**DRAFT**

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

Applicant: WEBB'S CAN-IT Date: _____

| Status | Brief Description of Application Requirements |
|---|---|
| ☐ Met<br>☐ Not Met | Identity of the applicant, to include its principals, partners, and management. Section 4-1 C. (2)(a) |
| ☐ Met;<br>☐ 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<br>☐ 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<br>☐ 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) |
| ☐ Met<br>☐ 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<br>☐ 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<br>☐ 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;<br>☐ 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) |
| ☐ Met<br>☐ 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<br>☐ 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) |
| ☐ Met<br>☐ 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) |
| ☐ Met<br>☐ Not Met | Delivery of applicable Commercial Franchise application fee. Section 4-1 C. (5) |

**Commented [DZ1]:** Need copy of SunBiz

**Commented [DZ2]:** Will have Attorney Decide if Coverage limits are correct.

PBTZ

**DRAFT**

# GREGORY M. WEBB

## SKILLS

**I am a results-oriented professional with 32 + years of experience working with heavy equipment and a proven knowledge of hard work, common-sense conflict resolution and safe equipment management.**

## OBJECTIVE

**I aim to leverage my skills to successfully build my business and continue providing trust-worthy, reasonably-priced service to my customers.**

## EXPERIENCE

**Owner | Webb's Can-It | Feb. 2002 - Present**

Coordinates daily operations for drivers.

Oversees the maintenance and repair of machinery, equipment, and mechanical systems.

Maintains and expands customer base by providing personal service support.

Operates the trucks and make deliveries for containers.

Provides 24-hour Emergency highway clean-up support in tandem with Webb's Towing

Oversees compliance with state and county regulations and safety guidelines.

**Manager | Webb's Auto Salvage | Jan.1995 - Present**

Oversees daily operations of recycling and salvage yard

Purchases equipment, assets and parts sold.

Maintains safety and good working order of equipment.

Oversees compliance with state and county regulations, and safety guidelines.

## EDUCATION

**B.S. Criminology | June 1994 | Florida Southern College**

**ASE Certified | 1992**

**Commercial Driver's License | 2002**


-Webbscanit
@gmail.com

863-581-3203


## ADDITIONAL SKILLS

**Adept at operating most heavy equipment, including, but not limited to fork lifts, excavators, loaders, and backhoes.**

**Background in plumbing, electrical work and small engine repair.**


Previous on List Next on List Return to List

Filing History

Fictitious Name Search
Submit

# Fictitious Name Detail

## Fictitious Name

WEBB'S CAN-IT

## Filing Information

| | |
|---|---|
| **Registration Number** | G02044900112 |
| **Status** | ACTIVE |
| **Filed Date** | 02/13/2002 |
| **Expiration Date** | 12/31/2027 |
| **Current Owners** | 2 |
| **County** | POLK |
| **Total Pages** | 5 |
| **Events Filed** | 4 |
| **FEI/EIN Number** | 02-0535189 |

## Mailing Address

3007 EAST MAIN ST.
LAKELAND, FL 33801

## Owner Information

WEBB, GREGORY M.
3007 EAST MAIN ST.
LAKELAND, FL 33801
**FEI/EIN Number:** NONE
**Document Number:** NONE

WEBB, ASHLEY LEANNE
3007 EAST MAIN ST.
LAKELAND, FL 33801
**FEI/EIN Number:** NONE
**Document Number:** NONE

## Document Images

| | |
|---|---|
| 02/13/2002 -- REGISTRATION | View image in PDF format |
| 07/06/2022 -- Fictitious Name Renewal Filing | View image in PDF format |
| 11/28/2017 -- Fictitious Name Renewal Filing | View image in PDF format |
| 12/01/2012 -- Fictitious Name Renewal Filing | View image in PDF format |
| 02/05/2007 -- RENEWAL | View image in PDF format |

# APPLICATION FOR RENEWAL OF FICTITIOUS NAME

REGISTRATION# G02044900112

**FILED**
**Jul 06, 2022**
**Secretary of State**
**G22000080633**

**Fictitious Name:** WEBB'S CAN-IT

**Current Mailing Address:**

3007 EAST MAIN ST.
LAKELAND, FL 33801

**New Mailing Address:**

**Current County of Principal Place of Business:**

POLK

**New County of Principal Place of Business:**

**Current FEI Number:**

02-0535189

**New FEI Number:**

**Current Owner(s):**

Document #: ( ) Delete
FEI #:
Name: WEBB, GREGORY M.
Address: 3007 EAST MAIN ST.
City-St-Zip: LAKELAND, FL 33801

Document #: ( ) Delete
FEI #:
Name:
Address:
City-St-Zip:

**Additions/Changes to Owner(s):**

Document #: ( ) Change ( ) Addition
FEI #:
Name:
Address:
City-St-Zip:

Document #: ( ) Change (X) Addition
FEI #:
Name: WEBB, ASHLEY LEANNE
Address: 3007 EAST MAIN ST.
City-St-Zip: LAKELAND, FL 33801

I the undersigned, being an owner in the above fictitious name, certify that the information indicated on this form is true and accurate. I understand that the electronic signature below shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, Florida Statutes.

