



2017 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, 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 34686

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: countyrecycling@aol.com

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

#398 Peterbilt Rear Loader 1npz150x2wd711038

#386 Mack Rear Loader 1m2ac7c13m007818

#663 Mack Front Loader 1m2k185c7xm007784

#664 Peterbilt Front Loader 1np100x83d714699

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
Date October 26, 2016

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 48 DRIVER
2542 ALMOND DRIVE
HOLIDAY, FL 34691

RICHARD PIGNATARO AGE 57 DRIVER
1235 ALADDIN ROAD
SPRING HILL, FL. 34609

GERALD NITZ AGE 43 HELPER
9739 JIM STREET
HUDSON, FL. 34669

DONALD LAND AGE 54 DRIVER
14750 MAYER AVENUE
HUDSON, FL. 34669

#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

County Sanitation

A County Recycling Company

"THROUGH SERVICE WE GROW"

October 26, 2016

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



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
9/16/2016

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).

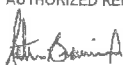
PRODUCER Insurance Office of America, Inc. 1855 West State Road 434 Longwood, FL 32750		CONTACT NAME: Eric Dotson PHONE (A/C, No, Ext): 15017 E-MAIL ADDRESS: Eric.Dotson@ioausa.com FAX (A/C, No):	
INSURED County Recycling, Inc dba County Sanitation 5601 Haines Rd., N. St. Petersburg, FL 33714		INSURER(S) AFFORDING COVERAGE INSURER A: National Interstate Insurance Company NAIC # 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"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			GLW021005803	09/19/2016	09/19/2017	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	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			CAW021005803	09/19/2016	09/19/2017	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 \$			EXW021005803	09/19/2016	09/19/2017	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000
	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			PER STATUTE OTH-ER 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 City of New Port Richey Attn: Doreen M. Sumers CAP 5919 Main St. New Port Richey, FL 34652	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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Pol by Clk# 15937
10/20/16

2017 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) 271-5052 or (727) 946-2742

Branch locations N/A

If a Corporation, the names and addresses of Officers:

Jon D. Parker (Dave), 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:

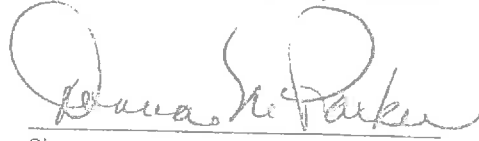
attached

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 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

DONNA M. PARKER

Print Name of Applicant

10/25/16

Date

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



October 20, 2016

To Whom It May Concern:

J.D. Parker and Sons is licensed by Pasco County Government to operate for municipal solid waste service in Pasco County Florida from January 1, 2016 through December 31, 2016.

Sincerely,

A handwritten signature in black ink, appearing to read "R. Sigmond", is positioned above the typed name.

Robert J. Sigmond
Fiscal and Business
Services Director

RJC/jmc

J. D. Parker & Sons, Inc.
Residential Waste Disposal
6724 U.S. Hwy. 19, New Port Richey, FL 34652
Phone: 727-845-1024 - Fax: 727-807-2751

October 21, 2016

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 (46), 4711 Dumont St., NPR -	Driver
Jamey Parker (43), 14426 Pimberton Dr., Hudson -	Driver
Charles Holman (50), 8235 Autumn Oak Dr., Port Richey -	Driver
James Perkins (66), 5947 Delaware Ave., NPR -	Driver
Louis Taylor (39), 8911 Miguel Place, PR -	Driver
David Sibley (40), 8427 Chasco Woods Blvd., PR -	Driver
Anthony Smith Jr. (23), 4240 Courier Lane, Holiday -	Driver
Dave Terry (38), 11964 Palm Bay Ct., NPR -	Driver
Michael Rand (59), 6026 Easy Dr., PR -	Driver
Thomas Sartell (59), 4049 Cardoon Dr., NPR -	Driver
Anthony Cowell (23), 8911 Miguel Place, PR -	Loader
Gourley, Steven (34), 8649 Forest Lake Dr., PR -	Loader
Gray Dantrell (25), 1316 Sylvia Ave, Spring Hill -	Loader
Greg Hammond (44), 6338 Indiana Ave., NPR -	Loader
Christopher Pagan (20), 8331 Wilkens St., PR -	Loader
Timothy Quinn (42), 9029 U.S. Hwy. 19, PR -	Loader
Daniel Stecker (25), 6123 Georgia Ave., NPR -	Loader
Joseph Theiss (38), 7114 Bellview Terrace., NPR -	Loader
Pierre Rodriguez (29), 4153 Athens Ave., NPR -	Loader
Harley Williams (21), 6938 Betty Lou Ct., NPR -	Loader
Freddie Winthrop (63), 6145 Silver Dr., NPR -	Loader
Jonathan Scott (26), 7331 Nova Scotia Dr., PR -	Loader
Lorenzo Shorts (24), 6623 River Rd., NPR -	Loader
Donna Parker, 8815 Greenleaf Ct., P.R. -	Administrative
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 1680 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.

Applicant

Date



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/20/2016

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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 CGB Insurance, LLC 2531 Green Forest Lane #101 Lutz FL 33558 INSURED JD Parker & Sons Co, Inc. 6724 US Highway 19 New Port Richey FL 34652		CONTACT NAME: Kraig Blancher PHONE (A/C No. Ex): (813) 749-7948 FAX (A/C No.): (813) 200-2120 E-MAIL ADDRESS: kraig@cgbinsurance.com	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A: Willis	
		INSURER B:	
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

COVERAGES **CERTIFICATE NUMBER: 2016-2017** **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 SUBR INSD 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"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER		01-LX-086479130-4	1/8/2016	1/8/2017	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 type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		01-CA-019047157-4	1/8/2016	1/8/2017	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Uninsured/Underinsured \$ 20,000
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <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) Y/N <input type="checkbox"/> N/A If yes, describe under DESCRIPTION OF OPERATIONS below					PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> 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 griskos@cityofnewportriche City of New Port Richey Amanda Grisko 6132 Pine Hill Rd Port Richey, FL 34668	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 Kraig Blancher/BRITT <i>Kraig A. Blancher</i>
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CERTIFICATE OF LIABILITY INSURANCE

Date
10/20/2016

Producer: Plymouth Insurance Agency
2739 U.S. Highway 19 N.
Holiday, FL 34691
(727) 938-5562

Insured: South East Personnel Leasing, Inc. & Subsidiaries
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.

Insurers Affording Coverage

Insurer A: Lion Insurance Company	NAIC # 11075
Insurer B:	
Insurer C:	
Insurer D:	
Insurer E:	

Coverages

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. Aggregate limits shown may have been reduced by paid claims.

INSR LTR	ADDL INSRD	Type of Insurance	Policy Number	Policy Effective Date (MM/DD/YY)	Policy Expiration Date (MM/DD/YY)	Limits																				
		GENERAL LIABILITY <input type="checkbox"/> Commercial General Liability <input type="checkbox"/> Claims Made <input type="checkbox"/> Occur General aggregate limit applies per: <input type="checkbox"/> Policy <input type="checkbox"/> Project <input type="checkbox"/> LOC				Each Occurrence \$ Damage to rented premises (EA occurrence) \$ Med Exp \$ Personal Adv Injury \$ General Aggregate \$ Products - Comp/Op Agg \$ Combined Single Limit (EA Accident) \$ Bodily Injury (Per Person) \$ Bodily Injury (Per Accident) \$ Property Damage (Per Accident) \$																				
		AUTOMOBILE LIABILITY <input type="checkbox"/> Any Auto <input type="checkbox"/> All Owned Autos <input type="checkbox"/> Scheduled Autos <input type="checkbox"/> Hired Autos <input type="checkbox"/> Non-Owned Autos				Each Occurrence \$ Aggregate \$																				
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> Occur <input type="checkbox"/> Claims Made Deductible				Each Occurrence \$ Aggregate \$																				
A		Workers Compensation and Employers' Liability Any proprietor/partner/executive officer/member excluded? NO If Yes, describe under special provisions below.	WC 71949	01/01/2016	01/01/2017	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;">X</td> <td style="width: 15%;">WC Statutory Limits</td> <td style="width: 10%;"></td> <td style="width: 10%;">OTH-ER</td> <td style="width: 60%;"></td> </tr> <tr> <td></td> <td>E.L. Each Accident</td> <td></td> <td></td> <td style="text-align: right;">\$1,000,000</td> </tr> <tr> <td></td> <td>E.L. Disease - Ea Employee</td> <td></td> <td></td> <td style="text-align: right;">\$1,000,000</td> </tr> <tr> <td></td> <td>E.L. Disease - Policy Limits</td> <td></td> <td></td> <td style="text-align: right;">\$1,000,000</td> </tr> </table>	X	WC Statutory Limits		OTH-ER			E.L. Each Accident			\$1,000,000		E.L. Disease - Ea Employee			\$1,000,000		E.L. Disease - Policy Limits			\$1,000,000
X	WC Statutory Limits		OTH-ER																							
	E.L. Each Accident			\$1,000,000																						
	E.L. Disease - Ea Employee			\$1,000,000																						
	E.L. Disease - Policy Limits			\$1,000,000																						
	Other	Lion Insurance Company is A.M. Best Company rated A- (Excellent). AMB # 12616																								

Descriptions of Operations/Locations/Vehicles/Exclusions added by Endorsement/Special Provisions: Client ID: 80-65-153
 Coverage only applies to active employee(s) of South East Personnel Leasing, Inc. & Subsidiaries that are leased to the following "Client Company":

J.D. Parker & Sons, Inc.

Coverage only applies to injuries incurred by South East Personnel Leasing, Inc. & Subsidiaries active employee(s), while working in: FL.
 Coverage does not apply to statutory employee(s) or independent contractor(s) of the Client Company or any other entity.
 A list of the active employee(s) leased to the Client Company can be obtained by faxing a request to (727) 937-2138 or by calling (727) 938-5562.

Project Name:
ISSUE 10-20-16 (KR)

CERTIFICATE HOLDER
CITY OF NEW PORT RICHEY

6132 PINE HILL RD.
PORT RICHEY, FL 34668

Begin Date 12/28/2009

CANCELLATION
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.

John L. Parker

PASCO COUNTY BUSINESS TAX RECEIPT

Issued pursuant and subject to Florida Statutes and Pasco County Ordinances. Issuance does not certify compliance with zoning or other laws. This receipt must be posted conspicuously in place of business.

