



2016 SPECIAL WASTE HAULING PERMIT APPLICATION

Business Name: J. D. Parker & Sons, Inc.
Owner's Name:Donna M. Parker
Business Location: 6724 U.S. Hwy. 19, New Port Richey, FL 34652
Mailing Address: P.O. Box 997
New Port Richey, FL 34656-0997
Telephone Number: (727) 845-1024
Emergency Number:(727)_946-2742
Branch locations: N/A
If a Corporation, the names and addresses of Officers:
Jon D. Parker, 5711 Dumont St., New Port Richey, FL 34653
Jamey R. Parker, 4426 Alligator Dr., New Port Richey, FL 34653
Donna M. Parker, 8815 Greenleaf Ct., Port Richey, FL 34668
(Continue on separate sheet, if necessary)
Mailing address of Corporation: P.O. Box 997
New Port Richey, FL 34656-0997
Manager's Mailing Address: SAME

Manager's e-mail Address: parker.98@verizon.net or donnahp@juno.com Full description of each vehicle and all equipment to be used for collections: attached 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

(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

that "Such person shall

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

Signature of Applicant

Print Name of Applicant

Date

Attachments: Ordinance No. 2013-2015

Resolution No. 2014-07

J. D. Parker & Sons, Inc.

Residendial Waste Disposal 6724 U.S. Hwy. 19, New Port Richey, FL 34652 Phone: 727-845-1024 - Fax: 727-807-2751

October 21, 2015

The following information is supplied for the application of our New Port Richey city waste disposal permit:

- 1. Enclosed is letter from Pasco County approving our use of proper disposal sites.
- 2. The following employees are working within city limits:

Jon Parker (45), 4711 Dumont St., NPR -	Driver
Jamey Parker (42), 14426 Pimberton Dr., Hudson -	Driver
Charles Holman (49), 10105 Peoples Loop, Port Richey -	Driver
James Perkins (65), 5947 Delaware Ave., NPR -	Driver
Louis Taylor (38), 10631 Jacamar Dr., NPR -	Driver
David Suiters (45), 5624 Riverview Dr., NPR -	Driver
Lester McVicker (51), 10090 Thaxton St., Weeki Wachee -	Driver
Dave Terry (38), 6145 Silver Dr., NPR =	Driver
Dwight Ford (36), 6901 Ian Ct., NPR -	Driver
Thomas Sartell (58), 4049 Cardoon Dr., NPR -	Driver
Tyrone Daniels (23), 6800 Sea Ranch Dr., HUD =	Loader
Gourley, Steven (33), 8649 Forest Lake Dr., PR -	Loader
Brandon Marlarchik (22), 5631 Marble Dr., NPR -	Loader
Rodney Nicholas (19), 10334 Gilmer St., NPR -	Loader
Christian Rodriguez (23), 9134 Lake Dr., NPR -	Loader
Daniel Stecker (24), 6033 Illinois Ave., NPR -	Loader
Joseph Theiss (37), 7114 Bellview Terrace., NPR -	Loader
Adam Theiss (19), 7114 Bellview Terrace, NPR	Loader
Harley Williams (20), 7419 Astor Dr., NPR -	Loader
Freddie Winthrop (62), 6145 Silver Dr., NPR -	Loader
Bradley West (28), 10113 Thaxton St., Weeki Wachee -	Loader
Donna Parker, 8815 Greenleaf Ct., P.R Adminis	strative
Sue Briggs, 2841 Plantain Dr., Holiday -	Office
Melodie Parker, 9943 Brookdale Dr., NPR -	Office
Stacy Ramsauer, 4711 Dumont St., NPR -	Office

- 3. We are currently servicing approximately 1630 city residential customers with curbside refuse & recycling service & 30 commercial curbside accts.
- 4. The rate we offer for our service is \$36.00 residential & \$36.00 commercial quarterly.
- 5. Garbage, trash, or refuse will be picked up twice per week, & recyclables picked up every Thursday.
- 6. The equipment used is specifically the type for refuse collection.
- 7. Enclosed are copies of necessary certificates of insurance with the proper coverage required.

