



2016 SPECIAL WASTE HAULING PERMIT APPLICATION

Business Name: County Recycling Inc. dba County Sanitation

Owner's Name: James Roberto

Business Location:

12120 Hicks Road Hudson, Florida 34669

Mailing Address: 5601 Haines Road North St. Petersburg, Florida 33714

Telephone Number: (727) 522-5794

Emergency Number: (727) 215-1405

Branch locations: 12120 Hicks Road Hudson, Florida 34669

If a Corporation, the names and addresses of Officers:

James Roberto 4942 Pointe Circle Oldsmar, Florida 34677

Jean Fowler 570 Sandy Hook Road Palm Harbor, Florida 34683

(Continue on separate sheet, if necessary)

Mailing address of Corporation: 5601 Haines Road North
St. Petersburg, Florida 33714

Manager's Mailing Address: 5601 Haines Road North
St. Petersburg, Florida 33714

Manager's e-mail Address: countyrectycling@aol.com

Full description of each vehicle and all equipment to be used for collections:

#398 Petersbilt Rear Loader 1npzl50x2wd711038

#386 Mack Rear Loader 1m2ac07c13m007818

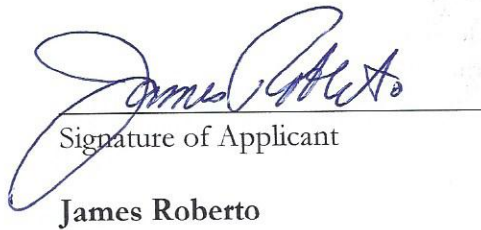
#663 Mack Front Loader 1m2k185c7xm007884

#664 Peterbilt Front Loader 1npxl00x83d714699

The following information must accompany this application:

1. Written permission from the proper governing body to use the disposal site (Pasco County Landfill).
2. Name, address, age and exact duties of all employees who will be working within the city limits.
3. The number of accounts served, including any you plan to contract with, and a breakdown by classification as to whether residential, commercial or industrial accounts.
4. A complete rate schedule along with a statement by the applicant that any change in rates will be filed with the City Clerk at least 30 days prior to effective date of change.
5. A statement by the applicant that collection of garbage, trash and refuse shall be available for each account at frequency of no less than two (2) times per week, at intervals of not less than three (3) calendar days between collections or at such other frequencies and intervals of time as the applicant and the customers shall agree upon.
6. A statement by applicant that all collection equipment shall be of a type generally manufactured for the collection of refuse.
7. Certificate of insurance coverage complying with requirements as set forth in Section 10-42 (4) of New Port Richey City Code Chapter 10, Article II, Division 2, stating that "Such person shall
 - (4) Be insured by a comprehensive liability insurance policy in an amount not less than one hundred thousand dollars (\$100,000.00) per person bodily injury, three hundred thousand dollars (\$300,000.00) per occurrence, and twenty-five thousand (\$25,000.00) property damage per occurrence, and that the employees of such person are properly insured as required by F.S. Chapter 440, and that the insurance shall be evidenced by delivering a certificate of such insurance with the application for such a permit."

8. A permit fee of \$500.00 payable to the City of New Port Richey, Florida.



Signature of Applicant

James Roberto

Print Name of Applicant

Oct 26, 2015

Date

Attachments: Ordinance No. 2013-2015
Resolution No. 2014-07

COUNTY RECYCLING INC.
DBA COUNTY SANITATION
12021 HICKS ROAD
HUDSON, FL. 34669

#1

COUNTY RECYCLING INC. HAS A PASCO COUNTY REFUSE PERMIT #133
WHICH ALLOWS TO DISPOSE OF MATERIAL AT THE PASCO COUNTY SOLID
WASTE FACILITY AT HAYES ROAD

