



Legislation Text

File #: 26-0279, **Version:** 1

Interoffice Memorandum

DATE: February 17, 2026

TO: Mayor Jerry L. Demings and County Commissioners

THROUGH: N/A

FROM: Ed Torres, M.S. P.E., LEED AP, Director, Utilities

CONTACT: David Gregory, Manager, Solid Waste Division

PHONE: 407-254-9622

DIVISION: Solid Waste Division

ACTION REQUESTED:

Approval of commercial refuse license for Eagle Equipment Service 1 Corp to provide solid waste hauling services to commercial generators in Orange County for a five-year term. All Districts. (Solid Waste Division)

PROJECT: N/A

PURPOSE: The Solid Waste Management Division has received a commercial refuse license application from Eagle Equipment Service 1 Corp, to provide solid waste hauling services to multi-family, construction and demolition, and other commercial generators in Orange County.

Section 32-178 of the Orange County Code requires that the applicant

- Provide ownership information and corporate fictitious name
- Purchase and maintain required insurance
- Demonstrate the service capability of vehicles and equipment

Staff has reviewed the application and supporting documentation and determined that Eagle Equipment Service 1 Corp meets the criteria stipulated in Section 32-178 of the Orange County Code. Staff recommends approval of the application and award of a license to provide commercial solid waste collection and transport service in unincorporated Orange County for a period of five years.

BUDGET: N/A

Eagle Equipment Service 1 Corp
(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
n/a 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

- Orange County 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

BCC Mtg. Date: March 10, 2026

**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: Eagle Equipment Service I Corp
(Please include FULL legal name, including LLC, Inc etc)

TRADE / D.B.A. NAME: _____

MAILING ADDRESS: 1824 Avenue A Kissimmee, FL 34758

OFFICE PHONE NUMBER: 407 501-4310 Fax Number: N/A

COMPANY WEBSITE: www.EagleEquipmentService.com

CONTACT NAME(S): Javier Berrios

CONTACT PHONE: 407-722-2366

E-MAIL ADDRESS: Javier@eagleequipmentservice.com

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

EMERGENCY NUMBER: 407-722-2366

NUMBER OF EMPLOYEES: 2

LOCATION OF EQUIPMENT:

ADDRESS: 1824 Avenue A

CITY / STATE / ZIP: Kissimmee FL 34758

HOURS OF OPERATION: 7Am-5pm

DAYS OF OPERATION: Monday - Saturday

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.	_____			
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.

9/19/25
Date

CEO
 Title

Home Address 1924 Avenue A _____

City / State / Zip Kissimmee, Florida 3


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

AFFIDAVIT

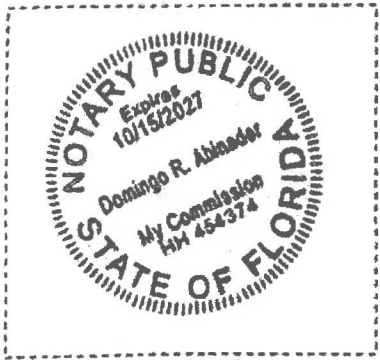
(to be attested before a Notary Public or other
officer authorized to administer oaths)

STATE OF Florida
COUNTY OF Osceola

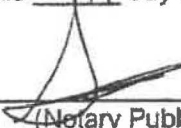
Personally appeared before me, an officer duly qualified to administer an oath in the City of Kissimmee, State of Florida, known to me to be the person herein described and subscribing hereto, and on oath deposes and says that the statements made are true and correct.

Signature of Applicant 

Sworn to and subscribed before me, this 19 day of September, 2025



Notary Seal Above


(Notary Public)

My Commission Expires: 10/15/27

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.

IMPORTANT INFORMATION

Section 316.613, Florida Statutes, requires every operator of a motor vehicle transporting a child in a passenger car, van, automobile 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.

Mail To:
EAGLE EQUIPMENT SERVICE 1 CORP
1824 AVENUE A
KISSIMMEE, FL 34758

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.

