

DRAFT

COMMERCIAL COLLECTION SERVICE FRANCHISE APPLICATION CHECK-LIST

Applicant: Comfort House Inc

Date: 8/29/2025

Status	Brief Description of Application Requirements
☒ Met; ☐ 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) ✓
☒ Met; ☐ 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; ☐ 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; ☐ 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; ☐ 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; ☐ 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; ☐ 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; ☐ 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; ☐ 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; ☐ 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; ☐ Not Met	Delivery of applicable Commercial Franchise application fee. Section 4-1 C. (5) ✓ <i>and deposit</i>

DRAFT

FF Fee.

↑
OK 2584

2583

↑ This is for
Additional
deposits on
acct



09/24/2025

To Whom It May Concern

As this document is dated above, Comfort House Inc., as well as its Managing Member/Owner, Comfort House Inc., has never and is currently not involved in any type of litigation, criminal proceedings, judgements, and or Liens including the Internal Revenue Service and all state and/or federal governmental litigation, civil suits or agency enforcement cases.

Managing Owners/Partners John Sharp Jr. 50 % Primary President
John Sharp Sr. 50% Officer Secretary

In sanitation business since 1968, 56 years in the business of Toilets and 12 years in roll off dumpsters for solid waste and construction.

I, John Sharp Jr., MGR\Owner of Comfort House Inc., do attest the above statement to be true and correct.

State Florida
County of Orange

The foregoing instrument was acknowledged before me this 24th day of September 2025.
John Sharp X Personally Know or Produced identification

Notary Signature

My Notary Expires 9/19/2027





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

Detail by Entity Name

Florida Profit Corporation
COMFORT HOUSE, INC.

Filing Information

Document Number	415219
FEI/EIN Number	59-1430189
Date Filed	12/22/1972
State	FL
Status	ACTIVE
Last Event	REINSTATEMENT
Event Date Filed	10/06/2005

Principal Address

2450 TITAN ROW
ORLANDO, FL 32809

Changed: 01/07/2004

Mailing Address

2450 TITAN ROW
ORLANDO, FL 32809

Changed: 01/07/2004

Registered Agent Name & Address

SHARP, JR, JOHN J
2450 TITAN ROW
ORLANDO, FL 32809

Name Changed: 04/13/2010

Address Changed: 01/14/2015

Officer/Director Detail

Name & Address

Title PD

JR, SHARP, JOHN J
2450 TITAN ROW
ORLANDO, FL 32809

Title SEC

SHARP, SR, JOHN J
2450 TITAN ROW
ORLANDO, FL 32809

Annual Reports

Report Year	Filed Date
2023	02/06/2023

2024 01/23/2024
2025 02/06/2025

Document Images

02/06/2025 -- ANNUAL REPORT	View image in PDF format
01/23/2024 -- ANNUAL REPORT	View image in PDF format
02/06/2023 -- ANNUAL REPORT	View image in PDF format
01/24/2022 -- ANNUAL REPORT	View image in PDF format
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04/23/2009 -- ANNUAL REPORT	View image in PDF format
02/14/2008 -- ANNUAL REPORT	View image in PDF format
02/05/2007 -- ANNUAL REPORT	View image in PDF format
01/06/2006 -- ANNUAL REPORT	View image in PDF format
10/06/2005 -- REINSTATEMENT	View image in PDF format
01/07/2004 -- ANNUAL REPORT	View image in PDF format
03/06/2003 -- ANNUAL REPORT	View image in PDF format
02/20/2002 -- ANNUAL REPORT	View image in PDF format
03/05/2001 -- ANNUAL REPORT	View image in PDF format
01/13/2000 -- ANNUAL REPORT	View image in PDF format
07/27/1999 -- ANNUAL REPORT	View image in PDF format
01/29/1998 -- ANNUAL REPORT	View image in PDF format
01/14/1997 -- ANNUAL REPORT	View image in PDF format
01/26/1996 -- ANNUAL REPORT	View image in PDF format
02/03/1995 -- ANNUAL REPORT	View image in PDF format



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
08/29/2025

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 Brown & Brown Insurance Services, Inc. 2290 Lucien Way, Suite 400 Maitland FL 32751		CONTACT NAME: Acia Powell PHONE (A/C, No, Ext): (407) 660-8282 FAX (A/C, No): (407) 660-2012 E-MAIL ADDRESS: Acia.Powell@bbrown.com	
INSURED Comfort House, Inc. 2450 Titan Row Orlando FL 32809		INSURER(S) AFFORDING COVERAGE INSURER A: FCCI Insurance Company INSURER B: Brierfield Insurance Company INSURER C: National Trust Insurance Company INSURER D: Evanston Insurance Company INSURER E: Tokio Marine Specialty Insurance Company INSURER F:	
		NAIC # 10178 10993 20141 35378 23850	

