

**Dumpster Medics 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
- 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

**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: Dumpster Medic's LLC  
(FULL name of company include LLC, Inc etc.)

TRADE / FIRM NAME OF COMPANY: N/A

MAILING ADDRESS: 3162 Dasha Palm Dr.

CITY / STATE / ZIP CODE: Kissimmee FL 34744

PHONE NUMBER: 407-516-2657 FAX: N/A

CONTACT PERSON: Rashad Davis

E-MAIL ADDRESS: DumpsterMedic@gmail.com

EMERGENCY PHONE NUMBER: 407-516-2657

NUMBER OF EMPLOYEES: 1

**LOCATION OF EQUIPMENT:**

ADDRESS: 9839 Patch road suit A

CITY / STATE / ZIP: Orlando FL 32822

HOURS OF OPERATION: 7am - 7pm

DAYS OF OPERATION: M-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>Bashad Davis</u>	<u>owner</u>	<u>3162 Dasha Palm Dr Kissimmee FL</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.

[Signature]      6-4-25      Owner  
Signature of Authorized      Date      Title  
Representative

Home Address  
3162 Dasha Palm Dr

City / State / Zip

Kissimmee FL      34744



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

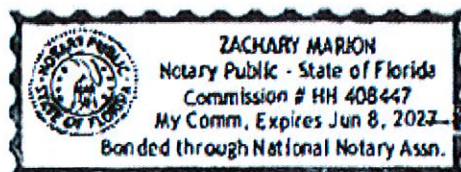
COUNTY OF Orange

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



Sworn to and subscribed before me, this 4 day of June, 2025



  
(Notary Public)

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

## NAME OF COMPANY

Please complete the following and return with the application:

- unincorporated.

- ◆ Number of employees:

- ◆ Number of commercial vehicles to be used in the business: 1

- ◆ Truck numbers, tag numbers and tare weights of each vehicle:

[illegible]

**Tax Collector Scott Randolph**

**Local Business Tax Receipt**

**Orange County, Florida**

**2025**

**EXPIRES SEPTEMBER 30, 2025**

3100-1248062

3100 WASTE HAULER

\$30.00

1 EMPLOYEE(S)

TOTAL TAX \$ 30.00  
PREVIOUSLY PAID \$ 30.00  
TOTAL DUE \$ 0.00

DAVIS RASHAD

DUMPSTER MEDICS LLC  
3162 DASHA PALM DR  
KISSIMMEE, FL 34744

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

Paid 30.00

09/24/2024

**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.

**2025**

**EXPIRES SEPTEMBER 30, 2025**

3100-1248062

3100 WASTE HAULER

\$30.00

1 EMPLOYEE(S)

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KISSIMMEE, FL 34744

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

Paid

\$ 30.00

09/24/2024

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.





DUMPMED-01

GARCIAX

## CERTIFICATE OF LIABILITY INSURANCE

(DATE (MM/DD/YYYY))

6/5/2025

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 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).

<b>PRODUCER</b> Insurance Office of America 1855 West State Road 434 Longwood, FL 32750	<b>CONTACT NAME</b> Cheryl Joynt <b>PHONE (A/C, No, Ext)</b> (407) 998-5588 <b>FAX (A/C, No)</b> <b>E-MAIL ADDRESS</b> Cheryl.Joynt@ioausa.com
<b>INSURED</b>  Dumpster Medic LLC 3162 Dasha Palm Drive Kissimmee, FL 34744	<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A</b> Trisura Specialty Insurance Company 16188 <b>INSURER B</b> Technology Insurance Company, Inc. 42376 <b>INSURER C</b> <b>INSURER D</b> <b>INSURER E</b> <b>INSURER F</b>

## 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.

INS LTR	TYPE OF INSURANCE	ADOL	SUBR	INSO	WYO	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	X COMMERCIAL GENERAL LIABILITY								
	CLAIMS MADE X OCCUR	X				MW-BUR21C027-306	6/5/2025	6/5/2026	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
									OTHER \$
A	AUTOMOBILE LIABILITY					MW-BUR21C027-306	6/5/2025	6/5/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	ANY AUTO OWNED AUTOS ONLY X SCHEDULED AUTOS								BODILY INJURY (Per person) \$
	X HYBRID AUTOS ONLY X NON-OWNED AUTOS ONLY								BODILY INJURY (Per accident) \$
	X PIP \$15,000								PROPERTY DAMAGE (Per accident) \$
									\$
	UMBRELLA LIAB OCCUR								EACH OCCURRENCE \$
	EXCESS LIAB CLAIMS MADE								AGGREGATE \$
	DED RETENTION \$								\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N								PER STATUTE OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/EMPLOYEE EXCLUDED? (Mandatory in NH)				N/A				E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below.								E.L. DISEASE - EA EMPLOYEE \$
									E.L. DISEASE - POLICY LIMIT \$
B	Cyber Liability					TPP1728248-01-0857	6/5/2025	6/5/2026	Limit 250,000

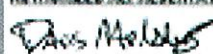
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
Physical Damage deductible: \$5,000 Actual Cash Value

A) Trisura Specialty Insurance Company  
Coverage: Pollution Liability  
Limit: \$1,000,000  
Effective Dates: 06/05/2025 - 06/05/2026

Orange County Florida c/o Solid Waste Division is named as additional insured with regards to General Liability.

## CERTIFICATE HOLDER

## CANCELLATION

Orange County Florida c/o Solid Waste Division Attn: Tiffany Fletcher 5901 Young Pine Rd 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 
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## 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.



Mail To:  
**DUMPSTER MEDICS LLC**  
**3162 DASHA PALM DRIVE**  
**KISSIMMEE, FL 34744**

## IMPORTANT INFORMATION

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

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.

CAPACITY 26 / 3      T# 2060353547  
 B# 1101200

## FLORIDA VEHICLE REGISTRATION

PLATE **P7544E**      DECAL **20124868**      Expires **Midnight Wed 12/31/2025**

YR/MK	2023/KW	BODY	DP	COLOR	WHI	Reg. Tax	1,099.10	Class Code	41
VIN	3BKDL40X5PF245488			TITLE	149603215	Init. Reg.		Tax Months	12
Plate Type	TUR	NET WT	18624	GVW	70000	County Fee	3.00	Back Tax Mos	
						Mail Fee		Credit Class	
						Sales Tax		Credit Months	
DL/FEID	821814844-01					Voluntary Fees			
Date Issued	12/20/2024	Plate Issued	2/2/2023			Grand Total	1102.10		

**DUMPSTER MEDICS LLC**  
**3162 DASHA PALM DRIVE**  
**KISSIMMEE, FL 34744**

## 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**



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

May 29, 2025

EMAILED

Greetings:

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 or longer. 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/ \$2,000,000 aggregate

☒ 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 is named as additional insured on liability policies

☒ Certificate Holder must state the following --  
Orange County Florida, C/O Solid Waste Division, 5901 Young Pine Rd.,  
Orlando, FL 32829

☐ 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