

**ZMEX Disposal 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
- 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: ZMEX DISPOSAL INC.  
(FULL name of company include LLC, Inc etc.)

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

MAILING ADDRESS: 352 ALDERSHOT CT

CITY / STATE / ZIP CODE: KISSIMMEE FL 34758

PHONE NUMBER: (407) 305-2756 FAX: \_\_\_\_\_

CONTACT PERSON: KEVIN ZURITA

E-MAIL ADDRESS: ZKevin@zmexdisposal.com

EMERGENCY PHONE NUMBER: (773) 642-1179

NUMBER OF EMPLOYEES: 2

**LOCATION OF EQUIPMENT:**

ADDRESS: 352 ALDERSHOT CT

CITY / STATE / ZIP: KISSIMMEE FL 34758

HOURS OF OPERATION: 7am - 6pm

DAYS OF OPERATION: M-F 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.	Kevin Zurita	"352 Aldershot ct.		70%

b. Pedro Zurita Kissimmee FL 34758" 30'1.

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] July 30 25

Signature of Authorized  
Representative

Date

President.  
Title

Home Address 352 Aldershot Ct

City / State/ Zip Kissimmee FL 34758

☐

**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 Kissimmee, 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] Kern

Sworn to and subscribed before me, this 29 day of July, 2025

[Signature] Lizbeth Rivera  
(Notary Public)

My Commission Expires: 01/29/2028  
3 of 3



**LIZBETH RIVERA**  
Notary Public  
State of Florida  
Comm# HH486363  
Expires 1/29/2028

NAME OF COMPANY

## SERVICE INFORMATION

Please complete the following and return with the application:

- ◆ Area(s) of Orange County you plan on servicing:

Orlando, Apopka, Lake Buena Vista, Winter Garden  
Winter Park

- ◆ Number of employees: 2

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

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

[illegible]

## 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:

**ZMEX DISPOSAL INC**  
**352 ALDERSHOT CT**  
**KISSIMMEE, FL 34758-4224**

## 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.

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 26 / 1

T# 2163168909

B# 3701146

## FLORIDA VEHICLE REGISTRATION

PLATE **P3349L** DECAL **22048966** Expires **Midnight Wed 12/31/2025**

YR/MK	<b>2009/MACK</b>	BODY	<b>TK</b>	COLOR	<b>WHI</b>	Reg. Tax	497.10	Class Code	41
VIN	<b>1M2AV04C69M003433</b>			TITLE	<b>160021128</b>	Init. Reg.		Tax Months	5
Plate Type	<b>TUR</b>	NET WT	<b>18000</b>	GVW	<b>65000</b>	County Fee	3.00	Back Tax Mos	
						Mail Fee		Credit Class	
DL/FEID	<b>392685399-01</b>					Sales Tax		Credit Months	
Date Issued	<b>7/31/2025</b>	Plate Issued	<b>7/31/2025</b>			Voluntary Fees			
						Grand Total	500.10		

**ZMEX DISPOSAL INC**  
**352 ALDERSHOT CT**  
**KISSIMMEE, FL 34758-4224**

## 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 PLATE ISSUED X**



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

07/08/2025

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 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> Erie Insurance Group 924 Hale Ave  Brookville FL 34801-3842		<b>CONTACT</b> NAME: Chris Urena PHONE (A/C, No, Ext): 813-582-5215 FAX (A/C, No): 813-582-5215 E-MAIL: info@erielifeinsurancegroup.com ADDRESS:  INSURER(S) AFFORDING COVERAGE INSURER A: Kinase Insurance Company, A, X NAIC # 38920 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	
<b>INSURED</b>  ZMEX DISPOSAL INC 352 Aldershot Ct  Kissimmee FL 34758-4224			

**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"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> 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:	Y	0100382416-0	07/07/2025	07/07/2028	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	<b>Contractor's Pollution Liability</b>			CPLMOL132779	07/07/2025	07/07/2026

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

The certificate holder is an additional insured.