ASHLEY WEBB — 07/06/2022

Electronic Signature(s) — Date

**Certificate of Status Requested ( )** **Certified Copy Requested ( )**

# Webb's Can-It

ROLL-OFF CONTAINER SERVICE

## Polk County Non-Exclusive Commercial Franchise application


Gregory M. Webb dba Webb's Can-It

3007 E Main St.
Lakeland, FL 33801
Ph: 863-669-9030
Cell: 863-581-3203
Email: Webbscanit@gmail.com


Section 4-1 C
(2) (a-b)
Principle owner: Gregory M. Webb
CDL # W100-293-71-106-0
Secretary: Ashley Webb

(2) (c)
Principle is not involved in any litigation, criminal proceedings or agency enforcement cases.
Secretary is not involved in any litigation, criminal proceedings or agency enforcement cases.

(2) (f)
Applicant acknowledges and consents to the County's right to inspect Applicant's vehicles, containers, compactors and other equipment at any time.

Dated the 3 day of September, 2025

Gregory M. Webb
Sworn person's signature

Gregory M. WEBB
Printed name and Title of sworn person

The foregoing instrument was sworn (or affirmed) and subscribed before me this 3 day of September 2025, by Gregory Webb who is either X personally known to me; or ☐ has produced _____ as identification.

Notary Public State of Florida
Celena Frazier
My Commission HH 395363
Expires 5/7/2027

(Affix Notorial Seal)

Celena Frazier

HH395363 / 5-7-27
Notary Commission Number/Expiration

**POLK COUNTY WASTE & RECYCLING**

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

**FRANCHISEE** Webb's Can-It

**FOR YEAR** 2025-2026

***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 |
|---|---|---|---|---|---|---|
| Sterling | Acterra | 2005 | RO | | 64,000 | 2FZHAZCK15AU00066 |
| Kenworth | T-300 | 1995 | RO | | 64,000 | 2XKDD99X6SM642632 |
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**List of Containers** **2025-2026**
**Section 4-1 C**
**(2)(e)**

10 yard cans ID #

10-001
10-002
10-003
10-004
10-005
10-006
10-007

20 yard cans ID #

| | | |
|---|---|---|
| 20-001 | 20-011 | 20-020 |
| 20-002 | 20-012 | 20-021 |
| 20-003 | 20-013 | 20-022 |
| 20-004 | 20-014 | 20-023 |
| 20-005 | 20-015 | 20-024 |
| 20-006 | 20-016 | 20-025 |
| 20-007 | 20-016 | 20-026 |
| 20-008 | 20-017 | 20-027 |
| 20-009 | 20-018 | |
| 20-010 | 20-019 | |

30 yard cans ID #

| | | |
|---|---|---|
| 30-001 | 30-011 | 30-021 |
| 30-002 | 30-012 | 30-022 |
| 30-003 | 30-013 | 30-023 |
| 30-004 | 30-014 | 30-024 |
| 30-005 | 30-015 | 30-025 |
| 30-006 | 30-016 | 30-026 |
| 30-007 | 30-017 | 30-027 |
| 30-008 | 30-018 | |
| 30-009 | 30-019 | |
| 30-010 | 30-020 | |

40 yard cans ID #

| | |
|---|---|
| 40-001 | 40-011 |
| 40-002 | |
| 40-003 | |
| 40-004 | |
| 40-005 | |
| 40-006 | |
| 40-007 | |
| 40-008 | |
| 40-009 | |
| 40-010 | |

**POLK COUNTY WASTE & RECYCLING**

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

**FRANCHISEE** _____

**FOR YEAR** 2025 - 2026

***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 | |
| One | | | x | | 30 | x | | 30-010 |
| Two | | | x | | 30 | x | | 30-009 |
| Three | | | x | | 20 | x | | 20-013 |
| Four | | | x | | 20 | x | | 20-008 |
| Five | | | x | | 30 | x | | 30-020 |
| Six | | | x | | 30 | x | | 30-021 |
| Seven | | | x | | 40 | x | | 40-001 |
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GREGWEB-01 SDAVIDSON

