



Interoffice Memorandum

November 15, 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
November 30, 2021 BCC Meeting
Application 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 O-Town Compost, Inc., to provide solid waste hauling services to multi-family, construction and demolition, and other commercial 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 O-Town Compost, 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 for a period of five years.

Action Requested: Approval of Commercial Refuse License for O-Town Compost, Inc. to provide solid waste hauling services to commercial generators in Orange County for a five-year term.

All Districts.

O-Town Compost, 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



UTILITIES DEPARTMENT • SOLID WASTE DIVISION

5901 Young Pine Road • Orlando, Florida 32829

Telephone 407-836-6601 • Fax 407-836-6658

May 1, 2021

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. 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
- ☒ 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. Every five (5) years companies will be required to go back before the Board.

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>

Orange County Code includes a provision for quarterly reporting to Orange County Solid Waste.

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

Sincerely,

Tiffany Fletcher

Tiffany Fletcher
Program Coordinator

See Attachments

BCC Mtg. Date: Nov. 30, 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: O-Town Compost Inc.

TRADE / FIRM NAME OF COMPANY: O-Town Compost

MAILING ADDRESS: 1918 W. Princeton St.

CITY / STATE / ZIP CODE: Orlando, FL 32804

PHONE NUMBER: 503 384 8968 FAX: _____

CONTACT PERSON: Charlie Pioli

E-MAIL ADDRESS: cpioli@o-towncompost.com

EMERGENCY PHONE NUMBER: _____

NUMBER OF EMPLOYEES: 3

LOCATION OF EQUIPMENT:

ADDRESS: 1918 W. Princeton St.

CITY / STATE / ZIP: Orlando, FL 32804

HOURS OF OPERATION: 7am - 4pm

DAYS OF OPERATION: M - F

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>Charlie Pioli</u>	<u>Owner</u>	<u>1904 Tropic Bay Ct.</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 10/11/21
Date

Owner
Title

Home Address 1904 Tropic Bay Ct.

City / State / Zip Orlando, FL 32807

**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 *Willie Lee*

Sworn to and subscribed before me, this 5th day of October, 2021

Sarah M. Hufferd
(Notary Public)

Sarah M. Hufferd

My Commission Expires: 11-02-23



NAME OF COMPANY

Please complete the following and return with the application:

- Apopka to UCF. SR528 to Aloma Rd.

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

三

DAS 1689

3300 lbs

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 the 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:

O-TOWN COMPOST INC.
1904 TROPIC BAY CT.
ORLANDO, FL 32807

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 by mail to: DHSMV, Return Tags, 2900 Apalachee Parkway, Tallahassee, FL 32399. Surrendering the plate will prevent your driving privilege from being suspended.

CO/AGY 69 / 06 T# 1528976541
B#

FLORIDA VEHICLE REGISTRATION

PLATE **DAS1689** DECAL Expires **Midnight Fri 10/22/2021**

YR/MK	2014/GMC	BODY	PK	COLOR	WHI	Reg. Tax	2.00	Class Code	13
VIN				TITLE	116979656	Init Reg.		Tax Months	0
Plate Type	TDL	NET WT	4496			County Fee		Back Tax Mos	
						Mail Fee		Credit Class	
						Sales Tax		Credit Months	
						Voluntary Fees			
						Grand Total	2.00		

Date Issued **09/23/2021** Plate Issued **09/23/2021**

O-TOWN COMPOST INC.
1904 TROPIC BAY CT.
ORLANDO, FL 32807

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.

