

**Blown Away 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: Blown Away, LLC

(Please Include FULL legal name, including LLC, Inc etc)

TRADE / D.B.A. NAME: N/A

MAILING ADDRESS: 2730 Shute Street, Orlando, FL 32805

OFFICE PHONE NUMBER: 407-299-7884 Fax Number: 407-299-7040

COMPANY WEBSITE: www.blownawayusa.com

CONTACT NAME(S): Ron Barnett Pita Olson

CONTACT PHONE: 407-222-0500 689-333-0350

E-MAIL ADDRESS: polson@blownawayusa.com, accounting@blownawayusa.com,  
rbarnett@blownawayusa.com

(Additional Commercial Hauler License Contacts / Email Addresses listed here or on a separate sheet)

EMERGENCY NUMBER: 407-222-0500

NUMBER OF EMPLOYEES: 4

LOCATION OF EQUIPMENT:

ADDRESS: 2730 Shute Street

CITY / STATE / ZIP: Orlando, FL 32805

HOURS OF OPERATION: 8:00am - 5:00pm

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.	Ronald Barnett	As President	2700 Shute Street, Orlando, FL 32805	100%
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 ☒ 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 ☒ 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

May 24, 2025  
Date

As President

Title

Home Address 2700 Shute Street

City / State/ Zip Orlando, FL 32805

APPLICATION FOR COMMERCIAL REFUSE LICENSE  
COUNTY OF ORANGE, FLORIDA

AFFIDAVIT

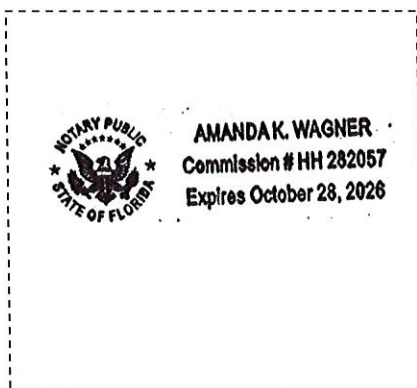
(to be attested before a Notary Public or other  
officer authorized to administer oaths)

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 [Signature]

Sworn to and subscribed before me, this 29<sup>th</sup> day of May, 2025



Notary Seal Above

[Signature]  
(Notary Public)

My Commission Expires: October 28, 2026



CO/AGY 15/12 T# 2096736897 B#

25

FLORIDA TRUCK/TRACTOR REGISTRATION

PLATE DM01AZ DECAL 21345828 Expires Midnight Wed 12/31/2025

YR/MK	2024/JTNL	BODY	TK	WHI	158326986	Reg. Tax	179.85	Class Code	41
VIN	1HTKTSWK3RH563968	NET WT	9050	COLOR	18500	Init Reg.	3.00	Tax Months	9
Plate Type	RGS			TITLE		County Fee		Back Tax Mos	
DL/FEID	2			GVW		Mail Fee		Credit Class	
Date Issued	03/11/2025	Plate Issued	03/11/2025			Sales Tax		Credit Months	
						Voluntary Fees			
						Grand Total	182.85		

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.

EAN HOLDINGS, LLC  
14002 E 21ST ST STE 1500  
TULSA, OK 74134-1424

RGS - SUNSHINE STATE PLATE ISSUED X

# FLORIDA VEHICLE REGISTRATION

CO/AGY 7 / 20 TH# 2056327505  
B# 4863814

PLATE P7691E DECAL 19749710 Expires Midnight Wed 12/31/2025

YR/MK	2019/INTL	BODY	TK	COLOR	WHI	Reg. Tax	424.10	Class Code	41
VIN	1HTKTSWXXKH373947	NET WT	11840	TITLE	138122650	Init. Reg.		Tax Months	12
Plate Type	TUR			GVW	40000	County Fee	3.00	Back Tax Mos	
DL/FEID						Mail Fee	0.95	Credit Class	
Date Issued	12/12/2024	Plate Issued	1/25/2021			Sales Tax		Credit Months	
						Voluntary Fees			
						Grand Total	428.05		

BLOWN AWAY LLC  
2730 SHUTE ST  
ORLANDO, FL 32805-1154

## IMPORTANT INFORMATION

1. The Florida license plate must remain with the registrant upon sale of vehicle.
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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.

*Optimus Prime*

TUR - TRUCKS WITH TWO PLATES

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

3100-0605885

3100H STREET SWEEPER  
1811 ASPHALT PAVING\$80.00  
\$30.005 Days  
5 EMPLOYEE(S)TOTAL TAX \$ 110.00  
PREVIOUSLY PAID \$ 110.00  
TOTAL DUE \$ 0.00

BARNETT RONALD

BLOWN AWAY LLC  
2730 SHUTE ST  
ORLANDO, FL 328052730 SHUTE ST  
U - ORLANDO - 32805

Paid \$ 110.00 H01-25-00791100 07/24/2025

**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**

3100-0605885

3100H STREET SWEEPER  
1811 ASPHALT PAVING\$80.00  
\$30.005 Days  
5 EMPLOYEE(S)TOTAL TAX \$ 110.00  
PREVIOUSLY PAID \$ 110.00  
TOTAL DUE \$ 0.00

BARNETT RONALD

2730 SHUTE ST  
U - ORLANDO - 32805BLOWN AWAY LLC  
2730 SHUTE ST  
ORLANDO, FL 32805

Paid \$ 110.00 H01-25-00791100 07/24/2025

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.





