

City of Grand Island

Tuesday, September 28, 2010 Council Session

Item G4

Approving Garbage Permits for Clark Brothers Sanitation, Heartland Disposal, Mid-Nebraska Disposal and Refuse Permits for Full Circle, and O'Neill Transportation and Equipment

Staff Contact: RaNae Edwards

City of Grand Island City Council

Council Agenda Memo

From: RaNae Edwards, City Clerk

Meeting: September 28, 2010

Subject: Approving Garbage and Refuse Haulers Permits

Item #'s: G-4

Presente r(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

The following businesses have submitted applications for renewal for 2009/2010:

Clark Brothers Sanitation, 3080 West 2nd Street
Heartland Disposal, 2423 W. Old Lincoln Hwy.
Garbage
Mid-Nebraska Disposal, Inc., 3080 West 2nd Street
Full Circle, Inc., 4331 Juergen Road
C'Neill Transportation and Equipment, 558 S. Stuhr Rd.
Refuse

All City Code requirements have been met by these businesses.

Alternatives

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

- 1. Approve the renewal for garbage/refuse permits.
- 2. Disapprove or deny the renewals.
- 3. Modify the renewals to meet the wishes of the Council.
- 4. Table the issue

Recommendation

City Administration recommends that the Council approve the renewals for garbage/refuse permits for 2010/2011.

Sample Motion

Move to approve the renewal for garbage/refuse permits for 2010/2011.



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 LTSK, Inc Alba Clark Brethers Sanitary Business Address Business Address LTSK, Inc Alba Clark Brethers Sanitary Business Address
	Business Address Selver Dad Grand Isharl NE 680
	Business Telephone 389-2570
	b. Miscellaneous Information:
	* Public Complaint Telephone (Sec. 17-19) (304) 384-2570
	* Public Complaint Telephone (Sec. 17-19) (308) 384 25 70 * Name Used on Vehicles (Sec. 17-18) (308) 384 25 70
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:
	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)
	Date Signature of Applicant

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 4/2/2010

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		AUTHORIZED REP		cu clor		
CC	ORD 25 (2009/01)	Œ		RD CORPORATION All	ighte recovered	



1	<u>T</u>	ype of License Required:			
	a.			nsee to collect and transport both garbage and refu	ise)
	b.	Refuse Haulers License	(entitles license	ee to haul only refuse)	
2	Id	lentification of Applicant:			
	a.	Individual or Firm Identification			
		Business Name	Hoortla	nd Disposal Wold Lincoln Huy	
		Business Address	2423	woold Lincoln Huy	
		Business Telephone	_308	382-1683	
	b.	Miscellaneous Information:			
	*	Public Complaint Telephone (Sec. 1	7-19)		
	*	Name Used on Vehicles (Sec. 17-18))	Hrortland Disposal	
3	Re	esidency Certification:			
	a.	Individual Applicant – Re			
			Name and Hon	me Address of Individual:	
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	b.			ty Iress of Resident Partner/Officer:	
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	c.	Non-resident Individual or	Corneration	mmel SR- 515 SShady	Bend Rd
	C.		-	ne Address of Appointed Resident Agent:	
		-			
3	Re	quired Documents to be Furnished:			
	a. b.	List of Vehicles (Section 1 Certificate of Insurance (S			
	c.	Performance Bond – Garba		aly (Section 17-22)	
	d.	License Fee: Garbage - \$2			
	e.	Appointment of Resident A		·	
	f.	Equipment Inspection/Cert	tificate from He	ealth Department (Section 17-18)	
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	b.	Re	fuse Haulers License	e (entitles licens	see to haul onl	y refuse)	
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		Business Nam	ne	Mid-	Kebr		57/Inc
		Business Add	ress	3-80	W 6	Incl Gran	Stand, N.
		Business Tele	phone	308	382-2	7053	
	b.	Miscellaneous	Information:				
	*	Public Compl	aint Telephone (Sec.	17-19)	308	382-705	3
	*	Name Used or	n Vehicles (Sec. 17-1	8)	Same	as House	
3	a. b.	Par	ividual Applicant – R	Name and Ho on of Hall Cour Name and Ad	me Address o	f Individual: ent Partner/Officer:	
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 4/2/2010

