



Interoffice Memorandum

May 2, 2024

TO: Mayor Jerry L. Demings
-AND-
County Commissioners

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

Ed Torres for
ED TORRES

SUBJECT: May 21, 2024 - Consent Agenda
Applications for Commercial Refuse License
Contact Person: David Gregory, Manager
Solid Waste Division
407-254-9622

The Solid Waste Division has received a commercial refuse license application from Dhochin Recycling Orl LLC dba. Junk King Orlando, to provide solid waste hauling services to multi-family and other commercial 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, and
- Demonstrate the service capability of vehicles and equipment,

Staff has reviewed the application and supporting documentation and determined that Dhochin Recycling Orl LLC dba. Junk King Orlando 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.

ACTION REQUESTED: Approval of commercial refuse license for Dhochin Recycling Orl LLC dba. Junk King Orlando to provide solid waste hauling services to commercial generators in Orange County for a five-year term.

All Districts.

Dhochin Recycling Ori LLC dba. Junk King Orlando
(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: **Dhochin Recycling Orl LLC**
(FULL name of company include LLC, Inc etc.)

TRADE / FIRM NAME OF COMPANY: **JUNK KING ORLANDO**

MAILING ADDRESS: 420 Twin Oaks Ln

CITY / STATE / ZIP CODE: Saint Johns FL 32259

PHONE NUMBER: 904-793-0476 FAX: _____

CONTACT PERSON: Ananthi Selvaraj

E-MAIL ADDRESS: ana.selvaraj@junk-king.com

EMERGENCY PHONE NUMBER: _702-327-2014

NUMBER OF EMPLOYEES: 6

LOCATION OF EQUIPMENT:

ADDRESS: 3038 N John Young Parkway Unit 32

CITY / STATE / ZIP: Orlando, FL 32804

HOURS OF OPERATION: 8 to 5

DAYS OF OPERATION: Mon-Sat

**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. Ananthi Selvaraj	Jacksonville	420 Twin Oaks Ln	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.

S. Ananthi
Signature of Authorized Representative
04/26/24
Date

President
Title

Home Address 420 Twin Oaks Ln

City / State / Zip JT. Johns, FL 32259

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

AFFIDAVIT

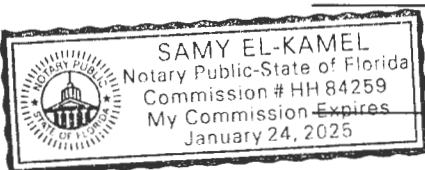
(to be attested before a Notary Public or other
officer authorized to administer oaths)

STATE OF FL
COUNTY OF St Johns

Personally appeared before me, an officer duly qualified to administer an oath in the City of St Johns, State of FL, 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 S. Amtho.

Sworn to and subscribed before me, this 26 day of April, 2024



[Signature]
(Notary Public)
Samy El-Kamel

My Commission Expires: 01/24/25

FLORIDA VEHICLE REGISTRATION

CO/AGY 20 / 3

T# 1841005823
B# 669371

PLATE **CD85UB** DECAL **13457301** Expires **Midnight Tue 12/31/2024**

YR/MK	2014/SU	BODY	TK	COLOR	WHI	Reg. Tax	233.37	Class Code	41
VIN	JALE5W166E7302287			TITLE	118299230	Init. Reg.		Tax Months	17
Plate Type	RMR	NET WT	6977	GVW	14999	County Fee	6.00	Back Tax Mos	
DL/FEID	-					Mail Fee		Credit Class	
Date Issued	7/28/2023	Plate Issued	7/28/2023			Sales Tax		Credit Months	
						Voluntary Fees			
						Grand Total	239.37		

DHOCHIN RECYCLING ORL,LLC
3038 N JOHN YOUNG PKWY STE 32
ORLANDO, FL 32804-4120

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.

RMR - STATE MOTTO PLATE ISSUED X

FLORIDA VEHICLE REGISTRATION

CO/AGY 20 / 3

T# 1841007267
B# 669371

PLATE **CD86UB** DECAL **13457428** Expires **Midnight Tue 12/31/2024**

YR/MK	2018/SU	BODY	TK	COLOR	WHI	Reg. Tax	233.37	Class Code	41
VIN	JALE5W167J7304186			TITLE	130746323	Init. Reg.		Tax Months	17
Plate Type	RMR	NET WT	6721	GVW	10999	County Fee	6.00	Back Tax Mos	
DL/FEID	-					Mail Fee		Credit Class	
Date Issued	7/28/2023	Plate Issued	7/28/2023			Sales Tax		Credit Months	
						Voluntary Fees			
						Grand Total	239.37		

DHOCHIN RECYCLING ORL,LLC
3638 N JOHN YOUNG PKWY STE 32
ORLANDO, FL 32804-4120

IMPORTANT INFORMATION

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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.

