

DRAFT

COMMERCIAL COLLECTION SERVICE FRANCHISE APPLICATION CHECK-LIST

Applicant: Move My Junk LLC Date: 10.27.25

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)
<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 checked="" type="checkbox"/> Met; 12. <input type="checkbox"/> Not Met	Delivery of applicable Commercial Franchise application fee. Section 4-1 C. (5)

DRAFT

Move My Junk, LLC

6039 Cypress Gardens Blvd, #259

Winter Haven, FL 33884

Date : 11/4/25

To Whom It May Concern:

I Wayne Hall, have been in the Solid Waste Collection industry for a period of
over 8 years, and our Supervisor/Driver, John Lewter has been in the industry
over 16 years.

I Wayne Hall, Manager/Owner of Move My Junk, LLC, do attest to the above
statement to be true and correct.

Sincerely,



Wayne Hall

Owner

Move My Junk, LLC



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

Detail by Entity Name

Florida Limited Liability Company

MOVE MY JUNK, LLC

Filing Information

Document Number L20000209500

FEI/EIN Number 85-2285876

Date Filed 07/20/2020

State FL

Status ACTIVE

Principal Address

6039 Cypress Gardens Blvd

#259

WINTER HAVEN, FL 33884

Changed: 03/01/2022

Mailing Address

6039 Cypress Gardens Blvd

#259

WINTER HAVEN, FL 33884

Changed: 03/01/2022

Registered Agent Name & Address

KEIZE & ASSOCIATES CPA LLC

111 N Pine Island Rd

Suite 102

Plantation, FL 33324

Name Changed: 02/27/2024

Address Changed: 02/27/2024

Authorized Person(s) Detail

Name & Address

Title AMBR

HALL, WAYNE M

117 AVENUE D SW
WINTER HAVEN, FL 33880

Annual Reports

Report Year	Filed Date
2023	03/21/2023
2024	02/27/2024
2025	02/24/2025

Document Images

02/24/2025 -- ANNUAL REPORT	View image in PDF format
02/27/2024 -- ANNUAL REPORT	View image in PDF format
03/21/2023 -- ANNUAL REPORT	View image in PDF format
09/07/2022 -- AMENDED ANNUAL REPORT	View image in PDF format
03/01/2022 -- AMENDED ANNUAL REPORT	View image in PDF format
02/01/2022 -- ANNUAL REPORT	View image in PDF format
03/29/2021 -- ANNUAL REPORT	View image in PDF format
07/20/2020 -- Florida Limited Liability	View image in PDF format

Move My Junk, LLC
6039 Cypress Gardens Blvd, #259
Winter Haven, FL 33884

Date : 10/14/25

To Whom It May Concern:

As of the date of the correspondence
stated above, Move My Junk, LLC as well
as its Managing Member/Owner, Wayne
Hall has never had any 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 Wayne Hall, Manager/Owner of Move
My Junk, LLC, do attest to the above
statement to be true and correct.

State : Florida

County of Polk

The foregoing instrument was

acknowledged before me this 17th

day of October 2025

Personally Know or Produced

Identification Florida Driver License.

Samara O. Watts
SAMARA O. WATTS



POLK COUNTY WASTE & RECYCLING

NON-EXCLUSIVE COMMERCIAL FRANCHISE ANNUAL CONTAINER LIST

FRANCHISEE MOVE MY JUNK, LLC

FOR YEAR 2026

OFFICE USE ONLY

DATE RECEIVED

DATE TO AUDITING

ACCEPTED

[illegible]

POLK COUNTY WASTE & RECYCLING
NON-EXCLUSIVE COMMERCIAL FRANCHISE ANNUAL VEHICLE LIST

FRANCHISEE MOVE MY JUNK, LLC

FOR YEAR 2026

OFFICE USE ONLY

DATE RECEIVED _____

DATE TO AUDITING

ACCEPTED

[illegible]



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/15/2025

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

Next First Insurance Agency, Inc.
PO Box 60787
Palo Alto, CA 94305

CONTACT

NAME: _____
PHONE (A/C, Ho, Ext): (855) 222-5919 FAX (A/C, Ho): _____
E-MAIL: support@nextinsurance.com
ADDRESS: _____

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A: Next Insurance US Company 16285

INSURER B:

INSURER C:

INSURER D:

INSURER E:

INSURER F:

INSURED

Move My Junk LLC
6039 Cypress Gardens Blvd Ste 250
Winter Haven, FL 33884

COVERAGES

CERTIFICATE NUMBER: 288705136

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"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER: _____	X	NXT7HPFFQH-00-GL	10/15/2025	10/15/2026	EACH OCCURRENCE \$1,000,000.00 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000.00 MED EXP (Any one person) \$15,000.00 PERSONAL & ADY INJURY \$1,000,000.00 GENERAL AGGREGATE \$2,000,000.00 PRODUCTS - COMP/OP AGG \$2,000,000.00
	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) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$	X	NXT7HPFFQH-00-GL	10/15/2025	10/15/2026	EACH OCCURRENCE \$1,000,000.00 AGGREGATE \$1,000,000.00
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below: _____	Y/N <input type="checkbox"/> N/A				PER STATUTE <input type="checkbox"/> 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)

