

**MCP Group LLC**  
(NAME OF COMPANY)

**CHECKLIST FOR A COMMERCIAL REFUSE LICENSE**

**The following is a list of documentation included in this package:**

- ☒ Application for commercial hauler license

**Service information to include the following data:**

- ☒ Area(s) of Orange County to be serviced
- ☒ Number of employees
- ☒ Number of commercial vehicles to be used in the business
- ☒ Truck numbers and tare weights of each vehicle
- ☒ Vehicle registration(s)

**Certificate of Insurance issued to Orange County showing:**

- ☒ Orange County shall be named as an additional insured & certificate holder on all liability policies.
- ☒ General Liability – in an amount not less than \$1,000,000 per occurrence
- ☒ Workers' Compensation as required by Florida Statue Chapter 440.
- ☒ Pollution Legal Liability including coverage for bodily injury and property damage as well as cleanup and defense costs with limits of not less than \$1,000,000 per loss.
- ☒ Vehicle Insurance – in an amount not less than \$1,000,000 per accident.

**Orange County Local Business Tax Receipt**

- ☒ (formerly called Occupational License)

**License Fee:**

- ☐ \$ 25.00      3 or less employees
- ☒ \$200.00      4 to 10 employees
- ☐ \$350.00      11 or more employees

# APPLICATION FOR COMMERCIAL REFUSE LICENSE COUNTY OF ORANGE, FLORIDA

**Please Check the Services Your Company Provides:**

- ☐ Multifamily - Collection of solid waste from residential dwellings and mobile home parks not under the franchise system.
- ☒ Construction & Demolition - Collection of Construction and Demolition debris only.
- ☐ Other Commercial - Collection and/or processing of solid waste from commercial generators not covered under (1) or (2) above.

UNDER THE PROVISIONS of Orange County's Code of Ordinances, Chapter 32 Solid Waste, Article IV Collection and Disposal and all regulations related thereto, the following information is required.

COMPANY NAME: MCP Group, LLC  
(FULL name of company include LLC, Inc etc.)

TRADE / FIRM NAME OF COMPANY: MCP Group, LLC

MAILING ADDRESS: 644 Holly Springs Rd, St 343.

CITY / STATE / ZIP CODE: Holly Springs, NC, 27540

PHONE NUMBER: 919-367-6464 FAX: 800-367-6464

CONTACT PERSON: Iryna Pyrohova

E-MAIL ADDRESS: irynap@mdgwaste.com

EMERGENCY PHONE NUMBER: 919-657-1752

NUMBER OF EMPLOYEES: 5

LOCATION OF EQUIPMENT:

ADDRESS: 11602 Boggy Creek Rd

CITY / STATE / ZIP: Orlando, FL 32824

HOURS OF OPERATION: 7 am – 4 pm

DAYS OF OPERATION: Monday-Friday

**APPLICATION FOR COMMERCIAL REFUSE LICENSE  
COUNTY OF ORANGE, FLORIDA**

If a joint venture or partnership, list the names of all partners and their permanent addresses. If a corporation, list the names and permanent address of corporate officers, and their percentage of participation in the space below; if more space is required, attach a separate sheet.

Name	Office Held	Permanent Address	% Owned
a. ___ Joel Castro-Bonilla	___ Vice President	___ 5223 Garrett Rd, Durham, NC, 27707	___ N/A
b. _____			
c. _____			
d. _____			
e. _____			


I certify that the aforesaid company is capable of rendering adequate commercial refuse collection service in accordance with the provisions of the County's Code of Ordinances, Chapter 32 Solid Waste, Article IV Collection and Disposal and all regulations related thereto.

YES   X   NO \_\_\_\_\_

I certify that the aforesaid company owns or has under its control, in good mechanical repair and condition, sufficient equipment to adequately conduct the business of commercial refuse collection and all such equipment meets the requirements of the County's Code of Ordinances, Chapter 32 Solid Waste, Article IV Collection and Disposal and all regulations related thereto.

YES   X   NO \_\_\_\_\_

I have read, understand and am willing to comply with the provisions of the County's Solid Waste Collection and Disposal Ordinance and all applicable rules and regulations.

 _____ Signature of Authorized Representative	8-04-2025 _____ Date
vice president _____ Title	

Home Address 5523 GARRETT Rd.

City / State / Zip DURHAM NORTH CAROLINA 27707


**APPLICATION FOR COMMERCIAL REFUSE LICENSE  
COUNTY OF ORANGE, FLORIDA**

**AFFIDAVIT**

(to be attested before a Notary Public or other  
officer authorized to administer oaths)

STATE OF Florida  
COUNTY OF Orange

Personally appeared before me, an officer duly qualified to administer an oath in the City of Orlando, State of Florida, known to me to be the person herein described and subscribing hereto, and on oath deposes and says that the statements made are true and correct.