2017

Expires September 30th



ACCOUNT #:: 00718

SIC CODE: 4212.02

MIKE FASANO
TAX COLLECTOR
PASCO COUNTY FLORIDA

TYPE OF BUSINESS
GARBAGE COLLECTION (RENEWAL)
STATE LICENSE #

J D PARKER & SONS INC

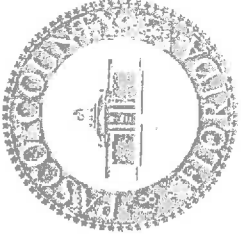
PO BOX 997
NEW PORT RICHEY, FL 34656-0997

OWNER/QUALIFYING AGENT
PARKER DAVID

LOCATION ADDRESS:
6724 US HWY 19
NEW PORT RICHEY, FL 34652-1741

DATE	RECEIPT	AMOUNT
07/27/2016	16-1-118232	93.75

Permit No. 50




MUNICIPAL SOLID WASTE COLLECTION PERMIT

THIS PERMIT ENTITLES J. D. PARKER & SONS, INC., TO OPERATE A SOLID WASTE COLLECTION BUSINESS IN THE UNINCORPORATED AREAS OF PASCO COUNTY, FROM JANUARY 1, 2016 THROUGH DECEMBER 31, 2016, PROVIDED THE FOLLOWING SITUATIONS ARE ADHERED TO:

1. 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.
2. LICENSEE SHALL PROVIDE THEIR CUSTOMERS AND PASCO COUNTY WITH DETAILED INFORMATION PROVIDING JUSTIFICATION FOR ANY COLLECTION CHARGE INCREASES.
3. LICENSEE SHALL ABIDE BY ADDITIONAL CONDITIONS, IF ANY, AS STATED IN THE ATTACHED BOARD OF COUNTY COMMISSIONS APPROVED MEMORANDUM.
4. 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, 2015


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

PC00015100

THIS DOCUMENT CONTAINS SECURITY FEATURES - SEE BACK FOR DETAILS



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



015937

10/25/16

PAY TO THE ORDER OF

City of New Port Richey

\$ **500.00

Five Hundred and 00/100*****

DOLLARS

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

Jana Albert Parker
AUTHORIZED SIGNATURE

MEMO 2017 Special Waste Hauling Permit Renewal

⑈015937⑈ ⑆063102152⑆0906103542801⑈

J.D. PARKER & SONS, INC.

City of New Port Richey

NPR Permit Renewal fo 2017

10/25/16

015937

500.00

Parker & Sons

2017 Special Waste Hauling Permit Renewal

500.00



2017 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: Same

Telephone Number: (727) 849-3537

Emergency Number: (727) 243-0059

Branch locations: None

If a Corporation, the names and addresses of Officers:

Thomas Peterson

Justin Peterson

Ashely Dice

(Continue on separate sheet, if necessary)

Mailing address of Corporation: 4049 Grand Blvd

New Port Richey, FL 34652

Manager's Mailing Address: 21130 Ski Way

Land O Lakes, FL 34638

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

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

Rolloff trucks only

10yd, 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
10-26-16

Date

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



October 26, 2016

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's10-26-16

UTILITIES SOLID WASTE & RESOURCE RECOVERY DEPARTMENT

727.857.2780 14230 Hays Road Spring Hill, FL 34610

2

Peterson's Service Corp.
4049 Grand Blvd.
New Port Richey, FL 34652

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

Kevin Gault, Age 60, Office Dispatch/Driver

8710 Honeycomb Dr

Port Richey, Fl 34668

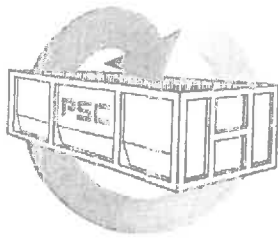
3

Peterson's Service Corp.
4049 Grand Blvd.
New Port Richey, FL 34652

Accounts Served:

City of New Port Richey Waste Water Treatment Plant (Commercial)

4



PETERSONS SERVICE CORPORATION


Rate Schedule:

Per Ton Rates

Haul Rate \$235

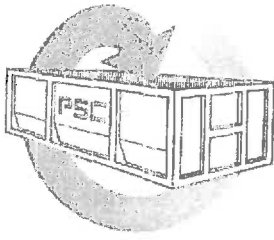
Disposal Fee \$59 Per Ton

***Any change in rates will be filed with the City Clerk at least 30 Days prior to effective date of change.**



Justin Peterson

(5)



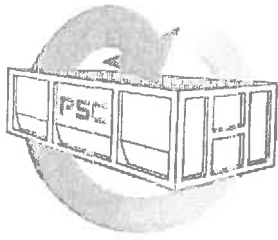
PETERSONS SERVICE CORPORATION

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.



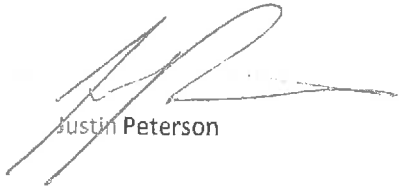
Justin Peterson

6



PETERSONS SERVICE CORPORATION

Peterson's Service Corp operates Rolloff trucks for the collection of Rolloff containers which are manufactured for the collection of refuse.



Justin Peterson



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/25/2016

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: PHONE (A/C, No, Ext): 800-407-4077 FAX (A/C, No): 321-752-7980 E-MAIL ADDRESS: policies@RRL-ins.com	
INSURED Peterson's Service Corporation 4049-A Grand Blvd New Port Richey FL 34652		INSURER(S) AFFORDING COVERAGE INSURER A: Security National Insurance Co NAIC # 19879 INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :	

COVERAGES

CERTIFICATE NUMBER: 1515001855

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 SUBR INSR 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 GENL AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC		SES1108209-02	1/18/2016	1/18/2017	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$0 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000
	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					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DEF \$ 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.	Y/N	N/A			WC STATUTORY 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)

Certificate holder is named as additional insured with respect to the operations of the named insured only.

CERTIFICATE HOLDER**CANCELLATION 30**

City of New Port Richey	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

PETERSON'S SERVICE CORP.
4049 A GRAND BLVD
NEW PORT RICHEY, FLORIDA 34652
(727) 849-3537

7665

63-215-631
EFT-ACH® Credit Transfer
No. Precedence for Deposits

~~10-26-16~~ 10-26-16

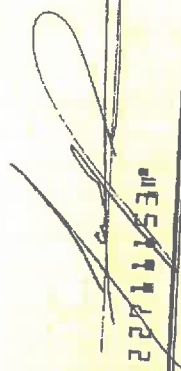
\$ 500.00

ACH
No. Precedence for Deposits

Pay to the order of City of New Port Richey
Five hundred and 00/100

SUNTRUST ACH RT 081000104

Permit Fee



⑈00007665⑈ ⑈063102152⑈ ⑈00002271153⑈

MP

0171



2017 SPECIAL WASTE HAULING PERMIT APPLICATION

Business Name: Waste Connections, Inc

Owner's Name: _____

Business Location:

6800 OSTEEN RD NPR FL 34653

Mailing Address: SAME

Telephone Number: (727) 847-9100

Emergency Number: () SAME

Branch locations: 20719 US Highway 301
DADE CITY, FL 33523 NOT IN CITY
LIMITS

If a Corporation, the names and addresses of Officers:

RON MITTELSTAEDT CEO
JOHN BATHAS PASCO COUNTY DIST. MANAGER
"LOCATION"

(Continue on separate sheet, if necessary)

Mailing address of Corporation: 3 WATERWAY SQUARE
THE WOODLANDS, TX 77370

Manager's Mailing Address: 6800 OSTEEN RD
NPR, FL 34653

Manager's e-mail Address: John.Battista@PROGRESSIVE WASTE.COM

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

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

John M Bathista

Print Name of Applicant

10/24/2016

Date

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

PASCO COUNTY BUSINESS TAX RECEIPT

2017

Expires September 30th

Issued pursuant to Florida Statutes and Pasco County Ordinances. Issuance does not certify compliance with zoning or other laws. This receipt must be posted conspicuously in place of business.



ACCOUNT #:: 00228

SIC CODE: 4212.02

MIKE FASANO
TAX COLLECTOR
PASCO COUNTY FLORIDA

TYPE OF BUSINESS
GARBAGE COLLECTION (RENEWAL)
STATE LICENSE #

OWNER/QUALIFYING AGENT
BATTISTA JOHN.

LOCATION ADDRESS:
6800 OSTEEN RD
NEW PORT RICHEY, FL 34653-3667

WASTE SERVICES OF FLORIDA INC

6800 OSTEEN RD
NEW PORT RICHEY, FL 34653-3667

DATE	RECEIPT	AMOUNT
08/24/2016	16-1-126267	93.75

Permit No. 20




MUNICIPAL SOLID WASTE COLLECTION PERMIT

THIS PERMIT ENTITLES PROGRESSIVE WASTE SOLUTIONS, TO OPERATE A SOLID WASTE COLLECTION BUSINESS IN THE UNINCORPORATED AREAS OF PASCO COUNTY, FROM JANUARY 1, 2016 THROUGH DECEMBER 31, 2016, PROVIDED THE FOLLOWING SITUATIONS ARE ADHERED TO:

1. 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.
2. LICENSEE SHALL PROVIDE THEIR CUSTOMERS AND PASCO COUNTY WITH DETAILED INFORMATION PROVIDING JUSTIFICATION FOR ANY COLLECTION CHARGE INCREASES.
3. LICENSEE SHALL ABIDE BY ADDITIONAL CONDITIONS, IF ANY, AS STATED IN THE ATTACHED BOARD OF COUNTY COMMISSIONS APPROVED MEMORANDUM.
4. 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, 2015


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

PC00015100

FAX NUMBER

(727) 847-8864

WWW.SIMPLEDIRECT.COM, D I E. 204
NEWPORT RICHEY, FL 34654-5528

Mr. John Battista
Progressive Waste Solutions
6800 Osteen Road
New Port Richey, FL 34653

Re: Licensed Hauler in Pasco County

To Whom It May Concern:

Please be advised that Progress Waste Solutions 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

RJS/rp



DEAR CUSTOMER

YOU RECENTLY CALLED OUR OFFICE IN REGARDS TO A LIST OF THE REQUIRMENTS FOR THE RESIDENTAL SERVICE:

- YOUR PICK UP DAYS ARE ① & ② *days week*
 - YOUR TRASH MUST BE OUT THE NIGHT BEFORE.
 - YOU MAY HAVE UP TO 6 ITEMS AT THE CURBSIDE PER PICK UP.
 - EACH ITEM YOU PUT OUT MUST BE LESS THAN 50 LBS IN WEIGHT.
 - YOUR ITEMS CAN CONSIST OF:
 - *TRASH CANS (32 GALLONS OR SMALLER)
 - *TRASH BAGS
 - *CARDBOARD BOXES MUST BE FLATENED AND BUNDLED
 - *BRANCHES AND TREE CLIPPINGS CUT IN 4ft LENGTHS AND BUNDLED.
 - *EACH BUNDLE COUNTS AS 1 OF YOUR 6 ITEMS.
 - *IF YOU HAVE PAINT PLEASE TAKE LID OFF AND LET IT COMPLETELY DRY BEFORE YOU PUT IT OUT WITH YOUR TRASH.
 - YOU HAVE A FREE RECYCLING SERVICE THAT WILL RUN BI-WEEKLY ON every 2nd wk. THIS SERVICE IS NOT MANDATORY BUT IF YOU WOULD LIKE TO PERTICIPATE YOU HAVE TO PROVIDE YOUR OWN BLUE BAGS AND HAVE THEM OUT THE NIGHT BEFORE. ITEMS TO BE RECYCLED ARE:
 - *GLASS- CLEAR, BROWN, OR GREEN IN COLOR.
 - *PLASTIC BOTTLES OR CONTAINERS THAT HAVE A #1 OR 2 ON THE BOTTOM OF THEM.
 - *ALUMIN CANS
- PLEASE TAKE ALL LIDS OFF THE ITEMS AND PLACE THEM IN THE BAG.



Progressive
Waste Solutions

Employee List

- Drivers/53
- Maintenance/ 9
- Supervisors /2
- Customer Service/office personnel/ 12
- Division Manager/1

Wsi has the following personnel classifications listed above.

Theresa Benetatos

NUMBER OF ACCOUNTS SERVICED

Residential accounts we service 73,256

**Commercial Fronload accounts we
service 5,129**

**Industrial Roll Off accounts we service
356**

Theresa Benetatos

Office Manager

Progressive Waste Solutions
(Formerly IESI-BFC Ltd.)