CO/AGY 26 / 4 T# 2219751389
 B# 1030042

FLORIDA TRUCK/TRACTOR REGISTRATION

PLATE	FRXL17	DECAL	19638120	Expires	Midnight Thu 12/31/2026				
YR/MK	2015/INTL	BODY	TR	COLOR	BLK	Reg. Tax	792.10	Class Code	41
VIN	1HSDJAPR8FH742527			TITLE	117569790	Init. Reg.		Tax Months	12
Plate Type	RGS	NET WT	16773	GVW	53999	County Fee	3.00	Back Tax Mos	
DI./FEID						Mail Fee		Credit Class	
Date Issued	12/4/2025	Plate Issued	9/19/2025			Sales Tax		Credit Months	
						Voluntary Fees			
						Grand Total	795.10		

EAGLE EQUIPMENT SERVICE 1 CORP
1824 AVENUE A
KISSIMMEE, FL 34758

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

Tax Collector Scott Randolph

Local Business Tax Receipt

Orange County, Florida

2026

EXPIRES SEPTEMBER 30, 2026

3100-1256725

3100 REPAIR TRASH COMPACTORS	\$30.00
3501 REPAIR PARTS	\$30.00

1 EMPLOYEE(S)
1 EMPLOYEE(S)

TOTAL TAX	\$	60.00
PREVIOUSLY PAID	\$	60.00
TOTAL DUE	\$	0.00

BERRIOS JAVIER

EAGLE EQUIPMENT SERVICE 1 CORP
BERRIOS JAVIER
1824 AVENUE A
KISSIMMEE, FL 34758

MOBILE FROM OSCEOLA COUNT -
X - OUT OF COUNTY - 00000

Paid \$ 60.00 0106-26-00392799 12/18/2025

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

3100-1256725

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BERRIOS JAVIER

EAGLE EQUIPMENT SERVICE 1 CORP
BERRIOS JAVIER
1824 AVENUE A
KISSIMMEE, FL 34758

MOBILE FROM OSCEOLA COUNT -
X - OUT OF COUNTY - 00000

Paid \$ 60.00 0106-26-00392799 12/18/2025

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)
11/21/2025

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 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		CONTACT NAME: Charlene Ohler	
LRA Insurance		PHONE (A/C, No, Ext): (407) 838-3445	FAX (A/C, No): (407) 838-3460
P.O. Box 948173		E-MAIL ADDRESS: cohler@lrainsurance.com	
Maitland FL 32794		INSURER(S) AFFORDING COVERAGE	NAIC #
INSURED		INSURER A: Security National Insurance Company	33120
Eagle Equipment Service 1 Corp & Eagle Welding & Fabricat		INSURER B: Nautilus Insurance Company	17370
1824 Avenue A		INSURER C:	
Kissimmee FL 34758		INSURER D:	
		INSURER E:	
		INSURER F:	

COVERAGES CERTIFICATE NUMBER: 25/26 Certificate A 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.

INSTR	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:	X		SES1814123 02	4/19/2025	4/19/2026	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 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			AN1345537	4/19/2025	4/19/2026	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
	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/A				PER STATUTE OTH-ER 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)
Certificate holder is included as additional insured with respects to the General Liability coverage where required by written contract.

CERTIFICATE HOLDER	CANCELLATION
Orange County Solid Waste Division Attn: Tiffany Fletcher 5901 Young Pine Road Orlando, FL 32829	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 M Delaney/COHLER <i>Michelle A. Delaney</i>

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/23/25

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 MAGDALENE INS GROUP INC 1506 W Vine St Kissimmee, FL 34741	CONTACT NAME: PHONE (A/C, No., Ext): (407)846-2244	FAX (A/C, No.): (407)846-6775	
	E-MAIL ADDRESS: east3067@aol.com		
INSURED Eagle Equipment Service 1 Corp 1824 Avenue A KISSIMMEE, 34758	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : Infinity Assurance Insurance		39497
	INSURER B : WESTCHESTER SURPLUS LINES INS		
	INSURER C :		
	INSURER D :		
	INSURER E :		

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COM/PO/ AGG \$ \$
A	AUTOMOBILE LIABILITY <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			500029828	12/23/25	12/23/26	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR 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 type="checkbox"/> N <input type="checkbox"/> N/A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B	Contractor Pollution Liability		Y	Q950802Q2025	11/14/25	11/14/26	Each Pollution 1,000,000 General Agreggate 1,000,000

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

Heavy Equipment Installation, Maintenance and Repair; Orange County Solid Waste Division is named as additional insured on the Contractor Pollution Liability Policy

CERTIFICATE HOLDER Orange County Solid Waste Division Attn: Tiffany Fletcher 5901 Young Pine Road 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
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