM	Keaton Horvat	Approved - Comp	License Renewal	\$773.15

- 
- 
- 
- 
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- 

### Payment Summary

Payment ID: 185557860  
 Subtotal: \$750.00  
 Fee: \$23.15  
 Total: \$773.15  
 Type: Credit Card  
 Account: 424032\*\*\*1435

### Payment Details

Type: Purchase  
 Created: 11/06/25 11:06 AM  
 Status: Approved - Comp  
 Channel: WEB  
 Partner: Polk County BoCC - Solid Waste (FL)  
 Office: No Office  
 User:  
 Related:

### Customer Details

Name: Keaton Horvat  
 Address: 3846 Moores Station  
 City/ST/Zip: Sanford FL 32773 US  
 Email: [keatonhorvat@greenwaywaste.com](mailto:keatonhorvat@greenwaywaste.com)  
 Phone: (502) 640-8401  
 Mobile:  
 Birthdate:  
 Comments:

### Additional Details

#### Lineitem Details

PID	Product	Account	Qty	Subtotal	Fee	Total	Additional Details
<a href="#">185557860</a>	License Renewal	0000000	1	\$750.00	\$23.15	\$773.15	<a href="#">Click To View</a>