



Interoffice Memorandum

April 23, 2018

TO: Mayor Teresa Jacobs
and Board of County Commissioners

FROM: Raymond E. Hanson, P.E., Director
Utilities Department

A handwritten signature in black ink, appearing to read "RHanson", is written over the "FROM:" line.

**SUBJECT: BCC AGENDA ITEM - Consent Agenda
May 8, 2018 BCC Meeting
Application for Recycling Registration – JJ's Waste &
Recycling LLC
Contact Person: James Becker, Manager
Utilities Solid Waste Division
407-254-9660**

We have received a recycling registration application from JJ's Waste & Recycling LLC to provide recycling transporter (hauler) services to commercial generators in Orange County.

According to Section 32-178 of the Orange County Code the applicant must:

- 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 determined that JJ's Waste & Recycling LLC meets the criteria stipulated in Section 32-178 of the Orange County Code. Staff recommends approval of the application.

Action Requested: Approval of recycling registration for JJ's Waste & Recycling LLC to provide recycling transporter (hauler) services to commercial generators in Orange County.

All Districts.

JJ'S WASTE & RECYCLING LLC
(NAME OF COMPANY)

CHECKLIST FOR A RECYCLING REGISTRATION

The following is a list of documentation included in this package:

- ☒ Application for recycling registration

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:

- ☒ \$50.00 Annual Fee

Tuesday 3rd April, 2018

3905 El Rey Road ORLANDO, FL. 32808
PO Box 585458 ORLANDO, FL. 32858

T 540 722 7281 F

enquiries@jjswaste.com
www.jjswaste.com

Orange County Solid Waste
Attn: Tiffany Fletcher
5901 Young Pine Road
ORLANDO, FL 32829

RE: Application to obtain an Orange County Recycling Registration

Dear Tiffany,

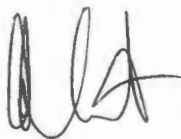
Please find following our completed application for consideration. JJ's Waste & Recycling is a new start-up business in the United States, and specifically we are focussing on the Greater Orlando region.

As required, please find following:

1. Completed Application for Recycling Registration – County of Orange, Florida
2. Signed Affidavit
3. Service Information form. Due to the business being brand new, I am yet to receive the vehicles. In lieu of the Tag numbers, I have provided the VIN's. These trucks are the same as the trucks listed in our Commercial Refuse Licence Application, as they will be carrying out both service types.
4. Copy of Orange County Local Business Tax Receipt
5. Certificate of Liability Insurance, with Orange County BCC included as additional insured
6. Workers Compensation Certificate of Liability
7. Check to the value of \$50.00

I trust all is in order, and will await the outcome of the upcoming process. If there are any specific questions relating to the business, or this application, I will be more than happy to discuss at any time.

Regards,



Darrell Corbett
Vice President – North America
504 722 7281
darrell.corbett@jjswaste.com

APPLICATION FOR RECYCLING REGISTRATION

COUNTY OF ORANGE, FLORIDA

Please Check the Services Your Company Provides:

☒ Recycling Transporter (Hauler)

☐ Recycling Processor

☐ Both

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: JJ's Waste & Recycling LLC

TRADE / FIRM NAME OF COMPANY: JJ's Waste & Recycling

MAILING ADDRESS: PO Box 585458

CITY / STATE / ZIP CODE: ORLANDO, FL 32858

PHONE NUMBER: 504 722 7281 FAX: _____

CONTACT PERSON: Darrell Corbett

E-MAIL ADDRESS: darrell.corbett@jjswaste.com

EMERGENCY PHONE NUMBER: 504 722 7281

NUMBER OF EMPLOYEES: 10

LOCATION OF EQUIPMENT:

ADDRESS: 3905 El Rey Road

CITY / STATE / ZIP: ORLANDO, FL 34808

HOURS OF OPERATION: 4am -5pm

DAYS OF OPERATION: Sunday to Saturday

APPLICATION FOR RECYCLING REGISTRATION

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.	_____			
b.	_____			
c.	_____			
d.	_____			
e.	_____			


I certify that the aforesaid company is capable of rendering adequate commercial recycle 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 of Authorized Representative

Date

Vice President – North America
Title

Home Address: **4240 Blue Major Drive**

City / State/ Zip : **WINDERMERE, FL 34786**

**APPLICATION FOR RECYCLING REGISTRATION
COUNTY OF ORANGE, FLORIDA**

AFFIDAVIT

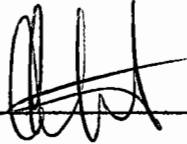
(to be attested before a Notary Public or other
officer authorized to administer oaths)

STATE OF Florida

COUNTY OF Orange

Personally appeared before me, an officer duly qualified to administer an oath in
Orange County, 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



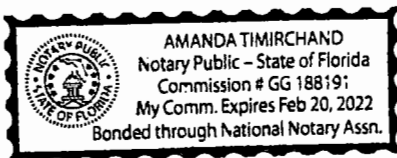
Sworn to and subscribed before me, this 4th day of April, 2018



(Notary Public)

Amanda Timirchand

My Commission Expires: Feb 20, 2022



JJ's Waste & Recycling LLC

SERVICE INFORMATION

Please complete the following and return with the application:

