



# **City of Grand Island**

**Tuesday, August 12, 2008**

**Council Session**

## **Item G3**

**Approving Refuse Hauler Permit for O'Neill Transportation and Equipment, LLC.**

**Staff Contact: RaNae Edwards**

# **Council Agenda Memo**

**From:** RaNae Edwards, City Clerk

**Meeting:** August 12, 2008

**Subject:** Approving Garbage Haulers License for O'Neill  
Transportation and Equipment, LLC, 558 S. Stuhr Road

**Item #'s:** G-3

**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**

Pat O'Neill, owner of O'Neill Transportation and Equipment, LLC, 558 S. Stuhr Road has submitted an application for a garbage 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 garbage hauler license for O'Neill Transportation and Equipment, LLC
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 garbage hauler license for O'Neill Transportation and Equipment, LLC, 558 S. Stuhr Road.

### **Sample Motion**

Move to approve the garbage hauler license for O'Neill Transportation and Equipment, LLC, 558 S. Stuhr Road.



## 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

O'Neill Transportation and Equipment LLC

Business Address

558 S Stuhler Road (PO Box 2202)

Business Telephone

(308) 381-9677

- b. Miscellaneous Information:

- \* Public Complaint Telephone (Sec. 17-19)

(308) 381-9677

- \* Name Used on Vehicles (Sec. 17-18)

O'Neill Transportation and Equipment

3 **Residency Certification:**

- a. ☐ Individual Applicant – Resident of Hall County

Name and Home Address of Individual:

- b. ☒ Partnership or Corporation of Hall County

Name and Address of Resident Partner/Officer:

Pat O'Neill 1514 S. Gunbare Road  
Grand Island NE 68801

- 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 17-18)  
b. ☒ Certificate of Insurance (Section 17-21) -  
c. ☐ Performance Bond – Garbage Haulers Only (Section 17-22)  
d. ☒ License Fee: **Garbage - \$225.00; Refuse - \$75.00** (Section 17-15) -  
e. ☐ Appointment of Resident Agent, if applicable (Section 17-16)  
f. ☒ Equipment Inspection/Certificate from Health Department (Section 17-18) -

**ACORD CERTIFICATE OF LIABILITY INSURANCE**DATE (MM/DD/YYYY)  
7/28/2008PRODUCER (308) 382-8000 FAX: (308) 384-3417  
INSUR, Inc.  
1431 N Webb Rd  
PO Box 5884  
Grand Island NE 68802

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  
O'Neill Transportation & Equipment, LLC  
P O Box 2202  
Grand Island NE 68802

## INSURERS AFFORDING COVERAGE

NAIC #

INSURER A: Addison Insurance Company

10324

INSURER B: Commerce and Industry Ins

INSURER C:

INSURER D:

INSURER E:

## COVERAGES

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.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A		GENERAL LIABILITY	60337264	7/25/2008	7/25/2009	EACH OCCURRENCE \$ 1,000,000
		<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
		<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person) \$ 5,000
						PERSONAL & ADV INJURY \$ 1,000,000
		GEN'L AGGREGATE LIMIT APPLIES PER:				GENERAL AGGREGATE \$ 2,000,000
		<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				PRODUCTS - COMP/OP AGG \$ 2,000,000
A		AUTOMOBILE LIABILITY	60337264	7/25/2008	7/25/2009	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
		<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
		ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
		SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident) \$
		HIRED AUTOS				
		NON-OWNED AUTOS				
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
		<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC \$
						AUTO ONLY: AGG \$
B		EXCESS/UMBRELLA LIABILITY	WC5561679	3/29/2008	3/29/2009	EACH OCCURRENCE \$
		<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE \$
						\$
		DEDUCTIBLE				\$
		RETENTION \$				\$
B		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	WC5561679	3/29/2008	3/29/2009	WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/>
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT \$ 500,000
		If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE \$ 500,000
						E.L. DISEASE - POLICY LIMIT \$ 500,000
		OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

## CERTIFICATE HOLDER

(308) 381-7795  
City of Grand Island  
100 E 1st St  
Grand Island, NE 68801

## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 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.

AUTHORIZED REPRESENTATIVE

