

Applicant Information:						
Name Waste Pro Of Florida ,Inc.	and the same					
Address 13331 Southern Precast Drive						
City/State/Zip Code Alachua, Florida 32615						
Phone Number 386-462-2500						
Service Type Requested:						
☐ To provide containers <u>only;</u>						
■ To provide commercial solid waste collection and disposal services as defined ordinance.	by County					
<u>To the applicant</u> : 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 powned partnership or corporation, provide the name(s) and business address(es) of profficers and stockholders and other persons having financial or controlling interest in the partnership or corporation;	rincipal					
2. If the applicant is a publicly owned corporation with more than 25 shareholders, pro name(s) and business address(es) of local managing officers of the publicly owned co	vide the prporation;					
3. Criminal convictions, withheld adjudication and/or plea of nolo contendere for any fethe applicant, if the applicant is an individual, or of any individual having controlling intercorporation, partnership, association or organization making application;						
4. A statement of whether such applicant operates(ed) a solid waste collection busine any other state or territory under a franchise, permit or license; and if so, where and w franchise, permit or license has ever been revoked or suspended, and the reasons the	hether such					
5. Proof that corporation is in good standing in the state of incorporation, and if not a F Corporation, proof that applicant is qualified to do business in the State of Florida;	Florida					
☐ 6. If applicant is other than a corporation and is operating under a fictitious name, app	licant shall					

be required to submit information that such fictitious name is registered and held by applicant;



	List of type, number and complete description of all equipment to be used by applicant for viding safe and efficient services.
the	Applicant shall maintain in full force and effect the following insurance coverages, and file with County Manager a certificate of insurance for all policies written in applicant's name, to nain on file with the County for the franchise term to include:
	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.
	Applicant shall pay the County a nonrefundable application fee as specified in Application Fee nedule.
in c	Applicant shall post and maintain a security deposit with the County in the amount of \$2,500 cash or the estimated amount of franchise fees for a three month period, whichever sum is eater, to guarantee performance under this franchise.

### Definitions:

- 1. <u>Applicant</u>: a person applying to Alachua County for a franchise to provide commercial service within Unincorporated Alachua County for hire, remuneration or other consideration.
- 2. <u>Franchisee</u>: 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. <u>Registrant</u>: 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).



# 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.

		Application Fee
1.	Container provision only	\$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

<sup>\*\*</sup>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.

Waste Pro of Florida Tre.

# CORPORATE RESOLUTION GRANTING SIGNING AUTHORITY AND AUTHORITY TO CONDUCT BUSINESS

The Board of Directors ("D	irectors") of <u></u>	iste Pro	OF Florida Inc.
	()	nsert name of compa	(yn
Florita	corporation (t	he "Corporatio	on"), at a duly and properly
(insert state of incorporation)			
held meeting on the 28 <sup>th</sup> day	of July	20 <u>2</u> di	d hereby consent to, adop
ratify, confirm and approve the fo	llowing recitals and	resolutions:	
WHEREAS, the Corporatio			
standing under the laws of the Sta	ate of Florida	aa	nd is authorized to do
business in the State of Florida; ar	nd		

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

county and political subdivision of the State of Florida:

NAME

Northan Frischkorn

Sharon Johnson

TITLE

Division Manager

Regional Vice President

Regional Controller

BE IT RESOLVED THAT, these resolutions shall continue in full force and effect, and may be relied upon by Alachua County, until express written notice of their rescission or modification has been received by the Purchasing Manager of Alachua County. Any revocation, modification or replacement of these resolutions must be accompanied by documentation satisfactory to the Purchasing Manager of Alachua County, establishing the authority for the changes.

IN WITNESS WHEREOF, I have executed my name as Secretary and have hereunto affixed the corporate seal of the above-named Corporation this 29<sup>th</sup> day of \_\_\_\_\_\_\_\_, 20 22\_\_\_\_, and do hereby certify that the foregoing is a true record of a resolution duly adopted at a meeting of the Board of Directors of the Corporation and that said meeting was held in accordance with state law and the Bylaws of the Corporation, and that the resolution is now in full force and effect without modification or rescission.

