



**Attachment A**  
**Application Fee Schedule**

Non-refundable Commercial Services Franchise and Recovered Materials Collector Registration application fees as specified in the Alachua County Code of Ordinances relating to fees, rates, and charges are as follow:

**I. Commercial Services Franchise Application:**

The non-refundable franchise application fee, payable with franchise application, shall be valid for the terms of the franchise.

	<u>Application Fee</u>
1. Container provision <u>only</u> .....	\$100.00
2. Construction and demolition debris collection and disposal services .....	\$250.00
3. Solid waste collection and disposal services .....	\$250.00
4. Solid waste collection and disposal services, plus construction and demolition collection and disposal services .....	\$250.00

**II. Recovered Materials Collector Registration Application and Renewal Application:**

The non-refundable registration application fee, payable with registration or renewal application, shall be valid for one year. If a registrant has been granted a commercial services franchise, no registrant application fee will be required until the commercial franchise would have terminated.

1. Registration application .....	\$50.00
2. **Registration yearly renewal application .....	\$50.00

**\*\*Note:** A certificate of registration shall be valid for one year, and shall be renewed annually up to two times upon completion of the renewal application to include:

1. Payment of renewal fee;
2. Disclosure of ownership;
3. Proof of insurance as of renewal time;
4. Proof of continued services to customers;
5. Requirements as prescribed by County ordinance and Florida statute.

RECEIVED

AUG 18 2020

Alachua County  
Public Works Department



**Public Works Department**  
**Commercial Services Franchise Application**

**Applicant Information:**

Name Waste Pro \_\_\_\_\_

Address 13331 Southern Precast Dr \_\_\_\_\_

City/State/Zip Code Alachua, FL 32615 \_\_\_\_\_

Phone Number 386-462-2500 \_\_\_\_\_

**Service Type Requested:**

To provide containers only;

To provide commercial solid waste collection and disposal services as defined by County ordinance.

**To the applicant:** The following information is provided to assist you in preparing your application for a non-exclusive franchise to provide containers for commercial solid waste services and/or to provide commercial solid waste collection and disposal services to properties located in Unincorporated Alachua County. Please provide the required information as an attachment to the franchise application requirement checklist.

**Franchise Application Requirements**  
**And Requirement Checklist**

- 1. If the applicant is a publicly owned corporation with less than 25 shareholders or a privately owned partnership or corporation, provide the name(s) and business address(es) of principal officers and stockholders and other persons having financial or controlling interest in the partnership or corporation; *Attached*
- 2. If the applicant is a publicly owned corporation with more than 25 shareholders, provide the name(s) and business address(es) of local managing officers of the publicly owned corporation; *NA*
- 3. Criminal convictions, withheld adjudication and/or plea of nolo contendere for any felonies of the applicant, if the applicant is an individual, or of any individual having controlling interest a firm, corporation, partnership, association or organization making application; *NA*
- 4. A statement of whether such applicant operates(ed) a solid waste collection business in this or any other state or territory under a franchise, permit or license; and if so, where and whether such franchise, permit or license has ever been revoked or suspended, and the reasons therefore; *Not included None revoked*
- 5. Proof that corporation is in good standing in the state of incorporation, and if not a Florida Corporation, proof that applicant is qualified to do business in the State of Florida; *included*
- 6. If applicant is other than a corporation and is operating under a fictitious name, applicant shall be required to submit information that such fictitious name is registered and held by applicant; *NA*



## Public Works Department Commercial Services Franchise Application

- 7. List of type, number and complete description of all equipment to be used by applicant for providing safe and efficient services. *included*
  
- 8. Applicant shall maintain in full force and effect the following insurance coverages, and file with the County Manager a certificate of insurance for all policies written in applicant's name, to remain on file with the County for the franchise term to include: *included*
  - Comprehensive general liability policy. A copy of the policy must be furnished to the County Manager;
  - Policy must be in applicant's name, a per occurrence form policy, and coverage must be for limits not less than \$1,000,000 General Aggregate, \$1,000,000 Products / Completed Operations Aggregate, \$1,000,000 Personal and Advertising Injury Liability, \$1,000,000 each Occurrence, \$50,000 Fire Damage Liability and \$5,000 Medical Expense.
  - Automobile liability insurance, including coverage for all Owned vehicles, Hired and Non-Owned vehicles for Bodily Injury and Property Damage of not less than \$1,000,000 combined single limit each accident; and
  - Workers compensation as required by Florida Statute.
  