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 9/3/2025

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<br>Williams-Hess Insurance<br>1617 East Gary Rd.<br>Lakeland, FL 33801 | CONTACT NAME: Robert Brandeberry<br>PHONE (A/C, No, Ext): (863) 682-5195 107 FAX (A/C, No): (863) 686-3051<br>E-MAIL ADDRESS: Bob@williamshessins.com |
| INSURED<br>GREG WEBB DBA WEBB'S CAN IT<br>3007 E MAIN ST<br>LAKELAND, FL 33801 | INSURER(S) AFFORDING COVERAGE — NAIC #<br>INSURER A : Atlantic Casualty — 42846<br>INSURER B : Colony — 39993<br>INSURER C :<br>INSURER D :<br>INSURER E :<br>INSURER F : |

**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 (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | |
|---|---|---|---|---|---|---|---|---|
| A | X COMMERCIAL GENERAL LIABILITY | | | | | | EACH OCCURRENCE | $ 1,000,000 |
| | CLAIMS-MADE X OCCUR | | | L264004178-0 | 1/8/2025 | 1/8/2026 | DAMAGE TO RENTED PREMISES (Ea occurrence) | $ 100,000 |
| | | | | | | | MED EXP (Any one person) | $ 5,000 |
| | | | | | | | PERSONAL & ADV INJURY | $ 1,000,000 |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | GENERAL AGGREGATE | $ 2,000,000 |
| | X POLICY PRO-JECT LOC | | | | | | PRODUCTS - COMP/OP AGG | $ 2,000,000 |
| | OTHER: | | | | | | | $ |
| | AUTOMOBILE LIABILITY | | | | | | COMBINED SINGLE LIMIT (Ea accident) | $ |
| | ANY AUTO | | | | | | BODILY INJURY (Per person) | $ |
| | OWNED AUTOS ONLY / SCHEDULED AUTOS | | | | | | BODILY INJURY (Per accident) | $ |
| | HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY | | | | | | PROPERTY DAMAGE (Per accident) | $ |
| | | | | | | | | $ |
| B | X UMBRELLA LIAB X OCCUR | | | | | | EACH OCCURRENCE | $ 3,000,000 |
| | EXCESS LIAB CLAIMS-MADE | | | AR6462405 | 1/8/2025 | 1/8/2026 | AGGREGATE | $ 3,000,000 |
| | DED RETENTION $ | | | | | | | $ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N | | | | | | PER STATUTE OTH-ER | |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | N / A | | | | | 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)

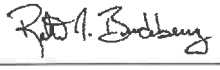
**CERTIFICATE HOLDER**

Polk County Waste & Recycling Division
10 Environmental Loop
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



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 9/3/2025

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**
SUNZ Insurance Solutions, LLC ID: (Convergence)
c/o Convergence Employee Leasing, Inc.
9393-1 Mill Springs Drive
Jacksonville, FL 32257

CONTACT NAME: Convergence
PHONE (A/C, No, Ext): 904-731-9014 FAX (A/C, No): 904-731-0059
E-MAIL ADDRESS: Info@convergencepeo.com

| INSURER(S) AFFORDING COVERAGE | NAIC # |
|---|---|
| INSURER A : SUNZ Insurance Company | 34762 |
| INSURER B : | |
| INSURER C : | |
| INSURER D : | |
| INSURER E : | |
| INSURER F : | |

**INSURED**
Convergence Employee Leasing, Inc.
9393-1 Mill Springs Drive
Jacksonville FL 32257

**COVERAGES** **CERTIFICATE NUMBER:** 86990245 **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 | |
|---|---|---|---|---|---|---|---|---|
| | COMMERCIAL GENERAL LIABILITY | | | | | | EACH OCCURRENCE | $ |
| | ☐ CLAIMS-MADE ☐ OCCUR | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | $ |
| | | | | | | | MED EXP (Any one person) | $ |
| | | | | | | | PERSONAL & ADV INJURY | $ |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | GENERAL AGGREGATE | $ |
| | ☐ POLICY ☐ PRO-JECT ☐ LOC | | | | | | PRODUCTS - COMP/OP AGG | $ |
| | ☐ OTHER: | | | | | | | $ |
| | AUTOMOBILE LIABILITY | | | | | | COMBINED SINGLE LIMIT (Ea accident) | $ |
| | ☐ ANY AUTO | | | | | | BODILY INJURY (Per person) | $ |
| | ☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS | | | | | | BODILY INJURY (Per accident) | $ |
| | ☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY | | | | | | PROPERTY DAMAGE (Per accident) | $ |
| | | | | | | | | $ |
| | ☐ UMBRELLA LIAB ☐ OCCUR | | | | | | EACH OCCURRENCE | $ |
| | ☐ EXCESS LIAB ☐ CLAIMS-MADE | | | | | | AGGREGATE | $ |
| | ☐ DED ☐ RETENTION $ | | | | | | | $ |
| A | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N | | | WC006-00001-024 | 10/1/2024 | 10/1/2025 | ✓ PER STATUTE ☐ OTH-ER | |
| | ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? N | N/A | | | | | E.L. EACH ACCIDENT | $ 1,000,000 |
| | (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | 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)**