Signature of Applicant 

Sworn to and subscribed before me, this 4 day of August, 2025



(Notary Public)

Dana Godfrey

My Commission Expires: 6/19/29



**DANA GODFREY**  
Notary Public  
State of Florida  
Comm# HH690047  
Expires 6/19/2029

**SERVICE INFORMATION**

Please complete the following and return with the application:

- ♦ Area(s) of Orange County you plan on servicing:

We currently provide services in newly developed residential communities throughout Orange County, including but not limited to: **Kindred, Harmony West, Preston Cove, Ocoee Village, Reserve at Lake Meadow, and Paradiso Grande.**

These communities are located across various areas of Orange County where active new construction is taking place.

Primarily within the **St. Cloud, Ocoee, Winter Garden, and International Drive** areas.

- ♦ Number of employees: 5

- ♦ Number of commercial vehicles to be used in the business: 3

- ♦ Truck numbers, tag numbers and tare weights of each vehicle:

<u>TRUCK #</u>	<u>TAG #</u>	<u>TARE WEIGHT</u>
<u>696</u>	<u>64DNZH</u>	<u>17400</u>
<u>709</u>	<u>85DNZG</u>	<u>17300</u>
<u>711</u>	<u>58DNZH</u>	<u>17400</u>



## INSTRUCTIONS FOR ATTACHING DECAL

1. Clean area where new annual decal is to be affixed
2. Peel decal from this document
3. Affix decal in the upper right corner of license plate



Mail To:  
MCP GROUP LLC  
1431 SIMPSON RD PMB 108  
KISSIMMEE, FL 34744-4604

## IMPORTANT INFORMATION

Section 316.613, Florida Statutes, requires every operator of a motor vehicle transporting a child in a passenger car, van, autocycle or pickup truck registered in this state and operated on the highways of this state, shall, if the child is 5 years of age or younger, provide the protection of the child by properly using a crash-tested, federally approved child restraint device. For children aged through 3 years, such restraint device must be a separate carrier or a vehicle manufacturer's integrated child seat. For children aged 4 through 5 years, a separate carrier, an integrated child seat, or a child booster seat may be used. For limited exceptions, see s. 316.613, F.S.

S. 320.0605, F.S., requires the registration certificate, or true copy of a rental or lease agreement, issued for any motor vehicle to be in the possession of the operator or carried in the vehicle while the vehicle is being used or operated on roads of this state.

S. 320.02 and 627.733, F.S., requires personal injury protection and property damage liability to be continuously maintained throughout the registration period. Failure to maintain the mandatory coverage may result in the suspension of your driver license and registration.

Important note: If you cancel the insurance for this vehicle, immediately return the license plate from this registration to a Florida driver license or tax collector office or mail it to: DHSMV, Return Tags, 2900 Apalachee Parkway, Tallahassee, FL 32399. Surrendering the plate will prevent your driving privilege from being suspended.

## FLORIDA VEHICLE REGISTRATION

CO/AGY 26 / 1

T# 2113491157  
B# 3618699

PLATE 64DNZH DECAL 21603102 Expires Midnight Wed 12/31/2025

YR/MK	2014/FRHT	BODY	TK	COLOR	WHI	Reg. Tax	320.10	Class Code	41
VIN	3ALACWDT5EDFM1246			TITLE	152088828	Init. Reg.		Tax Months	12
Plate Type	RGS	NET WT	17400	GVW	25999	County Fee	3.00	Back Tax Mos	
						Mail Fee		Credit Class	
DL/FEID	<del>481852891-01</del>					Sales Tax		Credit Months	
Date Issued	4/15/2025	Plate Issued	9/13/2023			Voluntary Fees			
						Grand Total	323.10		

MCP GROUP LLC  
1431 SIMPSON RD PMB 108  
KISSIMMEE, FL 34744-4604

## IMPORTANT INFORMATION

1. The Florida license plate must remain with the registrant upon sale of vehicle.
2. The registration must be delivered to a Tax Collector or Tag Agent for transfer to a replacement vehicle.
3. Your registration must be updated to your new address within 30 days of moving.
4. Registration renewals are the responsibility of the registrant and shall occur during the 30-day period prior to the expiration date shown on this registration. Renewal notices are provided as a courtesy and are not required for renewal purposes.
5. I understand that my driver license and registrations will be suspended immediately if the insurer denies the insurance information submitted for this registration.

