




Interoffice Memorandum

March 29, 2021

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

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

**SUBJECT: BCC AGENDA ITEM - Consent Agenda  
April 13, 2021 BCC Meeting  
Application for Commercial Refuse License – Arboricultural  
Solutions Inc.  
Contact Person: David Gregory, Manager  
Solid Waste Division  
407-254-9622**

We have received a commercial refuse license application from Arboricultural Solutions Inc. to provide solid waste hauling services to multi-family, construction and demolition, and other commercial generators in Orange County.

According to Section 32-178 of the Orange County Code the applicant must:

- 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 determined that Arboricultural Solutions Inc. meets the criteria stipulated in Section 32-178 of the Orange County Code. Staff recommends approval of the application.

**Action Requested: Approval of commercial refuse license for Arboricultural Solutions Inc. to provide solid waste hauling services to commercial generators in Orange County.**

**All Districts.**

**ARBORICULTURAL SOLUTIONS INC.**  
(NAME OF COMPANY)

**CHECKLIST FOR A COMMERCIAL HAULER 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:**

- |  |                      |
|--|----------------------|
| <input type="checkbox"/> \$ 25.00            | 3 or less employees  |
| <input checked="" type="checkbox"/> \$200.00 | 4 to 10 employees    |
| <input type="checkbox"/> \$350.00            | 11 or more employees |



UTILITIES DEPARTMENT • SOLID WASTE DIVISION  
5901 Young Pine Road • Orlando, Florida 32829  
Telephone 407-836-6601 • Fax 407-836-6658

February 1, 2021

EMAILED

Chuck Theurer  
Agricultural Solutions Inc (A.S.I.)  
PO Box 770460  
Winter Garden, FL 34777

Dear Chuck:

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\*\*. 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
- 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 BCC is named as additional insured on all liability policies*
- Certificate Holder must state the following –  
*Orange County Solid Waste, Attn: Tiffany Fletcher, 5901 Young Pine Rd., Orlando, FL 32829*

February 1, 2021

Page 2

[X] 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.

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 a complete copy of Chapter 32, you may contact the Board of County Commissioners Clerk's Office at (407) 836-7300 to request a copy be sent to you or view online at <http://library.municode.com/index.aspx?clientID=10182&stateID=9&statename=Florida>

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

Sincerely,

*Tiffany Fletcher*

Tiffany Fletcher  
Program Coordinator

\*\*There could be delays related to COVID-19.

BCC Mtg. Date: April 13, 2021

**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: Arboricultural Solutions Inc. (A.S.I.)

TRADE / FIRM NAME OF COMPANY: \_\_\_\_\_

MAILING ADDRESS: P.O. Box 770460

CITY / STATE / ZIP CODE: Winter Garden Florida 34777

PHONE NUMBER: 407 493 6009 FAX: \_\_\_\_\_

CONTACT PERSON: Chuck Theurer

E-MAIL ADDRESS: CTheurer@asitree.com

EMERGENCY PHONE NUMBER: \_\_\_\_\_

NUMBER OF EMPLOYEES: 7

**LOCATION OF EQUIPMENT:**

ADDRESS: 815 Crown Point Cross Road

CITY / STATE / ZIP: Winter Garden Florida

HOURS OF OPERATION: 6am - 7pm

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. <u>Stephanie Theurer</u>	<u>owner</u>	<u>3082 owassa cove</u>	<u>100.</u>
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.

Stephanie Theurer \_\_\_\_\_ 1.25.2021 \_\_\_\_\_  
 Signature of Authorized Representative Date  
President/owner \_\_\_\_\_  
 Title

Home Address 3082 owassa Ct. \_\_\_\_\_

City / State / Zip Kissimmee Florida 34746 \_\_\_\_\_

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

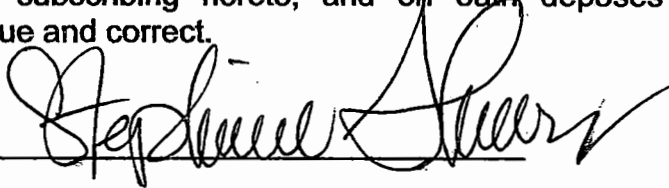
**AFFIDAVIT**

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

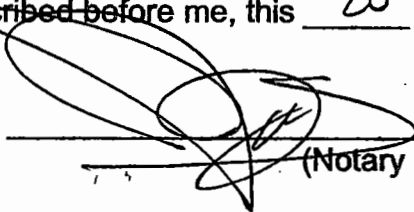
STATE OF Florida  
COUNTY OF Osceola

Personally appeared before me, an officer duly qualified to administer an oath in the City of Celebrations, 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.