- 9. Applicant shall pay the County a nonrefundable application fee as specified in Application Fee Schedule. *Included*
  
- 10. Applicant shall post and maintain a security deposit with the County in the amount of \$2,500 in cash or the estimated amount of franchise fees for a three month period, whichever sum is greater, to guarantee performance under this franchise.- **Performance Bond Included**

### **Definitions:**

1. Applicant: a person applying to Alachua County for a franchise to provide commercial service within Unincorporated Alachua County for hire, remuneration or other consideration.
2. Franchisee: person to whom the County has issued a non exclusive franchise to provide containers for commercial solid waste services and/or to provide commercial solid waste collection and disposal services to properties in Unincorporated Alachua County.
3. Registrant: shall be a person who has applied with the County to collect, transport, convey or process recovered materials in unincorporated Alachua County and has subsequently received a registration certificate from the County. (Note: a franchisee may be a registrant).



**Public Works Department**  
**Commercial Services Franchise Application**

Applicant agrees to comply with all applicable provisions of the Alachua County, Florida Code of Ordinances and permit applications as may be amended.

Sharon Johnson  
Applicant name (Print or Type)

[Signature]  
Applicant signature

7/31/20  
Application submission date

Jeffery Klugh  
Application received by date

Toni Moulton 50316901 8-18-20  
Application fee received by check number check date

[Signature] 8/21/20  
Approved County Manager/designee signature date

***IF INCORPORATED PLEASE PROVIDE CORPORATE RESOLUTION STATING THAT THE INDIVIDUAL EXECUTING THIS APPLICATION IS AUTHORIZED TO EXECUTE IT ON BEHALF OF THE CORPORATION.***



**Public Works Department**  
**Commercial Services Franchise Application**

**Affidavit**

The below named person, as applicant, or legal representative for applicant, does hereby certify that all required information has been attached to this application and become a part thereof.

Applicant, or applicant's legal representative, agrees that applicant will comply with all provisions of the Alachua County Code of Ordinances, the laws, rules, ordinances and regulations of Alachua County, the State of Florida and of the United States.

Sharon Johnson  
Applicant's (or Applicant's legal representative) Name Printed  
Regional Controller  
Title of Applicant (or Applicant's legal representative)  
Sharon Johnson  
Signature of Applicant (or applicant's legal representative)

STATE OF FLORIDA  
COUNTY OF Alachua

The foregoing instrument was acknowledged before me this 31<sup>st</sup> day of July, in the year 2020, by Sharon Johnson, as Regional Controller of Waste Pro of Florida, a \_\_\_\_\_ corporation, on behalf of the corporation. They/he/she are/is personally known to me or has produced personally known as identification.

Notary Public, State of Florida  
Print Name: Brittany M. Mills  
My Commission Expires: April 18, 2021





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
07/30/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UNDER 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> Marsh USA Inc. 1560 Sawgrass Corporate Pkwy, Suite 300 Sunrise, FL 33323	<b>CONTACT NAME:</b> _____	
	<b>PHONE (A/C, No, Ext):</b> _____	<b>FAX (A/C, No):</b> _____
<b>E-MAIL ADDRESS:</b> _____		
<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
CN105058554-STND-GAWU-19-20	<b>INSURER A :</b> Greenwich Insurance Company	22322
<b>INSURED</b> Waste Pro of Florida 2101 West State Road 434, Suite 305 Longwood, FL 32779	<b>INSURER B :</b> XL Insurance America, Inc.	24554
	<b>INSURER C :</b> N/A	N/A
	<b>INSURER D :</b> XL Specialty Insurance Company	37885
	<b>INSURER E :</b>	
	<b>INSURER F :</b>	

**COVERAGES**                      **CERTIFICATE NUMBER:** ATL-004853855-14                      **REVISION NUMBER:** 13

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: _____			GEC300138202	11/22/2019	11/22/2020	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 500,000
							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	<input checked="" type="checkbox"/> 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			RAE943788402 SIR: \$1,000,000	11/22/2019	11/22/2020	COMBINED SINGLE LIMIT (Ea accident)	\$ 2,000,000
							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	\$
								\$
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> 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      N/A			RWD300138002 (AOS)	11/22/2019	11/22/2020	<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
D	Workers Compensation			RWE943549702 (FL & GA)	11/22/2019	11/22/2020	Employers Liability:	\$ 1,000,000
							SIR:	\$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 Alachua County Board of County Commissioners, its officials, employees and volunteers is/are included as additional insured where required by written contract with respect to general liability and auto liability.