E: theresa.benetatos@progressivewaste.com

T: 727 847 9100

6800 Osteen Road
New Port Richey, FL, 34653
www.progressivewaste.com

NYSE, TSX: BIN



BULK HOA ACCOUNTS

WE HAVE MANY ACCTS IN WHICH THE CUSTOMERS WILL PAY THROUGH THE HOME OWNERS ASSOCIATION(REFER TO THE LIST)

SOME OF THE HOA'S ARE LISTED TO GET INFO, THAT INFO WILL THEN BE GIVEN TO BILLING SUPERVISOR TO FILE AND KEEP TRACK OF, SOME OF THE ACCOUNTS SUCH AS PINE RIDGE AND WINDSOR PLACE HAVE TO BE ADJUSTED ACCORDING TO THE NEW SERVICES, KIM WILL HANDLE THOSE ACCTS. NEW ACCTS FOR PINE RIDGE GET 2 CANS DELIVERED OUT TO THEM SO GIVE TO KIM SO SHE CAN SCHEDULE

FOREST HILLS

FOREST HILLS IN HOLIDAY IS A COMMUNITY THAT WE SERVICE, BUT THE RESIDENTS WILL PAY THROUGH FOREST HILLS UTILITIES, WE ARE PROVIDED WITH A LIST TO REFER TO IF ANYONE CALLS IN REGARDING FOREST HILLS AND WE WILL PERIODICALLY RECEIVE FAXES, STATING TO ADD AN ADDRESS OR DELETE AN ADDRESS, WHICH COMES FROM FOREST HILLS, WE JUST EXPLAIN SERVICE DAYS AND RECYCLE INFO AND INFORM THEM TO CONTACT FOREST HILLS TO SET UP.

JASMINE LAKES

JASMINE LAKES IS ANOTHER COMMUNITY WE SERVICE BUT THEY PAY THROUGH AQUA UTILITIES. WE JUST EXPLAIN PICKUP DAYS AND RECYCLE SERVICE AND LET THEM KNOW TO CONTACT AQUA UTIL TO SET UP THEIR ACCT

HOME OWNERS ASSOCIATION

77220	THE ENCLAVES @ PINE RIDGE		T/F 052	211
68775	MEADOW POINTE 1		M/T 081	209
69891	MEADOW POINTE 2	WRENCREST W/S 083	T/F 082	209
79296	MEADOW POINTE 3		W/S 083	209
79593	MEADOW POINTE 4		W/S 083	209
82059	WINDSOR PLACE	GET INFO NO FEE	M/T 011	208
64499	FOREST HILLS		T/F 4&5	201
74669	JASMINE LAKES		M/T 4&5	203
71584	SUNCOAST LAKES	NOT TO BE GET INFO	T/F 082	211
65402	RIVER RIDGE COUNTRY CLUB		M/T 011	208
66645	THE RESERVE @ GOLDEN ACRES		M/T 091	211
77220	PINE RIDGE @ SUGR CREEK ~		T/F 052	211
78786	SUNSHINE LAKE ESTATES		M/T 151	208
66144	WYNDGATE/WYNDTREE		M/T 131	205
768915	THE OASIS		W/S 063	209
768329	NORTHWOODS		T/F 182	204
768602	HUNTINGTON RIDGE		W/S 153	203
32341	PARK ESTATES		W/S 073	212
67408	LEXINGTON OAKS- REMINGTON / PIMLICO		M/T 181	204
67888	PEACH TREE @ FOX HOLLOW		M/T 131	210
68116	HARBOR POINTE		T/F 142	210
77379	GOLF VIEW VILLAS ~		W 043	209

RATE STATEMENT

Solid Waste Collection

COMMERCIAL*

Number of Pickups Per Week

Container

Size

(Yards)

	One	Two	Three	Four	Five	Six
1	\$24.00	\$37.00	\$48.00	\$59.00	\$65.00	\$79.00
1.5	\$34.00	\$48.00	\$65.00	\$78.00	\$88.00	\$105.00
2	\$34.00	\$58.00	\$79.00	\$94.00	\$118.00	\$142.00
3	\$48.00	\$86.00	\$118.00	\$156.00	\$177.00	\$212.00
4	\$52.00	\$94.00	\$142.00	\$187.00	\$209.00	\$251.00
6	\$70.00	\$126.00	\$187.00	\$251.00	\$275.00	\$329.00
8	\$83.00	\$167.00	\$251.00	\$335.00	\$366.00	\$439.00



CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
07/27/2016

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 Aon Risk Insurance Services West, Inc. Portland Oregon Office 851 SW 6th Avenue Suite 385 Portland OR 97204-1309 USA	CONTACT NAME: PHONE (A/C. No. Ext): (866) 283-7122 FAX (A/C. No.): (800) 363-0105		
	E-MAIL ADDRESS:		
INSURED Waste Connections, Inc. 3 Waterway Square Place Suite 110 The Woodlands TX 77380 USA	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: ACE American Insurance Company		22667
	INSURER B: Indemnity Insurance Co of North America		43575
	INSURER C: ACE Property & Casualty Insurance Co.		20699
	INSURER D:		
	INSURER E:		
INSURER F:			

COVERAGES CERTIFICATE NUMBER: 570063177238 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. Limits shown are as requested

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"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			HDOG27628126	08/01/2016	08/01/2017	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$5,000 MED EXP (Any one person) Excluded PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$5,000,000 PRODUCTS - COMP/OP AGG \$2,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			ISA H08872016	08/01/2016	08/01/2017	COMBINED SINGLE LIMIT (Ea accident) \$5,000,000 BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION			X00G27614620002 SIR applies per policy terms & conditions	08/01/2016	08/01/2017	EACH OCCURRENCE \$5,000,000 AGGREGATE \$5,000,000
B	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	WLRC48131128 AOS WLR C4813113A CA, MA	08/01/2016	08/01/2017	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$1,500,000 E.L. DISEASE-EA EMPLOYEE \$1,500,000 E.L. DISEASE-POLICY LIMIT \$1,500,000
A	Excess WC			WCUC48131141 WA SIR applies per policy terms & conditions	08/01/2016	08/01/2017	EL Each Accident \$1,500,000 EL Disease - Policy \$1,500,000 EL Disease - Ea Emp \$1,500,000

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

CERTIFICATE HOLDER

Waste Connections, Inc.
 3 Waterway Square Place, Suite 110
 The Woodlands TX 77380 USA

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

Aon Risk Insurance Services West, Inc.

Holder Identifier: EOI

Certificate No : 570063177238

**Pasco County Commercial Collection Permit
Vehicle Identification**

Company Name: Progressive Waste Solutions

Contact Person: Nick Chieco

Telephone No.: 727-847-9100 ext: 3490

Fax No.: 727-841-8539

Date: 11-02-2015

	Company Unit No. OLD / NEW	Make	Year	Vehicle ID No.	Transponder No.	License No.
1.	400540	Kenworth	2003	1NKDLU0X13J708638	360	N9043H
2.	400543	MACK	2006	1M2AG11C76M029698	389	N8233R
3.	400544	MACK	2006	1M2GA11C17M060706	331	N4400L
4.	400876	PETERBILT	2015	1NPCXPEX5FD289166	397	TEMP
5.	200499	MACK	2004	1M2K189C64M025173	364	N2428K
6.	200502	MACK	2006	1M2K195C25M027340	338	N6911T
7.	200504	MACK	2007	1M2AC08C57M014050	253	N6916T
8.	200506	MACK	2007	1M2AC08C26M011394	255	N6920T
9.	200508	MACK	2007	1M2K189C67M038350	343	N6926T
10.	200668	MACK	2013	1M2AV04C5DM009815	361	N6915T
11.	200687	MACK	2013	1M2AV04C5DM009829	336	N6917T
12.	200722	MACK	2005	1M2K189C25M027245	378	N7354Q
13.	200797	MACK	2014	1M2AV04C8EM010930	344	N6919T
14.	200798	MACK	2014	1M2AV04C1EM010932	252	N7054T
15.	250087	AUTOCAR	2016	5VCACLVF9GH222299	357	N3588X
16.	200131	AUTOCAR	2016	5VCACDVF9GH221885	335	N3586X
17.	200858	AUTOCAR	2013	5VCACS8F3DH215169	384	N3900V
18.	200859	AUTOCAR	2013	5VCACSVF4DH216044	251	N1029V
19.	201071	AUTOCAR	2015	5VCACSVF8GH220098	463	N7883V
20.	201072	AUTOCAR	2015	5VCACSVF2GH220100	462	N7882V
21.	201078	AUTOCAR	2015	5VCACSVFXGH220099	258	N7887V
22.	201079	AUTOCAR	2015	5VCACSVF8GH220103	366	N7886V
23.	201082	AUTOCAR	2015	5VCACSVF4GH220096	334	N7272V
24.	201083	AUTOCAR	2015	5VCACSVF4GH220101	465	N7881V
25.	201084	AUTOCAR	2015	5VCACSVFXGH220104	464	N7885V
26.	201096	AUTOCAR	2015	5VCACSVF1GH220105	326	N7888V

**Pasco County Commercial Collection Permit
Vehicle Identification**

Company Name: Progressive Waste Solutions

Contact Person: Nick Chieco

Telephone No.: 727-847-9100 ext: 3490 Fax No.: 727-841-8539

Date: 11-02-2015

	Company Unit No. OLD / NEW	Make	Year	Vehicle ID No.	Transponder No.	License No.
27.	201098	AUTOCAR	2015	5VCACSVF6GH220097	353	N7895V
28.	201111	AUTOCAR	2015	5VCACSVF6GH220102	369	N7894V
29.	200066	AUTOCAR	2016	5VCACSVF4GH221068	479	N3498W
30.	200068	AUTOCAR	2016	5VCACSVF2GH221070	478	N3497W
31.	200017	AUTOCAR	2016	5VCACSVF9GH221065	480	N3496W
32.	300746	INTERNATIONAL	2007	1HTWGAZT57J431515	358	N5610L
33.	300747	INTERNATIONAL	2007	1HTWGAZT27J426756	339	N6002R
34.	300749	INTERNATIONAL	2007	1HTWGAZT47J431523	346	N5596L
35.	300750	INTERNATIONAL	2007	1HTWGAZT77J431516	349	N5609L
36.	300790	MACK	2010	1M2AVO2C7AM005604	388	N6933T
37.	300793	MACK	2002	1M2K185C72M009180	355	N6934T
38.	300795	NAVISTAR	2004	1HTWGADT34J093437	356	N6936T
39.	300798	MACK	2007	1M2K189C67MO38347	365	N6938T
40.	300806	MACK	2009	1M2AVO2CX9M003583	385	N6939T
41.	300807	MACK	2009	1M2AVO2C19M003584	386	N6940T
42.	300808	MACK	2009	1M2AVO2C39M003585	387	N6941T
43.	300846	MACK	2009	1M2AVO2C89M003582	337	N3876P
44.	301077	MACK	2012	1M2AV04C5DM009958	254	N6877T
45.	301132	MACK	2012	1M2AV04C5DM010219	363	N6879T
46.	301082	MACK	2012	1M2AV04C8DM009954	260	N2415G
47.	301227	GMC	2007	1GDM8C1C17F409793	289	CCZQ80
48.	301229	INTERNATIONAL	2005	1HTWGAAT85J008033	292	N6108T
49.	301230	INTERNATIONAL	2005	1HTWGAZT15J050869	290	N6110T
50.	301238	MACK	2014	1M2AV04C0EM010923	362	N7055T
51.	301241	MACK	2014	1M2AV04C2EM010924	327	N7056T
52.	301244	MACK	2014	1M2AV04C7EM010918	352	N7057T
53.	301246	MACK	2014	1M2AV04C4EM10925	329	N7058T

Service Provided:

Progressive Waste Solutions Inc. Pasco District will provide for the sanitary collection, Transportation and disposal of non-hazardous solid waste from residential, commercial and industrial customers.

