DRAFT COMMERCIAL COLLECTION SERVICE FRANCHISE APPLICATION CHECK-LIST

Applicant:	WEBB'S CAN-ITDate:	
Status	Brief Description of Application Requirements	
□ Not Met	Identity of the applicant, to include its principals, partners, and management. Section 4-1 C. (2)(a)	
☐ Met; ☐ 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)	Commented [DZ1]: Need copy of SunBiz
☐ 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	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	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	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	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;	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)	Commented [DZ2]: Will have Attorney Decide if
☐ 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)	Coverage limits are correct.
□ 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	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)	
□ Not Met	Delivery of applicable Commercial Franchise application fee. Section 4-1 C. (5)	

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.

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

OBJECTIVE

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



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

Filing History

Next on List

Return to List

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

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

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12/01/2012 -- Fictitious Name Renewal Filing

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02/05/2007 -- RENEWAL

View image in PDF format

<u>APPLICATION FOR RENEWAL OF FICTITIOUS NAME</u>

REGISTRATION# G02044900112

→ Fictitious Name: WEBB'S CAN-IT

ASHLEY WEBB

Electronic Signature(s)

Certificate of Status Requested ()

FILED Jul 06, 2022 Secretary of State G22000080633

Current Mailing Address:	New Mailing Address:
3007 EAST MAIN ST. LAKELAND, FL 33801	
Current County of Principal Place of Business:	New County of Principal Place of Business:
POLK	
Current FEI Number:	New FEI Number:
02-0535189	
Current Owner(s):	Additions/Changes to Owner(s):
Document #: () Delete FEI #: Name: WEBB, GREGORY M. Address: 3007 EAST MAIN ST. City-St-Zip: LAKELAND, FL 33801	Document #: () Change () Addition FEI #: Name: Address: City-St-Zip:
Document #: () Delete 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, of and accurate. I understand that the electronic signature below s aware that false information submitted in a document to the Dep for in s. 817.155, Florida Statutes.	hall have the same legal effect as if made under oath. Lam

Certified Copy Requested ()

07/06/2022

Date

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

Dated the 3 day of So oth mby 2006

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.

Grang Mi 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 $\stackrel{\textstyle >}{=}$ day of
by Steyony Wibb who is either personally know
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)

HH395363 5-7-27
Notary Commission Number/Expiration

POLK COUNTY WASTE & RECYCLIN					OFFICE USE ONLY	
NON-EXCLUSIVE COMMERCIAL FRA	ANCHISE ANNUAL VEHICLE LIST	,			DATE RECEIVED	
FRANCHISEE Webb's Can-It						
THE TOTAL TOTAL			e e		DATE TO AUDITING	
FOR YEAR 2025-2026				~	ACCEPTED	
· ·			A:	12		
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
		1				

List of Contain Section 4-1 C (2)(e)	ers	2025-2026		
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	#		40 yard cans ID	#
30-001	30-011	30-021	40-001	40-011
30-002	30-012	30-022	40-002	
30-003	30-013	30-023	40-003	
30-004	30-014	30-024	40-004	
30-005	30-015	30-025	40-005	
30-006	30-016	30-026	40-006	
30-007	30-017	30-027	40-007	
30-008	30-018		40-008	
30-009	30-019		40-009	
30-010	30-020		40-010	

POLK COUNTY WASTE & RECYCLING		OFFICE USE ONLY						
NON-EXCLUSIVE COMMERCIAL FRANC	DATE RECEIVED							
FRANCHISEE	DATE TO AUDITING							
FOR YEAR	ACCEPTED							
	1	CONTAINE	R TYPE/SIZE		CAPACITY	COLLECTION	EDECLIENCY	CONTA INTO IN TARREST AND IN
CUSTOMER NAME	DUMPSTER	COMPACTOR	ROLL OFF	OTHER	(CU YD)	ON CALL	DAYS/WK	CONTAINER IDENTIFICATION NUMBER
One			×		30	х		30-010
Two			×		30	х		30-009
Three			×		20	х		20-013
Four			×		20	х		20-008
Five			x		30	х		30-020
Six			×		30	х		30-021
Seven			x		40	х		40-001

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.