Coverage provided for all leased employees but not subcontractors of: Gregory M Webb dba Webb's Can-It
Client Effective Date: 1/1/2018

**CERTIFICATE HOLDER**

Polk County Waste & Recycling 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
Rick Leonard

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

Gregory M. Webb who, first being duly sworn, on oath deposes and states, as follows:

1) He is dba Webb's Can-It, a Sole Proprietorship 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 Gregory Webb dba Webb's Can-It.

4) There are no liens of record filed by the Internal Revenue Service against Webb's Can-It.

5) There are no liens of record filed by the State of Florida, or any agency or subdivision thereof, against Webb's Can-It.

6) Gregory M. Webb acknowledges and consents that the County shall have the right to inspect Webb's Can-It vehicles, containers, compactors, and other equipment at any time.

7) During the time of the existing Commercial Franchise, Webb's Can-It 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 Webb's Can-It will continue to comply with the same.

Further the affiant sayeth not.

Dated the 3 day of Sept, 2025

Gregory M. Webb
Sworn Person Signature
Gregory M. Webb, Owner
Printed Name and Title of Sworn Person

The foregoing instrument was sworn (or affirmed) and subscribed before me this 3 day of September, 2025 by Gregory Webb, who is either ☒ personally known to me; or ☐ has produced _____ as identification.

Notary Public State of Florida
Celena Frazier
My Commission HH 395363
Expires 5/7/2027

Celena Frazier
Notary Public Signature
Celena Frazier
Printed Name of Notary Public
HH395363 / 5/7/27
Notary Commission Number/Expiration

(AFFIX NOTORIAL SEAL)

# INDEMNITY

**WHEREAS, THE UNDERSIGNED** Gregory M. Webb (the "Undersigned"), is the owner of Webb's Can-It (the "Applicant" a Florida Sole Proprietor,

**WHEREAS**, the Applicant, 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 Applicant

**NOW, THEREFORE**, in consideration of the benefits accruing to the Applicant and for other good and valuable consideration, the Undersigned, by and on behalf of the Applicant 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, Webb's Can-It ,
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 Applicant this 3 day of Sept, 2025.

**ATTEST:** Gregory M. Webb dba Webb's Can-It a Applicant

By: Celena Frazier

Celena Frazier
[Printed Name, Title]