#2

EMPLOYEES

DAVID RAGO AGE 47 DRIVER
2542 ALMOND DRIVE
HOLIDAY, FL 34691

RICHARD PIGNATARO AGE 56 DRIVER
1235 ALADDIN ROAD
SPRING HILL, FL. 34609

GERALD NITZ AGE 42 HELPER
9739 JIM STREET
HUDSON, FL. 34669

DONALD GIPSON AGE 47 DRIVER
2357 PRESLEY COURT
SPRING HILL, FL. 34608

#3

CURRENT ACCOUNTS -THE WILDS CONDO ASSCO.
CLASSIFICATION-RESIDENTIAL

#4

RESIDENTIAL SERVICE 2X WEEK-RECYCLING SERVICE 2X MONTH
\$12.44 MONTH

CONTAINER SERVICE - MONTHLY RATE SCHEDULE

2YD 1X 32.00	2X 54.00	3X 74.00	4X 88.00	5X 111.00	6X 74.00
4YD 1X 49.00	2X 81.00	3X 133.00	4X 176.00	5X 196.00	6X 236.00
6YD 1X 66.00	2X 118.00	3X 176.00	4X 236.00	5X 258.00	6X 309.00
8YD 1X 78.00	2X 157.00	3X 236.00	4X 315.00	5X 344.00	6X 413.00

ANY CHANGES TO RATES WILL BE FILED WITH CITY CLERK 30 DAYS PRIOR
TO EFFECTIVE DATE

#5

GARBAGE, TRASH & REFUSE WILL BE COLLECTED 2X WEEK NOT LESS THAN 3 DAYS BETWEEN COLLECTIONS

#6

ALL COLLECTION EQUIPMENT USED BY COUNTY RECYCLING IS MANUFACTURED BY COMPANIES IN THE REFUSE INDUSTRY

James Roberto, President



COUNREC-01

NIBLACKD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

9/16/2015

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 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 Insurance Office of America, Inc. 1855 West State Road 434 Longwood, FL 32750	CONTACT NAME: Eric Dotson	FAX (A/C, No): (407) 788-7933	
	PHONE (A/C, No, Ext): (407) 788-3000	E-MAIL ADDRESS: Eric.Dotson@ioausa.com	
INSURED County Recycling, Inc dba County Sanitation 5601 Haines Rd., N. St. Petersburg, FL 33714	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: National Interstate Insurance Company		32620
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		
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	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:			GLW021005802	09/19/2015	09/19/2016	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 - COMP/OP AGG \$ 2,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			CAW021005802	09/19/2015	09/19/2016	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ PIP \$ 10,000
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			EXW021005802	09/19/2015	09/19/2016	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000 PER STATUTE OTH-ER
	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	N/A				E.L. EACH ACCIDENT \$ 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

CANCELLATION

City of New Port Richey Attn: Doreen M. Summers CAP 5919 Main St. New Port Richey, FL 34652	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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County Sanitation

A County Recycling Company

"THROUGH SERVICE WE GROW"

October 26, 2015

Doreen M. Summers
City of New Port Richey
5919 Main Street
New Port Richey, Florida 34652

Reference: Refuse Collection Permit

Pasco County Utilities which issues the permit is also receiving renewal applications at the same time. When Pasco Utilities issues the 2016 refuse permit I will send a copy to your office.

Sincerely,



James Roberto

PERFORMANCE BOND

Annual Form

ISSUED IN THREE (3) ORIGINAL COUNTERPARTS

Bond No. 0667750

KNOW ALL BY THESE PRESENTS, That we County Recycling, Inc, as Principal, and International Fidelity Insurance Company, of Newark, NJ, authorized to do business in the State of Florida, as Surety, are held and firmly bound unto City of New Port Richey, Florida, as Obligee, in the maximum penal sum of Ten Thousand and 00/100 Dollars (\$10,000.00), lawful money of the United States of America, for which payment well and truly to be made we bind ourselves, our heirs, executors and assigns, jointly and severally, firmly by this Bond.