lf ti	SUBROGATION IS WAIVED, subjecting certificate does not confer rights to	ct to o the	the cert	terms and conditions of ificate holder in lieu of su	uch end	lorsement(s)			dorsemen	t. As	statement on
PRO	DUCER				CONTACT Robert Brandeberry						
	iams-Hess Insurance					o, Ext): (863)			FAX (A/C, No):	(863)	686-3051
	7 East Gary Rd. eland, FL 33801				E-MAIL ADDRESS: Bob@williamshessins.com						
	,										NAIC #
					INSURE	R A : Atlantic	Casualty				42846
INS	JRED					RB: Colony					39993
	GREG WEBB DBA WEBB'S	CAN	CAN IT			RC:					
	3007 E MAIN ST				INSURER D :						
	LAKELAND, FL 33801				INSURE	RE:					
					INSURE	RF:					
CO	VERAGES CER	TIFIC	CATE	NUMBER:				REVISION NU	MBER:		
IN C	HIS IS TO CERTIFY THAT THE POLICIE NDICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	EQUI PER	REME	ENT, TERM OR CONDITIO THE INSURANCE AFFOR	N OF A	NY CONTRA 7 THE POLIC	CT OR OTHE! IES DESCRIE PAID CLAIMS	R DOCUMENT WI BED HEREIN IS S	TH RESPE	CT TO	WHICH THIS
INSR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	s	
Α	X COMMERCIAL GENERAL LIABILITY						W. C.	EACH OCCURREN		\$	1,000,000
	CLAIMS-MADE X OCCUR			L264004178-0		1/8/2025	1/8/2026	DAMAGE TO REN' PREMISES (Ea occ	TED currence)	\$	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 PRODUCT LOC OTHER:							PRODUCTS - COM	IP/OP AGG	s	2,000,000
	AUTOMOBILE LIABILITY							COMBINED SINGL (Ea accident)	E LIMIT	\$	
	ANY AUTO							BODILY INJURY (F	er person)	s	
	OWNED SCHEDULED AUTOS ONLY AUTOS							BODILY INJURY (F	er accident)	\$	
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMA (Per accident)		s	
	AUTOS ONLT									\$	
В	X UMBRELLA LIAB X OCCUR							EACH OCCURREN	ICE	\$	3,000,000
	EXCESS LIAB CLAIMS-MADE	AR6462405		1/8/2025	1/8/2026	AGGREGATE		\$	3,000,000		
	DED RETENTION \$									S	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER		
								E.L. EACH ACCIDE	NT	\$	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA	EMPLOYEE	s	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - PC	LICY LIMIT	\$	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	ACORI) 101, Additional Remarks Schedu	ule, may b	e attached if mo	re space is requi	red)			
CE	RTIFICATE HOLDER				CANO	CELLATION					
	Polk County Waste & Recyc 10 Environmental Loop	ling	Divis	ion	THE	EXPIRATIO	N DATE TH	DESCRIBED POLICE HEREOF, NOTICE CY PROVISIONS.	CIES BE CA	ANCEL BE D	LLED BEFORE ELIVERED IN
	Winter Haven, FL 33880				AUTHO	RIZED REPRESE	NTATIVE				
				De1211							



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.

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

	f SUBROGATION IS WAIVED, subject his certificate does not confer rights							require an endorsen	ient. A	statement on
	DDUCER	D (6	_	,	CONTA NAME:	СТ	Convergence			
8	BUNZ Insurance Solutions, LLC I/o Convergence Employee Leas	ID: (0	Conv	/ergence)	PHONE (A/C, No		904-731-901	EAV	No.	904-731-0059
19	393-1 Mill Springs Drive	mg,	mc.		E-MAIL ADDRE	ss:	nfo@converd	encepeo.com		
J	acksonville, FL 32257							RDING COVERAGE		NAIC#
					INSURE	RA: SUNZ II				34762
	JRED				INSURE		iourumoo oo	, ,		01102
l č	Convergence Employee Leasing, 393-1 Mill Springs Drive	Inc.			INSURE					
9	acksonville FL 32257				INSURER D :					
١٣	acksoff file 1 E 02207				INSURE					
					INSURE					
CO	VERAGES CER	TIFIC	ATE	NUMBER: 86990245	INSURE	KF:		REVISION NUMBER	·	
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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	L	IMITS	
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	s	
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	s	
								MED EXP (Any one person)	\$	
								PERSONAL & ADV INJURY		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AC		
	OTHER:								\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	
	ANY AUTO							BODILY INJURY (Per perso	n) \$	
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Per accide	ent) \$	
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
	NOTES CIVE!							The accidenty	\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
	DED RETENTION\$								\$	
Α	WORKERS COMPENSATION			WC006-00001-024		10/1/2024	10/1/2025	✓ PER OTH STATUTE ER		
	AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT	\$ 1.00	00.000
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOY	10000	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIM		
										30,000
DESC	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (A	ORD .	101, Additional Remarks Schedul	e, may be	attached if more	space is require	ed)		
	verage provided for all leased employees	s but i	not su	ubcontractors of: Gregory N	√l Webb	dba Webb's	Can-It			
CEL	TIEICATE HOLDED				04110	FI I ATION				
OEL	RTIFICATE HOLDER				CANC	ELLATION				
Po 10 W	olk County Waste & Recycling D DEnvironmental Loop S linter Haven FL 33880	ivisio	n		THE	EXPIRATION	DATE THE	ESCRIBED POLICIES BE REOF, NOTICE WILL Y PROVISIONS.		
					AUTHOR	IZED REPRESEN	TATIVE	Dal		
		Rick Leonard								