(Corporate Seal)

Secretary of the Corporation

(Print Secretary's Name)

Page 2 of 2



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

Nathan FrischKoin		
Applicant name (Print or Type)		
Motor		
Applicant signature		
7/28/22		
Application submission date		
Jeff Klush		8/9/2022
Application received by		date
Keyanna Footnan	53342144	7/19/2012
Application fee received by	check number	check date
Chr		8/9/2022
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.



# **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.

Nathan Frischkoin
Applicant's (or Applicant's legal representative) Name Printed
Division Monager
Title of Applicant (or Applicant's legal representative)
Signature of Applicant (or applicant's legal representative)
STATE OF FLORIDA,
COUNTY OF Alachua
The foregoing instrument was acknowledged before me this $29^{+1}$ day of $300$ , in the year
2022, by Mathan Frischkein, as Divisian Manigur of
Waste Pro of Flondy Inc., a Flondo corporation, on behalf of the
corporation. They/he/she are/is personally known to me or has produced
as identification.
The same Million
Dayna Lynn Miller Notary Public
Notary Public, State of Florida State of Florida
Print Name: Dayna Miller Expires 4/18/2025
My Commission Expires: 4/18/2025

## Waste Pro Alachua truck list

0111111- pick up truck

065- C&D truck

70- service truck

1481- claw truck

019031- fork lift

1124- loader/ dozer

131- roll off

146 - roll off

152- roll off

530- Residental

1595-residental ASL

0144508- residental ASL

1518- residental recycle ASL

1534- residental ASL

1535-residental recycle ASL

1536- Residental ASL

1537-Residental ASL

900- frontload

924- Frontload

926-Frontload

10963-Frontload

11021- Frontload

0198082- Frontload

# 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, 2022, that its most recent annual report/uniform business report was filed on January 12, 2022, 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 Twelfth day of January, 2022



RAUNINGUL Secretary of State

Tracking Number: 2196582115CC

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

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



September 22, 2022

RE: Waste Pro of Florida, Inc.

To Whom it May Concern:

This letter is to certify that Waste Pro of Florida, Inc., has not had a Franchise Agreement in Florida revoked and/or suspended.

Should you have any questions, please do not hesitate to contact my office.

Sincerely,

Sean M. Jennings CEO & President

# **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	f Attorney i	is not	valid or	in effec	t unless	attached	to the	bond	which i	t authorizes	executed,	but may	be	detached	by 1	the
approving officer if	f desired.															

