



2018 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: SAME

Telephone Number: (813) 996-1516

Emergency Number: ( )

Branch locations: SPRING Hill, FL 34610

Waste Management of Pasco 13022 Hays Rd

If a Corporation, the names and addresses of Officers:

(Continue on separate sheet, if necessary)

Mailing address of Corporation: 1001 Fann St, Houston TX 77002

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

Manager's e-mail Address: \_\_\_\_\_

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

See ATTACHED

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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.

*George Toke*

\_\_\_\_\_  
Signature of Applicant

*George Toke*

\_\_\_\_\_  
Print Name of Applicant

\_\_\_\_\_  
Date

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

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							XPU
	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	\$56.00
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.

Emplid	Name	Job	ADDRESS	CITY	ZIP CODE	Birthdate
270494	Alonzo,Jose A	Driver - Residential	2475 Amherst Avenue	Spring Hill	34609	4/8/77
062953	Buccieri,Patrick	Driver - Container Delivery	4632 5th Street	Zephyrhills	33542	11/21/54
190546	Cody,Kenneth J	Driver - Roll Off	14442 Dusky Warbler Road	Weeki Wachee	34614	11/17/69
259967	Daniel,Kurtis N	Driver - Residential	8134 Juarez Drive	Port Richey	34668	11/16/75
200395	Densmore,Christopher C	Driver - Commercial	9716 Chris Street	Hudson	34669	9/22/75
265366	Farrington,Isaiah	Driver - Residential	3438 E Oleander	Hernando	34442	12/13/66
034237	Hawk II,Charles E	Driver - Residential	1451 W Jackson Hill Court	Lecante	34461	11/3/74
278907	Kinison,Larry W	Driver - Residential				12/12/78
161166	Kocab,Thomas V	Driver - Residential	10451 Abbeville Street	Spring Hill	34608	6/29/53
165445	Kyler,David S	Driver - Roll Off	5301 Boswell Road	Spring Hill	34608	6/1/64
138341	Maura Jr,Douglas	Driver - Commercial	6298 Jamaica Road	Spring Hill	34606	10/11/71
278373	Nitz,Michael E	Driver - Residential	13420 Parkwood Street	Hudson	34669	5/17/87
217304	Ogden,Jeffery S	Driver - Roll Off	740 Parkersburg Drive	Wesley Chapel		7/30/66
163018	Roberts,Don M	Driver - Commercial	9506 Glen Moore	Port Richey	34668	5/12/68
014573	Schultz,Darrell	Driver - Roll Off	12244 Canyon Blvd	Spring Hill	34610	7/26/66
184556	Steigerwald,Joseph M	Driver - Commercial	1752 Font Lane	Holiday	34691	11/27/67
184229	Stump,Bradley D	Driver - Commercial	13055 Sweet Gum Road	Brooksville	34613	2/28/75
278993	Tarczynski Sr,Timothy J	Driver - Commercial	3607 Bedford Street	New Port Richey	34652	10/24/64
197406	Thomas,Michael L	Driver - Swing	18027 Williams Loop	Land O Lakes	34638	12/30/70
201823	Thomas,Timothy B	Driver - Residential	11143 Perissmon Avenue	Weeki Wachee	34614	3/8/69
206338	Torres,Emirto	Driver - Residential	8911 Tropical Palm Way	Port Richey	34668	5/12/71
069367	Wolff,Richard	Driver - Swing	11862 Trevally Loop Apt 109	Trinity	34655	4/2/54

# Unit Identification

Unit No	Unit Description	Alt. Unit No.	Serial No	License No	State	Asset No	Title No
Using Dept: S03796 - WM OF PASCO COUNTY							
207040	2003 MACK MR688S		IM2K195C83M021569	N2891H	FL		
207183	2003 MACK MR688S		IM2K195CX3M023274	N6082M	FL		
208078	2005 MACK MR688S		IM2K195CX3M028865	N1583I	FL		
208641	2007 MACK MR688S		IM2K195CX7M034359	N4400Q	FL		
208992	2007 MACK MR688S		IM2K195C67M035735	N1312R	FL		97479385
209175	2007 MACK MR688S		IM2K195C87M039284	N4396Q	FL		
209264	2007 MACK MR688S		IM2K195CX7M039240	N9376V	FL		
209265	2007 MACK MR688S		IM2K195C17M039241	N7964Z	FL		99369062
209968	2010 MACK MRU613		IM2AV02CXAM005063	N7258Q	FL		103349827
307309	2002 MACK MR688S		IM2K195C02M019524	N0938Y	FL		83964313
309984	2006 MACK MR688S		IM2K195C56M033599	N9377V	FL		95895365
309985	2006 MACK MR688S		IM2K195C86M033600	N9378V	FL		95977515
309994	2006 MACK MR688S		IM2K195C16M033597	N9379V	FL		95674687
310605	2009 FREIGHTLIN M2106		1FVHCYBS19HAB0626	N7395Z	FL		
362930	2007 AUTOCAR WX1L64		5VCHG6MF87H205267	N4038N	FL		100492665
402932	1998 MACK DM690S		IM2B209C6WM023957	N6096M	FL		
405777	1999 MACK RD688S		IM2P267C2XM047511	N2985U	FL		
406440	2000 MACK RD688S		IM2P267C2YYM049857	N2160R	FL		80861968
408298	2001 MACK RD688S		IM2P267C51M061961	NO634M	FL		83684506
411599	2005 MACK CV713		IM2AG11C83M021334	N5437L	FL		
521	2001 FORD F250		1FTNF20F61EA59417	ENCC48	FL		82437187
608144	2007 FORD F150		1FTPW12567K C84843	128MKN	FL		
632084	2002 INTL 4900		1HTMKAAANX2H547568	DEJR24	FL		87055921
674064	2004 FORD F350		1FDWFF36P34EA81871	516-Y1Z	FL		
741917	2002 G&H TRAILER		1G9CT442X2A116011	P090BU	FL		