COVERAGES **CERTIFICATE NUMBER:** CL2582604960 **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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PRO-JECT ☐ LOC OTHER:			GL100051239-06	09/01/2025	09/01/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/OP AGG \$ 2,000,000
B	AUTOMOBILE LIABILITY ☒ ANY AUTO OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ NON-OWNED AUTOS ONLY			CA100051242-06	09/01/2025	09/01/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ PIP \$ 10,000
C	UMBRELLA LIAB ☒ OCCUR ☒ EXCESS LIAB ☐ CLAIMS-MADE DED ☒ RETENTION \$ 10,000			UMB100072498-04	09/01/2025	09/01/2026	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ PER STATUTE ☒ OTH-ER ☐
A	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 Y	N/A	WC0100064632-05	01/01/2025	01/01/2026	E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
D	Excess Liability, excess of \$1,000,000 Primary Umbrella above			MKL7EUE102153	09/01/2025	09/01/2026	Each Occurrence \$4,000,000 Aggregate \$4,000,000

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

CERTIFICATE HOLDER Polk County BOCC Waste and Recycling Division 10 Environmental Loop South 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 
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NON-EXCLUSIVE COMMERCIAL FRANCHISE ANNUAL VEHICLE LIST

FRANCHISEE Comfort House Inc

FOR YEAR 2025-2026

ACCEPTED

per attached post

60 RO	2016	MACK	GU713	Truck	1M2AX04C3GM025350	66,000	P2847E
72 RO	2018	Mack	GU813	Truck	1M2AX13CXJM041169	70,000	P3193D
74 RO	2018	MACK	GU813	Truck	1M2AX13C4JM040745	64,000	N0147Y
79 RO	2019	MACK	GU813	Truck	IM2GR2GCXKM008534	66,000	N3612T
83 RO	2023	Mack	GR64B	Truck	1M2GR2GC7PM032541	64,000	P3981G
84 RO	2023	MACK	GR64B	Truck	1M2GR2GC9PM032539	64,000	N0190Y
85 RO	2023	MACK	GR64B	Truck	1M2GR2GC5PM032540	64,000	P5832G
86 RO	2023	MACK	GR64B	Truck	1M2GR2GC4PM034036	64,000	P1518H
98 RO	2024	MACK	GR64B	Truck	1M2GR2GC3PM043636	64,000	P8389I
99 RO	2025	MACK	GR64B	Truck	1M2GR2GC0SM044698	64,000	P7572J

NON-EXCLUSIVE COMMERCIAL FRANCHISE ANNUAL CONTAINER LIST

Comfort House Inc

2025-2026

DATE RECEIVED _____

DATE TO AUDITING

ACCEPTED

[illegible]

COMFORT HOUSE INC 2450 TITAN ROW ORLANDO FL 32809

CAN INVENTORY

10 YD	15 YD	20 YD	20 YD	20 YD	20 YD	20 YD	20 YD	20 YD	20 YD	20 YD	20 YD	30 YD	30 YD
1001	1501	2000	2053	2106	2159	2212	2265	2318	2371	2424	2477	3001	3055
1002	1502	2001	2054	2107	2160	2213	2266	2319	2372	2425	2478	3002	3056
1003	1503	2002	2055	2108	2161	2214	2267	2320	2373	2426	2479	3003	3057
1004	1504	2003	2056	2109	2162	2215	2268	2321	2374	2427	2480	3004	3058
1005	1505	2004	2057	2110	2163	2216	2269	2322	2375	2428	2481	3005	3059
1006	1506	2005	2058	2111	2164	2217	2270	2323	2376	2429	2482	3007	3060
1007	1507	2006	2059	2112	2165	2218	2271	2324	2377	2430	2483	3008	3061
1008	1508	2007	2060	2113	2166	2219	2272	2325	2378	2431	2484	3009	3062
1009	1509	2008	2061	2114	2167	2220	2273	2326	2379	2432	2485	3010	3063
1010	1510	2009	2062	2115	2168	2221	2274	2327	2380	2433	2486	3011	3064
1011	1511	2010	2063	2116	2169	2222	2275	2328	2381	2434	2487	3012	3065
1012	1512	2011	2064	2117	2170	2223	2276	2329	2382	2435	2488	3013	3066
1013	1513	2012	2065	2118	2171	2224	2277	2330	2383	2436	2489	3014	3067
1014	1514	2013	2066	2119	2172	2225	2278	2331	2384	2437	2490	3015	3068
1015	1515	2014	2067	2120	2173	2226	2279	2332	2385	2438	2491	3016	3069
1016	1516	2015	2068	2121	2174	2227	2280	2333	2386	2439	2492	3017	3070
1018	1517	2016	2069	2122	2175	2228	2281	2334	2387	2440	2493	3018	3071
1019	1518	2017	2070	2123	2176	2229	2282	2335	2388	2441	2494	3019	3072
1020	1519	2018	2071	2124	2177	2230	2283	2336	2389	2442	2495	3020	3073
1021	1521	2019	2072	2125	2178	2231	2284	2337	2390	2443	2496	3021	3074
1022	1522	2020	2072A	2126	2179	2232	2285	2338	2391	2444	2497	3022	3075
1023	1523	2021	2073	2127	2180	2233	2286	2339	2392	2445	2498	3023	3076
1024	1524	2022	2074	2128	2181	2234	2287	2340	2393	2446	2499	3024	3077
1025	1525	2023	2075	2129	2182	2235	2288	2341	2394	2447	2500	3025	3078
1026	1526	2024	2076	2130	2183	2236	2289	2342	2395	2448	2501	3026	3079
1028	1527	2025	2077	2131	2184	2237	2290	2343	2396	2449	2502	3027	3080
1029		2026	2078	2132	2185	2238	2291	2344	2397	2450	2503	3028	3081
1031		2027	2079	2133	2186	2239	2292	2345	2398	2451	2504	3029	3082
1032		2028	2080	2134	2187	2240	2293	2346	2399	2452	2505	3030	3083
1035		2029	2081	2135	2188	2241	2294	2347	2400	2453	2506	3031	3084
1037		2030	2082	2136	2189	2242	2295	2348	2401	2454	2507	3032	3085
1038		2031	2083	2137	2190	2243	2296	2349	2402	2455	2508	3033	3086
1039		2032	2084	2138	2191	2244	2297	2350	2403	2456	2509	3034	3087
1040		2033	2085	2139	2192	2245	2298	2351	2404	2457	2510	3035	3088
1041		2034	2086	2140	2193	2246	2299	2352	2405	2458	2511	3036	3089
1043		2035	2087	2141	2194	2247	2300	2353	2406	2459	2512	3037	3090
1044		2036	2088	2142	2195	2248	2301	2354	2407	2460	2513	3038	3091
1045		2037	2089	2143	2196	2249	2302	2355	2408	2461	2514	3039	3092
1046		2038	2090	2144	2197	2250	2303	2356	2409	2462	2515	3040	3093
1047		2039	2091	2145	2198	2251	2304	2357	2410	2463	2516	3041	3094
1048		2040	2092	2146	2199	2252	2305	2358	2411	2464	2517	3042	3095
1049		2041	2093	2147	2200	2253	2306	2359	2412	2465	2518	3043	3096
1050		2042	2095	2148	2201	2254	2307	2360	2413	2466	2519	3044	3098
1051		2043	2096	2149	2202	2255	2308	2361	2414	2467	2520	3045	3099
1052		2044	2097	2150	2203	2256	2309	2362	2415	2468	2521	3046	3100
		2045	2098	2151	2204	2257	2310	2363	2416	2469	2522	3047	3101
		2046	2099	2152	2205	2258	2311	2364	2417	2470	2523	3048	3102
		2047	2100	2153	2206	2259	2312	2365	2418	2471	2524	3049	
		2048	2101	2154	2207	2260	2313	2366	2419	2472	2525	3050	
		2049	2102	2155	2208	2261	2314	2367	2420	2473	2526	3051	
		2050	2103	2156	2209	2262	2315	2368	2421	2474	2527	3052	
		2051	2104	2157	2210	2263	2316	2369	2422	2475	2528	3053	
		2052	2105	2158	2211	2264	2317	2370	2423	2476	2600	3054	

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

STATE OF FLORIDA
COUNTY OF Orange

Before me, the undersigned notary public authorized to administer oaths, personally appeared John Sharp Comfort House who, first being duly sworn, on oath deposes and states, as follows:

- 1) He is President of Comfort House Inc a (S) 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 Comfort House Inc
- 4) There are no liens of record filed by the Internal Revenue Service against Comfort House Inc
- 5) There are no liens of record filed by the State of Florida, or any agency or subdivision thereof, against Comfort House Inc
- 6) Comfort House Inc acknowledges and consents that the County shall have the right to inspect Comfort House vehicles, containers, compactors, and other equipment at any time.
- 7) During the time of the existing Commercial Franchise, Comfort House 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 Comfort House Inc will continue to comply with the same.

