

DRAFT

COMMERCIAL COLLECTION SERVICE FRANCHISE APPLICATION CHECK-LIST

Applicant: Haul & All Services Date: 09.29.25

| Status | Brief Description of Application Requirements |
|--|---|
| <input 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) |
| <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 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) |
| <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) |
| <input checked="" 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
HAUL N ALL SERVICES LLC

Filing Information

Document Number L21000070061
FEI/EIN Number 86-2207728
Date Filed 02/10/2021
State FL
Status ACTIVE

Principal Address

407 RED HAWK LOOP
WINTER HAVEN, FL 33880

Mailing Address

407 RED HAWK LOOP
WINTER HAVEN, FL 33880

Registered Agent Name & Address

REPUBLIC REGISTERED AGENT LLC
476 RIVERSIDE AVE.
SUITE 4
JACKSONVILLE, FL 32202

Name Changed: 10/24/2023

Address Changed: 05/21/2025

Authorized Person(s) Detail

Name & Address

Title AMBR

CASTEEL, MATTHEW
407 RED HAWK LOOP
WINTER HAVEN, FL 33880

Annual Reports

| Report Year | Filed Date |
|-------------|------------|
| 2023 | 02/01/2023 |
| 2024 | 03/11/2024 |

2025

04/24/2025

Document Images

[04/24/2025 -- ANNUAL REPORT](#)

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[10/24/2023 -- AMENDED ANNUAL REPORT](#)

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[01/24/2022 -- ANNUAL REPORT](#)

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[02/10/2021 -- Florida Limited Liability](#)

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Date: 09/28/2025

To whom it may concern:

As of the date of the correspondence stated above, Haul n All Services LLC, as well as it's Managing Member/Owner, Matthew Casteel has never had involvement as a subject or as a part in any litigation, criminal proceedings, or agency enforcement cases.

I, Matthew Casteel, MGR\Owner of Haul n All Services LLC, do attest the above statement to be true and correct.

State Florida

County of Polk

16th

The foregoing instrument was acknowledged before me this MC x 28th day
of September 2025 Personally Know or Produced identification
MC
October

Matthew Casteel 10/16/2025

Please see the attached certificate.

WLB

DESCRIPTION OF ATTACHED DOCUMENT

Title or Type of Document: Certificate of Acknowledgement

Document Date: 10/16/2025

Number of Pages (including notarial certificate): 2



William Robert Boyd II
NOTARY PUBLIC
STATE OF NEVADA
Appt. No. 22-6504-03
Expires August 18, 2026

State of Nevada

County of Carson City

This instrument was acknowledged before me
on 10/16/2025 by Matthew Casteel.

William Robert Boyd II

Notarized remotely using audio-video communication technology via Proof.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
09/29/2025

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 94306

CONTACT

NAME:
PHONE (A/C, No, Ext): (855) 222-5919
E-MAIL: support@nextinsurance.com
ADDRESS:

FAX (A/C, No):

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A: State National Insurance Company, Inc.

12831

INSURER B:

INSURER C:

INSURER D:

INSURER E:

INSURER F:

INSURED

Matt Casteel
Haul n All Services LLC
407 Red Hawk Loop
Winter Haven, FL 33880

COVERAGES

CERTIFICATE NUMBER: 047320297

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 | X | NXTCLLVFLF-03-GL | 12/20/2024 | 12/20/2025 | EACH OCCURRENCE \$1,000,000.00 |
| | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000.00 |
| | | | | | | MED EXP (Any one person) \$15,000.00 |
| | GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER: | | | | | PERSONAL & ADV INJURY \$1,000,000.00 GENERAL AGGREGATE \$2,000,000.00 PRODUCTS - COMP/OP AGG \$2,000,000.00 \$ |
| | AUTOMOBILE LIABILITY | | | | | COMBINED SINGLE LIMIT (Ea accident) \$ |
| | <input type="checkbox"/> ANY AUTO | | | | | BODILY INJURY (Per person) \$ |
| | <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY | | | | | BODILY INJURY (Per accident) \$ |
| | | | | | | PROPERTY DAMAGE (Per accident) \$ \$ |
| A | <input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB | X | NXTCLLVFLF-03-GL | 12/20/2024 | 12/20/2025 | EACH OCCURRENCE \$ 2,000,000.00 |
| | <input type="checkbox"/> CLAIMS-MADE | | | | | AGGREGATE \$ 2,000,000.00 \$ |
| | DED <input type="checkbox"/> RETENTION \$ | | | | | |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | Y/N | N/A | | | PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | | | | | E.L. EACH ACCIDENT \$ |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | 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 Solid Waste Division. 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

CANCELLATION

Polk County Solid Waste Division
10 Environmental Loop S
Winter Haven, FL 33880

LIVE CERTIFICATE



Click or scan to view

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

© 1988-2015 ACORD CORPORATION. All rights reserved.



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: 10/24/2025

EXPIRATION DATE: 10/24/2027

PERSON: MATTHEW N CASTEEL

EMAIL: MATTCASTEEL@HAULNALL.COM

FEIN: 862207728

BUSINESS NAME AND ADDRESS:

HAUL N ALL SERVICES LLC

407 RED HAWK LOOP

WINTER HAVEN, FL 33880

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.