That RLI Insurance Company and/or Contractors Bonding and In	surance Company, each an Illinois corporation, (separately and
together, the "Company") do hereby make, constitute and appoint:	Miles Constitution District Constitution District
Donna M Planeta, Joshua Sanford, Aimee R Perondine, Michelle Anne Mc Stevenson, Bryan M. Caneschi, Alexis Apostolidis, Brendan Fletcher, Cass	
Turecamo, jointly or severally	andra Bacz, Jacqueinie Rose Buseo, Raum yn 1 Tyor, Thenoras
	its true and lawful Agent(s) and Attorney(s) in Fact, with
full power and authority hereby conferred, to sign, execute, acknowledge bonds and undertakings in an amount not to exceed	
(_\$25,000,000.00 ) for any single obligation.	I Wellty Five Million Dollars
The acknowledgment and execution of such bond by the said Attorney in lexecuted and acknowledged by the regularly elected officers of the Compa	
RLI Insurance Company and/or Contractors Bonding and Insuran following is a true and exact copy of a Resolution adopted by the Board of	
"All bonds, policies, undertakings, Powers of Attorney or other obligation the Company by the President, Secretary, any Assistant Secretary, Treas of Directors may authorize. The President, any Vice President, Sec Attorneys in Fact or Agents who shall have authority to issue bonds, policies is not necessary for the validity of any bonds, policies, undertakings signature of any such officer and the corporate seal may be printed by face	urer, or any Vice President, or by such other officers as the Board cretary, any Assistant Secretary, or the Treasurer may appoint icies or undertakings in the name of the Company. The corporate provides of Attorney or other obligations of the corporation. The
IN WITNESS WHEREOF, the RLI Insurance Company and/or Concaused these presents to be executed by its respective Vice Presi	
MARION , 2021	RLI Insurance Company Contractors Bonding and Insurance Company
a POR	The solution of the solution o
CORPORATE Z	By: B. H. W. D
SEAL SEAL	Barton W. Davis Vice President
State of Illinois  SS  SS  SEAL  STAL  STA	
County of Peoria	CERTIFICATE
On this 8th day of March, 2021, 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 10th day of July , 2021.
By: Cathernel Gavet	RLI Insurance Company
Catherine D. Glover Notary Public	Contractors Bonding and Insurance Company
CATHERINE D. GLOVER .  OFFICIAL SEAL  PUBLIC FOR MY COMMISSION Expires  MY Commission Expires  March 24, 2024	By: Jeffrey D. Fick.  Corporate Secretary

# **CONTINUATION CERTIFICATE**

The <u>RLI Insurance Company</u> (hereinafter called the Surety) hereby continues in force its Bond No. <u>CMS0292597</u> in the sum of <u>Nineteen Thousand Eight Hundred Ninety Six Dollars and 00/100</u> (\$19,896.00) Dollars, on behalf of <u>Waste Pro of Florida</u>, <u>Inc.</u> in favor of <u>Alachua County</u>, <u>FL</u> subject to all the conditions and terms thereof through <u>September 30, 2022</u> 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 10 day of July, 2021.

RLI Insurance Company
Surety

Ouroty

By:

Joshua Sanford Attorney-in-Fact

# Willis Towers Watson IIIIIIII

Telephone: Website: E-mail: 404-302-3838 www.willistowerswatson.com lisa.pless@willistowerswatson.com

July 12, 2021

Waste Pro of Florida, Inc. 13331 Southern Precast Drive Alachua, FL 32615-8548

RE: Bond Number: CMS0292597

Obligee: Alachua County, FL

Description: Franchise Fee Agreement - Alachua County Florida

Attached is the completed document per your request. This was issued based upon the information you provided to our office and we urge you to check all of the information for accuracy (i.e. Power of Attorney, signatures, dates, amounts, description, etc.).

Please verify that the form attached is the form required and complete the execution with the proper signature(s) and seal.

If a premium is charged, our invoice will follow under a separate cover. Please note the premium payment for this bond is due upon receipt.

Thank you for the opportunity to service your surety needs. Should you have any questions, please do not hesitate to contact any member of your Willis Towers Watson Surety Team.

Sincerely,

Lisa A. Pless

### 2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000003611

Entity Name: WASTE PRO OF FLORIDA, INC.

**FILED** Jan 12, 2022 **Secretary of State** 2196582115CC

**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

01/12/2022

Electronic Signature of Registered Agent

Date

#### Officer/Director Detail:

Title

**CHAIRMAN** 

Title

CFO, EVP

Name

JENNINGS, JOHN J

Name

SABINA, CORT

Address

2101 W SR 434 3RD FLOOR

Address

2101 W SR 434 3RD FLOOR

City-State-Zip:

LONGWOOD FL 32779

City-State-Zip:

LONGWOOD FL 32779

COO, SVP

Title Name CEO, PRESIDENT, SECRETARY

Title

JENNINGS, SEAN MICHAEL

LONGWOOD FL 32779

Name

BANASIAK, KEITH

Address

2101 W SR 434

Address

2101 W SR 434 3RD FLOOR

City-State-Zip:

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 EVP

01/12/2022