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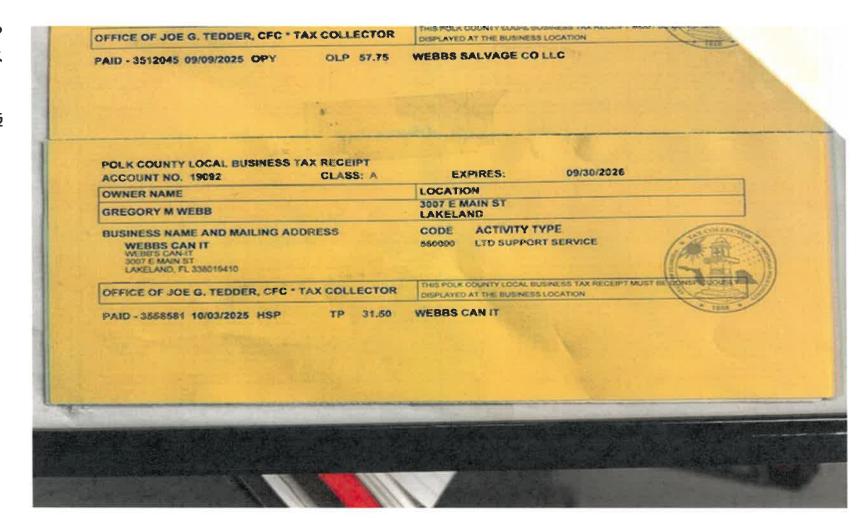
AFFIDAVIT SUPPORTING RENEWAL OF NONEXCLUSIVE FRANCHISE TO COLLECT. REMOVE, AND TRANSPORT COMMERCIAL SOLID WASTE WITHIN POLK COUNTY

STATE OF FLORIDA **COUNTY OF Polk**

	Before me, t	he 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 <u>dba Webb's Can-It</u> , a <u>Sole Proprietorship</u> 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, <u>Webb's Can-It</u> 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 <u>Webb's Can-It</u> will continue to comply with the same.
	Further the a	Dated the day of
×		Notary Public State of Florida Celena Frazier Notary Public Signature Notary Public Signature
	(AFFIX NO	TORIAL SEAL) Notary Commission Number/Expiration

INDEMNITY

WHEREAS, THE UNDERSIGNED Gregory M. Webb							
(the "Undersigned"), is the <u>owner</u> of <u>Webb's Can-It</u> (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 <u>Applicant</u>							
NOW, THEREFORE, in consideration of the benefits accruing to the							



DEPARTMENT OF	Splind Wast	, POLK COUNTY I	FLORIDA No 97683
RECEIVED FROM	Llelas Can-		_ Date20
FUND	COST CENTER	ACCOUNT	PROJECT
FOR:	at translike	kee s	500 00
		\$	
		\$	
		s	
CASH CHECK C	ву:	TOTA	s/son 00
3*	1		
	Webb's Can-it Gregory M. Webb 3007 E Main St Lakeland, FL 33801-9410	_ <u>5e</u>	2791 ot 3 20 25 89-215/831
PAY TO THE POU	1 0 0 00/	Recycling	\$ 500.00
	sunTrust sive Comm Fran Application	ashley	Webb "
	"OO2791" "O63102152	:052400896889	