WHEREAS, the Principal has entered, or is about to enter, into a written agreement with the Obligee to perform in accordance with the terms and conditions of the Franchise Agreement to engage in the business enterprise of collecting, transporting, or disposing of garbage, trash of refuse within the City and to use the City's street, alleys and rights-of-way, (hereinafter referred to as the Contract), said Contract is hereby referred to and made a part hereof;

NOW, THEREFORE, the condition of this obligation is such that if the above named Principal, its successors and assigns, shall well and truly perform its obligations as set forth in the above mentioned Contract, then this Bond shall be void; otherwise to remain in full force and effect pursuant to its terms.

Notwithstanding anything to the contrary in the Contract, the Bond is subject to the following express conditions:

1. Whereas, the Obligee has agreed to accept this Bond, this Bond shall be effective for the definite period of April 17, 2015 to April 17, 2016. The Bond may be extended, at the sole option of the Surety, by continuation certificate for additional periods from the expiry date hereof. However, neither: (a) the Surety's decision not to issue a continuation certificate, nor (b) the failure or inability of the Principal to file a replacement bond or other security in the event the Surety exercises its right to not renew this Bond, shall itself constitute a loss to the Obligee recoverable under this Bond or any extension thereof.
2. The above referenced Contract has a term ending April 17, 2016. Regardless of the number of years this Bond is in force or the number of continuation certificates issued, this Bond shall not be extended beyond April 17, 2016, unless earlier nonrenewed pursuant to paragraph 1 above.
3. No claim, action, suit or proceeding, except as hereinafter set forth, shall be had or maintained against the Surety on this instrument unless such claim, action, suit or proceeding is brought or instituted upon the Surety within one year from termination or expiration of the bond term.
4. Regardless of the number of years this Bond is in force or the number of continuation certificates issued, the liability of the Surety shall not be cumulative in amounts from period to period and shall in no event exceed the amount set forth above, or as amended by rider.
5. Any notice, demand, certification or request for payment, made under this Bond shall be made in writing to the Surety at the address specified below. Any demand or request for payment must be made prior to the expiry date of this Bond.

Surety Address:

International Fidelity Insurance Company
1060 Maitland Center Commons, Suite 310
Maitland, FL 32751
Attn: Claims

6. If any conflict or inconsistency exists between the Surety's obligations or undertakings as described in this Bond and as described in the underlying Contract, then the terms of this Bond shall prevail.

SIGNED, SEALED AND DATED this 17th day of April, 2015.

County Recycling, Inc

By: [Signature], Principal

International Fidelity Insurance Company

By: [Signature], Attorney-in-Fact
Brenna C. Page

POWER OF ATTORNEY**INTERNATIONAL FIDELITY INSURANCE COMPANY
ALLEGHENY CASUALTY COMPANY**

ONE NEWARK CENTER, 20TH FLOOR NEWARK, NEW JERSEY 07102-5207

KNOW ALL MEN BY THESE PRESENTS: That **INTERNATIONAL FIDELITY INSURANCE COMPANY**, a corporation organized and existing under the laws of the State of New Jersey, and **ALLEGHENY CASUALTY COMPANY**, a corporation organized and existing under the laws of the State of Pennsylvania, having their principal office in the City of Newark, New Jersey, do hereby constitute and appoint

BARRY R PAGE, BRENNIA C PAGE

Sacramento, CA.

their true and lawful attorney(s) in fact to execute, seal and deliver for and on its behalf as surety, any and all bonds and undertakings, contracts of indemnity and other writings obligatory in the nature thereof, which are or may be allowed, required or permitted by law, statute, rule, regulation, contract or otherwise, and the execution of such instrument(s) in pursuance of these presents, shall be as binding upon the said **INTERNATIONAL FIDELITY INSURANCE COMPANY** and **ALLEGHENY CASUALTY COMPANY**, as fully and amply, to all intents and purposes, as if the same had been duly executed and acknowledged by their regularly elected officers at their principal offices.