<b>CERTIFICATE HOLDER</b> Alachua County Board of County Commissioners Attn: Risk Management 12 SE 1st Street, 3rd Floor Gainesville, FL 32601	<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 of Marsh USA Inc. Manashi Mukherjee <i>Manashi Mukherjee</i>
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Waste Pro Truck List  
Div 104

<u>Truck #</u>	<u>Type</u>
12	Pick up
26	Pick up
65	CD
70	Pick up
19	Pick up
131	Roll off
152	Roll off
380	Rear Loader
1518	Recycle
1534	Resi
1535	Recycle
1536	Resi
1537	Resi
900	Front Load
924	Front Load
974	Front Load
978	Front Load
11012	Front Load

**Additional Named Insureds for Waste Pro USA, Inc. include the following:**

**Waste Pro of AL Inc.**

**Waste Pro of FL Inc.**

**Waste Pro of GA Inc.**

**Waste Pro of LA Inc.**

**Waste Pro of MS Inc.**

**Waste Pro of TN Inc.**

**Waste Pro of NC Inc.**

**Waste Pro of SC Inc.**

**Applewhite Recycling LLC**

**American Recycling of GA LLC**

**American Recycling of Alabama LLC**

**Delta Sanitation LLC, Talley Disposal LLC**

Waste Pro of Florida, Inc.

(Insert Name of Corporation)

**CORPORATE RESOLUTION GRANTING SIGNING AUTHORITY  
AND AUTHORITY TO CONDUCT BUSINESS**

The Board of Directors ("Directors") of Waste Pro of Florida, Inc., a  
(insert name of company)  
Florida corporation (the "Corporation"), at a duly and properly  
(insert state of incorporation)  
held meeting on the 1st day of October, 2019, did hereby consent to, adopt,  
ratify, confirm and approve the following recitals and resolutions:

**WHEREAS**, the Corporation is a duly formed, validly existing corporation in good standing under the laws of the State of Florida and is authorized to do business in the State of Florida; and

**WHEREAS**, the Corporation desires to grant certain persons the authority to execute and enter into contracts and conduct business on behalf of the Corporation.

**NOW, THEREFORE, BE IT RESOLVED**, that any of the following officers and employees of the Corporation listed below are hereby authorized and empowered, acting alone, to sign, execute and deliver any and all contracts and documents on behalf of the Corporation, and to do and take such other actions, including but not limited to the approval and execution of contracts, purchase orders, amendments, change orders, invoices, and applications for payment, as in his or her judgment may be necessary, appropriate or desirable, in connection with or related to any bids, proposals, or contracts to, for or with to Alachua County, a charter



**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000003611

**Entity Name:** WASTE PRO OF FLORIDA, INC.

**Current Principal Place of Business:**

2101 W SR 434  
3RD FLOOR  
LONGWOOD, FL 32779

**Current Mailing Address:**

2101 W SR 434  
3RD FLOOR  
LONGWOOD, FL 32779 US

**FEI Number:** 59-3701785

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

VELEZ, MALENIE  
2101 W SR 434  
3RD FLOOR  
LONGWOOD, FL 32779 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** MALENIE VELEZ

01/02/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CEO  
Name JENNINGS, JOHN J  
Address 2101 W SR 434  
3RD FLOOR  
City-State-Zip: LONGWOOD FL 32779

Title CFO, EVP  
Name SABINA, CORT  
Address 2101 W SR 434  
3RD FLOOR  
City-State-Zip: LONGWOOD FL 32779

Title PRESIDENT, SECRETARY  
Name JENNINGS, SEAN MICHAEL  
Address 2101 W SR 434  
3RD FLOOR  
City-State-Zip: LONGWOOD FL 32779

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** CORT SABINA

CFO

01/02/2020

Electronic Signature of Signing Officer/Director Detail

Date

# *State of Florida*

## *Department of State*

I certify from the records of this office that WASTE PRO OF FLORIDA, INC. is a corporation organized under the laws of the State of Florida, filed on January 5, 2001.

The document number of this corporation is P01000003611.

I further certify that said corporation has paid all fees due this office through December 31, 2020, that its most recent annual report/uniform business report was filed on January 2, 2020, and that its status is active.

