

CK# 23514  
\$500.00  
**RECEIVED**  
OCT 26 2018  
BY: [Signature]



2019 SPECIAL WASTE HAULING PERMIT APPLICATION

Business Name: County Recycling Inc. dba County Sanitation

Owner's Name: James Roberto

Business Location:

12020 Hicks Road Hudson Florida 34669

Mailing Address:

5601 Haines Road North St. Petersburg Florida 33714

Telephone Number: 727-522-5794

Emergency Number: (727) 215-1405

Branch locations: 12021 Hicks Road Hudson Florida 34669

If a Corporation, the names and addresses of Officers:

James Roberto 4942 Pointe Circle Oldsmar, Florida 34677

Jean Fowler 270 Sandy Hook Road Palm Harbor, Florida 34683

(Continue on separate sheet, if necessary)

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**

**#401 Mack Rear Loader 1M2K195C4XM015161**

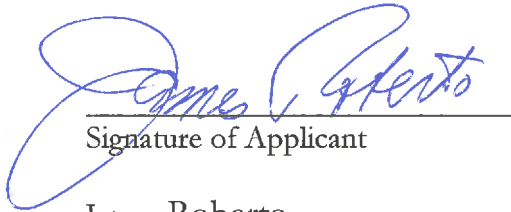
**#663 Mack Front Loader 1M2K185C7XM00784**

**#670 Mack Front Loader 1M2K189C85M027427**

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

James Roberto  
Print Name of Applicant

October 22, 2018  
Date

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 49 DRIVER  
2542 ALMOND DRIVE  
HOLIDAY, FL 34691

RICHARD PIGNATARO AGE 58 DRIVER  
1235 ALADDIN ROAD  
SPRING HILL, FL. 34609

GERALD NITZ AGE 44 HELPER  
9739 JIM STREET  
HUDSON, FL. 34669

DONALD LAND AGE 56 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



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
9/20/2018

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> Insurance Office of America, Inc. 1855 West State Road 434 Longwood, FL 32750	<b>CONTACT NAME:</b> Robert Osterndorf <b>PHONE (A/C, No, Ext):</b> (407) 998-4133 14133 <b>E-MAIL ADDRESS:</b> Robert.Osterndorf@ioausa.com	<b>FAX (A/C, No):</b> (407) 788-7933
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> County Recycling, Inc dba County Sanitation 5601 Haines Rd., N. St. Petersburg, FL 33714	<b>INSURER A:</b> Great Divide Insurance Company <b>25224</b>	
	<b>INSURER B:</b> GuideOne National Insurance Company <b>14167</b>	
	<b>INSURER C:</b> National Interstate Insurance Company <b>32620</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	

**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:			GLP202719110	09/19/2018	09/19/2019	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	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			BAP202719010	09/19/2018	09/19/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED      RETENTION \$			56000000301	09/19/2018	09/19/2019	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ <b>Aggregate</b> \$ 4,000,000
C	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N <input type="checkbox"/> N/A If yes, describe under DESCRIPTION OF OPERATIONS below			WCN021005200	12/27/2017	12/27/2018	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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

<b>CERTIFICATE HOLDER</b>  City of New Port Richey Attn: Doreen M. Sumers CAP 5919 Main St. 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 