P.O. Box 3027  
Houston, TX 77253

Check No. 0013283606

For inquiries, please call 1-866-834-2080, option 4.

Doc Date	Invoice Number / Description	Original Amount	Discount Amount	Amount Paid
10/01/2017	WASTE HAULING PERMIT *01568* WASTE HAULING PERMIT	500.00	0.00	500.00
Vendor Number 0000068271	Name City Of New Port Richey FL			
Check Number	Date	Total Amount	Discounts Taken	Total Paid Amount
0013283606	10/20/2017	\$500.00	\$0.00	\$500.00

THIS DOCUMENT HAS A COLORED BACKGROUND AND MICROPRINTING IN THE ENDORSEMENT SIGNATURE LINE. THE REVERSE SIDE OF THIS DOCUMENT HAS AN ARTIFICIAL WATERMARK.



Waste Management  
P.O. Box 3027  
Houston, TX 77253

DE BANK OF AMERICA  
COMMERCIAL DISBURSEMENT ACCOUNT  
NORTHBROOK, IL

CHECK NO 0013283606

70-2328 / 719



PAY EXACTLY

DATE: 10/20/2017

PAY EXACTLY

\$500.00\*\*\*

\*\*\*\*FIVE HUNDRED AND XX / 100 DOLLAR\*\*\*\*

VOID AFTER 90 DAYS

TO THE  
ORDER  
OF

CITY OF NEW PORT RICHEY FL  
5919 Main St  
New Port Richey, FL 34652

*Deanna Ranken*

AUTHORIZED SIGNATURE

AUTHORIZED SIGNATURE

⑈0013283606⑈ 1:0719232841: 87654⑈03178⑈



# CERTIFICATE OF LIABILITY INSURANCE

1/1/2018

DATE (MM/DD/YYYY)  
10/19/2017

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).

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 :		

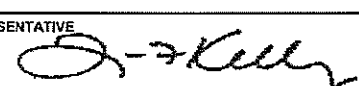
INSURED  
1300299 WASTE MANAGEMENT HOLDINGS, INC. & ALL AFFILIATED RELATED & SUBSIDIARY COMPANIES INCLUDING:  
WASTE MANAGEMENT INC. OF FLORIDA  
3411 NORTH 40TH STREET  
TAMPA FL 33605

COVERAGES CERTIFICATE NUMBER: 11039160 REVISION NUMBER: XXXXXXXX

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 <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 G27860825	1/1/2017	1/1/2018	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 <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> MCS-90 <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY	Y	Y	MMT H09052884	1/1/2017	1/1/2018	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ XXXXXXXX BODILY INJURY (Per accident) \$ XXXXXXXX PROPERTY DAMAGE (Per accident) \$ XXXXXXXX \$ XXXXXXXX
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTIONS <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE	Y	Y	XOO G27929242 002	1/1/2017	1/1/2018	EACH OCCURRENCE \$ 15,000,000 AGGREGATE \$ 15,000,000 \$ XXXXXXXX
B A D	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	WLR C49106944 (AOS) WLR C49106907 (AZ,CA,&MA) SCF C49106981 (WI)	1/1/2017 1/1/2017	1/1/2018 1/1/2018	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER 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 H09052872	1/1/2017	1/1/2018	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.

<b>CERTIFICATE HOLDER</b> 11039160 CITY OF NEW PORT RICHEY 5919 MAIN STREET NEW PORT RICHEY FL 34652	<b>CANCELLATION</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.  AUTHORIZED REPRESENTATIVE 
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