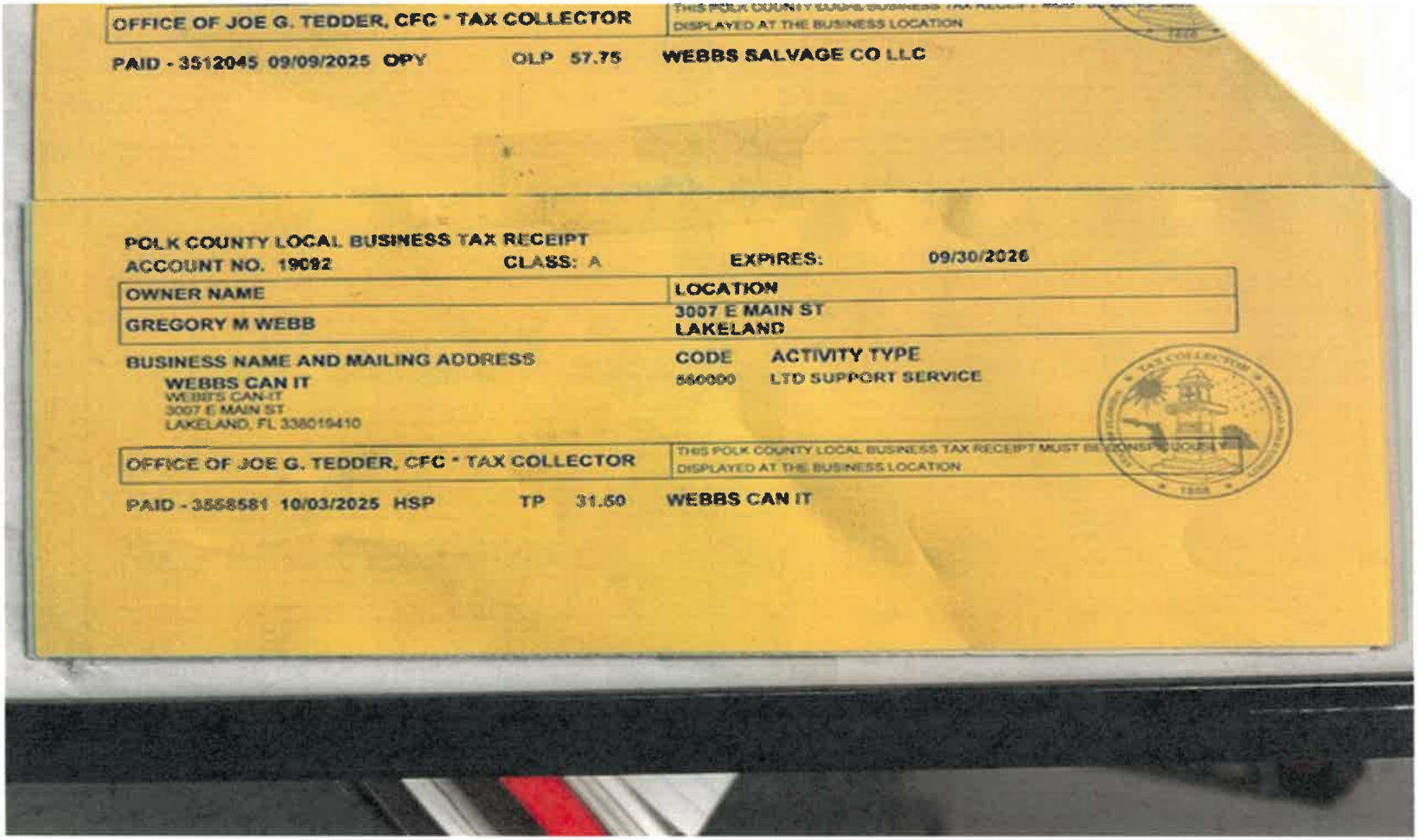
By: Gregory M. Webb

Gregory M. Webb, Owner
[Printed Name, Title]

SEAL

Notary Public State of Florida
Celena Frazier
My Commission HH 395363
Expires 5/7/2027

Sent from my iPhone



OFFICE OF JOE G. TEDDER, CFC * TAX COLLECTOR

THIS POLK COUNTY LOCAL BUSINESS TAX RECEIPT MUST BE CONSPICUOUSLY DISPLAYED AT THE BUSINESS LOCATION

PAID - 3512045 09/09/2025 OPY OLP 57.75 WEBBS SALVAGE CO LLC

POLK COUNTY LOCAL BUSINESS TAX RECEIPT

ACCOUNT NO. 19092 CLASS: A EXPIRES: 09/30/2026

| OWNER NAME | LOCATION |
|---|---|
| GREGORY M WEBB | 3007 E MAIN ST<br>LAKELAND |

BUSINESS NAME AND MAILING ADDRESS

WEBBS CAN IT
WEBBS CAN-IT
3007 E MAIN ST
LAKELAND, FL 338019410

CODE ACTIVITY TYPE
560000 LTD SUPPORT 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 - 3558581 10/03/2025 HSP TP 31.50 WEBBS CAN IT

DEPARTMENT OF Solid Waste, POLK COUNTY FLORIDA **No** 97693

RECEIVED FROM Webb's Can-It Date 9/5 20 25

| FUND | COST CENTER | ACCOUNT | PROJECT |
|---|---|---|---|
| | | | |

FOR: Annual Hauler Fee $ 500.00

$

$

$

CASH ☐ ____ BY: Wendy Tupin-Grant

CHECK ☐ 2791 TOTAL $500.00

REVISED 05/12

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**Webb's Can-It**
Gregory M. Webb
3007 E Main St
Lakeland, FL 33801-9410

2791

Sept 3 20 25

63-215/631

PAY TO THE ORDER OF Polk County Waste & Recycling $ 500.00

Five hundred and 00/100 DOLLARS

SunTrust

FOR Non-exclusive Comm Fran Application

Ashley Webb

⑈002791⑈ ⑆063102152⑆ 05240089688961⑈