Residential collection shall consist of twice weekly garbage service and once every other week recycling at the curb. Unlimited collection of a reasonable amount of household garbage is provided.

A limit of 3 items may be imposed on abusers. Exceptional amounts of trash or bulky items will be picked up with the charges being based on time and cost negotiated with the customer.

Commercial and industrial customers shall be serviced by 1-40 cubic yard containers, picked up one to six days per week as required by customer. Stationary compaction equipment is available to the large volume producer.

Yes, Pasco trucks will have the Pasco County permit decals and license numbers displayed.

Company Code	Location	Employee Name (Last Suffix, First MI)	Employee Number	Employment Status Code	Union Code (National)	Seniority Date	Service Date	6 months	1 year	2 years
FL	332-PASCO HAULING	Adam, Eugene S.	001797	A		09/25/2000	AD 7/2/2010			
FL		ADAMS, MICHAEL P.	107454	A		09/29/2015	AD 10/29/2015		10/29/2016	10/29/2017
FL		Almaguer III, Rudolph J.	002349	A		03/05/2007	AD 7/2/2010			
FL		ALMAGUER, MELISSA A.	109514	A		08/01/2016	AD 8/1/2016	2/1/2017	8/1/2017	8/1/2018
FL		ANDERSON, KEYGAN J.	107468	A		09/29/2015	AD 9/29/2015			9/29/2017
FL		ANDREWS, KYLE R.	105241	A		11/03/2014	AD 11/3/2014			11/3/2016
FL		ASHLINE, EMILY M.	108427	A		01/26/2016	AD 1/26/2016		1/26/2017	1/26/2018
FL		Battista, John	002011	A		09/02/2003	AD 7/2/2010			
FL		BENETATOS, MICHAEL S.	109763	A		09/19/2016	AD 9/19/2016	3/19/2017	9/19/2017	9/19/2018
FL		Benetatos, Theresa	002018	A		05/02/2005	AD 7/2/2010			
FL		BERGERON, ROBERT P.	106319	A		05/25/2015	AD 5/25/2015			5/25/2017
FL		BUONSANTO III, BRUNO A.	106800	A		07/22/2015	AD 7/22/2015			7/22/2017
FL		BUSH, DUSTIN L.	102453	A		12/02/2013	AD 12/2/2013			
FL		CATER, DARRYL	106161	A		05/11/2015	AD 5/11/2015			5/11/2017
FL		CATRON, ELIJAH G.	104779	A		09/08/2014	AD 9/8/2014			
FL		CHEK JR, RICKY J.	001907	A		08/04/2014	AD 8/4/2014			
FL		Chieco, Nicholas	002010	A		04/12/2004	AD 7/2/2010			
FL		Clark, Anthony J.	003101	A		09/29/2008	AD 7/2/2010			
FL		COLON, RAFAEL	106426	A		06/10/2015	AD 6/10/2015			6/10/2017
FL		Cook, Bradley E.	001848	A		09/06/2007	AD 7/2/2010			
FL	CORLEY, LAMERE A.	106798	A		07/22/2015	AD 7/22/2015			7/22/2017	
FL	Cranker, Robert J.	001614	A		10/29/2010	AD 2/14/2011				
FL	Crawford, Christopher M.	001886	A		04/20/2009	AD 7/2/2010				
FL	CRIBBS, BRANDON S.	109837	A		10/05/2016	AD 10/5/2016	4/5/2017	10/5/2017	10/5/2018	
FL	Dale, Richard	002275	A		08/15/1990	AD 7/2/2010				
FL	Demarco, Gregory T.	001795	A		08/11/2003	AD 7/2/2010				

Company Code	Location	Employee Name (Last Suffix, First MI)	Employee Number	Employment Status Code	Union Code (National)	Seniority Date	Service Date	6 months	1 year	2 years
FL	332-PASCO HAULING	DEVANEY, RANDALL E.	107006	A		08/05/2015	AD 8/5/2015			8/5/2017
FL		Fellows, Paul A.	001774	A		03/07/2005	AD 7/2/2010			
FL		FERNANDEZ, DEVIN J.	104904	A		09/22/2014	AD 9/22/2014			
FL		Field, Donn J.	001631	A		07/12/2010	AD 7/12/2010			
FL		FIFE, LOREN B.	102132	A		08/01/2016	AD 10/7/2013			
FL		Fogg, Devan W.	220007	A		09/10/2012	AD 9/10/2012			
FL		FORMOSO, ANTHONY J.	103043	A		02/03/2014	AD 2/3/2014			
FL		Garcia, Jerry	003869	A		04/02/2012	AD 4/2/2012			
FL		GAUL, NATHAN J.	102586	A		01/05/2015	AD 1/5/2015			1/5/2017
FL		Geary, Kevin Z.	220381	A		12/17/2012	AD 12/17/2012			
FL		GEE II, TODD T.	102133	A		10/07/2013	AD 10/7/2013			
FL		GENEREAU, RICHARD L.	103196	A		05/03/2016	AD 3/3/2014			
FL		Giannas, Cosmo	003214	A		10/03/2005	AD 7/2/2010			
FL		GILLIS, RONALD D.	101694	A		08/05/2013	AD 8/5/2013			
FL		Greer, Charles R.	001850	A		01/18/2008	AD 7/2/2010			
FL		GREER, KAMERON C.	104777	A		09/08/2014	AD 9/8/2014			
FL		HASSELBURG, DUSTIN K.	003937	A		04/16/2012	AD 4/16/2012			
FL		INGRAM II, KENNETH G.	108665	A		03/02/2016	AD 3/2/2016		3/2/2017	3/2/2018
FL		KING II, DERREL L.	104184	A		06/23/2014	AD 6/26/2014			
FL		Kryk, David J.	002350	A		11/08/2004	AD 7/2/2010			
FL		KUJAWA, WALTER R.	107464	A		09/29/2015	AD 9/29/2015			9/29/2017
FL		LACERRA, ROCCO J.	102388	A		11/18/2013	AD 11/18/2013			
FL		LEIPHART, ZACHARY R.	105051	A		10/06/2014	AD 10/6/2014			
FL		Lettieri, Ronnie J.	100649	L		05/01/2004	AD 4/1/2013			
FL		Lobianco, Thomas	002280	A		06/03/1996	AD 7/2/2010			
FL		Lopez, Ernest	002345	A		03/18/2008	AD 7/2/2010			

Company Code	Location	Employee Name (Last Suffix, First MI)	Employee Number	Employment Status Code	Union Code (National)	Seniority Date	Service Date	6 months	1 year	2 years
FL	332-PASCO HAULING	LUBIN, CELESON	107567	A		10/07/2015	AD 10/7/2015			10/7/2017
FL		Martinez, Cristobal	001910	A		08/31/2009	AD 7/2/2010			
FL		Martir, Aurelio	002281	A		09/26/1988	AD 7/2/2010			
FL		Maysonet-Velez, Juan A.	002498	A		03/14/2011	AD 3/14/2011			
FL		MCELVENNY, DJANE	102271	A		10/21/2013	AD 10/21/2013			
FL		Meredith, Michael G.	100684	A		04/08/2013	AD 4/8/2013			
FL		MUNIAK, MICHELLE L.	101868	A		09/03/2013	AD 9/3/2013			
FL		NEZBETH, JAMES E.	108653	A		03/02/2016	AD 3/2/2016		3/2/2017	3/2/2018
FL		Nichols, Bryan P.	001969	A		01/14/2004	AD 7/2/2010			
FL		Ortiz, Jose M.	001849	A		11/19/2007	AD 7/2/2010			
FL		OSBORNE, JUSTIN C.	102452	A		12/02/2013	AD 12/2/2013			
FL		Penton, Michael L.	002285	A		10/27/1982	AD 7/2/2010			
FL		PITTMAN, MEGAN E.	103683	A		05/05/2014	AD 5/5/2014			
FL		QUINTANA, LUIS M.	107541	A		10/07/2015	AD 10/7/2015			10/7/2017
FL		RAHN, MARISSA A.	107075	A		07/25/2016	AD 8/24/2015			8/24/2017
FL		Randolph, William B.	001843	A		07/23/2007	AD 7/2/2010			
FL		RIVERS, KEVIN A.	102368	A		11/18/2013	AD 11/18/2013			
FL		Rodriguez, Johnny	101010	A		05/20/2013	AD 5/20/2013			
FL		RODRIGUEZ, SANTOS	002288	A		07/01/1996	AD 7/2/2010			
FL		ROMANELLI, ANTHONY	107042	A		08/18/2015	AD 8/18/2015			8/18/2017
FL		Schambach, Brandon G.	001622	A		07/27/2015	AD 7/2/2010			
FL		Sirico, Luke A.	001852	A		02/04/2008	AD 7/2/2010			
FL		SMITH JR, DARRELL R.	102208	A		10/21/2013	AD 10/21/2013			
FL	Smith, Martin D.	100369	A		03/04/2013	AD 3/4/2013				
FL	SMITH, SANDRA S.	109289	A		06/06/2016	AD 6/6/2016	12/6/2016	6/6/2017	6/6/2018	
FL	SPREHE, KYLE M.	103776	A		05/12/2014	AD 5/12/2014				

Company Code	Location	Employee Name (Last Suffix, First MI)	Employee Number	Employment Status Code	Union Code (National)	Seniority Date	Service Date	6 months	1 year	2 years	
FL	332-PASCO HAULING	Starbird, Thomas G.	002289	A		03/10/1997	AD 7/2/2010				
FL		Tavish, Jessica M.	001630	A		06/28/2010	AD 7/2/2010				
FL		THOMPSON, MARCUS E.	107546	A		10/07/2015	AD 10/7/2015			10/7/2017	
FL		TOWLE, BRIAN S.	109836	A		10/05/2016	AD 10/5/2016	4/5/2017	10/5/2017	10/5/2018	
FL		Vazquez, Peter	002009	A		03/29/2004	AD 7/2/2010				
FL		Velez, Elizabeth	001624	A		07/23/2007	AD 7/2/2010				
FL		VINCENT, DANIEL A.	103667	A		05/05/2014	AD 5/5/2014				
FL		WELCH, AVERY N.	107036	A		08/17/2015	AD 8/17/2015			8/17/2017	
FL		WEST, MICHAEL H.	106647	A		07/08/2015	AD 7/8/2015			7/8/2017	
FL		WHITESEL, CHRISTOPHER N.	104185	A		06/23/2014	AD 6/23/2014				
FL		Witkowski, Edward	001597	A		11/16/2009	AD 7/2/2010				
FL		YANTAKIT, CHRISTINE M.	109287	A		06/06/2016	AD 6/6/2016	12/6/2016	6/6/2017	6/6/2018	
FL		YEARY, CHRISTOPHER P.	109886	A		10/10/2016	AD 10/10/2016	4/10/2017	10/10/2017	10/10/2018	
FL		ZAGORSKI JR, ROBERT A.	102371	A		11/18/2013	AD 11/18/2013				
FL		357-PASCO HAULING EAST	ACOSTA GONZALEZ, ALBERTO	101562	A		09/28/2015	AD 7/22/2013			
FL			ALMODAVAR, JOSUE	100368	A		03/04/2013	AD 3/4/2013			
FL			ANDREWS, MICHEAL	106375	A		06/01/2015	AD 6/1/2015			6/1/2017
FL	ARANIECKE, BRYAN N.		102587	A		01/05/2015	AD 1/5/2015			1/5/2017	
FL	Arcarola, Matthew R.		220311	A		06/01/2011	AD 11/16/2012				
FL	Aspell, Robert		001778	A		06/30/2005	AD 7/2/2010				
FL	BOOS, CHARLES D.		101238	A		06/17/2013	AD 6/17/2013				
FL	BROWN, CONSWELLER		102450	A		12/03/2013	AD 12/3/2013				
FL	BROWN, DEVINLEE P.		102294	A		11/04/2013	AD 11/4/2013				
FL	CIRAFICI, DIANA M.		103189	A		03/03/2014	AD 3/3/2014				
FL	Costarella,	220079	A		02/28/2012	AD					