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

All areas of Orange County will be serviced by JJ's Waste & Recycling LLC

- ♦ Number of employees: 10 employees at start up
- ♦ Number of commercial vehicles to be used in the business: 7 but 5 to start up
- ♦ Truck numbers, tag numbers and tare weights of each vehicle:

<u>TRUCK #</u>	<u>TAG #</u>	<u>TARE WEIGHT</u>
<u>1802</u>	<u>1M2TE2GC2KM001006</u>	<u>44,500 lb</u>
<u>1803</u>	<u>1M2TE2GC4KM001007</u>	<u>44,500 lb</u>
<u>1804</u>	<u>1M2TE2GC9KM001004</u>	<u>40,000 lb</u>
<u>1805</u>	<u>1M2TE2GC0KM001005</u>	<u>40,000 lb</u>
<u>1806</u>	<u>1M2AX04C8JM039722</u>	<u>30,500 lb</u>

NB: These vehicles are brand new, are currently being manufactured and are due to be delivered Mid May. I have provided the VIN's for each vehicle that we have ordered to date. As soon as the Tags are applied for delivery I will pass them through. I hope this allows us to progress the licence so I don't have trucks sitting in our yard for a prolonged period

_____	_____	_____
_____	_____	_____

Scott Randolph, Tax Collector**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.

2017**EXPIRES 9/30/2018**

3100-1194722

3100 STORAGE

\$30.00

10 EMPLOYEES 3100 TRASH PICK UP

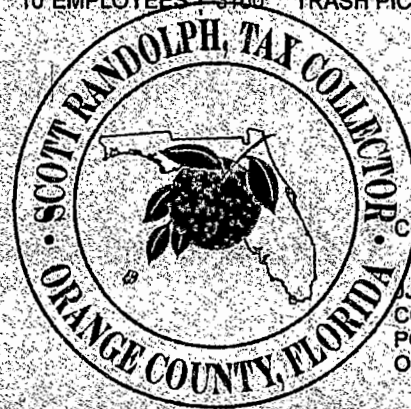
\$30.00

10 EMPLOYEES

TOTAL TAX \$60.00
PREVIOUSLY PAID \$60.00
TOTAL DUE \$0.00

3905 EL REY RD
A - ORLANDO, 32808

PAID: \$60.00 2502-03827959 3/30/2018



CORBETT DARRELL

JJS WASTE & RECYCLING LLC
CORBETT DARRELL
PO BOX 585458
ORLANDO FL 32858

This receipt is official when validated by the Tax Collector.

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/29/2018

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 East Coast Global Insurance LLC 340 Central Avenue Suite 204 Dover NH 03820	CONTACT NAME: PHONE (A/C No. Ext): (603) 842-5968 FAX (A/C No.): (603) 842-5971 E-MAIL ADDRESS: marcw@ecgillc.com														
INSURED JJ's Waste & Recycling LLC c/o Washington Global Law Group 1701 Pennsylvania NW Ste 200 Washington DC 20006	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC #</th> </tr> <tr> <td>INSURER A: Crum & Forster Insurance Company</td> <td></td> </tr> <tr> <td>INSURER B: Colony Insurance Company</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Crum & Forster Insurance Company		INSURER B: Colony Insurance Company		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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INSURER E:															
INSURER F:															

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	x	x	EPK 121738	03/15/2018	03/15/2019	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000
	<input checked="" type="checkbox"/> Pollution Liability						MED EXP (Any one person) \$ 5,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PERSONAL & ADV INJURY \$ 1,000,000
	OTHER:						GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS - COMP/OP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY	x	x	EPK 121738	03/15/2018	03/15/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/>						PROPERTY DAMAGE (Per accident) \$
							\$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR	x	x	EFX 110239	03/15/2018	03/15/2019	EACH OCCURRENCE \$ 5,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE \$ 5,000,000
	DED <input type="checkbox"/> RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N		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	Excess Liability	x	x	EXO 308203	03/15/2018	03/15/2019	\$5,000,000 occ

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

Orange County BCC is included as additional insured

CERTIFICATE HOLDER

Orange County Solid Waste
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

<MW>



CERTIFICATE OF LIABILITY INSURANCE

Acct#: 2559823

DATE (MM/DD/YYYY)

3/29/2018

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.

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PRODUCER Lockton Companies, LLC 5847 San Felipe, Suite 320 Houston, TX 77057	CONTACT NAME: 888-828-8365	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
INSURED Insperity, Inc. 19001 Crescent Springs Drive Kingwood, TX 77339 *SEE BELOW	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Indemnity Insurance Co. of North America	NAIC # 43575
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

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
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ 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"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$ 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 <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
A	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 <input type="checkbox"/> N/A	C64530738	2/1/2018	10/1/2018	X PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> 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)
JJ'S WASTE AND RECYCLING LLC (4155000) IS INCLUDED AS A NAMED INSURED THROUGH ENDORSEMENT.

CERTIFICATE HOLDER**CANCELLATION**

JJ'S WASTE AND RECYCLING LLC
4240 BLUE MAJOR DR
WINDERMERE, FL 34786

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