



**Interoffice Memorandum**

August 4, 2023

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

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

A handwritten signature in black ink, appearing to be "Ed Torres", written over the "FROM:" line.

**SUBJECT: BCC AGENDA ITEM – Consent Agenda  
August 22, 2023, 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 Hamilton Alliance, Inc., to provide solid waste hauling services to multi-family, construction and demolition, and other commercial generators in Orange County, Florida.

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 Hamilton Alliance, Inc. 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, Florida, for a period of five years.

**ACTION REQUESTED: Approval of commercial refuse license for Hamilton Alliance, Inc. to provide solid waste hauling services to commercial generators in Orange County, Florida, for a five-year term.**

**All Districts.**

**Hamilton Alliance, Inc**  
(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: HAMILTON ALLIANCE, INC

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

MAILING ADDRESS: PO BOX 797

CITY / STATE / ZIP CODE: CICERO, IN 46034

PHONE NUMBER: 561-855-2079 FAX: \_\_\_\_\_

CONTACT PERSON: ANA FARRAH

E-MAIL ADDRESS: ANA@HAMILTONINC.US

EMERGENCY PHONE NUMBER: 561-358-0069

NUMBER OF EMPLOYEES: 7

LOCATION OF EQUIPMENT:

ADDRESS: 13800 VETERANS WAY

CITY / STATE / ZIP: ORLANDO, FL 32827

HOURS OF OPERATION: 4 AM - 5 PM

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.	<u>JAMES EDWARDS</u>	<u>OWNER</u>	<u>19051 SE CROSSWINDS LN JUPITER, FL 33478</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   X   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   X   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

5/4/23  
Date

OWNER / CEO  
Title

Home Address 19051 SE CROSSWINDS LN

City / State / Zip JUPITER, FL 33478

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

**AFFIDAVIT**

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

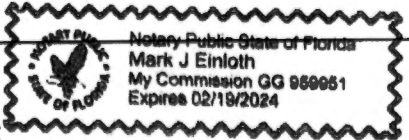
STATE OF FL  
COUNTY OF Palm Beach

Personally appeared before me, an officer duly qualified to administer an oath in the City of Jupiter, 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 4<sup>th</sup> day of May, 2023

[Signature]  
(Notary Public)



My Commission Expires: \_\_\_\_\_



MYFLORIDA.COM

DECAL

AH4  2GJ

SUNSHINE STATE

FLORIDA TRUCK/TRACTOR REGISTRATION

COUNTY: 11 104 TR: 0000000000

PLATE: AH4GJ DECAL: 21430635 Expires Midnight Sun 12/31/2023

TRUCK	2004PONT	BODY	TR	COLOR	000	Reg. Tax	407.00	Class Code	40
VIN	3ALMGP9880LW0278			TITLE	00000000	Int. Reg.		Tax Month	5
Plate Type	000	NET WT	18421	GVW	80000	County Tax	3.00	Back Tax Mon	
						Mile Tax		Credit Class	
						Sales Tax		Credit Month	
						Voluntary Fees			
						Grand Total	500.00		

CLERK: 73187828-01  
Date Issued: 10/26/23 Plate Issued: 10/26/23

DAVIDSON ALLIANCE, INC  
1801 DELAWARE RD SW #40  
WEST PALM BEACH, FL 33408-1943

IMPORTANT INFORMATION

1. The Florida license plate must remain with the equipment 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 registration will be suspended immediately if the correct driver license information is not submitted for this registration.

000 - SUNSHINE STATE PLATE ISSUED 2

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 any rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Starkweather & Shepley PO Box 549 Providence, RI 02901-0549 401 435-3600	<b>CONTACT NAME:</b> Ashley Motta <b>PHONE (A/C, No, Ext):</b> 401 709-7545 <b>E-MAIL ADDRESS:</b> amotta@starshep.com	<b>FAX (A/C, No):</b> 401-735-1059													
	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : Hartford Fire Insurance Company</td> <td>19682</td> </tr> <tr> <td>INSURER B : RSUI Indemnity Co</td> <td>22314</td> </tr> <tr> <td>INSURER C : Aspen Specialty Insurance Company</td> <td>10717</td> </tr> <tr> <td>INSURER D : Atlantic Specialty Insurance Company</td> <td>27154</td> </tr> <tr> <td>INSURER E : Travelers Insurance Company</td> <td>25674</td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </tbody> </table>		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Hartford Fire Insurance Company	19682	INSURER B : RSUI Indemnity Co	22314	INSURER C : Aspen Specialty Insurance Company	10717	INSURER D : Atlantic Specialty Insurance Company	27154	INSURER E : Travelers Insurance Company	25674	INSURER F :
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**INSURED**  
Hamilton Alliance, Inc.  
PO Box 797  
Cicero, IN 46034

**COVERAGES**

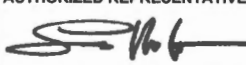
**CERTIFICATE NUMBER:**

**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 INSR	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 <input checked="" type="checkbox"/> BI/PD Ded:2,500 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X	X	02 UEN OD2150	05/01/2023	01/01/2024	EACH OCCURRENCE \$2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$2,000,000 GENERAL AGGREGATE \$4,000,000 PRODUCTS - COMP/OP AGG \$4,000,000 \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	X	X	02 UEN OD2151	05/01/2023	01/01/2024	COMBINED SINGLE LIMIT (Ea accident) \$2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB OCCUR <input checked="" type="checkbox"/> CLAIMS-MADE DED RETENTION \$	X	X	NHA102291 EX-3W742619-23-N	05/01/2023 05/01/2023	01/01/2024 01/01/2024	EACH OCCURRENCE \$2,000,000 AGGREGATE \$3MX2M \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			02 WE OD2B1U	05/01/2023	01/01/2024	<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
C	Pollution Professional	X	X	ER00W1P23 ER00W1P23	05/01/2023 05/01/2023	01/01/2024 01/01/2024	\$5,000,000 \$10K Retent \$5,000,000 \$10K Retent

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 Orange County Florida; Additional Insured and Waiver of Subrogation apply per policy terms and conditions.  
 General Liability Additional Insured applies for ongoing and completed operations on a primary & non contributory basis per policy terms and conditions. Auto Liability Excess and Pollution Liability applies on a primary and non contributory basis per policy terms and conditions. The Auto policy included a broadened Pollution Liability Endorsement.

<b>CERTIFICATE HOLDER</b>  Orange County Florida, C/O Solid Waste Division, 5901 Young Pine Rd Orlando, FL 32829	<b>CANCELLATION</b>  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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# Business Tax Search

Search Again

**Business Tax Receipt ID:** 1238921

**Location Address:** 37 N ORANGE AVE #500 **Mailing Address:** HAMILTON ALLIANCE INC

**Business:** HAMILTON ALLIANCE INC EDWARDS JAMES

**New Business Date:** 05/17/2023 PO.BOX 797

**Application Date:** 05/17/2023 CICERO, IN 46034

**Out of Business Date:**

This Business Tax Receipt ID has been paid in full