PROGRESSIVE WASTE SOLUTIONS OF FL, INC.
 PASCO HAULING
 6800 OSTEEN ROAD
 NEW PORT RICHEY FL 34653
Waste Connections

For invoice inquiries, call: 727-847-9100
 Customer No.: 0048-018733

INVOICE

SERVICE DATE	CODE	DESCRIPTION	REFERENCE	QUANTITY	AMOUNT
10/31/16	(0001) 33 0.45YD	MARGARET RICKARD 18529 FAIRWAY GREEN DR HUDSON, FL Basic Service Charge 10/1/2016-12/31/2016 Site Total		1.00	37.32 37.32
Account		Invoice Date 10/31/2016	Invoice # 0003349590		Reference
Status		Current \$37.32	31 - 60 Days \$0.00	61 - 90 Days \$0.00	Over 90 Days \$0.00
					Total This Invoice \$37.32
					Total Account Balance \$37.32



Remarks:
 QUARTERLY PREPAID SERVICE

**** To avoid late fees, payment must be posted to your account within 30 days of your invoice date. ****

Bank returned checks will be electronically re-presented to your bank and you may be responsible for a resulting processing fee.



2017 SPECIAL WASTE HAULING PERMIT APPLICATION

Business Name: Seaside Sanitation

Owner's Name: Republic Services of Florida LP

Business Location:

8608 Arcola Ave Hudson FL 34667

Mailing Address: Same

Telephone Number: (727) 868-2566

Emergency Number: (772) 267-5884 Michael Beck - Division manager

Branch locations: N/A

If a Corporation, the names and addresses of Officers:

Attached

(Continue on separate sheet, if necessary)

Mailing address of Corporation: 18500 N. Allied Way, Phoenix, AZ 85054

Manager's Mailing Address: 8608 Arcola Ave Hudson FL 34667

Manager's e-mail Address: mbchr@Republicservices.com

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

A Hoelco

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

Michael Behr

Print Name of Applicant

10/24/16

Date

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



Detail by Entity Name

Foreign Limited Partnership

REPUBLIC SERVICES OF FLORIDA, LIMITED PARTNERSHIP

Filing Information

Document Number B99000000467
FEI/EIN Number 65-0965470
Date Filed 12/27/1999
State DE
Status ACTIVE
Last Event CONTRIBUTION CHANGE
Event Date Filed 05/09/2005
Event Effective Date NONE

Principal Address

18500 North Allied Way
Phoenix, AZ 85054

Changed: 04/23/2015

Mailing Address

18500 North Allied Way
Phoenix, AZ 85054

Changed: 04/23/2015

Registered Agent Name & Address

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

General Partner Detail

Name & Address

Document Number F99000006661

REPUBLIC SERVICES OF FLORIDA GP, INC.
18500 North Allied Way
Phoenix, AZ 85054

Annual Reports

Report Year	Filed Date
2014	04/16/2014
2015	04/23/2015
2016	04/12/2016

Document Images

04/12/2016 ANNUAL REPORT

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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS



Detail by Entity Name

Foreign Profit Corporation

REPUBLIC SERVICES OF FLORIDA GP, INC.

Filing Information

Document Number F99000006661
FEI/EIN Number 65-0963062
Date Filed 12/27/1999
State DE
Status ACTIVE

Principal Address

18500 North Allied Way
Phoenix, AZ 85054

Changed: 04/23/2015

Mailing Address

18500 North Allied Way
Phoenix, AZ 85054

Changed: 04/23/2015

Registered Agent Name & Address

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

Officer/Director Detail

Name & Address

Title Director, VP

DelGhiaccio, Brian M.
18500 North Allied Way
Phoenix, AZ 85054

Title Director, President

Clatt, Mark R.
18500 North Allied Way
Phoenix, AZ 85054

Title Director

Goebel, Brian A.
18500 North Allied Way
Phoenix, AZ 85054

Title VP

Bales, Brian A.
18500 North Allied Way
Phoenix, AZ 85054

Title VP, Assistant Secretary

Benter, Tim M.
18500 North Allied Way
Phoenix, AZ 85054

Title VP, Assistant Secretary

Eggleston, W. T. , Jr.
18500 North Allied Way
Phoenix, AZ 85054

Title VP

Olson, James H.
18500 North Allied Way
Phoenix, AZ 85054

Title VP, Assistant Secretary

Rissman, Michael P.
18500 North Allied Way
Phoenix, AZ 85054

Title VP, Assistant Secretary

Sweet, Andrew J.
18500 North Allied Way
Phoenix, AZ 85054

Title VP, Tax

Focazio, Lawrence
18500 North Allied Way
Phoenix, AZ 85054

Title Secretary

Schuler, Eileen B.
18500 North Allied Way
Phoenix, AZ 85054

Title Treasurer

Lacy, Marsha A.
 18500 North Allied Way
 Phoenix, AZ 85054

Title VP

Ark, Jon Vander
 18500 North Allied Way
 Phoenix, AZ 85054

Title VP

Amick, Jamey
 323 Marble Mill Road
 Marietta, GA 30060

Title VP

Cabbil, Nathan
 18500 North Allied Way
 Phoenix, AZ 85054

Title VP

Stuart, Timothy E.
 18500 North Allied Way
 Phoenix, AZ 85054

Annual Reports

Report Year	Filed Date
2015	04/23/2015
2015	09/08/2015
2016	04/12/2016

Document Images

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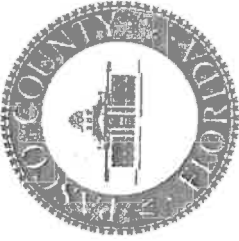
**Republic Services Inc.
Unit Selected Data**

Report Date: 10/1/2016; Period Start Date: 10/1/2016; Period End Date: 10/31/2016

Unit	Spec - Body Make	Spec - Body Type	Unit Serial Number
1211-3757 (FEL) 3757SeasideSan	McNeilus	Commercial - FEL	1M2K195CX6M030200
1251-3757 (FEL) 3757SeasideSan	Heil	Commercial - FEL	1M2K195C25M026771
1252-3757 (FEL) 3757SeasideSan	Heil	Commercial - FEL	1M2K195C65M026854
1253-3757 (FEL) 3757SeasideSan	Heil	Commercial - FEL	1M2AV02C08M002151
1254-3757 (FEL) 3757SeasideSan	Heil	Commercial - FEL	1M2AV02C89M004487
1255-3757 (FEL) 3757SeasideSan	Heil	Commercial - FEL	1M2AV02C0GM01569 1
1256-3757 (FEL) 3757SeasideSan	Heil	Commercial - FEL	1M2AV02C2GM01569 2
1257-3757 (FEL) 3757SeasideSan	Heil	Commercial - FEL	1M2AV02C4GM01569 3
2020-3757 (REL) 3757SeasideSan	McNeilus	Residential - REL	1M2AC07C44M009399
2021-3757 (REL) 3757SeasideSan	McNeilus	Residential - REL	1M2AC07C75M010306
2056-3757 (REL) 3757SeasideSan	McNeilus	Residential - REL	1M2K195C72M019536
2060-3757 (REL) 3757SeasideSan	McNeilus	Residential - REL	1M2K195C72M020587
2062-3757 (REL) 3757SeasideSan	McNeilus	Residential - REL	1M2K195C72M019441
2064-3757 (REL) 3757SeasideSan	McNeilus	Residential - REL	1M2K195C92M019439
2067-3757 (REL) 3757SeasideSan	McNeilus	Residential - REL	1M2K195C72M019438
2073-3757 (REL) 3757SeasideSan	McNeilus	Residential - REL	1M2AC07C25M009967
2074-3757 (REL) 3757SeasideSan	McNeilus	Residential - REL	1M2AC07C05M009966

3018-3757 (R/O)	Galbreath	Cable	1M2P267C8YM047613
3757SeasideSan			
3047-3757 (R/O)	Galbreath	Cable	1M2P296C6YM050951
3757SeasideSan			
3090-3753-1 (R/O)	Galbreath	Cable	1M2P267C0YM047606
3757SeasideSan			

Permit No. 30




MUNICIPAL SOLID WASTE COLLECTION PERMIT

THIS PERMIT ENTITLES REPUBLIC SERVICES, TO OPERATE A SOLID WASTE COLLECTION BUSINESS IN THE UNINCORPORATED AREAS OF PASCO COUNTY, FROM JANUARY 1, 2016 THROUGH DECEMBER 31, 2016, PROVIDED THE FOLLOWING SITUATIONS ARE ADHERED TO:

1. 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.
2. LICENSEE SHALL PROVIDE THEIR CUSTOMERS AND PASCO COUNTY WITH DETAILED INFORMATION PROVIDING JUSTIFICATION FOR ANY COLLECTION CHARGE INCREASES.
3. LICENSEE SHALL ABIDE BY ADDITIONAL CONDITIONS, IF ANY, AS STATED IN THE ATTACHED BOARD OF COUNTY COMMISSIONS APPROVED MEMORANDUM.
4. THIS LICENSE SHALL BE SUBJECT TO ANY MODIFICATIONS OF THE LICENSE REQUIREMENTS AS APPROVED BY THE BOARD OF COUNTY COMMISSIONERS FROM TIME TO TIME.