The Certificate Holder is Polk County, a political subdivision of the State of Florida. This Certificate Holder is an Additional Insured on the General Liability policy and Umbrella/Excess 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, a political subdivision of the State of Florida
330 W Church St Rm 150
Bartow, FL 33830

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

Carla Ryan

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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 WAYNE HALL 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 MOVE MY JUNK, LLC
- 4) There are no liens of record filed by the Internal Revenue Service against MOVE MY JUNK, LLC
- 5) There are no liens of record filed by the State of Florida, or any agency or subdivision thereof, against MOVE MY JUNK, LLC
- 6) WAYNE HALL acknowledges and consents that the County shall have the right to inspect MOVE MY JUNK, LLC vehicles, containers, compactors, and other equipment at any time.
- 7) During the time of the existing Commercial Franchise, MOVE MY JUNK, 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 _____ will continue to comply with the same.

Further the affiant sayeth not.

Dated the 17th day of October, 2025

Wayne Hall
Sworn Person Signature
WAYNE HALL
Printed Name and Title of Sworn Person

The foregoing instrument was sworn (or affirmed) and subscribed before me this 17 day of October, 2025, by Wayne Hall, who is either ☐ personally known to me; or ☒ has produced Florida Driver License as identification.



Samara O. Watts
Notary Public Signature
Samara O. Watts
Printed Name of Notary Public
HH 642985
Notary Commission Number/Expiration

(AFFIX NOTORIAL SEAL)



JIMMY PATRONIS
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: 3/26/2025

EXPIRATION DATE: 3/26/2027

PERSON: WAYNE M HALL

EMAIL: MOVEMYJUNKLLC@GMAIL.COM

FEIN: 852285876

BUSINESS NAME AND ADDRESS:

MOVE MY JUNK, LLC

6039 CYPRESS GARDENS BLVD, SUIT, E 259
WINTER HAVEN, FL 33884

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.

DFS-F2-DWC-252 CERTIFICATE OF ELECTION TO BE EXEMPT
RULE 69L-6.012, F.A.C. REVISED 01/2023

E02059275

QUESTIONS? (850) 413-1609

POLK COUNTY LOCAL BUSINESS TAX APPLICATION FORM**ACCOUNT NO. 257131****CLASS: A****PAYMENT DUE BY: 09/30/2025**

OWNER NAME	LOCATION
WAYNE M HALL	6039 CYPRESS GARDENS BLVD STE 259 WINTER HAVEN

BUSINESS NAME AND MAILING ADDRESS**MOVE MY JUNK LLC**
MOVE MY JUNK LLC
902 PRIMROSE WAY
LAKE WALES, FL 33853**CODE****810000**
920000**ACTIVITY TYPE****LTD OTHER SERVICES**
LTD PUBLIC SERVICE**SIGN HERE****MOVEMYJUNKLLC@GMAIL.COI**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: 31.50****PAID - 3505639 09/05/2025 OPY****OLP 31.50 MOVE MY JUNK 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. 257131****CLASS: A****EXPIRES:****09/30/2026**

OWNER NAME	LOCATION
WAYNE M HALL	6039 CYPRESS GARDENS BLVD STE 259 WINTER HAVEN

BUSINESS NAME AND MAILING ADDRESS**MOVE MY JUNK LLC**
MOVE MY JUNK LLC
902 PRIMROSE WAY
LAKE WALES, FL 33853**CODE****810000**
920000**ACTIVITY TYPE****LTD OTHER SERVICES**
LTD PUBLIC SERVICE**OFFICE OF JOE G. TEDDER, CFC * TAX COLLECTOR**THIS POLK COUNTY LOCAL BUSINESS TAX RECEIPT MUST BE CONSPICUOUSLY
DISPLAYED AT THE BUSINESS LOCATION**PAID - 3505639 09/05/2025 OPY****OLP 31.50 MOVE MY JUNK LLC**

INDEMNITY

WHEREAS, THE UNDERSIGNED Wayne Hall
(the "Undersigned"), is the owner of move my Junk LLC
(the "Undersigned"), a _____.

WHEREAS, the Undersigned, 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 move my Junk LLC

NOW, THEREFORE, in consideration of the benefits accruing to the move my Junk LLC and for other good and valuable consideration, the Undersigned, by and on behalf of the move my Junk 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, move my Junk 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 move my Junk LLC, this 17 day of October, 2025

ATTEST:

By: Samara O. Watts
SAMARA O. WATTS
[Printed Name, Title]

a _____
By: Wayne Hall
WAYNE HALL
[Printed Name, Title]

AFFIX NOTORIAL SEAL



8:10

50



Collect - Point & Pay
public.pointandpay.net



POLK
COUNTY

...



Print



**Thank you for
your payment**

Confirmation # 186395642

Date Wednesday, November
19, 2025, 8:10:28 AM
US Eastern Time

Total Amount \$773.15

Paid with account
 ending in
0761

Customer Wayne Hall
Information movemyjunkllc@gmail.com
(863) 401-4467

Transaction Details

