



City of Grand Island

Tuesday, December 22, 2020

Council Session

Item G-8

Approving Refuse Permit for Trash Bee Gone

Staff Contact: RaNae Edwards

Council Agenda Memo

From: RaNae Edwards, City Clerk
Meeting: December 22, 2020
Subject: Approving Garbage Refuse Haulers License for Trash Bee Gone, 119 W. Koenig Street
Presenter(s): RaNae Edwards, City Clerk

Background

Grand Island City Code Section 17-15 allows for the Collection, Transportation, and Disposal of Garbage and/or Refuse. These permits are effective October 1 through September 30 of each calendar year.

Discussion

Wilmer Mendoza, owner of Trash Bee Gone, 119 W. Koenig Street has submitted an application for a refuse haulers license. All City Code requirements have been met.

Alternatives

It appears that the Council has the following alternatives concerning the issue at hand. The Council may:

1. Move to approve the refuse hauler license for Trash Bee Gone
2. Refer the issue to a Committee
3. Postpone the issue to a future date
4. Take no action on the issue

Recommendation

City Administration recommends that the Council approve the refuse hauler license for Trash Bee Gone, 119 W. Koenig Street.

Sample Motion

Move to approve the refuse hauler license for Trash Bee Gone, 119 W. Koenig Street.

Application for Haulers License

1 Type of License Required:

- a. **Garbage Haulers License** (entitles licensee to collect and transport both garbage and refuse)
- b. **Refuse Haulers License** (entitles licensee to haul only refuse)

2 Identification of Applicant:

a. Individual or Firm Identification

Business Name Trash Bee Gone
 Business Address 119 W Koenig St Grand Island NE
 Business Telephone (308) 389-8251

b. Miscellaneous Information:

- * Public Complaint Telephone (Sec. 17-19) _____
- * Name Used on Vehicles (Sec. 17-18) Wilmer Mendoza / Kenia Murillo


3 Residency Certification:

- a. Individual Applicant – Resident of Hall County
 Name and Home Address of Individual: 4925 Merrick Ave GF NE 68801
- b. Partnership or Corporation of Hall County
 Name and Address of Resident Partner/Officer: _____
- c. Non-resident Individual or Corporation
 Name and Home Address of Appointed Resident Agent: _____

3 Required Documents to be Furnished:

- a. List of Vehicles (Section 17-26)
- b. Certificate of Insurance (Section 17-29)
- c. Performance Bond – Garbage Haulers Only (Section 17-30)
- d. License Fee: **Garbage - \$250.00; Refuse - \$100.00** (Section 17-23)
- e. Appointment of Resident Agent, if applicable (Section 17-24 (D))
- f. Equipment Inspection/Certificate from Health Department (Section 17-26 (B))

12-15-20
Date



 Signature of Applicant

Progressive
P O Box 94739
Cleveland, OH 44101

1-800-895-2886

PROGRESSIVE
COMMERCIAL

Policy number: 02485329-0

Underwritten by
Progressive Northern Insurance Co
December 15, 2020
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Certificate of Insurance

Certificate Holder

KENIA HERNANDEZ
4925 MERRICK AVE
GRAND ISLAND, NE 68801

Insured

KENIA HERNANDEZ
4925 MERRICK AVE
GRAND ISLAND, NE 68801

Agent/Supplus Lines Broker

PROG COMMERCIAL
PO BOX 94739
CLEVELAND, OH 44101

This document certifies that insurance policies identified below have been issued by the designated insurer to the insured named above for the period(s) indicated. This Certificate is issued for information purposes only. It confers no rights upon the certificate holder and does not change, alter, modify, or extend the coverages afforded by the policies listed below. The coverages afforded by the policies listed below are subject to all the terms, exclusions, limitations, endorsements, and conditions of these policies.

Policy Effective Date: Aug 11, 2020 Policy Expiration Date: Feb 11, 2021

Insurance coverage(s)	Limits
Bodily Injury/Property Damage	\$25,000/\$50,000/\$25,000
Uninsured Motorist Bodily Injury	\$25,000/\$50,000
Underinsured Motorist Bodily Injury	\$25,000/\$50,000

Description of Location/Vehicles/Special Items

Scheduled autos only

2004 FORD F450 SUPER DUTY 1FDXF47P04EC59339
Medical Payments \$5,000
2001 INTL 490 1HTSD44L9TH390212
Comprehensive \$5,000 Ded
Collision \$5,000 Ded

Certificate number

35020A14329



Form 5.24 (10/02)