COMMERCIAL SOLID WASTE HAULER LICENSE APPLICATION

| Type of Application (check all that apply) | | | | | | |
|-----------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|
| D | Commercial [] Roll Off Service [X] New Application Construction and Demolition Only [] Front Load Service [] Change of Ownership Residential (Franchisee's only) [] Other [] Name Change | | | | | |
| Company Name: Coastal Waste & Recycling of Central Florida, LLC | | | | | | |
| Ad | dress: 12021 Hicks Rd. | | | | | |
| Cit | y: <u>Hudson</u> State: <u>FL</u> Zip: <u>34669</u> | | | | | |
| Ow | ner or Authorized Representative: John Casagrande, Vice President | | | | | |
| Pho | one Number(s): 727-561-0360 | | | | | |
| Em | ail Address(es): cwrlicenses@coastalwasteinc.com | | | | | |
| Fed | leral Employer Identification Number: 87-2642055 | | | | | |
| 1) | , and the second of the second | | | | | |
| 3) | | | | | | |
| 4) | Are you familiar with the Solid Waste Collection and Disposal Ordinance of Hernando County, Florida, and do you agree to abide by the terms of said Ordinance as may be amended from time to time? Yes [x] No [] | | | | | |
| 5) | 5) Attach a list of the names and addresses of all officers, directors, stock-holders, owners, and/or partners. | | | | | |
| 6) | 6) Attach a list of all employees, including name, years with company and position held. | | | | | |
| 7) | List all holidays that your company observes for which there will be no collection service. Thanksgiving and Christmas Day | | | | | |

| Company Name: | Coastal Waste | Recycling o | f Central Florida, | LLC |
|---------------|---------------|-------------|--------------------|-----|
|---------------|---------------|-------------|--------------------|-----|

- 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: James Roberto Phone: 727-561-0360
Email Address: jroberto@coastalwasteinc.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

Victoria Anderson

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.

| John Casagnande | May 19, 2023 |
|-------------------------------------------|--------------|
| Authorized Signature | Date |
| John Casagrade Printed Name | s. |
| Vice President | _ |
| Title | |
| | |
| Hernando County | |
| Board of County Commissioners | |
| | |
| Authorized Signature | Date |
| Approved as to Form and Legal Sufficiency | |



Department of State / Division of Corporations / Search Records / Search by Entity Name /

Detail by Entity Name

Foreign Limited Liability Company COASTAL WASTE & RECYCLING OF CENTRAL FLORIDA, LLC

Filing Information

 Document Number
 M21000012110

 FEI/EIN Number
 87-2642055

 Date Filed
 09/14/2021

State DE

Status ACTIVE

Principal Address

1840 NW 33RD ST.

POMPANO BEACH, FL 33064

Mailing Address

2481 NW 2ND AVENUE

201

Boca Raton, FL 33431

Changed: 04/07/2023

Registered Agent Name & Address

PANTANO, BRENDON J 2481 NW 2ND AVENUE

201

Boca Raton, FL 33431

Address Changed: 04/07/2023

<u>Authorized Person(s) Detail</u>

Name & Address

Title CEO

PANTANO, BRENDON 2481 NW 2ND AVENUE 201

Boca Raton, FL 33431

Title VP

CASAGRANDE, JOHN 2481 NW 2ND AVENUE 201 Boca Raton, FL 33431

Title CFO

BEAUDOIN, KRISTI 2481 NW 2ND AVENUE 201 Boca Raton, FL 33431

Title T

GORINO, CHRISTIAN 2481 NW 2ND AVENUE 201 Boca Raton, FL 33431

Title COO

Pantano, Dennis 2481 NW 2ND AVENUE 201 Boca Raton, FL 33431

Annual Reports

| Report Year | Filed Date |
|-------------|------------|
| 2022 | 01/31/2022 |
| 2022 | 02/11/2022 |
| 2023 | 04/07/2023 |

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