This Power of Attorney is executed, and may be revoked, pursuant to and by authority of the By-Laws of **INTERNATIONAL FIDELITY INSURANCE COMPANY** and **ALLEGHENY CASUALTY COMPANY** and is granted under and by authority of the following resolution adopted by the Board of Directors of **INTERNATIONAL FIDELITY INSURANCE COMPANY** at a meeting duly held on the 20th day of July, 2010 and by the Board of Directors of **ALLEGHENY CASUALTY COMPANY** at a meeting duly held on the 15th day of August, 2000:

"RESOLVED, that (1) the President, Vice President, or Secretary of the Corporation shall have the power to appoint, and to revoke, the appointments of, Attorneys-in-Fact or agents with power and authority as defined or limited in their respective powers of attorney, and to execute on behalf of the Corporation and affix the Corporation's seal thereto, bonds, undertakings, recognizances, contracts of indemnity and other written obligations in the nature thereof or related thereto; and (2) any such Officers of the Corporation may appoint and revoke the appointments of joint-control custodians, agents for acceptance of process, and Attorneys-in-fact with authority to execute waivers and consents on behalf of the Corporation; and (3) the signature of any such Officer of the Corporation and the Corporation's seal may be affixed by facsimile to any power of attorney or certification given for the execution of any bond, undertaking, recognizance, contract of indemnity or other written obligation in the nature thereof or related thereto, such signature and seals when so used whether heretofore or hereafter, being hereby adopted by the Corporation as the original signature of such officer and the original seal of the Corporation, to be valid and binding upon the Corporation with the same force and effect as though manually affixed."

IN WITNESS WHEREOF, **INTERNATIONAL FIDELITY INSURANCE COMPANY** and **ALLEGHENY CASUALTY COMPANY** have each executed and attested these presents on this 12th day of March, 2012.

STATE OF NEW JERSEY
County of Essex

ROBERT W. MINSTER
Executive Vice President/Chief Operating Officer
(International Fidelity Insurance Company)
and President (Allegheny Casualty Company)

On this 12th day of March 2012, before me came the individual who executed the preceding instrument, to me personally known, and, being by me duly sworn, said he is the therein described and authorized officer of **INTERNATIONAL FIDELITY INSURANCE COMPANY** and **ALLEGHENY CASUALTY COMPANY**; that the seals affixed to said instrument are the Corporate Seals of said Companies; that the said Corporate Seals and his signature were duly affixed by order of the Boards of Directors of said Companies.

IN TESTIMONY WHEREOF, I have hereunto set my hand affixed my Official Seal, at the City of Newark, New Jersey the day and year first above written.



A NOTARY PUBLIC OF NEW JERSEY
My Commission Expires Mar. 27, 2014

CERTIFICATION

I, the undersigned officer of **INTERNATIONAL FIDELITY INSURANCE COMPANY** and **ALLEGHENY CASUALTY COMPANY** do hereby certify that I have compared the foregoing copy of the Power of Attorney and affidavit, and the copy of the Sections of the By-Laws of said Companies as set forth in said Power of Attorney, with the originals on file in the home office of said companies, and that the same are correct transcripts thereof, and of the whole of the said originals, and that the said Power of Attorney has not been revoked and is now in full force and effect.

IN TESTIMONY WHEREOF, I have hereunto set my hand this 17th day of April 2015

MARIA BRANCO, Assistant Secretary

COUNTY RECYCLING INC


5601 HAINES RD NORTH
SAINT PETERSBURG, FL 33714-1922
727-522-5794

20815

63-4/630 FL
552

DATE Oct 26, 2015

PAY
TO THE
ORDER OF

City of New Port Richey \$ 500.00
Five hundred dollars ⁰⁰/_{~~xx~~} DOLLARS  Security
Features
Details on
Back.

Bank of America 

ACH R/T 063100277

FOR 2016 Waste Hauling Permit

James Roberts  MP

⑈020815⑈ ⑆063000047⑆ 001263278177⑈