Equipment to be used for city collection:

Vehicle # 50-1 - 1986 Ford 8000 - 25 yd. Leach V.I.N. - 1FDYW80U5GVA56107 Tag # - N75 02U

> 50-2 - 2005 Freightliner - 25 yd. Leach V.I.N. - 1FVHCYDC35HV07811 Tag # - N11 51V

50-3 - 1998 IHC 2554 - 25 yd. Leach V.I.N. - 1HTGCAAT4WH536287 Tag # - N92 13L

50-4 - 1989 Ford CO 8000 - 25 yd. Leach V.I.N. - 1FDZH80U2KVA17336 Tag # - N24 63K

50-5 - 2001 IHC 4000- 25 yd. Leach V.I.N. - 1HTSHADT71H403569 Tag # - N97 53M

- 50-7 1993 Ford L8000 25 yd. Heil V.I.N. - 1FDZW82A3PVA00626 Tag # - N76 23H
- 50-8 2003 Freightliner FL-80 25 yd. Leach V.I.N. - 1FYHBXCS53HL82359 Tag# - N55 10Q
- 50-9 2001 IHC 2654- 27 yd. Heil V.I.N. - 1HTGHADT41H388244 Tag # - NO9 57P
- 50-10 2001 IHC 2654 27 yd. Heil V.I.N. - 1HTGHADT61H388245 Tag # - N80 43Q
- 50-11 2001 IHC 2654 27 yd. Heil V.I.N. - 1HTCHADT21H388243 Tag# - NO3 75S
- 50-12 2002 Freightliner FL-80 25 yd. Leach V.I.N. - 1FVHBXBS72HK16411 Tag# - NO3 74S

Collection of garbage, trash, and refuse shall be available for each account at a frequency of no less than two (2) times per week, at intervals of not less than three (3)calendar days between collections and once per week recyclable pick up.

All collection equipment is of a type manufactured for the collection of refuse.

ciuse.

Applicant

Date

10/21/15



PASCO COUNTY, FLORIDA

"Bringing Opportunities Home"

DADE CITY LAND O' LAKES LAND O' LAKES FAX

(352) 521-4285 (813) 235-6012 (813) 235-6189 (813) 929-1064 UTILITIES SERVICES BRANCH UTILITIES ADMINISTRATION & SVCS. UTILITIES ADMINISTRATION BLDG. 19420 CENTRAL BLVD. LAND O' LAKES, FL 34637-7006

October 16, 2015

Ms. Donna Parker J.D. Parker & Sons, Inc. P.O. Box 997 New Port Richey, FL 34656-0997

RE:

Licensed Hauler in Pasco County

To Whom It May Concern:

Please be advised that J.D Parker & Sons, Inc., is permitted and licensed to operate in Pasco County, Florida, to provide collection services of municipal solid waste.

If you have any questions, please feel free to contact me.

Sincerely,

Robert J. Sigmond Utilities Fiscal and Business Services Director

U/LTR/Donna Parker-JD Parker & Sons_Ltr

RJS/dlh



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/23/2014

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.

th	IPORTANT: If the certificate holder e terms and conditions of the policy ertificate holder in lieu of such endor	, certain p	oolicies may require an e	policy(ies) must b ndorsement. A sta	e endorsed. Itement on th	If SUBROGATION IS Water in the subsequent of the subsequent of the subsequent in the	AIVED onfer), subject to rights to the
	DUCER	senient(s	J.	CONTACT Kraig	Blancher			
CCP Incurance IIC				PHONE (C1 C) TAO TO (C)				
2531 Green Forest Lane				(A/C, No. Ext); (813) /49-/948 (A/C, No); (813) 200-2120 E-MAIL				
#101				INSURER(S) AFFORDING COVERAGE				NAIC#
Lu	tz FL 33	INSURER A: Willi				23809		
INSU	RED			INSURER B :				
JD	Parker & Sons Co, Inc.			INSURER C :				
672	24 US Highway 19			INSURER D:				
				INSURER E :				
Nev	Port Richey FL 34	652		INSURER F:				
			ENUMBER:2015-2016			REVISION NUMBER:		
E)	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.							
NSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	3	
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR		01-LX-086479130-3	1/8/2015	1/8/2016	MED EXP (Any one person) PERSONAL & ADV INJURY	\$ \$ \$	1,000,000 300,000 10,000 1,000,000 2,000,000
ľ	GEN'I AGGREGATE LIMIT ADDITES DED-					DOODUIGTO COLUDIOR ACC		2 000 000