I further certify that said corporation has not filed Articles of Dissolution.

*Given under my hand and the  
Great Seal of the State of Florida  
at Tallahassee, the Capital, this  
the Thirtieth day of July, 2020*



*Rainald R. ...*  
*Secretary of State*

Tracking Number: 8094691623CU

To authenticate this certificate, visit the following site, enter this number, and then follow the instructions displayed.

<https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication>

## CONTINUATION CERTIFICATE

The RLI Insurance Company (hereinafter called the Surety) hereby continues in force its Bond No. CMS0292597 in the sum of Nineteen Thousand Eight Hundred Ninety Six Dollars and 00/100 (\$19,896.00) Dollars, on behalf of Waste Pro of Florida, Inc. in favor of Alachua County, FL subject to all the conditions and terms thereof through September 30, 2021 at location of risk.

This Continuation is executed upon the express condition that the Surety's liability shall not be cumulative and shall be limited at all times by the amount of the penalty stated in the bond.

IN WITNESS WHEREOF, the Surety has caused this instrument to be signed by its duly authorized Attorney-in-Fact and its corporate seal to be hereto affixed this 22 day of July, 2020.

RLI Insurance Company  
Surety

By: *Joshua Sanford*  
Joshua Sanford Attorney-in-Fact



# POWER OF ATTORNEY

## RLI Insurance Company Contractors Bonding and Insurance Company

9025 N. Lindbergh Dr. Peoria, IL 61615  
Phone: 800-645-2402

### Know All Men by These Presents:

That this Power of Attorney is not valid or in effect unless attached to the bond which it authorizes executed, but may be detached by the approving officer if desired.

That **RLI Insurance Company** and/or **Contractors Bonding and Insurance Company**, each an Illinois corporation, (separately and together, the "Company") do hereby make, constitute and appoint:

Donna M Planeta, Joshua Sanford, Aimee R Perondine, Aiza Lopez, Danielle D Johnson, Michelle Anne McMahon, Mercedes Phothirath, Samuel Begun, Bethany Stevenson, Rebecca M. Stevenson, Bryan M. Caneschi, Tanya Nguyen, jointly or severally

in the City of Hartford, State of Connecticut its true and lawful Agent(s) and Attorney(s) in Fact, with full power and authority hereby conferred, to sign, execute, acknowledge and deliver for and on its behalf as Surety, in general, any and all bonds and undertakings in an amount not to exceed Twenty Five Million Dollars (\$25,000,000.00) for any single obligation.

The acknowledgment and execution of such bond by the said Attorney in Fact shall be as binding upon the Company as if such bond had been executed and acknowledged by the regularly elected officers of the Company.

**RLI Insurance Company** and/or **Contractors Bonding and Insurance Company**, as applicable, have each further certified that the following is a true and exact copy of a Resolution adopted by the Board of Directors of each such corporation, and is now in force, to-wit:

"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 **RLI Insurance Company** and/or **Contractors Bonding and Insurance Company**, as applicable, have caused these presents to be executed by its respective Vice President with its corporate seal affixed this 14th day of April, 2020.



**RLI Insurance Company  
Contractors Bonding and Insurance Company**

By: Barton W. Davis  
Barton W. Davis Vice President

State of Illinois }  
County of Peoria } SS

### CERTIFICATE

On this 14th day of April, 2020, before me, a Notary Public, personally appeared Barton W. Davis, who being by me duly sworn, acknowledged that he signed the above Power of Attorney as the aforesaid officer of the **RLI Insurance Company** and/or **Contractors Bonding and Insurance Company** and acknowledged said instrument to be the voluntary act and deed of said corporation.

I, the undersigned officer of **RLI Insurance Company** and/or **Contractors Bonding and Insurance Company**, do hereby certify that the attached Power of Attorney is in full force and effect and is irrevocable; and furthermore, that the Resolution of the Company as set forth in the Power of Attorney, is now in force. In testimony whereof, I have hereunto set my hand and the seal of the **RLI Insurance Company** and/or **Contractors Bonding and Insurance Company** this 22 day of July, 2020.

By: Jacqueline M. Bockler  
Jacqueline M. Bockler Notary Public

**RLI Insurance Company  
Contractors Bonding and Insurance Company**

By: Jeffrey D. Fick  
Jeffrey D. Fick Corporate Secretary