TDL - PRINT ON DEMAND TEMP PLATE



OTOWN-1

OP ID: JC

CERTIFICATE OF LIABILITY INSURANCE

 DATE (MM/DD/YYYY)
 10/01/2021

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 Southeastern Agency Group, Inc. 1501 Highwoods Blvd., St # 402 Greensboro, NC 27410 Brice Crigler	336-218-7470 CONTACT NAME: Jesse Carr PHONE (A/C, No, Ext): 336-218-7470 FAX (A/C, No): 336-218-7487 E-MAIL ADDRESS: jcarr@sagnc.com
INSURER(S) AFFORDING COVERAGE	
INSURER A: Nautilus Insurance Company	
INSURER B: Key Risk Insurance Co	
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

COVERAGES	CERTIFICATE NUMBER:	REVISION NUMBER:
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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"/> 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"/> PROJECT <input type="checkbox"/> LOC OTHER:		ECP2032504-11	07/06/2021	07/06/2022	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 \$
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		BAP2035881-10	09/23/2021	09/23/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED \$ RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / <input checked="" type="checkbox"/> N / A If yes, describe under DESCRIPTION OF OPERATIONS below					PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Pollution Liab		ECP2032504-11	07/06/2021	07/06/2022	Per Occur 1,000,000 Poll Ded 2,500

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

RE: Orange County BCC

CERTIFICATE HOLDER <div style="text-align: center;">ORANGEE</div> Orange County Solid Waste Attn: Tiffany Fletcher 5901 Young Pine Rd Orlando, FL 32829	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 Brice Crigler
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CERTIFICATE OF LIABILITY INSURANCE							Date 10/1/2021							
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 <small>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.</small>														
INSR LTR	ADDL INSRD	Type of Insurance	Policy Number	Policy Effective Date (MM/DD/YY)	Policy Expiration Date (MM/DD/YY)	Limits								
		GENERAL LIABILITY <input type="checkbox"/> Commercial General Liability <input type="checkbox"/> Claims Made <input type="checkbox"/> Occur <input type="checkbox"/> _____ 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												
		AUTOMOBILE LIABILITY <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 <input type="checkbox"/> _____ <input type="checkbox"/> _____									Combined Single Limit (EA Accident)			
											Bodily Injury (Per Person)			
Bodily Injury (Per Accident)														
Property Damage (Per Accident)														
EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> Occur <input type="checkbox"/> Claims Made <input type="checkbox"/> Deductible												Each Occurrence		
												Aggregate		
A		Workers Compensation and Employers' Liability Any proprietor/partner/executive officer/member excluded? NO If Yes, describe under special provisions below.	WC 71949	01/01/2021	01/01/2022	<input checked="" type="checkbox"/> WC Statutory Limits	<input type="checkbox"/> 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			Lion Insurance Company is A.M. Best Company rated A (Excellent). AMB # 12616											
Descriptions of Operations/Locations/Vehicles/Exclusions added by Endorsement/Special Provisions:														
Coverage only applies to active employee(s) of South East Personnel Leasing, Inc. & Subsidiaries that are leased to the following "Client Company":														
O-Town Compost 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 10-01-21 (SS)														
Begin Date: 9/29/2021														
CERTIFICATE HOLDER				CANCELLATION										
ORANGE COUNTY SOLID WASTE 5901 YOUNG PINE ROAD ORLANDO, FL 32804				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.										

2021 EXPIRES 9/30/2022 3100-1220013
3100 COMPOST/WASTE PICK \$30.00 1 EMPLOYEE

TOTAL TAX \$30.00
PENALTIES \$3.00
PREVIOUSLY PAID \$33.00
TOTAL DUE \$0.00

PIOLI CHARLES J

O TOWN COMPOST INC
2935 AEIN RD
ORLANDO FL 32817

2935 AEIN RD (MOBILE)
U - ORLANDO, 32817

PAID: \$33.00 0098-01035775 10/4/2021

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.

2021 EXPIRES 9/30/2022 3100-1220013
3100 COMPOST/WASTE PICK \$30.00 1 EMPLOYEE

TOTAL TAX \$30.00
PENALTIES \$3.00
PREVIOUSLY PAID \$33.00
TOTAL DUE \$0.00

2935 AEIN RD (MOBILE)
U - ORLANDO, 32817

PAID: \$33.00 0098-01035775 10/4/2021



PIOLI CHARLES J

O TOWN COMPOST INC
2935 AEIN RD
ORLANDO FL 32817

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.