RGS - SUNSHINE STATE

# 696

#709

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KISSIMMEE, FL 34744-4604

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CO/AGY 26 / 1 T= 2111304955  
B# 3615160

## FLORIDA VEHICLE REGISTRATION

PLATE	85DNZG	DECAL	21573119	Expires	Midnight Wed 12/31/2025
YR/MK	2014/FRHT	BODY	TK	GRN	152076616
VIN	3ALACWCY4EDFT5127	NET WT	17300	COLOR	GVW
Plate Type	RGS			Reg. Tax	320.10
DL/FEID	46			Init. Reg.	3.00
Date Issued	4/10/2025	Plate Issued	9/12/2023	County Fee	3.00
				Mail Fee	
				Sales Tax	
				Voluntary Fees	
				Grand Total	323.10
				Class Code	41
				Tax Months	12
				Back Tax Mos	
				Credit Class	
				Credit Months	

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MCP GROUP LLC  
1431 SIMPSON RD PMB 108  
KISSIMMEE, FL 34744-4604

RGS - SUNSHINE STATE



# INSTRUCTIONS FOR ATTACHING DECAL

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Mail To:  
MCP GROUP LLC  
1431 SIMPSON RD PMB 108  
KISSIMMEE, FL 34744-4604

## FLORIDA VEHICLE REGISTRATION

PLATE 58DNZH DECAL 21573137 Expires Midnight Wed 12/31/2025

YR/MK 2015/FRHT BODY VN  
VIN 3ALACXD19FDGU4404  
Plate Type RGS NET WT 17400

DL/FEID [REDACTED] Plate Issued 9/13/2023  
Date Issued 4/10/2025

MCP GROUP LLC  
1431 SIMPSON RD PMB 108  
KISSIMMEE, FL 34744-4604

RGS - SUNSHINE STATE

MTAF 5/2/20K

### IMPORTANT INFORMATION

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CO/AGY 26 / 1 T# 2111306261  
B# 3615160

Reg Tax	320 10	Class Code	41
Int Reg		Tax Months	12
County Fee	3 00	Back Tax Mos	
Mail Fee		Credit Class	
Sales Tax		Credit Months	
Voluntary Fees			
Grand Total	323 10		

### IMPORTANT INFORMATION

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**Tax Collector Scott Randolph****Local Business Tax Receipt****Orange County, Florida****2026****EXPIRES SEPTEMBER 30, 2026**

3125-1254918

3125 LAWN CARE

\$30.00

5 EMPLOYEE(S)

TOTAL TAX \$ 30.00  
PREVIOUSLY PAID \$ 30.00  
TOTAL DUE \$ 0.00

JOEL CASTRO-BONILLA

MCP GROUP  
644 HOLLY SPRINGS RD STE 343  
HOLLY SPRINGS, NC 27540-9030

VARIOUS LOCATIONS -  
A - ORLANDO - 32824

Paid \$ 30.00 INT-25-00980047 09/16/2025

**Tax Collector Scott Randolph****Local Business Tax Receipt****Orange County, Florida**

This local Business Tax Receipt is in addition to and not in lieu of any other tax required by law or municipal ordinance. Businesses are subject to regulation of zoning, health and other lawful authorities. This receipt is valid from October 1 through September 30 of receipt year. **Delinquent penalty is added October 1.**

**2026****EXPIRES SEPTEMBER 30, 2026**

3125-1254918

3125 LAWN CARE

\$30.00

5 EMPLOYEE(S)

TOTAL TAX \$ 30.00  
PREVIOUSLY PAID \$ 30.00  
TOTAL DUE \$ 0.00



JOEL CASTRO-BONILLA

MCP GROUP  
644 HOLLY SPRINGS RD STE 343  
HOLLY SPRINGS, NC 27540-9030

VARIOUS LOCATIONS -  
A - ORLANDO - 32824

Paid \$ 30.00 INT-25-00980047 09/16/2025

This receipt is official when validated by the Tax Collector.

Orange County Code requires this local Business Tax Receipt to be displayed conspicuously at the place of business in public view. It is subject to inspection by all duly authorized officers of the County.

2025 - 2026



**Local Business Tax Receipt**

(Formerly known as "Business License "  
changed per state law HB1269-2006)

**Business Name**

MCP GROUP LLC  
644 HOLLY SPRINGS ROAD SUITE 343  
HOLYSPRINGS, NC 27540

**Business Owner**

MCP GROUP LLC

**Business Location**

VARIOUS LOCATIONS  
ORLANDO, FL

NOTICE-THIS TAX RECEIPT ONLY EVIDENCES  
PAYMENT OF THE LOCAL BUSINESS TAX PURSUANT  
TO CH.205, FLORIDA STATUTES. IT DOES NOT PERMIT  
THE HOLDER TO OPERATE IN VIOLATION OF ANY CITY,  
STATE, OR FEDERAL LAW. CITY PERMITTING MUST BE  
NOTIFIED OF ANY MATERIAL CHANGE TO THE  
INFORMATION FOUND HEREIN BELOW. THIS RECEIPT  
DOES NOT CONSTITUTE AN ENDORSEMENT OR  
APPROVAL OF THE HOLDER'S SKILL OR  
COMPETENCY.