**CERTIFICATE HOLDER****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

Chris Urena

Orange County Florida, C/D Solid Waste Division  
5901 Young Pine Rd

Orlando

FL 32832

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<b>CERTIFICATE OF INSURANCE</b>				DATE (MM/DD/YY) 07/29/2025
<b>PRODUCER AND THE NAMED INSURED</b> Prime Property & Casualty Insurance Inc.  8722 S. Harrison St. Sandy, UT 84070 (801) 304-5500		<b>THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE OF INSURANCE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND, OR ALTER THE COVERAGE AFFORDED BY THE INSURANCE POLICIES BELOW.</b>		
<b>INSURED</b> ZMEX DISPOSAL INC DBA: 352 Aldershot Ct Kissimmee, FL 34758		<b>INSURERS AFFORDING COVERAGE</b>  INSURER A: Prime Property & Casualty Insurance Inc.  INSURER B:  INSURER C: - Company #27876		
<b>COVERAGES</b>		<b>"LIMITS SHOWN ARE THOSE IN EFFECT AS OF POLICY INCEPTION"</b>		<b>788216</b>
The policies of insurance listed below have been issued to the insured named above for the policy 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.				
TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
<input type="checkbox"/> <b>Commercial Liability</b>  <input type="checkbox"/> Claims Made  <input type="checkbox"/> Exclude Products  <input type="checkbox"/> Exclude Completed Operations				
<input checked="" type="checkbox"/> <b>Commercial Auto Liability</b>  <input type="checkbox"/> Any Auto <input type="checkbox"/> All Owned Autos <input checked="" type="checkbox"/> Scheduled Autos <input type="checkbox"/> Hired Autos <input type="checkbox"/> Non-Owned Autos <input type="checkbox"/> Drive Away <input type="checkbox"/> Specifically Described Autos	PC25073604	07/24/2025	07/24/2026	\$1,000,000 CSL   \$10,000 P.I.P Per Person
<input type="checkbox"/> <b>Commercial Garage Liability</b>  <input type="checkbox"/> G.K.L.L. <input type="checkbox"/> O.T.R.P.D. <input type="checkbox"/> D.O.C. <input type="checkbox"/> Cargo <input type="checkbox"/> On Hook <input type="checkbox"/> Contractual Liability Indemnification <input type="checkbox"/> Wrongful Repossession <input type="checkbox"/> Exclude Completed Operations <input type="checkbox"/> Exclude Products <input type="checkbox"/> Claims Made				
<input type="checkbox"/> <b>Excess Liability</b>  <input type="checkbox"/> Claims Made				
<b>LIMITATION OF COVERAGE FOR ADDITIONAL INSURED</b> Liability Coverage is only provided to the Additional Insured with respect to Accidents otherwise covered under the Policy/Coverage Contract where the Insured is found directly liable and not where the Additional Insured is found independently negligent of the Insured.				
<b>DESCRIPTION OF OPERATION/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS</b>				
<div style="display: flex; justify-content: space-between;"> <span><input checked="" type="checkbox"/> <b>CERTIFICATE HOLDER</b></span> <span><input checked="" type="checkbox"/> <b>ADDITIONAL INSURED</b></span> <span><input type="checkbox"/> <b>LOSS PAYEE</b></span> <span><input type="checkbox"/> <b>WAIVER OF SUBROGATION</b></span> <span><input type="checkbox"/> <b>PRIMARY AND NON-CONTRIBUTORY</b></span> </div>				
Orange County Florida, C/O Solid Waste Division   5901 Young Pine Rd, Orlando, FL 32829		SHOULD ANY OF THE ABOVE-DESCRIBED POLICIES BE CANCELLED BEFORE THE STATED EXPIRATION DATE OR BE OTHERWISE AMENDED, THE CERTIFICATE HOLDER MAY NOT RECEIVE WRITTEN NOTICE. THE INSURER AND ITS AGENTS AND REPRESENTATIVES HAVE NO OBLIGATION OR LIABILITY OF ANY KIND TO A CERTIFICATE HOLDER WHO RELIES ON THE INFORMATION PROVIDED BY THIS CERTIFICATE.  <b>AUTHORIZED REPRESENTATIVE</b>  		
UDA-F-030 14FEB2020				



## ADDITIONAL INSURED ENDORSEMENT

ACA-01-02-FL

**This Endorsement changes the terms and conditions of the Policy issued. Please read it carefully!**

Subject to all other terms and conditions of the Policy and all applicable Limits of Liability, the following changes to the Policy are made.

- A.** The following is added to **SECTION III - WHO IS AN INSURED** of the Policy:
- C.** For purposes of **SECTION I - LIABILITY COVERAGE** only, an "Insured" is also the person or organization identified below and scheduled in this Endorsement as an Additional Insured.

Policy Number: PC25073604

Named Insured: ZMEX DISPOSAL INC  
D.B.A.

Effective Date of the Endorsement: 07/24/2025

Additional Insured: Orange County Florida, C/O Solid Waste Division

5901 Young Pine Rd,  
Orlando, FL 32829

- B.** Coverage provided to the above-identified Additional Insured is subject to the following:

The insurance afforded to the Additional Insured scheduled in this Endorsement is limited to liability arising from the Named Insured's business operations and only covers the Additional Insured for allegations of liability based upon alleged, actionable conduct of the Named Insured and only to the extent the Named Insured would have been liable and coverage would have been afforded to the Named Insured under the terms and conditions of the Policy had such Claim been made against the Named Insured.

The Named Insured is obligated to provide the Additional Insured with a copy of the Policy, the Endorsements and all related documents providing coverage. The Additional Insured is subject to the terms, provisions, conditions, exclusions, definitions, limitations, representations, and Endorsements of the Policy issued to the Named Insured and all related documents providing, limiting, excluding, modifying, or otherwise impacting coverage to the Named Insured. Failure of the Named Insured to adhere to any such provisions will defeat coverage under the Policy for all Additional Insureds.

Coverage is to be construed and enforced in accordance with the laws of the state where the Policy was issued. The Named Insured has consented to the jurisdiction of the courts of the state where the Policy is issued and has agreed that those courts shall be the exclusive forum to hear and decide disputes consisting of or relating to coverage issues.



**STATE OF FLORIDA  
DEPARTMENT OF FINANCIAL SERVICES  
DIVISION OF WORKERS' COMPENSATION**

**\* \* CERTIFICATE OF ELECTION TO BE EXEMPT FROM FLORIDA WORKERS' COMPENSATION LAW \* \***

**NON-CONSTRUCTION INDUSTRY EXEMPTION**

This certifies that the individual listed below has elected to be exempt from Florida Workers' Compensation law.

**EFFECTIVE DATE:** 7/2/2025

**EXPIRATION DATE:** 7/2/2027

**PERSON:** KEVIN ZURITA

**EMAIL:** DR\_ZURITAKEVIN@YAHOO.COM

**FEIN:** 392685399

**BUSINESS NAME AND ADDRESS:**

ZMEX DISPOSAL INC.

352 ALDERSHOT CT

KISSIMMEE, FL 34758

This certificate of election to be exempt is NOT a license issued by the Department of Business and Professional Regulation. To determine if the certificate holder is required to have a license to perform work or to verify the license of the certificate holder, go to [www.myfloridalicense.com](http://www.myfloridalicense.com).

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**IMPORTANT:** Pursuant to subsection 440.05(13), F.S., an officer of a corporation who elects exemption from this chapter by filing a certificate of election under this section may not recover benefits or compensation under this chapter. Pursuant to subsection 440.05(11), F.S., Certificates of election to be exempt issued under subsection (3) apply only to the corporate officer named on the notice of election to be exempt. Pursuant to subsection 440.05(12), F.S., notices of election to be exempt and certificates of election to be exempt shall be subject to revocation if, at any time after the filing of the notice or the issuance of the certificate, the person named on the notice or certificate no longer meets the requirements of this section for issuance of a certificate. The department shall revoke a certificate at any time for failure of the person named on the certificate to meet the requirements of this section.

DFS-F2-DWC-252 CERTIFICATE OF ELECTION TO BE EXEMPT  
RULE 69L-6.012, F.A.C. REVISED 01/2023

E02165633      QUESTIONS? (850) 413-1609

**Tax Collector Scott Randolph**

**Local Business Tax Receipt**

**Orange County, Florida**

**2026**

**EXPIRES**

**SEPTEMBER 30, 2026**

3100-1253774

3100 GARBAGE COLLECTION SERVIC \$30.00

1 EMPLOYEE(S)

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

ZURITA KEVIN - PRESIDENT

ZMEX DISPOSAL INC  
ZURITA KEVIN  
352 ALDERSHOT CT  
KISSIMMEE, FL 34758

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

Paid \$ 30.00 0105-25-00761904 07/17/2025

**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.**

**2026**

**EXPIRES**

**SEPTEMBER 30, 2026**

3100-1253774

3100 GARBAGE COLLECTION SERVIC \$30.00

1 EMPLOYEE(S)

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



ZURITA KEVIN - PRESIDENT

ZMEX DISPOSAL INC  
ZURITA KEVIN  
352 ALDERSHOT CT  
KISSIMMEE, FL 34758

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

Paid \$ 30.00 0105-25-00761904 07/17/2025

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.



ORANGE UTILITIES DEPARTMENT • SOLID  
WASTE DIVISION

5901 Young Pine Road • Orlando, Florida 32829  
Telephone 407-836-6601 • Fax 407-836-6658

## Refuse App

June 23, 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 OR Contractors Pollution Liability) with limits of no 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

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. Every five (5) years companies will be required to go back before the Board. Annual renewal is required.

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 view a complete copy of Orange County's Chapter 32, you may do so online by visiting:  
<http://library.municode.com/index.aspx?clientID=10182&stateID=9&stateName=Florida>

Orange County Code includes a provision for quarterly reporting to Orange County Solid Waste. Annual reporting requirements and rates are subject to change.

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

Sincerely,

**Tiffany Fletcher**

Tiffany Fletcher  
Program Coordinator

See Attachments