NON-EXCLUSIVE COMMERCIAL FRANCHISE ANNUAL VEHICLE LIST

FOR YEAR 2025

ACCEPTED

[illegible]

NON-EXCLUSIVE COMMERCIAL FRANCHISE ANNUAL CONTAINER LIST

FRANCHISEE Haul n All Services

FOR YEAR 2025

OFFICE USE ONLY

DATE RECEIVED _____

DATE TO AUDITING _____

ACCEPTED

[illegible]

POLK COUNTY LOCAL BUSINESS TAX APPLICATION FORM**ACCOUNT NO. 265046****CLASS: A****PAYMENT DUE BY: 09/30/2025**

| | |
|---|--|
| OWNER NAME | LOCATION |
| MATTHEW NEAL CASTEEL | 2172 ALBATROSS NEST DR BARTOW |
| BUSINESS NAME AND MAILING ADDRESS | CODE ACTIVITY TYPE |
| HAUL N ALL SERVICES LLC MATTHEW CASTEEL 2172 ALBATROSS NEST DR BARTOW, FL 33830 | 810000 LTD OTHER SERVICES |

SIGN HERE**HAULNALLLC@GMAIL.COM**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 - 3622829 11/03/2025 HMF****TAX 31.50 HAUL N ALL 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. 265046****CLASS: A****EXPIRES:****09/30/2026**

| | |
|---|--|
| OWNER NAME | LOCATION |
| MATTHEW NEAL CASTEEL | 2172 ALBATROSS NEST DR BARTOW |
| BUSINESS NAME AND MAILING ADDRESS | CODE ACTIVITY TYPE |
| HAUL N ALL SERVICES LLC MATTHEW CASTEEL 2172 ALBATROSS NEST DR BARTOW, FL 33830 | 810000 LTD OTHER SERVICES |

OFFICE OF JOE G. TEDDER, CFC * TAX COLLECTORTHIS POLK COUNTY LOCAL BUSINESS TAX RECEIPT MUST BE CONSPICUOUSLY
DISPLAYED AT THE BUSINESS LOCATION**PAID - 3622829 11/03/2025 HMF****TAX 31.50****HAUL N ALL 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 Matthew Casteel who, first being duly sworn, on oath deposes and states, as follows:

- 1) He is Matthew Casteel, Owner/Managing Member of Haul n All Services LLC, a Florida Limited Liability Company 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 Haul n All Services LLC.
- 4) There are no liens of record filed by the Internal Revenue Service against Haul n All Services LLC.
- 5) There are no liens of record filed by the State of Florida, or any agency or subdivision thereof, against Haul n All Services LLC.
- 6) Haul n All Services LLC acknowledges and consents that the County shall have the right to inspect Haul n All Services LLC vehicles, containers, compactors, and other equipment at any time.
- 7) During the time of the existing Commercial Franchise, Haul n All 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 Haul n All Services LLC will continue to comply with the same.

Further the affiant sayeth not.

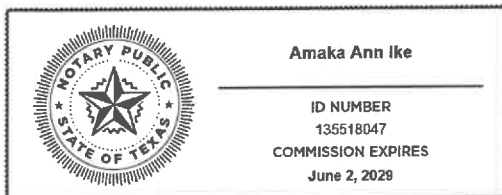
Dated the 28th day of September, 2025




Sworn Person Signature
Matthew Casteel

Printed Name and Title of Sworn Person

The foregoing instrument was sworn (or affirmed) and subscribed before me this 13th day of October, 2025, by Matthew Neal Casteel, who is either ☐ personally known to me; or ☒ has produced DRIVER LICENSE as identification.



(AFFIX NOTORIAL SEAL)



Notary Public Signature
Amaka Ann Ike

Printed Name of Notary Public
06/02/2029

Notary Commission Number/Expiration

INDEMNITY

WHEREAS, THE UNDERSIGNED Matthew Casteel
(the "Undersigned"), is the Owner of Haul n All Services LLC
(the "Company"), a A Florida Limited Liability Company.

WHEREAS, the Owner, 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 Haul n All Services LLC

NOW, THEREFORE, in consideration of the benefits accruing to the Haul n All Services LLC and for other good and valuable consideration, the Undersigned, by and on behalf of the Haul n All 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, Haul n All 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 Haul n All Services LLC this 28 day of September, 2025.

ATTEST:

Haul n All Services LLC
a Florida Limited Liability Company

By: 

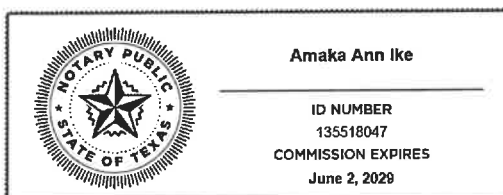
Matthew Casteel, Owner

[Printed Name, Title]

By: _____

[Printed Name, Title]

AFFIX NOTORIAL SEAL





Electronically signed and notarized online using the Proof platform.

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: Matthew Casteel
Address: 407 red hawk loop, Winter Haven FL, US, 33880
Contact: 8632072478
Comments:

Payment ID: 183344312
Date: 10/01/25 12:18 AM
Subtotal: \$750.00
Fee: \$23.15
Total: \$773.15
Method: Credit Card(*****4135)

| Item Purchased | Transaction Description | Account | Amount |
|-----------------------|-------------------------|-------------------------|----------|
| Miscellaneous Charges | CTYPolkWsteGOV | Haul n All Services LLC | \$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](#)