DATED THIS 31st OF December, 2015


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

PC00015100

Last Name	First Name	Job Title	Physical Addr Line 1	Phys Addr City	Phys Addr Zip	Phys Addr County
Mullins	Carol	Acct Manager - Com/Ind	10400 Ireland St	Spring Hill	FL 34608-4130	Hernando
Parker	Timothy	Commercial Driver	5253 Enfield Ave	Spring Hill	FL 34608	Hernando
Brevan	Jesus	Commercial Driver	421 Hiawatha ave	Inverness	FL 34452	Citrus
Perron	Albert	Commercial Driver	9211 Cochise	Port Richey	FL 34668	Pasco
Mellor	John	Commercial Driver	3505 Player Dr	New Port Richey	FL 34655-2018	Pasco
Cuesta	Armando	Commercial Driver	5204 Victoria Lane	Holiday	FL 34690-4461	Pasco
Germer	Kenneth	Commercial Driver	11439 Nature Trail	Port Richey	FL 34668	Pasco
Juanis	Corey	Commercial Driver	514 Jeff A Lee St	Brooksville	FL 34601-1920	Hernando
Wierzel	Dennis	Container Driver CDL B	5616 Festivo Dr	Holiday	FL 34691	Pasco
Berge	Chris	Container Shop Welder	16465 Curlew Rd	Brooksville	FL 34614-2041	Hernando
Taylor	John	Container Shop Welder	13121 Crowell	Brooksville	FL 34613-4173	Hernando
Anderson	Christine	Customer Service Associate	13005 Willoughby Ln	Hudson	FL 34667-2780	Pasco
Hunter	Lauri	Customer Service Associate	10210 Old Orchard Lane	Port Richey	FL 34668-3760	Pasco
Pannone	Roberta	Customer Service Associate	5484 Legend Hills Ln	Brooksville	FL 34609-9502	Hernando
Raposo	Jocelyn	Customer Service Rep I	14302 Nugent Cir	Spring Hill	FL 34609-5472	Hernando
Cortez	Dana	Customer Service Rep I	18160 Spangler Ave	Brooksville	FL 34604-7541	Hernando
Fernandes	Cynthia	Customer Service Rep I	1527 Meadow Lark Rd	Spring Hill	FL 34608-5257	Hernando
Branderhorst	Kandi	Dispatcher	16340 Caribbean Ct	Hudson	FL 34667	Pasco
Yankie	Amy	Dispatcher	5229 CR 683	Webster	FL 33597-7240	Sumter
Behr	Michael	Division Manager Hauling	14461 Arborglade Dr	Spring Hill	FL 34609-0674	Hernando
Araniecke	Bryan	Fleet Maintenance Manager	251 Pryor St	Brooksville	FL 34601	Hernando
Cashman	Jason	Heavy Equipment Technician	7421 Seashore Dr	Port Richey	FL 34668	Pasco
Neblock	Zachary	Heavy Equipment Technician	11739 Sweet Serenity Lane	New Port Richey	FL 34654-4563	Pasco
Pietschker	James	Heavy Equipment Technician	7826 Kelpie Dr	Port Richey	FL 34668	Pasco
Lynch	William	Maintenance Shop Clerk	9604 Towanda Lane	Port Richey	FL 34668-4146	PASCO
Mitchell	Shane	Maintenance Shop Technician B	7021 Stone Rd	Port Richey	FL 34668-4930	Pasco
Reyna	Eloy	Maintenance Shop Technician C	13126 Flotilla Ct	Brooksville	FL 34613-3828	Hernando
Wilfore	Ashley	Operations Clerk	2091 Meadowlark Rd	Spring Hill	FL 34608-5259	Hernando
Glass	Frederick	Ops Supervisor Hauling	1451 Hathaway Ave	Spring Hill	FL 34608	Spring Hill
Mitchell	Jannine	Ops Supervisor Hauling	165 Acorn Terr	Sebastian	FL 32958	Indian River
Pietschker	Lawrence	Ops Supervisor Hauling	12522 Coffee Hill Row	Hudson	FL 34667	Pasco
Amaya	Douglas	Residential Driver	11117 McKinley Dr	Port Richey	FL 34668-2257	Pasco
Grant	Alexander	Residential Driver	269 Galaxy Ave	Spring Hill	FL 34606	Hernando
McGroary	James	Residential Driver	1140 Landau St	Holiday	FL 34692-5931	Pasco
McVicker	Lester	Residential Driver	10112 Thaxton St	Weeki Wachee	FL 34613-5285	Hernando
Donovan	David	Residential Driver	5550 S Glenn Acres Ter	Homosassa	FL 34446	Citrus
Brock	Denise	Residential Driver	5011 Culbreath Rd	Brooksville	FL 34601-5721	Hernando
Winfough	Robert	Residential Driver	7619 Seahshore Dr	Port Richey	FL 34668	Port Richey
Rogers	Allen	Residential Driver	8616 Longboat Lane	Hudson	FL 34667	Pasco
Medeiros	John	Residential Driver	8906 WoodHaven Way	Hudson	FL 34667	Pasco
Quinones	Julio	Residential Driver	6368 Spring Hill Dr	Spring Hill	FL 34606	Hernando
Villalpando	Mark	Residential Driver	7405 Westwind Dr	Port Richey	FL 34668-3778	Pasco
Carter	Johnathan	Residential Driver	5011 Culbreath Rd	Brooksville	FL 34601-5721	Hernando
Basquit	Luis	Residential Driver	3807 Thornbush In	New Port Richey	FL 34655-0000	Pasco

Ramos	Fernando	Residential Driver	7342 Skyview Ave	New Port Richey	FL	34653-1946	Pasco
Fain	Jerral	Residential Driver	7300 Terrace Dr	Hudson	FL	34467-1800	Pasco
Garcia	Ernesio	Residential Driver	9751 Marlinton Ln	Port Richey	FL	34668-4118	Pasco
Washington	Harry	Residential Driver	11283 Old Crystal River Rd	Brooksville	FL	34601-0000	Hernando
Morales	Jose	Residential Driver	532 Oakhill Court	Brooksville	FL	34601-1264	HERNANDO
Roman	Daniel	Residential Driver	11144 Paco Street	Spring Hill	FL	34609-2637	HERNANDO
Guilherme	Steven	Residential Driver	5479 Abigail Dr	Spring Hill	FL	34608-1902	Hernando
Vigo	Eric	Residential Driver	6088 Nantucket Lane	Spring Hill	FL	34608-1149	HERNANDO
Davis	Kevin	Residential Driver	504 Oakhill Court	Brooksville	FL	34601-1264	HERNANDO
Da Silva	Susie	Residential Driver	3649 Linkwood St	Newport Richey	FL	34652-6229	PASCO
Eva	Kenneth	Residential Driver	11414 Yellowood Lane	Port Richey	FL	34668-2355	PASCO
Shaffer	Jesse	Residential Driver	10096 Horizon Dr	Spring Hill	FL	34608-6440	Hernando
Logsted	David	Residential Driver	2042 Godfrey Avenue	Spring Hill	FL	34609-5440	HERNANDO
Volin	Brett	Residential Driver	10411 Tassel St	Spring Hill	FL	34608-3343	Hernando
Amado	Robert	Residential Driver	3141 abeline rd	spring hill	FL	34608-4002	HERNANDO
Kadel	Matthew	Residential Driver	11473 Finch Rd	Weeki Wachee	FL	34614-3504	Hernando
Deros	Jeremy	Residential Driver	3283 Parlow Ave	Spring Hill	FL	34606-2728	Hernando
Caraballo	Jonathan	Residential Driver	5112 Landover Blvd	Spring Hill	FL	34609-1628	Hernando
Womack	Jonathan	Residential Driver	7204 Piathe Rd	New Port Richey	FL	34653-4545	Pasco
Montgomery	James	Residential Driver	11471 Spring Hill Dr	Spring Hill	FL	34609-4754	Hernando
Sundean	Robert	Residential Driver	5412 Berkley Rd	New Port Richey	FL	34652-1609	Pasco
Santana	Jose	Residential Driver	5076 Teather St	Spring Hill	FL	34608-2944	HERNANDO
Morgan	David	Residential Driver	7300 Terrace Dr	Hudson	FL	34667-1800	Pasco
Troski	Bradford	Residential Driver	25833 Bruford Blvd	Land O Lakes	FL	34639-5647	Pasco
Broyles	Franklin	Residential Driver	15822 Sea Pines Dr	Hudson	FL	34667-4048	Pasco
Kapetanias	Blake	Residential Driver	8103 Hutchinson Dr	New Port Richey	FL	34653-1502	Pasco
Snyder	Lester	Residential Driver	5063 Juliet Ct	Spring Hill	FL	34606-1524	Hernando
Slaman	Keith	Residential Driver	12228 Pine Bluff St	Spring Hill	FL	34609-2044	Hernando
Garrison	William	Residential Driver	5287 Derby Ave	Spring Hill	FL	34608-2510	Hernando
Nelson	Kevin	Residential Driver	7314 Kauai Loop	New Port Richey	FL	34653-6192	Pasco
Schram	Jeremy	Residential Driver	8467 Spring Hill Dr	Spring Hill	FL	34608-6035	Hernando
Lawson	Douglas	Residential Driver	10815 Bridleton Rd	Port Richey	FL	34668-2658	Pasco
Sanchez	Marvin	Residential Driver	12800 Turnstone Ct	Hudson	FL	34669	Pasco
Martinez	Herbert	Residential Driver	7540 Tyson Dr	Port Richey	FL	34668	Pasco
Garcia	Rafael	Residential Helper I	7462 Blackhawk Trl	Spring Hill	FL	34606-2525	Hernando
Anderson	Anthony	Residential Helper I	5788 Colonial Drive	Port Richey	FL	34653	Pasco
Karas	Jason	Residential Helper I	7563 River County Dr	Weeki Wachee	FL	34607-2052	HERNANDO
Morris	Timothy	Residential Helper I	1272 Markham Ave	Spring Hill	FL	34606-4425	HERNANDO
Prailow	Anthony	Residential Helper I	12123 Holbrook Dr	Hudson	FL	34667-8902	Pasco
Bramell	Alexander	Residential Helper I	767 Cape Cod Loop	Spring Hill	FL	34607-3914	Hernando
Werner	Frank	Residential Helper I	11105 Tyler Dr	Port Richey	FL	34668-2277	Pasco
Figueroa	Pedro	Residential Helper I	3477 Redwing Dr	Spring Hill	FL	34608-2578	Hernando
Marcum	Sean	Residential Helper I	12120 Country Cove	Hudson	FL	34669-2725	Pasco
Stiger	Tyler	Residential Helper I	16108 US Highway 19	Hudson	FL	34667-4303	Pasco
Wheelock	Andrew	Residential Helper I	1254 Melville Ave	Spring Hill	FL	34608-6331	Hernando
Kaimer	Shawn	Residential Helper I	7919 Grand Blvd	Port Richey	FL	34668-6658	Pasco
Schroyer	Cody	Residential Helper I	9100 Hunt Club Lane	Port Richey	FL	34668-5191	Pasco

Molina	Alexander	Residential Helper I	6337 Spring Hill Dr	Spring Hill	FL	34606-4826	Hernando
Fernandez	Jose	Residential Helper I	7462 Blackhawk Trl	Spring Hill	FL	34606-2525	Hernando
Serrano	Antonio	Residential Helper I	12024 Hudson Ridge Dr	Port Richey	FL	34668-1987	Pasco
Guzman	Edgar	Residential Helper I	11031 Elgin Blvd	Spring Hill	FL	34608-1934	Hernando
Carter	Jerry	Residential Helper I	1503 Bookman Dr	Holiday	FL	34690-6240	Pasco
Smiley	Dustin	Residential Helper I	3315 Dothan Ave	Spring Hill	FL	34609-3125	Hernando
Patrick	Timothy	Residential Helper I	7306 Sequoia Dr	New Port Richey	FL	34653-2227	Pasco
Sylvester	Michael	Residential Helper I	12120 Country Cove Ave	Hudson	FL	34669-2725	Pasco
Mcgivern	Mark	Residential Helper I	9210 Ogalala St	New Port Richey	FL	34654-1027	Pasco
Kietzman	Thomas	Residential Helper I	15820 Country Ln	Spring Hill	FL	34610-6800	Pasco
Kabacevic	Vincent	Roll Off Driver Class B CDL	611 Swallow Ln	Spring Hill	FL	34606	Hernando
Jones	Stanley	Roll Off Driver Class B CDL	1248 Honor Dr	Holiday	FL	34690	Pasco
Vogel	Craig	Roll Off Driver Class B CDL	1275 Orangeveiw Ln	Holiday	FL	34691-5212	PASCO
Di Giorgio	Robert	Sales Representative - Com/Ind	8321 Philadelphia Ave	Spring Hill	FL	34608-5269	Hernando
Lytle	Matthew	Swing Driver Class B CDL	4516 Seagull Dr	New Port Richey	FL	34652-2122	Pasco
Johnson	Randy	Swing Driver Class B CDL	4911 Limestone Drive	Port Richey	FL	34668	Pasco
Gillespie	David	Swing Driver Class B CDL	13033 Fish Cove Dr	Spring Hill	FL	34609-5246	Hernando

ON CALL 2200 per yd.