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
07/25/2025

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> Brown & Brown Insurance Services, Inc. 2290 Lucien Way, Suite 400 Maitland FL 32751		<b>CONTACT NAME:</b> Deborah Rice <b>PHONE (A/C, No, Ext):</b> (407) 660-8282 <b>E-MAIL:</b> deborah.rice@bbrown.com <b>ADDRESS:</b>		<b>FAX (A/C, No):</b> (407) 660-2012
		<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
		<b>INSURER A:</b> FCCI Insurance Company		10178
		<b>INSURER B:</b>		
		<b>INSURER C:</b>		
		<b>INSURER D:</b>		
		<b>INSURER E:</b>		
		<b>INSURER F:</b>		

**COVERAGES** **CERTIFICATE NUMBER:** CL2572583469 **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 type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y		GL100096651	11/07/2024	11/07/2025	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						
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			CA100096650	11/07/2024	11/07/2025	GENERAL AGGREGATE \$ 2,000,000
	PRODUCTS - COMP/OP AGG \$ 2,000,000						
	CYBR \$ 100,000						
	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000						
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			UMB100096654	11/07/2024	11/07/2025	BODILY INJURY (Per person) \$
	BODILY INJURY (Per accident) \$						
	PROPERTY DAMAGE (Per accident) \$						
	PIP-Basic \$ 10,000						
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	WC0100089310-01	01/01/2025	01/01/2026	EACH OCCURRENCE \$ 5,000,000
	AGGREGATE \$ 5,000,000						
	PER STATUTE <input checked="" type="checkbox"/> OTH-ER <input type="checkbox"/>						
	E.L. EACH ACCIDENT \$ 1,000,000						
A	Contractors Equipment Floater			CM100096652	11/07/2024	11/07/2025	E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
	E.L. DISEASE - POLICY LIMIT \$ 1,000,000						
	Scheduled Equipment \$1,015,563						
	Rented/Leased Equip. \$250,000						
DEDUCTIBLE \$1,000							

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

Orange County Florida C/O Solid Waste Division is granted additional insured status by the General Liability policy with regard to the operations of the named insured when required by written contract or agreement.

## CERTIFICATE HOLDER

Orange County Florida C/O Solid Waste Division  
5901 Young Pine Rd  
Orlando FL 32829

## CANCELLATION

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

*Tyler Abner*

AGENCY CUSTOMER ID: \_\_\_\_\_

LOC #: \_\_\_\_\_



## ADDITIONAL REMARKS SCHEDULE

Page \_\_\_\_\_ of \_\_\_\_\_

AGENCY Brown & Brown Insurance Services, Inc.		NAMED INSURED Blown Away, LLC, DBA: Blown Away USA	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

### ADDITIONAL REMARKS

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,**

**FORM NUMBER:** 25 **FORM TITLE:** Certificate of Liability Insurance: Notes

Pollution Policy:

Carrier: Certain Underwriters at Lloyds London

Policy Number: CPLI00366001

Effective: 07/11/2025 - 07/11/2026

Coverage A: Job site Coverage \$1,000,000 Each Occurrence subject to policy aggregate

Coverage B: Products Pollution Coverage \$1,000,000 Each Occurrence subject to policy aggregate.

Coverage C: Staging Location Coverage \$1,000,000 Each Occurrence subject to policy aggregate.

Coverage D: Sudden & Accidental Location Coverage \$1,000,000 Each Occurrence subject to policy aggregate.

Coverage E: Transportation Pollution Liability Coverage \$1,000,000 Each Occurrence subject to policy aggregate.

Deductible for A, B, C, D & E:

\$10,000 Each Occurrence



UTILITIES DEPARTMENT • SOLID WASTE DIVISION

5901 Young Pine Road • Orlando, Florida 32829

Telephone 407-836-6601 • Fax 407-836-6658

May 13, 2025

EMAILED

Greetings:

Enclosed is an application for an Orange County Commercial Refuse License. After the Solid Waste Division receives the completed application and requested documentation, the normal processing time is 6-8 weeks or longer. You will be notified when your license has been approved.

Section 32-177 of the Orange County Code states that "It is unlawful for any person to collect or transport solid waste for hire or for remuneration or other consideration in any form without first being granted a commercial license."

In compliance with the existing requirements of the Orange County Code Chapter 32, the following documentation must be 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 OR Contractors Pollution Liability) 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
- ☒ Certificate Holder must state the following –  
Orange County Florida, C/O Solid Waste Division, 5901 Young Pine Rd.,  
Orlando, FL 32829
- ☒ Check made payable to Orange County Solid Waste, based on your total number of employees. The annual license fees are as follows:

\$ 25.00 – 3 or less employees  
\$200.00 – 4 to 10 employees  
\$350.00 – 11 or more employees

The completed application, supporting documents and payment should be mailed or delivered to:

**Orange County Solid Waste Division  
Attn: Tiffany Fletcher  
5901 Young Pine Road  
Orlando, FL 32829**

After the items have been received, your application will be reviewed by the Solid Waste Division staff and presented to the Board of County Commissioners for review and final approval. Every five (5) years companies will be required to go back before the Board. Annual renewal is required.

It is your responsibility to comply with all applicable federal, state, and county laws, rules, regulations and all amendments.

It is also your responsibility to know the requirements of the Orange County Code Chapter 32. Attached is a copy of the section referencing commercial hauling / recycling for your convenience. If you would like view a complete copy of Orange County's Chapter 32, you may do so online by visiting: <http://library.municode.com/index.aspx?clientId=10182&stateID=9&statename=Florida>

Orange County Code includes a provision for quarterly reporting to Orange County Solid Waste. Annual reporting requirements and rates are subject to change.

If you have any questions, please call me at (407) 836-6641.

Sincerely,

*Tiffany Fletcher*

Tiffany Fletcher  
Program Coordinator

See Attachments