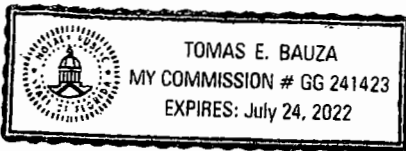
Signature of Applicant



Sworn to and subscribed before me, this 25 day of Jan, 2021



(Notary Public)



My Commission Expires:

07/24/22





3. Affix decal in the upper right corner of license plate.

...motor vehicle transporting 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:  
**ARBORICULTURAL SERVICES INC**  
**PO BOX 770460**  
**WINTER GARDEN, FL 34777-0460**

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 7 / 2

T# 1403188709  
 B# 2230902

PLATE **N8532Y**      DECAL **19203148**      Expires **Midnight Fri 12/31/2021**

YR/MK **2007/INTL**      BODY **TK**

VIN **[REDACTED]**

Plate Type **TUR**      NET WT **13860**

DL/FEID **[REDACTED]**

Date Issued **1/27/2021**      Plate Issued **12/30/2016**

COLOR **WHI**  
 TITLE **97947481**  
 GVW **33000**

Reg. Tax	393.10	Class Code	41
Init. Reg.		Tax Months	12
County Fee	3.00	Back Tax Mos	
Mail Fee		Credit Class	
Sales Tax		Credit Months	
Voluntary Fees			
<b>Grand Total</b>	<b>396.10</b>		

**ARBORICULTURAL SERVICES INC**  
**PO BOX 770460**  
**WINTER GARDEN, FL 34777-0460**

### 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.

**IMPORTANT INFORMATION**

Section 316.613, Florida Statutes, requires every operator of a motor vehicle transporting a child in a passenger car, van, motorcycle or motor 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 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:  
**ARBORICULTURAL SERVICES INC**  
**PO BOX 770468**  
**WINTER GARDEN, FL 34777-0468**

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 7 / 2 TR 1417490519  
 BH 2243403

PLATE **Y78PYB** DECAL **11237308** Expires **Midnight Wed 06/30/2021**

YR/MK	<b>2006/FORD</b>	BODY	<b>PK</b>	COLOR	<b>WHI</b>	Reg. Tax	Class Code	
VIN	[REDACTED]			TITLE	<b>\$4004066</b>	Init. Reg.	Tax Months	<b>31</b>
Plate Type	<b>RGR</b>	NET WT	<b>4904</b>			County Fee	Back Tax Mos	
DL/FEID	[REDACTED]					Mail Fee	Credit Class	
Date Issued	<b>7/14/2020</b>	Plate Issued	<b>7/1/2018</b>			Sales Tax	Credit Months	
						Voluntary Fees		
						Grand Total		<b>3.00</b>

**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.

**ARBORICULTURAL SERVICES INC**  
**PO BOX 770468**  
**WINTER GARDEN, FL 34777-0468**

**RGR - FLORIDA REGULAR**



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
02/08/2021

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**  
 Jones Insurance Advisors, Inc.  
 2127 10th Avenue  
 Vero Beach FL 32960

**CONTACT NAME:** Jones Insurance Advisors, Inc.  
**PHONE (A/C, No. Ext):** (772) 569-6802 **FAX (A/C, No):** (772) 569-6899  
**E-MAIL ADDRESS:** bob@jonesia.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: Greenwich Insurance Company	22322
INSURER B: Greenwich Insurance Company	22322
INSURER C: Greenwich Insurance Company	22322
INSURER D:	
INSURER E:	
INSURER F:	

**COVERAGES**

**CERTIFICATE NUMBER:** 14211

**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 INSRD	SUBR WVD	POLICY NUMBER	POLICY EFF DATE (MM/DD/YY)	POLICY EXP DATE (MM/DD/YY)	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		NPC-1001592-01	09/13/20	09/13/21	EACH OCCURRENCE	\$ 1000000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100000
							MED EXP (Any one person)	\$ 5000
							PERSONAL & ADV INJURY	\$ 1000000
							GENERAL AGGREGATE	\$ 2000000
							PRODUCTS-COMP/OP AGG	\$ 2000000
								\$
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" 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 <input checked="" type="checkbox"/> Pollution Liability (CA 9948)	Y		NBA-1001594-01	09/13/20	09/13/21	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
				NBA-1001594-01	09/13/20	09/13/21	BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$ 1,000,000
								\$
C	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000	Y		NEC-6005871-01	09/13/20	09/13/21	EACH OCCURRENCE	\$ 1,000,000
								\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NY) If yes, describe under DESCRIPTION OF OPERATIONS below		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)**  
 Orange County BCC is listed as an Additional Insured on the General Liability, Auto Liability, and Umbrella policies when required by written contract.  
 Pollution Liability coverage is being provided by endorsement CA 9948 on the Business Auto Policy.

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

**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.

Robert K. Jones Lic # A134715

# CERTIFICATE OF LIABILITY INSURANCE

Date  
1/25/2021

**Producer:** Plymouth Insurance Agency  
2739 U.S. Highway 19 N.  
Holiday, FL 34691  
(727) 938-5562

**This Certificate is issued as a matter of information only and confers no rights upon the Certificate Holder. This Certificate does not amend, extend or alter the coverage afforded by the policies below.**

**Insured:** South East Personnel Leasing, Inc. & Subsidiaries  
2739 U.S. Highway 19 N.  
Holiday, FL 34691

Insurers Affording Coverage	NAIC #
Insurer A: Lion Insurance Company	11075
Insurer B:	
Insurer C:	
Insurer D:	
Insurer E:	

**Coverages**

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. Aggregate limits shown may have been reduced by paid claims.

INSR LTR	ADDL INSRD	Type of Insurance	Policy Number	Policy Effective Date (MM/DD/YY)	Policy Expiration Date (MM/DD/YY)	Limits																				
		<b>GENERAL LIABILITY</b> <input type="checkbox"/> Commercial General Liability <input type="checkbox"/> Claims Made <input type="checkbox"/> Occur <hr/> General aggregate limit applies per: <input type="checkbox"/> Policy <input type="checkbox"/> Project <input type="checkbox"/> LOC				Each Occurrence \$ Damage to rented premises (EA occurrence) \$ Med Exp \$ Personal Adv Injury \$ General Aggregate \$ Products - Comp/Op Agg \$																				
		<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> Any Auto <input type="checkbox"/> All Owned Autos <input type="checkbox"/> Scheduled Autos <input type="checkbox"/> Hired 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>EXCESS/UMBRELLA LIABILITY</b> <input type="checkbox"/> Occur <input type="checkbox"/> Claims Made Deductible				Each Occurrence Aggregate																				
A		<b>Workers Compensation and Employers' Liability</b> Any proprietor/partner/executive officer/member excluded? <b>NO</b> If Yes, describe under special provisions below.	WC 71949	01/01/2021	01/01/2022	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;"><b>X</b></td> <td style="width: 70%;">WC Statutory Limits</td> <td style="width: 5%;"></td> <td style="width: 10%;">OTH-ER</td> <td style="width: 10%;"></td> </tr> <tr> <td></td> <td>E.L. Each Accident</td> <td></td> <td></td> <td style="text-align: right;">\$1,000,000</td> </tr> <tr> <td></td> <td>E.L. Disease - Ea Employee</td> <td></td> <td></td> <td style="text-align: right;">\$1,000,000</td> </tr> <tr> <td></td> <td>E.L. Disease - Policy Limits</td> <td></td> <td></td> <td style="text-align: right;">\$1,000,000</td> </tr> </table>	<b>X</b>	WC Statutory Limits		OTH-ER			E.L. Each Accident			\$1,000,000		E.L. Disease - Ea Employee			\$1,000,000		E.L. Disease - Policy Limits			\$1,000,000
<b>X</b>	WC Statutory Limits		OTH-ER																							
	E.L. Each Accident			\$1,000,000																						
	E.L. Disease - Ea Employee			\$1,000,000																						
	E.L. Disease - Policy Limits			\$1,000,000																						
Other		<b>Lion Insurance Company is A.M. Best Company rated A (Excellent). AMB # 12616</b>																								

**Descriptions of Operations/Locations/Vehicles/Exclusions added by Endorsement/Special Provisions:** Client ID: 84-67-223  
 Coverage only applies to active employee(s) of South East Personnel Leasing, Inc. & Subsidiaries that are leased to the following "Client Company":  
**Arboricultural Solutions, Inc.**  
 Coverage only applies to injuries incurred by South East Personnel Leasing, Inc. & Subsidiaries active employee(s), while working in: FL.  
 Coverage does not apply to statutory employee(s) or Independent contractor(s) of the Client Company or any other entity.  
 A list of the active employee(s) leased to the Client Company can be obtained by faxing a request to (727) 937-2138 or email certificates@lioninsurancecompany.com  
**Project Name:**  
 ISSUE 01-25-21(BP)  
**Begin Date: 7/18/2012**

**CERTIFICATE HOLDER**  
 ORANGE COUNTY SOLID WASTE  
 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, the issuing insurer will endeavor to mail 30 days written notice to the certificate holder named to the left, but failure to do so shall impose no obligation or liability of any kind upon the insurer, its agents or representatives.

*Tiffany Fletcher*

TOTAL TAX \$30.00  
 PENALTIES \$7.50  
 PREVIOUSLY PAID \$37.50  
 TOTAL DUE \$0.00

THEURER STEPHANIE A

ARBORICULTURAL SOLUTIONS INC  
 PO BOX 770460  
 WINTER GARDEN FL 34777

MOBILE FROM OSCEOLA (MOBILE)  
 X - OUT OF COUNTY, 00000

PAID: \$37.50 0098-00983799 1/26/2021

**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.

2020

EXPIRES 9/30/2021

3100-1112608

3100 SILVUCULTURE/FOREST

\$30.00

1 EMPLOYEE ;

TOTAL TAX \$30.00  
 PENALTIES \$7.50  
 PREVIOUSLY PAID \$37.50  
 TOTAL DUE \$0.00



THEURER STEPHANIE A

ARBORICULTURAL SOLUTIONS INC  
 PO BOX 770460  
 WINTER GARDEN FL 34777

MOBILE FROM OSCEOLA (MOBILE)  
 X - OUT OF COUNTY, 00000

PAID: \$37.50 0098-00983799 1/26/2021

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.