Commercial - Pasco County
Capped

Delivery fee: \$99.00+
Deposit: 3 months of srvc (On Resi and comm when possible)
Swaps: \$65.00+

** Old Rates Hidden in rows 5-25 **

ALL RATES SET BY PASCO COUNTY BOARD OF COUNTY COMMISSIONERS

Effective January 1, 2009

	1X		2X		3X		4X		5X		6X	
	Price	PPY	Price	PPY	Price	PPY	Price	PPY	Price	PPY	Price	PPY
1	\$ 24.00	\$ 5.54	\$ 37.00	\$ 4.27	\$ 48.00	\$ 3.70	\$ 59.00	\$ 3.41	\$ 65.00	\$ 3.00	\$ 79.00	\$ 3.04
1.5	\$ 34.00	\$ 5.23	\$ 48.00	\$ 3.70	\$ 65.00	\$ 3.34	\$ 78.00	\$ 3.00	\$ 88.00	\$ 2.71	\$ 105.00	\$ 2.69
2	\$ 34.00	\$ 3.93	\$ 58.00	\$ 3.35	\$ 79.00	\$ 3.04	\$ 94.00	\$ 2.71	\$ 118.00	\$ 2.73	\$ 142.00	\$ 2.73
3	\$ 48.00	\$ 3.70	\$ 86.00	\$ 3.31	\$ 118.00	\$ 3.03	\$ 156.00	\$ 3.00	\$ 177.00	\$ 2.73	\$ 212.00	\$ 2.72
4	\$ 52.00	\$ 3.00	\$ 94.00	\$ 2.71	\$ 142.00	\$ 2.73	\$ 187.00	\$ 2.70	\$ 209.00	\$ 2.41	\$ 251.00	\$ 2.42
6	\$ 70.00	\$ 2.69	\$ 126.00	\$ 2.42	\$ 187.00	\$ 2.40	\$ 251.00	\$ 2.42	\$ 275.00	\$ 2.12	\$ 329.00	\$ 2.11
8	\$ 83.00	\$ 2.40	\$ 167.00	\$ 2.41	\$ 251.00	\$ 2.42	\$ 335.00	\$ 2.42	\$ 366.00	\$ 2.11	\$ 439.00	\$ 2.11

New Pasco Pricing

1085 Pasco Price Sheet

Updated 9/8/2009

	1x	2x	3x	4x	5x	6x
	Price	Price	Price	Price	Price	Price
list	\$ 24.00	\$ 37.00	\$ 48.00	\$ 59.00	\$ 65.00	\$ 79.00
pre-1085	\$ 20.00	\$ 33.00	\$ 44.00	\$ 55.00	\$ 61.00	\$ 75.00
base	\$ 16.00	\$ 29.00	\$ 40.00	\$ 51.00	\$ 57.00	\$ 71.00
1 Yard	\$ 34.00	\$ 48.00	\$ 65.00	\$ 78.00	\$ 88.00	\$ 105.00
1.5 Yard	\$ 30.00	\$ 44.00	\$ 61.00	\$ 74.00	\$ 84.00	\$ 101.00
2 Yard	\$ 26.00	\$ 40.00	\$ 57.00	\$ 70.00	\$ 80.00	\$ 97.00
3 Yard	\$ 34.00	\$ 58.00	\$ 79.00	\$ 94.00	\$ 118.00	\$ 142.00
4 Yard	\$ 30.00	\$ 54.00	\$ 75.00	\$ 90.00	\$ 114.00	\$ 138.00
5 Yard	\$ 26.00	\$ 50.00	\$ 71.00	\$ 86.00	\$ 110.00	\$ 134.00
6 Yard	\$ 48.00	\$ 86.00	\$ 118.00	\$ 156.00	\$ 177.00	\$ 212.00
7 Yard	\$ 44.00	\$ 82.00	\$ 114.00	\$ 152.00	\$ 173.00	\$ 208.00
8 Yard	\$ 40.00	\$ 78.00	\$ 110.00	\$ 148.00	\$ 169.00	\$ 204.00
9 Yard	\$ 52.00	\$ 94.00	\$ 142.00	\$ 187.00	\$ 209.00	\$ 251.00
10 Yard	\$ 48.00	\$ 90.00	\$ 138.00	\$ 183.00	\$ 205.00	\$ 247.00
11 Yard	\$ 44.00	\$ 86.00	\$ 134.00	\$ 179.00	\$ 201.00	\$ 243.00
12 Yard	\$ 70.00	\$ 126.00	\$ 187.00	\$ 251.00	\$ 275.00	\$ 329.00
13 Yard	\$ 66.00	\$ 122.00	\$ 183.00	\$ 247.00	\$ 271.00	\$ 325.00
14 Yard	\$ 62.00	\$ 118.00	\$ 179.00	\$ 243.00	\$ 267.00	\$ 321.00
15 Yard	\$ 83.00	\$ 167.00	\$ 251.00	\$ 335.00	\$ 366.00	\$ 439.00
16 Yard	\$ 79.00	\$ 163.00	\$ 247.00	\$ 331.00	\$ 362.00	\$ 435.00
17 Yard	\$ 75.00	\$ 159.00	\$ 243.00	\$ 327.00	\$ 358.00	\$ 431.00

For cardboard go
 7 sizes lower in
 can size - Pasco Base

1085



REPUBLIC
SERVICES, INC.

DBA

Seaside Sanitation

8608 Arcola Ave

Hudson, FL 34667

City of New Port Richey
5919 Main St
New Port Richey, FL 34652

RE: 2017 Special Waste Hauling Permit Application

Application Item-4

Republic Services of Florida, Limited Partnership/ Seaside Sanitation states that any change in rates will be filed with the City Clerk at least 30 days prior to effective date of change.

Thank you for your assistance,

A handwritten signature in blue ink that reads "Michael J. Behr".

Michael Behr

772-267-8884

Division Manager

Republic Services of Florida LP dba

Seaside Sanitation



DBA
Seaside Sanitation
8608 Arcola Ave
Hudson, FL 34667

City of New Port Richey
5919 Main St
New Port Richey, FL 34652

RE: 2017 Special Waste Hauling Permit Application

Application Item-5

Republic Services of Florida, Limited Partnership/ Seaside Sanitation states that collection of garbage 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.

Thank you for your assistance,

A handwritten signature in blue ink that reads "Michael Behr". The signature is fluid and cursive.

Michael Behr
772-267-8884
Division Manager
Republic Services of Florida LP dba
Seaside Sanitation



REPUBLIC
SERVICES, INC.

DBA

Seaside Sanitation
8608 Arcola Ave
Hudson, FL 34667

City of New Port Richey
5919 Main St
New Port Richey, FL 34652

RE: 2017 Special Waste Hauling Permit Application

Application Item-6

Republic Services of Florida, Limited Partnership/ Seaside Sanitation states that all collection equipment used to service customers with in the City of New Port Richey shall be of the type of the generally manufactured for the collection of refuse.

Thank you for your assistance,

Michael Behr
772-267-8884
Division Manager
Republic Services of Florida LP dba
Seaside Sanitation



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/17/2016

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 CANNON COCHRAN MANAGEMENT SERVICES, INC. 17015 N. SCOTTSDALE RD. SCOTTSDALE, AZ 85255	CONTACT NAME: PHONE (A/C No.Ext): _____ FAX (A/C No.Ext): _____ E-MAIL ADDRESS: certifiaceteam@ccmsi.com	
	INSURER(S) AFFORDING COVERAGE	
INSURED REPUBLIC SERVICES, INC. 18500 N. ALLIED WAY PHOENIX, AZ 85054	INSURER A: ACE American Insurance Company	NAIC # 22667
	INSURER B: Indemnity Insurance Company of NA	43575
	INSURER C: ACE Fire Underwriters	20702
	INSURER D: Illinois Union Insurance Company	27960
	INSURER E:	

COVERAGES **CERTIFICATE NUMBER: 1027103** **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"/> PROJECT <input type="checkbox"/> <input type="checkbox"/> LOC			H00 G27853420	06/30/2016	06/30/2017	EACH OCCURRENCE \$ 5,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 5,000,000 MED EXP (Any one person) PERSONAL & ADV INJURY \$ 5,000,000 GENERAL AGGREGATE \$ 5,000,000 PRODUCTS -COMP/OP AGG \$ 5,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$			ISA H09043585	06/30/2016	06/30/2017	COMBINED SINGLE LIMIT (Ea accident) \$ 5,000,000 BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	WLR C48608115 - AOS WLR C48608127 - CA/MAJOR SCF C48908139 - VM WCL C48608140 - OH XS TNS C48612763 TX NS XS	05/30/2016 05/30/2016 05/30/2016 05/30/2016 06/30/2016	06/30/2017 08/30/2017 08/30/2017 08/30/2017 08/30/2017	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 3,000,000 E.L. DISEASE -EA EMPLOYEE \$ 3,000,000 E.L. DISEASE -POLICY LIMIT \$ 3,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 Division Number: 3757 Named Insured Includes: Republic Services of Florida, Limited Partnership - Dba. Seaside Sanitation

CERTIFICATE HOLDER City of New Port Richey, FL 5919 Main Street New Port Richey, FL 34652-2715 United States	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 sign
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AGENCY CUSTOMER ID: _____

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

AGENCY POLICY NUMBER See First Page CARRIER See First Page	NAMED INSURED REPUBLIC SERVICES, INC. 18500 N. ALLIED WAY PHOENIX, AZ 85054 NAIC CODE EFFECTIVE DATE:
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ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM.

FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE

The following provisions apply when required by written contract. As used below, the term certificate holder also includes any person or organization that the insured has become obligated to include as a result of an executed contract or agreement.

GENERAL LIABILITY:

Certificate holder is Additional Insured when required by written contract.

Coverage is primary and non-contributory when required by written contract.

Waiver of Subrogation in favor of the certificate holder is included when required by written contract.

AUTO LIABILITY:

Certificate holder is Additional Insured when required by written contract.

Waiver of Subrogation in favor of the certificate holder is included when required by written contract.

WORKERS COMPENSATION AND EMPLOYERS LIABILITY:

Waiver of Subrogation in favor of the certificate holder is included when required by written contract where allowed by state law.

Stop gap coverage for ND, WA and WY is covered under policy no. WLR C48608115 and stop gap coverage for OH is covered under policy no. WCU C48608140, as noted on page 1 of this certificate.

TEXAS EXCESS INDEMNITY AND EMPLOYERS LIABILITY:

Republic Services, Inc. and its subsidiaries are registered non-subscribers to the Texas Workers Compensation Act. Republic Services, Inc. has filed an approved Indemnity Plan with the Texas Department of Insurance which offers an alternative in benefits to employees rather than the traditional Workers Compensation Insurance in Texas. The excess policy (#TNS C48612763) shown on this certificate provides excess Indemnity and Employers Liability coverage for the approved Indemnity Plan.

