### DRAFT

## COMMERCIAL COLLECTION SERVICE FRANCHISE APPLICATION CHECK-LIST

Applicant:

Status	Brief Description of Application Requirements
Met;	Identity of the applicant, to include its principals, partners, and management. Section 4-
☐ Not Met	1 C. (2)(a)
☑ Met;	Evidence the entity is authorized to do business with the State of Florida and in good
☐ Not Met	standing with the Department of State. Section 4-1 C. (2)(a)
☐ Met;	Information regarding the experience and qualifications of the applicant and its
☐ Not Met	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
☐ Not Met	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
☐ Not Met	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
☐ Not Met	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)
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.
☐ Not Met	(2)(h)
☑ Met;	Delivery of Swom affidavit confirming: (i) no unsatisfied judgments pending against the applicant; (ii) no liens of record filed by the IRS or State against the applicant;
☐ Not Met	(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
□ Not Met	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;	Delivery of applicable Commercial Franchise application fee. Section 4-1 C. (5)
☐ Not Met	and deposit



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 24<sup>th</sup> day of September 2025. John Sharp \_X\_Personally Know or Produced identification

Notary Signature
My Notary Expires 9/19/2027

Notary Public State of Florid:
Wendy Wallace
Wendy Wallace
My Commission HH 426835
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**

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### **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(les) 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).

-	is certificate does not comer rights to	1110 0	CICITI	date monder in near or date.	CONTAC	T tion				
	DUCER			NAME: Acia Fowell						
Brov	vn & Brown Insurance Services, Inc.				PHONE (A/C, No, Ext): (407) 660-8282 FAX (A/C, No): (407) 660-2012					
2290	0 Lucien Way, Suite 400				E-MAIL ADDRESS: Acia.Powell@bbrown.com					
					INSURER(S) AFFORDING COVERAGE				NAIC#	
Mait	land			FL 32751	INSURER A: FCCI Insurance Company					10178
INSU	RED				INSURER B: Brierfield Insurance Company				10993	
	Comfort House, Inc.				INSURE	Metional	Trust Insuranc	e Company		20141
	2450 Titan Row				INSURE	Гутоворо	n Insurance Co	mpany		35378
						Tolde Me		Insurance Company		23850
	Orlando			FL 32809	INSURE	IX II				
					INSURE	RF:		DEVISION NUMBER.		——
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E	CLUSIONS AND CONDITIONS OF SUCH PO	LICIES	S. LIM	ITS SHOWN MAY HAVE BEEN	REDUC	ED BY PAID CI	LAIMS.			
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	X							DAMAGE TO RENTED PREMISES (Ea occurrence)	s 100,	
	CLAIMS-MADE OCCUR								\$ 5,00	0
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	GEN'L AGGREGATE LIMIT APPLIES PER:				9			GENERAL AGGREGATE	2.00	
	POLICY PRO-							PRODUCTS - COMP/OP AGG	Ψ	0,000
	OTHER:							ACTION OF CIVICIES IN	\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$ 1,00	0,000
	ANYAUTO							BODILY INJURY (Per person)	\$	
В	OWNED SCHEDULED			CA100051242-06		09/01/2025	09/01/2026	BODILY INJURY (Per accident)	\$	
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A	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A		WC0100064632-05		01/01/2025	01/01/2026	E.L. EACH ACCIDENT	-	0,000
\ \ \	(Mandatory in NH)	"'^			Ì			E.L. DISEASE - EA EMPLOYEE	Ψ	0,000
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$ 1,00	0,000
	E			•				Each Occurence	\$4,0	000,000
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FL 33880

AUTHORIZED REPRESENTATIVE

Polk County BOCC
Waste and Recycling Division

Winter Haven

10 Environmental Loop South

POLK COUNTY WASTE & RECYCL					OFFICE USE ONLY	
NON-EXCLUSIVE COMMERCIAL F					DATE RECEIVED	
FRANCHISEE	notat House	Inc	<b>-</b> 0		DATE TO AUDITING	<del></del>
FOR YEAR	2025-20	26	-	ŭ	ACCEPTED	
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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

POLK COUNTY WASTE & RECYCLIN		-				OFFICE USE ONLY		
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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 ORDING

(AFFIX NOTORIAL SEAL)

Before me,	the undersigned notary public authorized to administer oaths, personally appeared who, first being duly sworn, on oath deposes and states, as follows:
1)	He is President of Comfort Houx (ac (5) 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
4)	There are no liens of record filed by the Internal Revenue Service against
5)	There are no liens of record filed by the State of Florida, or any agency or subdivision thereof, against
6)	the right to inspect <u>r transce</u> acknowledges and consents that the County shall have the right to inspect <u>r transce</u> vehicles, containers, compactors, and other equipment at any time.
7)	During the time of the existing Commercial Franchise, which the base 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 aff	iant sayeth not.
Dated	Sworn Person Signature  Presidual  Printed Name and Title of Sworn Person
The foregoing has produced	instrument was sworn (or affirmed) and subscribed before me this 28 day of , who is either personally known to me; or as identification.
	Printed Name of Notary Public

Notary Commission Number/Expiration

INDEMNITY
WHEREAS, THE UNDERSIGNED JOHN Sharp  (the "Undersigned"), is the
WHEREAS, the Minimum 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
NOW, THEREFORE, in consideration of the benefits accruing to the and for other good and valuable consideration, the Undersigned, by and on behalf of the 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,, its employees, subcontractors, or agents, failure to perform in compliance with the terms of the Cordinance.
IN WITNESS WHEREOF, the Undersigned has executed this instrument by and on behalf of the COVIDOR WHOLE IM this 2 day of Anguest, 2025
ATTEST:  By:  [Printed Name, Title]  By:  [Printed Name, Title]
SEAL
Notative Public States of Filesan Wallington May Continue for GC 933874 Full of Continue for GC 933874

### 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 ACTIVITY TYPE

230000 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	AMOUNT DUE: 31.50
TRUE AND CORRECT.	

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		BSFK 88AN±5		

BUSINESS NAME AND MAILING ADDRESS CODE ACTIVITY TYPE

COMFORT HOUSE INC COMFORT HOUSE INC 2450 TITAN ROW ORLANDO, FL 32809 230000 LTD NON-LICENSED CONSTRUCTION ONLY

OFFICE OF IOF C TERRED CEC * TAY COLLECTOR	THIS POLK COUNTY LOCAL BUSINESS TAX RECEIPT MUST BE CONSPICUOUSLY	
OFFICE OF JOE G. TEDDER, CFC * TAX COLLECTOR	DISPLAYED AT THE BUSINESS LOCATION	

PAID - 3545561 09/26/2025 OPY OLP 31.50 COMFORT HOUSE INC

DEPARTMENT OF	Trolled U	laste	_, POLK COUNTY F	LORIDA No 9769	36
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	2450 Titan Row	l waste	n	8/29/2025	26-2/840 669
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PAY TO THE ORDER OF OWN FIRST	2450 Titan Row Orlando, FL 3280 Churchy Sthi Hundred D	l waste	n	8 79 7025 \$ 750	26-2/840 669 AGASSA