



PA CK# 7115
10/27/15 AY

2016 SPECIAL WASTE HAULING PERMIT APPLICATION

Business Name: Peterson's Service Corp.

Owner's Name: Justin Peterson

Business Location:

4049 Grand Blvd, New Port Richey, Fl. 34652

Mailing Address: 4049 Grand Blvd, New Port Richey, Fl. 34652

Telephone Number: (727) 849-3537

Emergency Number: (727) 243-0059

Branch locations: NONE

If a Corporation, the names and addresses of Officers:

Justin Peterson

Thomas Peterson

(Continue on separate sheet, if necessary)

Mailing address of Corporation: 4049 Grand Blvd

New Port Richey, Fl. 34652

Manager's Mailing Address: 2602 Spring Green Dr.

Lutz, Fl. 33559

Manager's e-mail Address: Petersons1@Verizon.net

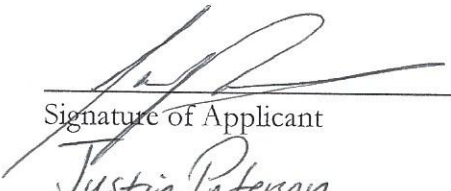
Full description of each vehicle and all equipment to be used for collections:

6 Tandem axle Rolloff trucks
Year 2004, 2005, 2006, 2007 Sterling
Year 2013, 2016 Freightliner
12yd, 20yd and 30yd dumpsters

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

Justin Peterson

Print Name of Applicant

10-27-15

Date

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



PASCO COUNTY, FLORIDA

"Bringing Opportunities Home"

DADE CITY
LAND O' LAKES
SPRING HILL
FAX

(352) 523-2411
(813) 235-6012
(727) 856-0119
(727) 861-3099

PASCO COUNTY SOLID WASTE
RESOURCE RECOVERY FACILITY
14230 HAYS ROAD
SPRING HILL, FL 34610

October 28, 2015

City of New Port Richey
New Port Richey, FL

RE: Peterson's Service Corp.

To Whom It May Concern,

Please be informed that Peterson's Service Corp. has been a licensed hauler in good standing for many years in Pasco County and has permission to continue dumping at the Pasco County Landfill.

Sincerely,

Ronald J. Walker
Solid Waste Superintendant

Ckpermissionletterpeterson's10-28-15

#2

Employee List

Jeremy Thompson, Age 33, Driver

15038 W. Omaha St

Hudson, Fl 34667

Thomas Estabrooks, Age 53, Driver

8031 Wooden Dr.

Spring Hill, Fl 34606

Shawn Johnson, Age 33, Driver

12020 Cavern Rd

Spring Hill, Fl 34609

Tony Assalti, Age 64, Driver

4913 Marlin Dr

New Port Richey, Fl 34652

John Velez, Age 45, Driver

10132 Cherry Creek Ln

Port Richey, Fl 34468

#3

Accounts to be serviced:

City Of New Port Richey Waste Water Treatment Plant

#4

Commercial & Residential Roll Off Dumpster Rates

12yd Dumpster \$310.00

20yd Dumpster \$360.00

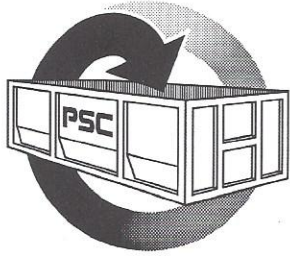
30yd Dumpster \$410.00

Any changes to rates will be filed with the City Clerk at least 30 days prior to effective date of change.



Justin Peterson

#5



PETERSONS

SERVICE CORPORATION

Peterson's Service Corp will provide collection of garbage, trash and refuse 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 customers agree upon.



Justin Peterson



PETERSONS

SERVICE CORPORATION

Peterson's Service Corp will maintain and run equipment designed for the collection of refuse.



Justin Peterson



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/28/2015

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 RRL Insurance Agency 4450 W. Eau Gallie Blvd., Suite 115 Melbourne FL 32934 | | CONTACT NAME: Tara Carney PHONE (A/C, No, Ext): 800-407-4077 E-MAIL ADDRESS: tcarney@rrl-ins.com FAX (A/C, No): 321-752-7980 | | |
| INSURED Peterson's Service Corp. 4049-C Grand Blvd New Port Richey FL 34652 WASTAID-01 | | INSURER(S) AFFORDING COVERAGE | | NAIC # |
| | | INSURER A :Granite State Insurance Co. | | 23809 |
| | | INSURER B : | | |
| | | INSURER C : | | |
| | | INSURER D : | | |
| | | INSURER E : | | |
| INSURER F : | | | | |

COVERAGES

CERTIFICATE NUMBER: 1503488

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 INSR | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----------|--|-----------|----------|----------------|-------------------------|-------------------------|---|
| A | GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | | | 02LX0199080122 | 9/30/2015 | 9/30/2016 | EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$300,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$ |
| A | AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS | | | 02CA0166926912 | 9/30/2015 | 9/30/2016 | COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ |
| | UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$ | | | | | | EACH OCCURRENCE \$ AGGREGATE \$ \$ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | WC STATU-TORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$ |

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

The City of New Port Richey is added as additional insured.

CERTIFICATE HOLDER**CANCELLATION 30**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, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE