



Interoffice Memorandum

September 26, 2022

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
October 11, 2022 BCC Meeting
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 Liberty Hauling Services LLC, to provide solid waste hauling services to construction and demolition 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, and
- Demonstrate the service capability of vehicles and equipment,

Staff has reviewed the application and supporting documentation and determined that Liberty Hauling Services LLC 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 Liberty Hauling Services LLC to provide solid waste hauling services to commercial generators in Orange County for a five-year term.

All Districts.

Liberty Hauling Services, 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: Liberty Hauling Services LLC

TRADE / FIRM NAME OF COMPANY: _____

MAILING ADDRESS 470 S Lake Jessup Ave

CITY / STATE / ZIP CODE: Oviedo FL 32765

PHONE NUMBER: 407 977 4187 FAX: _____

CONTACT PERSON: Olivia Eastlund

E-MAIL ADDRESS: libertyhaulingservices@gmail.com

EMERGENCY PHONE NUMBER: 407 212 0875

NUMBER OF EMPLOYEES: 2

LOCATION OF EQUIPMENT:

ADDRESS: 2585 JMT Industrial Drive

CITY / STATE / ZIP: Apopka FL 32703

HOURS OF OPERATION: Monday Thru SAT - 4AM 5PM

DAYS OF OPERATION: 6 Days

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>RICHARD EASTLUND</u>	<u>Managing member</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.

Olivia Eastlund 8/9/22
Signature of Authorized Representative Date

Authorized Managing Member
Title

Home Address 470 S Lake Jessup Ave

City / State / Zip Orlando, FL 32765

**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

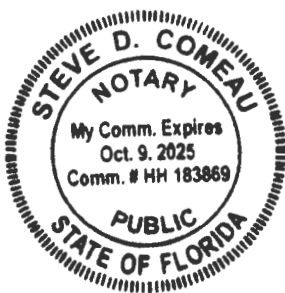
COUNTY OF Orange

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 Olivia Eastlund

Sworn to and subscribed before me, this 11 day of August, 2022

Steve D. Comeau
(Notary Public)



My Commission Expires: 10-9-2025

will prevent your driving privilege from being suspended

02-18301

FLORIDA VEHICLE REGISTRATION

CO/AGY 7 / 20 T# 1569344511
B# 3074512

PLATE **N3792Z** DECAL **18601701** Expires **Midnight Sat 12/31/2022**

YR/MK	2018/MACK	BODY	TK	COLOR	WHI	Reg. Tax	1,099.10	Class Code	41
VIN	1M2AX13C5JM042343			TITLE	129569761	Init. Reg.		Tax Months	12
Plate Type	TUR	NET WT	27940	GVW	64000	County Fee	3.00	Back Tax Mos	
DL/FEID	[REDACTED]					Mail Fee		Credit Class	
Date Issued	12/9/2021	Plate Issued	12/28/2017			Sales Tax		Credit Months	
						Voluntary Fees			
						Grand Total	1102.10		

**NEXTRAN CORPORATION DBA NEXTRAN RENTAL AND LEASING
8100 CHANCELLOR DR STE 130
ORLANDO, FL 32809-7664**

- 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

TUR - TRUCKS WITH TWO PLATES

FLORIDA VEHICLE REGISTRATION

CO/AGY 17 / 4

T# 1587544421
B# 982285

PLATE **P2785B** DECAL **19693612** Expires **Midnight Sat 12/31/2022**

YR/MK	2017/MACK	BODY	TK	COLOR	WHI	Reg Tax	1,349.10	Class Code	41
VIN	1M2AX13C9HM038127			TITLE	132283076	Init Reg		Tax Months	12
Plate Type	TUR	NET WT	16500	GVW	62740	County Fec	3 00	Back Tax Mos	
DI/FEID	[REDACTED]					Mail Fee		Credit Class	
Date Issued	1/11/2022	Plate Issued	9/14/2018			Sales Tax		Credit Months	
						Voluntary Fees			
						Grand Total	1352 10		

LIBERTY HAULING SERVICES LLC
3430 SEMINOLE AVE
OVIEDO, FL 31765

IMPORTANT INFORMATION

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TUR - TRUCKS WITH TWO PLATES

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, 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.

Mail To:
LIBERTY HAULING SERVICES LLC
470 S LAKE JESSUP AVE
OVIEDO, FL 32765-9575

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 1 / 27 T# 1646686047
 B# 1597384

FLORIDA TRUCK/TRACTOR REGISTRATION

PLATE	58BSNN	DECAL	20645681	Expires	Midnight Sat 12/31/2022				
YR/MK	2023/MACK	BODY	TR	COLOR	WHI	Reg. Tax	928.44	Class Code	41
VIN	1M2GR4GC3PM030331			TITLE	146641197	Init. Reg.		Tax Months	8
Plate Type	RGS	NET WT	18920	GVW	80000	County Fee	3.00	Back Tax Mos	
DL/FEID	[REDACTED]					Mail Fee		Credit Class	
Date Issued	5/6/2022	Plate Issued	5/6/2022			Sales Tax		Credit Months	
						Voluntary Fees			
						Grand Total	931.44		

LIBERTY HAULING SERVICES LLC
470 S LAKE JESSUP AVE
OVIEDO, FL 32765-9575

IMPORTANT INFORMATION

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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.

