COMMERCIAL SOLID WASTE HAULER

LICENSE APPLICATION

Type of Application (check all that apply)		
[X] Commercial [X] Construction and Demolition Only [] Residential (Franchisee's only)	[X] New Application	
Company Name: DGP&S Constructi	ion, Inc.	
Address: 2816 N. 60th Street		
City: Tampa	State: FL Zip: 33619	
Owner or Authorized Representative:		
Phone Number(s): <u>813-874-0284</u>		
Email Address(es): _cmorales@dgpsco	onstruction.com	
Federal Employer Identification Num	ber: 20-8251587	
County. Do you agree not to bring Management Facility? Yes $[X]$	waste collected from locations within Hernando County?	
	Vaste Collection and Disposal Ordinance of Hernando to abide by the terms of said Ordinance as may be Yes [X] No []	
 Attach a list of the names and adda and/or partners. 	resses of all officers, directors, stock-holders, owners,	
6) Attach a list of all employees, inc	cluding name, years with company and position held.	
	y observes for which there will be no collection service. Day, Veterans Day, Independence Day, Thanksgiving, Cl	

Company Name: DGP&S Construction, Inc.

- 8) Attach a list of all equipment with a unit cost in excess of \$5,000 that you will be using in Hernando County. The listing should consist of the following minimum information:
 - a) Make and Model Year, if a collection vehicle
 - b) If not a collection vehicle, provide a description of the equipment
 - c) Condition
 - d) Mileage or hours
 - e) License plate or Florida registration number, if applicable
 - f) Estimated replacement date
- 9) All vehicles must be inspected annually. Who is the contact person to arrange for physical inspection of the equipment?

Name: Jorge Reinberg Phone: 813-955-3224 Email Address: jreinberg@dgpsconstruction.com

- 10) Attach financial statements for your most recently completed fiscal year. The financial statements at a minimum should consist of a balance sheet and a statement of income. If the applicant is a newly formed company and historical financial statements are not available, attach a projected balance sheet, in lieu of the historical financial statements.
- 11) Attach proof of insurance coverage and the amount of the coverage for the following:
 - a) General Liability and Property Damage
 - b) Workers Compensation
 - c) Commercial Automobile Insurance

I hereby certify that the information provided in this application is, to the best of my knowledge, true and correct and accurately represents the standing of this firm. Additionally, I fully acknowledge and understand the Hernando County Solid Waste Management Ordinance. I agree to comply with all applicable federal, state, and county ordinances, laws, rules and regulations and all amendments.

m/le

Authorized Signature

7/81/24 Date <u>GENERAL COUNSEL</u>

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Hernando County	
Board of County Commissioners	
	when the second
Authorized Signature	11/19/2024 Date
Brian Hawkins, Chairman	

APPROVED AS TO FORM AND LEGAL SUFFICIENCY:

Melissa Tartaglia Bv:

County Attorney's Office