RMR - STATE MOTTO PLATE ISSUED X

FLORIDA VEHICLE REGISTRATION

CO/AGY 20 / 3

T# 1841007857
B# 669371

PLATE **CD87UB** DECAL **13457478** Expires **Midnight Tue 12/31/2024**

YR/MK	2019MSU	BODY	TK	COLOR	WHI	Reg. Tax	316.95	Class Code	41
VIN	JALE5W162K7301911			TITLE	132320660	Init. Reg.		Tax Months	17
Plate Type	RMR	NET WT	6721	GVW	19500	County Fee	6.00	Back Tax Mos	
DL/FEID	-					Mail Fee		Credit Class	
Date Issued	7/28/2023	Plate Issued	7/28/2023			Sales Tax		Credit Months	
						Voluntary Fees			
						Grand Total	322.95		

IMPORTANT INFORMATION

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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.
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DHOCHIN RECYCLING ORL,LLC
3038 N JOHN YOUNG PKWY STE 32
ORLANDO, FL 32804-4120

RMR - STATE MOTTO PLATE ISSUED X



DHOCREC-01

MMARTINO

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
4/26/2024

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 Maury, Donnelly & Parr, Inc. 13901 Sutton Park Drive S, Ste 100 Jacksonville, FL 32224	CONTACT NAME: Mary Martino PHONE (A/C, No, Ext): (904) 265-5120 E-MAIL ADDRESS: mary-martino@mdpins.com	FAX (A/C, No): (410) 685-3071
	INSURER(S) AFFORDING COVERAGE	
INSURED Dhochin Recycling Ori LLC dba Junk King Orlando 3038 N John Young Pkwy, Unit 32 Orlando, FL 32804	INSURER A: Trisura Specialty Insurance Company NAIC # 16188	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

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 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	MIW-BUR21C027-180	4/1/2024	4/1/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY	X	MIW-BUR21C027-180	4/1/2024	4/1/2025	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) <input type="checkbox"/> Y/N N/A If yes, describe under DESCRIPTION OF OPERATIONS below					PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Pollution Legal Liab		MIW-BUR21C027-180	4/1/2024	4/1/2025	Per Loss 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Orange County BCC is named as Additional Insured with respects to General Liability and Automobile Liability as required by written contract or agreement.

CERTIFICATE HOLDER Orange County Solid Waste Attn: Tammy Fletcher 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 



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
08/23/2023

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 biBERK P.O. BOX 113247 Stamford, CT 06911	CONTACT NAME: PHONE (A/C, No, Ext): 844-472-0967 E-MAIL ADDRESS: customerservice@biBERK.com	FAX (A/C, No): 203-654-3613
	INSURER(S) AFFORDING COVERAGE INSURER A : National Liability & Fire Insurance Company	
INSURED Dhochin Recycling Orl LLC Junk King Orlando 3038 John Young Pkwy Unit 32 Orlando, FL 32804	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

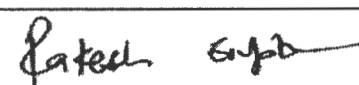
COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD 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 \$ 0 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 0 MED EXP (Any one person) \$ 0 PERSONAL & ADV INJURY \$ 0 GENERAL AGGREGATE \$ 0 PRODUCTS - COMP/OP AGG \$ 0	
	AUTOMOBILE LIABILITY <input 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					COMBINED SINGLE LIMIT (Ea accident) \$ 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 \$	
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input checked="" type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N Y	N/A	N9WC767110	08/24/2023	08/24/2024	X PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000
	Professional Liability (Errors & Omissions): Claims-Made						Per Occurrence/ Aggregate

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

Exclusions:
 Murali Jesudoss; Ananthi Selvaraj;
 Additional Named Insured: Junk King Orlando

CERTIFICATE HOLDER Dhochin Recycling Orl LLC 3038 John Young Pkwy Unit 32 Orlando, FL 32804	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 

2023 EXPIRES 9/30/2024 3100-1245304
3100 JUNK/TRASH REMOVAL \$15.00 4 EMPLOYEES

TOTAL TAX \$15.00
PREVIOUSLY PAID \$15.00
TOTAL DUE \$0.00

DHOCHIN RECYCLING ORL LLC

JUNK KING ORLANDO
DHOCHIN RECYCLING ORL LLC
3038 N JOHN YOUNG PKWY
ORLANDO FL 32804

3038 N JOHN YOUNG PKWY
U - ORLANDO, 32804

PAID: \$15.00 2002-09716341 4/24/2024

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

2023 EXPIRES 9/30/2024 3100-1245304
3100 JUNK/TRASH REMOVAL \$15.00 4 EMPLOYEES

TOTAL TAX \$15.00
PREVIOUSLY PAID \$15.00
TOTAL DUE \$0.00



DHOCHIN RECYCLING ORL LLC

JUNK KING ORLANDO
DHOCHIN RECYCLING ORL LLC
3038 N JOHN YOUNG PKWY
ORLANDO FL 32804

3038 N JOHN YOUNG PKWY
U - ORLANDO, 32804

PAID: \$15.00 2002-09716341 4/24/2024

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.



[Department of State](#) / [Division of Corporations](#) / [Search Records](#) / [Search by Entity Name](#) /

Detail by Entity Name

Florida Limited Liability Company
DHOCHIN RECYCLING ORL, LLC

Filing Information

Document Number	L23000292345
FEI/EIN Number	NONE
Date Filed	06/16/2023
State	FL
Status	ACTIVE

Principal Address

3038 N JOHN YOUNG PARKWAY UNIT 32
ORLANDO, FL 32804

Mailing Address

3038 N JOHN YOUNG PARKWAY UNIT 32
ORLANDO, FL 32804

Registered Agent Name & Address

INC AUTHORITY RA
390 NORTH ORANGE AVE., STE 2300-N
ORLANDO, FL 32801

Authorized Person(s) Detail

Name & Address

Title MGR

JESUDOSS, MURALI
3038 N JOHN YOUNG PARKWAY UNIT 32
ORLANDO, FL 32804

Annual Reports

No Annual Reports Filed

Document Images

[06/16/2023 -- Florida Limited Liability](#) [View image in PDF format](#)