RGS - SUNSHINE STATE PLATE ISSUED X

TRANSFER OF TITLE PURCHASER BUYS VEHICLE
 IS EXEMPT FROM EXEMPTION CERTIFICATE
 FLORIDA SALES OR VEHICLE / VESSEL WILL BE
 USE TAX FOR THE USED EXCLUSIVELY FOR RENTAL
 REASON(S) CHECKED OTHER

INDICATE SALES OR USE TAX DUE AS PROVIDED BY CHAPTER 5 0.00
 212, FLORIDA STATUTES

SELLING PRICE VERIFIED

APPLICANT CERTIFICATION

I/WE HEREBY CERTIFY THAT THE VEHICLE/VESSEL TO BE TITLED WILL NOT BE OPERATED UPON THE PUBLIC HIGHWAYS/WATERWAYS OF THIS STATE.
 I CERTIFY THAT THE CERTIFICATE OF TITLE IS LOST OR DESTROYED.
 I CERTIFY THAT THIS MOTOR VEHICLE/VESSEL WAS REPOSSESSED UPON DEFAULT OF THE LIEN INSTRUMENT AND IS NOW IN MY POSSESSION.
 I/WE HEREBY CERTIFY THAT I/WE LAWFULLY OWN THE ABOVE DESCRIBED VEHICLE/VESSEL, AND MAKE APPLICATION FOR TITLE. IF LIEN IS BEING RECORDED NOTICE IS HEREBY GIVEN THAT THERE IS AN EXISTING WRITTEN LIEN INSTRUMENT INVOLVING THE VEHICLE/VESSEL DESCRIBED ABOVE AND HELD BY LIENHOLDER SHOWN ABOVE. I/WE FURTHER AGREE TO DEFEND THE TITLE AGAINST ALL CLAIMS.

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING DOCUMENT AND THAT THE FACTS STATED IN IT ARE TRUE.

Signature of Applicant/Owner _____ Signature of Applicant/Co-Owner _____
 HSMV 82041 REVISED 02/06 SCAN CODE MVT

I UNDERSTAND THAT MY DRIVER LICENSE AND REGISTRATIONS WILL BE SUSPENDED IMMEDIATELY IF THE INSURER DENIES THE INSURANCE INFORMATION SUBMITTED FOR THIS REGISTRATION.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
8/15/2022

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 RRL Insurance Agency 4450 W. Eau Gallie Blvd., Suite 115 Melbourne FL 32934	CONTACT NAME: Aileen McDonough	
	PHONE (A/C, No, Ext): 800-407-4077	FAX (A/C, No): 321-752-7980
E-MAIL ADDRESS: policies@RRL-ins.com		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: Key Risk a Berkley Company		10885
INSURER B: Great Divide Insurance Company		25224
INSURER C: Lion Insurance Company		
INSURER D:		
INSURER E:		
INSURER F:		

COVERAGES **CERTIFICATE NUMBER:** 370400631 **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 WVP	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
B	<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 type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	Y	GLP2023308-15	7/22/2022	7/22/2023	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 \$
A	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> Pollution <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			BAP2023307-15	7/22/2022	7/22/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Pollution Included \$ Form: CA9948
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
C	<input type="checkbox"/> 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	WC71949	7/3/2022	7/3/2023	<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

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Orange County Solid Waste Division is listed as additional insured. Pollution is covered under auto per form CA 9948 to equal \$1,000,000.

CERTIFICATE HOLDER Orange County Solid Waste Division Attn: Tiffany Fletcher 5901 Young Pine Road Orlando FL 32829	CANCELLATION 30 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 

Search Again

Business Tax Receipt ID: 1088460

Location Address: MOBILE FROM SEMINOLE COUNTY Mailing Address: LIBERTY HAULING SERVICES LLC

Business: LIBERTY HAULING SERVICES LLC 3430 SEMINOLE AVE

New Business Date: 02/17/2011 OVIEDO, FL 32765-8817

Application Date: 02/17/2011

Out of Business Date:

2022	Account Number: 3100-1088460						
Category Type	Display Name	Units	Tax	Exempt	Total Fees	Total Paid	Total Amt Due
3100	DEBRIS REMOVAL	1	\$30.00	\$0.00	\$0.00	\$30.00	\$0.00
Total For 2022:			\$30.00	\$0.00	\$0.00	\$30.00	\$0.00

This Business Tax Receipt ID has been paid in full