



**2018 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), 4711 Dumont St., New Port Richey, FL 34653

Jamey R. Parker, 4306 Onorio St., 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

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

ATTACHED

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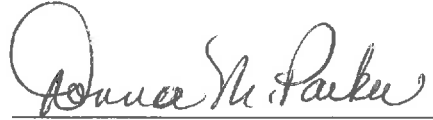
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The following information must accompany this application:

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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

10/25/17  
Date

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

**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 25, 2017

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 (47), 4711 Dumont St., NPR -                 | Driver |
| Jamey Parker (44), 4306 Onorio St., NPR -               | Driver |
| Charles Holman (51), 8235 Autumn Oak Dr., Port Richey - | Driver |
| James Perkins (67), 5947 Delaware Ave., NPR -           | Driver |
| Louis Taylor (40), 8911 Miguel Place, PR -              | Driver |
| David Sibley (41), 8427 Chasco Woods Blvd., PR -        | Driver |
| Anthony Smith Jr. (24), 4240 Courier Lane, Holiday -    | Driver |
| Dave Terry (40), 11964 Palm Bay Ct., NPR -              | Driver |
| Michael Rand (60), 5329 Avery Rd. NPR -                 | Driver |
| Thomas Sartell (60), 4049 Cardoon Dr., NPR -            | Driver |
| Anthony Anderson (50), 5788 Colonial Dr., NPR -         | Loader |
| Anthony Cowell (24), 8911 Miguel Place, PR -            | Loader |
| Gourley, Steven (35), 8649 Forest Lake Dr., PR -        | Loader |
| Greg Hammond (45), 6338 Indiana Ave., NPR -             | Loader |
| Patrick Mandosia (44), 6620 Veterans Dr., NPR -         | Loader |
| James Nowlin (26), 7901 Empire Ct., NPR -               | Loader |
| Christopher Pagan (21), 8331 Wilkens St., PR -          | Loader |
| Lorenzo Shorts (25), 6623 River Rd., NPR -              | Loader |
| Daniel Stecker (26), 6123 Georgia Ave., NPR -           | Loader |
| Joseph Theiss (39), 7114 Bellview Terrace., NPR -       | Loader |
| Noah Vickers (36), 7729 Vienna Lane, PR -               | Loader |
| Harley Williams (22), 6938 Betty Lou Ct., NPR -         | Loader |
| Freddie Winthrop (64), 5329 Avery 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         |
| Sandy Brown, 8811 Dusty Lane, NPR -       | Office         |
| Margaret Roach, 7824 Tyson Dr., PR -      | Office         |

3. We are currently servicing approximately 1800 city residential customers with curbside refuse & recycling service & 30 commercial curbside acctts.
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 M2  
 V.I.N. - 1FVHCYDC35HV07811  
 Tag # N11 51V

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

50-4 - 2005 Freightliner M2 - 25 yd. Loadmaster  
V.I.N. - 1FVHCYDC25HV07802  
Tag # - N24 63K

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

50-6 - 2004 Sterling ACL64 - 20 yd. Heil  
V.I.N. - 2FZACGAK64AM64461  
Tag # - N02 61X

50-7 - 1993 Ford L8000 - 25 yd. Heil  
V.I.N. - 1FDZW82A3PVA00626  
Tag # - N47 38W

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 # - N09 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# - N03 75S

50-12 - 2002 Freightliner FL-80 - 25 yd. Leach  
V.I.N. - 1FVHBXBS72HK16411  
Tag# - N03 74S

50-13 - 2006 Ford F450 - 6 yd. New Way  
V.I.N. - 1FDXF46P86EC67290  
Tag# - HKI Y59





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
10/20/2017

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).

|  |   |                                    |
|--|---|------------------------------------|
| <b>PRODUCER</b><br>RRL Insurance Agency<br>4450 W. Eau Gallie Blvd., Suite 115<br>Melbourne FL 32934 | <b>CONTACT NAME:</b> Tara Carney<br><b>PHONE (A/C, No, Ext):</b> 800-407-4077<br><b>E-MAIL ADDRESS:</b> tcarney@rrl-ins.com | <b>FAX (A/C, No):</b> 321-752-7980 |
|  | <b>INSURER(S) AFFORDING COVERAGE</b>  |                                    |
| <b>INSURED</b><br>J. D. Parker & Sons, Inc.<br>P.O. Box 997<br>New Port Richey FL 34656              | <b>INSURER A:</b> Great Divide Ins Co.  |                                    |
|  | <b>INSURER B:</b>   |                                    |
|  | <b>INSURER C:</b>   |                                    |
|  | <b>INSURER D:</b>   |                                    |
|  | <b>INSURER E:</b>   |                                    |
|  | <b>INSURER F:</b>   |                                    |


**COVERAGES:** **CERTIFICATE NUMBER:** 603394688 **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"/> <b>COMMERCIAL GENERAL LIABILITY</b><br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br><input type="checkbox"/> OTHER:                                   | Y         | Y        | GLP2020609-10 | 1/8/2017                | 1/8/2018                | EACH OCCURRENCE \$1,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000<br>MED EXP (Any one person) \$5,000<br>PERSONAL & ADV INJURY \$1,000,000<br>GENERAL AGGREGATE \$2,000,000<br>PRODUCTS - COMP/OP AGG \$2,000,000<br>\$ |
| A        | <input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b><br><input checked="" type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS<br><input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY<br><input checked="" type="checkbox"/> PIP \$10,000 | Y         |          | BAP2020608-10 | 1/8/2017                | 1/8/2018                | COMBINED SINGLE LIMIT (Ea accident) \$1,000,000<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>Uninsured Motorist \$\$20,000  |
|          | <input type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR<br><input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE<br><input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$   |           |          |               |                         |                         | EACH OCCURRENCE \$<br>AGGREGATE \$<br>\$   |
|          | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below  | Y/N       | N/A      |               |                         |                         | <input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER<br>E.L. EACH ACCIDENT \$<br>E.L. DISEASE - EA EMPLOYEE \$<br>E.L. DISEASE - POLICY LIMIT \$   |

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

**CERTIFICATE HOLDER** **CANCELLATION 30**

|  |   |
|--|---|
| City of New Port Richey<br>6132 Pine Hill Road<br>Port Richey FL 34668 | <b>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</b> |
|  | <b>AUTHORIZED REPRESENTATIVE</b><br>   |



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, 2017 THROUGH DECEMBER 31, 2017, PROVIDED THE FOLLOWING STIPULATIONS 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 13th OF DECEMBER, 2016.

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

# 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.

2018

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 |
|------------|-------------|--------|
| 07/21/2017 | 17-1-087189 | 93.75  |