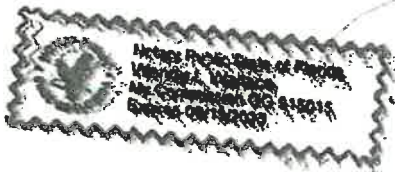
Further the affiant sayeth not.

Dated the 29 day of Aug, 2025

Sworn Person Signature

John Sharp President
Printed Name and Title of Sworn Person

The foregoing instrument was sworn (or affirmed) and subscribed before me this 29 day of Aug, 2025, by John Sharp, who is either ☒ personally known to me; or ☐ has produced _____ as identification.



(AFFIX NOTORIAL SEAL)

Notary Public Signature

Quentin Wallis
Printed Name of Notary Public

9/12/2027
Notary Commission Number/Expiration

INDEMNITY

WHEREAS, THE UNDERSIGNED John Sharp
(the "Undersigned"), is the president of Comfort House Inc
(the " ", a corporation,

WHEREAS, the Comfort House Inc 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 Comfort House Inc

NOW, THEREFORE, in consideration of the benefits accruing to the County and for other good and valuable consideration, the Undersigned, by and on behalf of the Comfort House Inc 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, Comfort House Inc, 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 Comfort House Inc this 29 day of August, 2025

ATTEST:

By: John Sharp

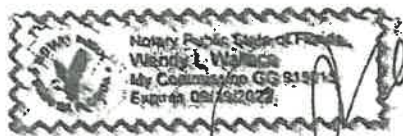
[Printed Name, Title]

a John Sharp

By: _____

[Printed Name, Title]

SEAL



POLK COUNTY LOCAL BUSINESS TAX APPLICATION FORM**ACCOUNT NO. 219845****CLASS: A****PAYMENT DUE BY: 09/30/2025**

OWNER NAME	LOCATION
JOHN JACKSON SHARP JR	POLK COUNTY POLK COUNTY

BUSINESS NAME AND MAILING ADDRESS**COMFORT HOUSE INC**
COMFORT HOUSE INC
2450 TITAN ROW
ORLANDO, FL 32809**CODE****230000****ACTIVITY TYPE****LTD NON-LICENSED CONSTRUCTION ONLY****SIGN HERE****CHRISR@COMFORTHOUSEINC.**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 - 3545561 09/26/2025 OPY****OLP 31.50 COMFORT HOUSE INC****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. 219845****CLASS: A****EXPIRES:****09/30/2026**

OWNER NAME	LOCATION
JOHN JACKSON SHARP JR	POLK COUNTY

BUSINESS NAME AND MAILING ADDRESS**COMFORT HOUSE INC**
COMFORT HOUSE INC
2450 TITAN ROW
ORLANDO, FL 32809**CODE****230000****ACTIVITY TYPE****LTD NON-LICENSED CONSTRUCTION ONLY****OFFICE OF JOE G. TEDDER, CFC * TAX COLLECTOR**THIS POLK COUNTY LOCAL BUSINESS TAX RECEIPT MUST BE CONSPICUOUSLY
DISPLAYED AT THE BUSINESS LOCATION**PAID - 3545561 09/26/2025 OPY****OLP 31.50****COMFORT HOUSE INC**

DEPARTMENT OF Solid Waste, POLK COUNTY FLORIDA No 97696

RECEIVED FROM Comfort House Inc Date 9/8 2025

FUND	COST CENTER	ACCOUNT	PROJECT
FOR:	<u>Franchise Application Fee</u>		\$ <u>750.00</u>
			\$
			\$
			\$

CASH ☐
CHECK ☐

BY: Veronica Turner-Crow

TOTAL \$750.00

REVISED 05/12

Comfort House Inc

2450 Titan Row
Orlando, FL 32809

2584

26-2/840
660

DATE 8/29/2025

CHECK
MICR LINE PROTECTION

PAY
TO THE
ORDER OF

Polk County Solid Waste \$ 750.00
Seven Hundred Fifty 00/100 DOLLARS

 **FIRST
HORIZON.**

www.firsthorizon.com

FOR Franchise Application Fee 1st time

John D. Shepard

⑈002584⑈ ⑆084000026⑆ 004896726705⑈