PRODUCTS - COMP/OP AGG | \$ 2,000,000 X POLICY PRO-JECT LOC \$ COMBINED SINGLE LIMIT (Ea accident) **AUTOMOBILE LIABILITY** 1,000,000 Х BODILY INJURY (Per person) ANY AUTO \$ A ALL OWNED AUTOS SCHEDULED 01-CA-019047157-3 1/8/2015 1/8/2016 BODILY INJURY (Per accident) \$ AUTOS NON-OWNED PROPERTY DAMAGE X X HIRED AUTOS \$ (Per accident \$ 20,000 Uninsured/Underinsured UMBRELLA LIAB OCCUR EACH OCCURRENCE \$ **EXCESS LIAB** CLAIMS-MADE AGGREGATE \$ DED RETENTION \$ \$ WORKERS COMPENSATION WC STATU-TORY LIMITS AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE E.L. EACH ACCIDENT N/A OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. DISEASE - EA EMPLOYEE If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT \$ PIP - Basic 1/8/2015 1/8/2016 01-CA-019047157-3 10,000

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

CERTIFICATE HOLDER	CANCELLATION
City of New Port Richey 5919 Main St.	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
New Port Richey, FL 34652	AUTHORIZED REPRESENTATIVE
	Kraig Blancher/BRITT Than A. Charles

•		CERTIFICAT	E OF LIAF	BIL	ITY INS	SURANCE		Date 10/16/2015
Producer: Plymouth Insurance Agency 2739 U.S. Highway 19 N. Holiday, FL 34691				This Certificate is issued as a matter of information only and confers no rights upon the Certificate Holder. This Certificate does not amend, extend or alter the coverage afforded by the policies below.				
(727) 938-5562						Insurers Affording Cov	erage	NAIC #
Ins	ured:	South East Personnel Leasing,	Inc. & Subsidia	ries	Insurer A: Lion Insurance Company			11075
2739 U.S. Highway 19 N.			mo. a oabolajo	11100	Insurer B:			
		Holiday, FL 34691			Insurer C:			
					Insurer D:			
Cov	erage	s			insurer E.			
The po with re	olicies of in spect to w	surance listed below have been issued to the insure hich this certificate may be issued or may pertain, the have been reduced by paid claims.	d named above for the po e insurance afforded by the	olicy per he polic	lod indicated. Not ies described here	withstanding any requirement in is subject to all the terms, e	, term or condition of any contract or xclusions, and conditions of such po	other document icies. Aggregate
INSR LTR	ADDL INSRD	Type of Insurance	Policy Number	Policy Effective Policy Expiration Policy Number Date (MM/DD/YY) (MM/DD/YY)		Limits		
		GENERAL LIABILITY				,	Each Occurrence	s
		Commercial General Liability Claims Made Occur					Damage to rented premises (EA occurrence)	\$
			(I				Med Exp	\$
		Comprel organizate finale and finale	1 1				Personal Adv Injury	\$
		General aggregate limit applies per: Policy Project LOC					General Aggregate	s
		Policy Project LOC					Products - Comp/Op Agg	\$
		AUTOMOBILE LIABILITY		_			Combined Single Limit	
		Any Auto					(EA Accident)	\$
		All Owned Autos	1 1				Bodily Injury	
		Scheduled Autos					(Per Person)	\$
		Hired Autos	1 1				Bodily Injury	
		Non-Owned Autos					(Per Accident)	\$
		H					Property Damage (Per Accident)	6
		EXCESS/UMBRELLA LIABILITY					Each Occurrence	
		Occur Claims Made	l 1					
- 1		Deductible Deductible					Aggregate	
Α		rs Compensation and yers' Liability	WC 71949	01	/01/2015	01/01/2016	X WC Statu- tory Limits ER	
	Any prop	prietor/partner/executive officer/member					E.L. Each Accident	\$1,000,000
	excluded						E.L. Disease - Ea Employee	\$1,000,000
	If Yes, do	escribe under special provisions below.					E.L. Disease - Policy Limits	\$1,000,000
	Other		Lion Insuran	re C	ampany ie A	M Roet Company	tod A. (Evenlent) AMD	# 12616
	riptions	of Operations/Locations/Vehicles/Exapplies to active employee(s) of South East Pe	xclusions added b	y En	dorsement/S	pecial Provisions:	Client ID: 80-65 Client Company":	
Cover	ade only	applies to injuries incurred by South East Pers			& Sons, Inc.	ployage(s) white	a El	
		not apply to statutory employee(s) or indeper					I FL.	
A list o		ive employee(s) leased to the Client Company	, ,				727) 938-5562.	
FAX: 7	27-807-2	- - -751 / ISSUE 10-08-10 (TD) / REISSUE 10-11 3-14 (AF) REISSUE 10-21-14 (MT) REISSUE	-11 (SD) / REISSUE 1 10-16-15 (MV)	10-12-	12 (SD)Reissuer	1 12/10/12 (SH) / REISSUI	E 10-08-13 (TLD) / Reissued 12	/9/13 (SH)
							Begin Date	12/28/2009
CER	TIFICATE				CELLATION	a degenihad politica be a con-		
CITY OF NEW PORT RICHEY 5919 MAIN STREET NEW PORT RICHEY, FL 34652				Should any of the above described policies be cancelled before the expiration date thereof, the issuing insurer will endeavor to mail 30 days written notice to the certificate holder named to the left, but failure to do so shall impose no obligation or liability of any kind upon the insurer, its agents or representatives.				
				0/10				

