

Rec'd CK #18798
10/14/19



2020 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 A. Peterson

Justin L. Peterson

Ashley B. Dice

(Continue on separate sheet, if necessary)

Mailing address of Corporation: 4049 Grand Blvd

New Port Richey, FL 34652

Manager's Mailing Address: 314 Lake Hobbs Rd

Lutz, FL 33548

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

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

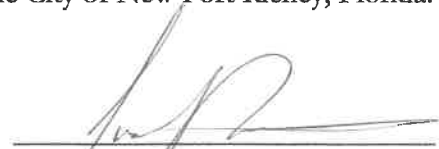
Rolloff trucks
10yd, 20yd and 30yd Open Top dumpsters

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

10-14-2019
Date

Attachments: Ordinance No. 2017-2111
Resolution No. 2017-02



October 7th, 2019

City of New Port Richey
New Port Richey, FL

RE: Peterson's Service Corp.

To whom It May Concern,

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

Sincerely,

Justin G. Roessler, PhD P.E.
Assistant Solid Waste Director

JGR/dm

Employee List

Jeremy Thompson, Age 34, Driver

15038 W. Omaha St

Hudson, FL 34667

Thomas Estabrooks, Age 54, Driver

8031 Wooden Dr.

Spring Hill, FL 34606

Kevin Gault, Age 60, Office Dispatch/Driver

8710 Honeycomb Dr

Port Richey, FL 34668



Accounts Served:

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

4049 Grand Boulevard. • New Port Richey, FL 34652
800-819-5756 • 727-849-3537 • Fax 727-842-9838

www.petersonsservicecorp.com



Roll-Off Dumpsters

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

4049 Grand Boulevard. • New Port Richey, FL 34652

800-819-5756 • 727-849-3537 • Fax 727-842-9838

www.petersonsservicecorp.com



Roll-Off Dumpsters

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

4049 Grand Boulevard. • New Port Richey, FL 34652
800-819-5756 • 727-849-3537 • Fax 727-842-9838

www.petersonsservicecorp.com



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
9/24/2019

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 RRL Insurance Agency 4450 W. Eau Gallie Blvd., Suite 115 Melbourne FL 32934	CONTACT NAME: Tara Carney	FAX (A/C, No): 321-752-7980	
	PHONE (A/C, No, Ext): 800-407-4077	E-MAIL ADDRESS: tcarney@rrl-ins.com	
INSURED Waste Aid Systems, Inc. Peterson's Service Corp 4049-C Grand Blvd New Port Richey FL 34652	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Great Divide Ins Co.		25224
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		
INSURER F:			

COVERAGES

CERTIFICATE NUMBER: 1150508656

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 OTHER:		GLP2024214-12	9/30/2019	9/30/2020	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	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		BAP2024213-12	9/30/2019	9/30/2020	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED 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	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N/A				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)
The City of New Port Richey is added as additional insured.

CERTIFICATE HOLDER

CANCELLATION 30

CITY OF NEW PORT RICHEY
5919 MAIN STREET
NEW PORT RICHEY FL 34652

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Paul



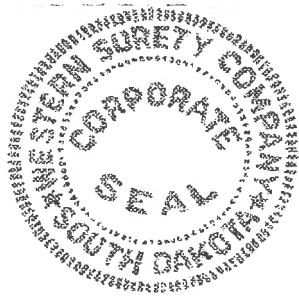
Western Surety Company

CONTINUATION CERTIFICATE

Western Surety Company hereby continues in force Bond No. 62616632 briefly described as ROLL OFF OPERATION CITY OF NEW PORT RICHEY for PETERSON'S SERVICE CORPORATION, as Principal, in the sum of \$ TEN THOUSAND AND NO/100 Dollars, for the term beginning January 01, 2019, and ending January 01, 2020, subject to all the covenants and conditions of the original bond referred to above.

This continuation is issued upon the express condition that the liability of Western Surety Company under said Bond and this and all continuations thereof shall not be cumulative and shall in no event exceed the total sum above written.

Dated this 21 day of November, 2018.



WESTERN SURETY COMPANY

By

Paul T. Brunat, Vice President

THIS "Continuation Certificate" MUST BE FILED WITH THE ABOVE BOND.

Western Surety Company

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS:

That WESTERN SURETY COMPANY, a corporation organized and existing under the laws of the State of South Dakota, and authorized and licensed to do business in the States of Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, Washington, West Virginia, Wisconsin, Wyoming, and the United States of America, does hereby make, constitute and appoint

Paul T. Bruflat of Sioux Falls
State of South Dakota, its regularly elected Vice President
as Attorney-in-Fact, with full power and authority hereby conferred upon him to sign, execute, acknowledge and deliver for and on its behalf as Surety and as its act and deed, the following bond:

One ROLL OFF OPERATION CITY OF NEW PORT RICHEY

bond with bond number 62616632

for PETERSON'S SERVICE CORPORATION

as Principal in the penalty amount not to exceed: \$10,000.00

Western Surety Company further certifies that the following is a true and exact copy of Section 7 of the by-laws of Western Surety Company duly adopted and now in force, to-wit:

Section 7. All bonds, policies, undertakings, Powers of Attorney, or other obligations of the corporation shall be executed in the corporate name of the Company by the President, Secretary, any Assistant Secretary, Treasurer, or any Vice President, or by such other officers as the Board of Directors may authorize. The President, any Vice President, Secretary, any Assistant Secretary, or the Treasurer may appoint Attorneys-in-Fact or agents who shall have authority to issue bonds, policies, or undertakings in the name of the Company. The corporate seal is not necessary for the validity of any bonds, policies, undertakings, Powers of Attorney or other obligations of the corporation. The signature of any such officer and the corporate seal may be printed by facsimile.

In Witness Whereof, the said WESTERN SURETY COMPANY has caused these presents to be executed by its
Vice President with the corporate seal affixed this 21 day of November, 2018.

ATTEST

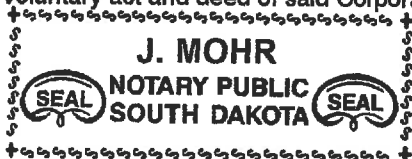
L. Nelson
L. Nelson, Assistant Secretary

WESTERN SURETY COMPANY
By Paul T. Bruflat
Paul T. Bruflat, Vice President

STATE OF SOUTH DAKOTA }
COUNTY OF MINNEHAHA } ss

On this 21 day of November, 2018, before me, a Notary Public, personally appeared
Paul T. Bruflat and L. Nelson

who, being by me duly sworn, acknowledged that they signed the above Power of Attorney as Vice President
and Assistant Secretary, respectively, of the said WESTERN SURETY COMPANY, and acknowledged said instrument to be the voluntary act and deed of said Corporation.



My Commission Expires June 23, 2021

Notary Public

To validate bond authenticity, go to www.cnasurety.com > Owner/Obligee Services > Validate Bond Coverage.