Contractual Liability is included in the General Liability coverage form. The General Liability policy does not contain an endorsement excluding Contractual Liability.

Separation of Insured (Cross Liability) coverage is provided to the Additional Insured, when required by written contract, per the Conditions of the Commercial General Liability Coverage form and the Automobile Liability Coverage form.



2017 SPECIAL WASTE HAULING PERMIT APPLICATION

Business Name: Waste Management Inc of Florida

Owner's Name: Waste Management Inc. of Florida

Business Location:

13022 Hays Rd, Spring Hill, FL 34610

Mailing Address: 13022 Hays Rd, Spring Hill, FL 34610

Telephone Number: (813) 996-1516

Emergency Number: (813) 714-0750

Branch locations: Waste Management of Pasco

13022 Hays Rd, Spring Hill, FL 34610

If a Corporation, the names and addresses of Officers:

(Continue on separate sheet, if necessary)

Mailing address of Corporation: 1001 Fania St. Houston, TX 77002

Manager's Mailing Address: 13022 Hays Rd. Spring Hill, FL, 34610

Manager's e-mail Address: GT6KE@wm.com

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

See 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 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

George Toke

Print Name of Applicant

10/27/16

Date

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

Name	Jobcode Name	Birthdate	Address1	Address2	City	State
Alvarez,Dionis D	Route Mgr - Residential	10/13/76	23293 Wilber Avenue		Port Charlotte	FL
Bucciari,Patrick	Driver Container	11/21/54	4632 5th Street		Zephyrhills	FL
Cody,Kenneth J	Driver Rolloff	11/17/69	14442 Dusky Warbler Rd		Weeki Wachee	FL
Danella,Michael	Driver Rolloff	05/04/64	34415 Courtez Blvd		Ridge Manor	FL
Daniel,Kurtis N	Driver Residential	11/16/75	8031 San Fernando Drive		Port Richey	FL
Densmore,Christopher C	Driver Commercial	09/22/75	9716 Chris St		Hudson	FL
Farrington,Isaiah	Driver Residential	12/13/66	3438 East Oleander Lane		Hernando	FL
Garcia,Carlos J	Driver Residential	11/13/75	2489 Amherst Ave.		Spring Hill	FL
Kocab,Thomas V	Driver Residential	06/29/53	10451 Abbeville Street		Spring Hill	FL
Kyler,David S	Driver Rolloff	06/01/64	5301 Boswell Road		Spring Hill	FL
Lackey,Tyler	Driver Residential	08/31/91	12202 Windriver Lane	Apt 12	Hudson	FL
Maura Jr,Douglas	Driver Commercial	10/11/71	6298 Jamaica Road		Spring Hill	FL
Morton,Mark G	Technician	12/07/54	PO Box 511		Homosassa	FL
Ogden,Jeffery S	Driver Rolloff	07/30/66	7410 Parkersburg Dr.		Wesley Chapel	FL
Ortiz,Peter	Driver Residential	06/10/62	2300 Waterfall Drive		Spring Hill	FL
Patri,Maurice	Technician Sr	05/28/60	12437 White Bluff Road		Hudson	FL
Phillips,Glen	Route Mgr-Combo RO/Comm	09/25/61	12439 Hanley Drive		Spring Hill	FL
Polo,Lisa M	Operations Spec, Collections	02/16/67	2825 Butterfly Landing Drive		Land O Lakes	FL
Roberts,Don M	Driver Commercial	05/12/68	9506 Glen Moor Lane		Port Richey	FL
Schaumburger,Steven	Technician	08/26/56	10309 Amadeus		Port Richey	FL
Schultz,Darrell	Driver Rolloff	07/26/66	12244 Canyon Blvd.		Spring Hill	FL
Smith,Mickey	Technician Sr	12/21/56	1412 Arbuckle Rd		Spring Hill	FL
Steigenwald,Joseph M	Driver Commercial	11/27/67	1752 Font Lane		Holiday	FL
Stump,Bradley D	Driver Commercial, Recycling	02/28/75	13055 Sweet Gum Road		Brooksville	FL
Thomas,Michael L	Driver Commercial, Recycling	12/30/70	18027 Williams Loop		Land O Lakes	FL
Thomas,Timothy B	Driver Residential	03/08/69	11143 Persimmon Avenue		Weeki Wachee	FL
Torres,Emirto	Driver Residential	05/12/71	8911 Tropical Palm Way		Port Richey	FL
Wolff,Richard	Driver Swing	04/02/54	11862 Trevally Loop	Apt 109	Trinity	FL

UNIT #	YEAR/MAKE/MODEL	VIN #	TAG #	BODY MFG	Body model	Spare/Route	LOB
050 Commercial Front load							
208078	2005 MACK MR688S	1M2K195CX5M028865	N1583I	McNeilus	4029	S	120
208641	2007 MACK MR688S	1M2K195CX7M034359	N5643N	McNeilus	4029	R	160
208992	2007 MACK MR688S	1M2K195C67M035735	N1312R	McNeilus	4029	R	120
209175	2007 MACK MR688S	1M2K195C87M039284	N4396Q	McNeilus	2049	R	120
209264	2007 MACK MR688S	1M2K195CX7M039240	N9376V	McNeilus	2049	R	120
209265	2007 MACK MR688S	1M2K195C17M039241	N9710M	McNeilus	4029	R	120
209968	2010 MACK MRU613	1M2AV02CXAM005063	N7258Q	McNeilus	4029	R	120
060 Residential Rear Load							
309984	2006 MACK MR688S	1M2K195C56M033599	N5098K	McNeilus	2513	R	180
309985	2006 MACK MR688S	1M2K195C86M033600	N4985K	McNeilus	2513	R	180
309994	2006 MACK MR688S	1M2K195C16M033597	N8866J	McNeilus	2513	R	180
310605	2009 FREIGHTLIN M2106	1FVHCYBS19HAB0626	N7706N	McNeilus	2511	R	180
362930	2007 AUTOCAR WXLL64	5VCHC6MF87H205267	N4038N	McNeilus	2512	S	220
040 Roll Off							
402932	1998 MACK DM690S	1M2B209C6WM023957	N6096M	Galbreath	U510174	S	260
405777	1999 MACK RD688S	1M2P267C2XM047511	N2985U	Galbreath	U510174	R	260
406440	2000 MACK RD688S	1M2P267C2YM049857	N2160R	Galbreath	U510174	R	260
408298	2001 MACK RD688S	1M2P267C51M061961	NO634M	G&H	1560	R	260
411599	2005 MACK CV713	1M2AG11C85M021334	N5437L	Galbreath	U510174	R	260
050 Container Delevery							
632084	2002 INTL 4900	1HTMKAANX2H547568	DEJR24	G&H	N/A	R	120
RM Pick Up Truck							
608144	2007 FORD F150	1FTPW12567KC84843	128MKN	N/A	N/A	Dion	700
604862	2001 FORD F250	1FTNF20F61EA59417	U075FQ	N/A	N/A	Glen	700
Service Truck							
674064	2004 FORD F350	1FDWVF36P34EA81871	516-YIZ	N/A	N/A		700
Utility							
741917	2002 G&H TRAILER	1G9CT442X2A116011	P090BU	N/A	N/A		
858804	2005 KOMATSU FG25T14	589880A		N/A	N/A		

City of New Port Richey

Number of accounts served

- a) Commercial – 59
- b) Residential – 225
- c) Industrial – 5

Rate Schedules

a) Commercial

- i. The rate schedule is listed below:

Service Levels	Service Frequency							EOP
	EOW	1	2	3	4	5	6	
2 Yard FEL Container	\$24.00	\$34.00	\$58.00	\$79.00	\$94.00	\$118.00	\$142.00	\$24.00
4 Yard FEL Container	\$34.00	\$52.00	\$94.00	\$142.00	\$187.00	\$209.00	\$251.00	\$42.00
6 Yard FEL Container	\$48.00	\$70.00	\$126.00	\$187.00	\$251.00	\$275.00	\$329.00	\$58.00
8 Yard FEL Container	\$52.00	\$83.00	\$167.00	\$251.00	\$335.00	\$366.00	\$439.00	\$84.00

b) Residential

- i. Base rate is \$12.44 for twice weekly curbside garbage collection and once every other week for recycle collection.

c) Industrial

- i. All industrial customers are priced individually depending on type and frequency of service.



CERTIFICATE OF LIABILITY INSURANCE

1/1/2017

DATE (MM/DD/YYYY)
12/7/2015

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PRODUCER LOCKTON COMPANIES 5847 San Felipe, Suite 320 Houston TX 77057	CONTACT NAME:	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
E-MAIL ADDRESS:		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: ACE American Insurance Company		22667
INSURER B: Indemnity Insurance Co of North America		43575
INSURER C: ACE Property & Casualty Insurance Co		20699
INSURER D: ACE Fire Underwriters Insurance Company		20702
INSURER E:		
INSURER F:		

INSURED
1300299 WASTE MANAGEMENT HOLDINGS, INC. & ALL AFFILIATED, RELATED & SUBSIDIARY COMPANIES INCLUDING:
WASTE MANAGEMENT INC. OF FLORIDA
3411 NORTH 40TH STREET
TAMPA FL 33605

COVERAGES CERTIFICATE NUMBER: 11039160 REVISION NUMBER: XXXXXXX

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 <input checked="" type="checkbox"/> XCU INCLUDED <input checked="" type="checkbox"/> ISO FORM CG00010413 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC OTHER:	Y	Y	HDO G27403311	1/1/2016	1/1/2017	EACH OCCURRENCE \$ 5,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 5,000,000 MED EXP (Any one person) \$ XXXXXXXX PERSONAL & ADV INJURY \$ 5,000,000 GENERAL AGGREGATE \$ 6,000,000 PRODUCTS - COMP/OP AGG \$ 6,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> MCS-90 <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	Y	Y	MMT H08866326	1/1/2016	1/1/2017	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ XXXXXXXX BODILY INJURY (Per accident) \$ XXXXXXXX PROPERTY DAMAGE (Per accident) \$ XXXXXXXX
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$	Y	Y	XOO G27929242 001	1/1/2016	1/1/2017	EACH OCCURRENCE \$ 15,000,000 AGGREGATE \$ 15,000,000 \$ XXXXXXXX
B A D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	WLR C48596769 (AOS) WLR C48596800 (AZ, CA, & MA) SCF C48596848 (WI)	1/1/2016 1/1/2016 1/1/2016	1/1/2017 1/1/2017 1/1/2017	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 3,000,000 E.L. DISEASE - EA EMPLOYEE \$ 3,000,000 E.L. DISEASE - POLICY LIMIT \$ 3,000,000
A	EXCESS AUTO LIABILITY	Y	Y	XSA H08866314	1/1/2016	1/1/2017	COMBINED SINGLE LIMIT \$9,000,000 (EACH ACCIDENT)

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 BLANKET WAIVER OF SUBROGATION IS GRANTED IN FAVOR OF CERTIFICATE HOLDER ON ALL POLICIES WHERE AND TO THE EXTENT REQUIRED BY WRITTEN CONTRACT WHERE PERMISSIBLE BY LAW. CERTIFICATE HOLDER IS NAMED AS AN ADDITIONAL INSURED (EXCEPT FOR WORKERS' COMP/EL) WHERE AND TO THE EXTENT REQUIRED BY WRITTEN CONTRACT.

CERTIFICATE HOLDER

CANCELLATION

11039160 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 