PASCO COUNTY EULE IN LA TANK RECEIPT AND A CONTRACTOR IN A STANK RECEIPT AND A STANK FOR THE STANK F

MIKE FASANO

ACCOUNT NO: 000718 SIC CODE: 4212.02

J D PARKER & SONS INC PO BOX 997 NEW PRT RCHY FL 34656-0997

TYPE OF BUSINESS:
GARBAGE COLLECTION (RENEWAL)

LOCATION ADDRESS: 6724 US HWY 19

NEW PRT RCHY

DATE RECEIPT AMOUNT 08/17/15 648789 93.75

Permit No. 20



REFUSE COLLECTION PERMIT

THIS PERMIT ENTITLES J.D. PARKER & SONS, INC., TO OPERATE A REFUSE COLLECTION BUSINESS IN THE UNINCORPORATED AREAS OF PASCO COUNTY, FROM JANUARY 1, 2015 THROUGH DECEMBER 31, 2015, PROVIDED THE FOLLOWING SITUPATIONS ARE ADHERED TO:

- LICENSEE SHALL CHANGE THE DESIGNATED DISPOSAL SITE, IF NECESSARY, TO MEET THE REQUIREMENTS OF ANY SUBSEQUENT FLOW CONTROL ORDINANCE OR SPECIAL ACT ENACTED FOR PASCO COUNTY.
- LICENSEE SHALL PROVIDE THEIR CUSTOMERS AND PASCO COUNTY WITH DETAILED INFORMATION PROVIDING JUSTIFCATION FOR ANY COLLECTION CHARGE INCREASES.
- LICENSEE SHALL ABIDE BY ADDITIONAL CONDITIONS, IF ANY, AS STATED IN THE ATTACHED BOARD OF COUNTY COMMISSIONS APPROVED MEMORANDUM. ത്
- THIS LICENSE SHALL BE SUBJECT TO ANY MODIFICATIONS OF THE LICENSURE REQUIREMENTS AS APPROVED BY THE BOARD OF COUNTY COMMISSIONERS FROM TIME TO TIME.

DATED THIS 31ST OF DECEMBER, 2014

Coulty.

UTILITIE'S SERVICES BRANCH PASCO COUNTY, FLORIDA ROBERT J. SIGMOND UTILITIES FISCAL AND BUSINESS SERVICES DIRECTOR

PC00015100



J.D. PARKER & SONS, INC. RESIDENTIAL WASTE SERVICE P.O. Box 997 New Port Richey, FL 34656-0997 (727) 845-1024



015872

10/21/15

PAY TO THE ORDER OF

City of New Port Richey

**500.00

__ DOLLARS

City of New Port Richey Utility Billing Office P.O. Box 2079 New Port Richey, FL 34656-2079

3 June

MEMO

2016 Waste Hauling Permit Fee

"O15872" #O63102152#0906103542801#

J.D. PARKER & SONS, INC.

015872

City of New Port Richey

10/21/15

2016 NPR Waste Hauling Permit Fee

500.00

Parker & Sons

2016 Waste Hauling Permit Fee

500.00