**Case Number:** BUS-1102011

**Issued Date:** 07/09/2025

**Expiration Date:** 09/30/2026

**Business type(s):**

Description	Year
LAWNMT 0782 LAWN MAINT SERVICE	2026



**Local Business Tax Receipt**

City Hall, 400 South Orange Avenue, First Floor  
Post Office Box 4990  
Orlando, Florida 32802-4990

Phone: 407.246.2204 Fax: 407.246.3420

Email: [businesstax@orlando.gov](mailto:businesstax@orlando.gov)

Prompt! Interactive Voice Response System: 407.246.4444  
Visit our website: [orlando.gov/permits](http://orlando.gov/permits)



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/11/2025

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> The Vanguard Agency LLC 2190 N Loop W #102  Houston TX 77018		<b>CONTACT NAME:</b> Vanessa <b>PHONE (A/C No, Ext):</b> (281) 453-8770 <b>FAX (A/C, No):</b> 281-453-8770 <b>E-MAIL ADDRESS:</b> vanessa@vanguardagencyllc.com	
<b>INSURED</b> MDG Partners GP; SCE Group LP; MCP Group LLC; Innovative Construction Group 2054 Kildaire Farm Rd. PMB 279 Cary NC 27518		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Concert Specialty Insurance Company <b>INSURER B:</b> PROGRESSIVE CNTY MUT INS CO <b>INSURER C:</b> TRAVELERS LLOYDS <b>INSURER D:</b> KINSALE INSURANCE COMPANY <b>INSURER E:</b> Navigators Insurance Company <b>INSURER F:</b>	
		<b>NAIC #</b> 17151 29203 41262 38920 0091	

**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 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"/> Primary & Non Contributory GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	CS TMGL0002688-00	06/09/2025	06/09/2026	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						
B	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		07782890-0	03/01/2025	03/01/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000	
	BODILY INJURY (Per person) \$						
	BODILY INJURY (Per accident) \$						
	PROPERTY DAMAGE (Per accident) \$						
D	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$		0100376312-0	06/09/2025	06/09/2026	EACH OCCURRENCE \$ 1,000,000	
	AGGREGATE \$ 1,000,000						
	\$						
C	<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	Y/N N	N/A	UB-1S986194-23-42-G	03/01/2025	03/01/2026	<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						
E	Pollution Liability		QCPL0129707	07/11/2025	07/11/2026	Each Occurrence \$1,000,000	
	Aggregate \$1,000,000						

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

Orange County, Florida is an additional insured on all liability policies. A waiver of subrogation applies in favor of Orange County, Florida, its agent, employees and officials on all liability and workers' compensation policies.

**CERTIFICATE HOLDER****CANCELLATION**

Orange County, Florida c/o Risk Management Division  109 E Church Street, Suite 200 Orlando, Florida 32801	<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.</b>  <b>AUTHORIZED REPRESENTATIVE</b> Vanessa Ramirez
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July 22, 2025

Greetings:

Enclosed is an application for an Orange County Commercial Refuse License.

In compliance with the existing requirements of the Orange County Code Chapter 32, the following documentation completed and submitted:

- ☒ Completed application
- ☒ Vehicle registration(s)
- ☒ Updated copy of your Orange County Business Tax Receipt (*formerly Occupational License*).

Certificate of Insurance with:

- ☒ General Liability Insurance - \$1,000,000 per occurrence/ \$2,000,000 aggregate
- ☒ Business Vehicle Insurance – in an amount not less than \$1,000,000 per accident
- ☒ Workers Compensation as required by Florida Statute Chapter 440
- ☒ Pollution Legal Liability (also referred to as Commercial Auto CA 9948) with limits of not less than \$1,000,000 per loss
- ☒ Description of Operations must state the following –  
Orange County is named as additional insured on liability policies
- ☒ Check made payable to Orange County Solid Waste, based on 5 total number of employees. The annual license fees are as follows:

\$200.00 – 4 to 10 employees

Should you require any additional information or clarification, please feel free to contact me at 919-657-1752 Iryna.

Thank you for your time and attention to this application.