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$\mathbf{T}\mathbf{y}$	pe of License Required:	
a.		se (entitles licensee to collect and transport both garbage and refi
b.	Refuse Haulers License	(entitles licensee to haul only refuse)
Ide	entification of Applicant:	
	Individual or Firm Identification	
	Business Name	FULL CIRCLE, INC.
	Business Address	FULL CIRCLE, INC. 4331 JUERGEN RD. GRAND ISLAND, NE. 68801 308-384-4418
	Business Telephone	308-384-4418
b.	Miscellaneous Information:	
*	Public Complaint Telephone (Sec. 1	7-19) 308-384-4418 FIRL CIRCLE, INC.
*	Name Used on Vehicles (Sec. 17-18	FULL CIRCLE, INC.
Res	sidency Certification:	
a.	Individual Applicant – Re	esident of Hall County
а.	marvada Apphoant Re	Name and Home Address of Individual:
		ivalic and frome Address of individual.
1.	Douboundin on Communic	
b.	Partnership or Corporation	
		Name and Address of Resident Partner/Officer:
		5700 S. LOCUST ST. GRAND ISLAND, NE. 68801
c.	Non-resident Individual o	
		Name and Home Address of Appointed Resident Agent:
Rec	quired Documents to be Furnished:	
a.	List of Vehicles (Section	
ъ.	Certificate of Insurance (S	
c.		page Haulers Only (Section 17-22)
d.		225.00; Refuse - \$75.00 (Section 17-15)
		Agent, if applicable (Section 17-16)
e. f.		tificate from Health Department (Section 17-18)
1,	Equipment inspection/Cel	aneate nom Heatin Department (occiton 17-10)
		and the
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	Date	Signature of Applicant

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ŧ	Box and is	1228 land NE 68802			INSURERS A	AFFORDING COV	ERAGE	NAIC#
-	URED	Full Circle Inc			INSURER A: E	MC Insurance Co		
		4331 Juergen Rd			INSURER B:			
		Grand Island NE 68801			INSURER C:			
		Grand Island IVE 00001			INSURER D:			
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A	NY R IAY P	DLICIES OF INSURANCE LISTED BE EQUIREMENT, TERM OR CONDITIO ERTAIN, THE INSURANCE AFFORDE ES. AGGREGATE LIMITS SHOWN MAY	N OF ANY CONTRACT OR O D BY THE POLICIES DESCRIB	THER DO	OCUMENT WITH	H RESPECT TO WI	HICH THIS CERTIFICATE	MAY BE ISSUED OR
INSF LTR	ADD'L	TYPE OF INSURANCE	POLICY NUMBER	PC D	LICY EFFECTIVE ATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMI	
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Α		X COMMERCIAL GENERAL LIABILITY	3D64881	01	-10-10	01-10-11	DAMAGE TO RENTED PREMISES (Ea occurence)	\$ 100,000
		CLAIMS MADE X OCCUR					MED EXP (Any one person) PERSONAL & ADV INJURY	\$ 5,000 \$ 1,000,000
	-						GENERAL AGGREGATE	\$ 2,000,000
		GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COMP/OP AGG	\$ 2,000,000
		X POLICY PRO- LOC						ļ
Α		X ANY AUTO	3E64881	01	-10-10	01-10-11	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
		ALL OWNED AUTOS SCHEDULED AUTOS					BODILY INJURY (Per person)	\$
		X HIRED AUTOS X NON-OWNED AUTOS					BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
		GARAGE LIABILITY					AUTO ONLY - EA ACCIDENT	\$
		ANY AUTO					OTHER THAN EA ACC AUTO ONLY: AGG	
		EXCESS/UMBRELLA LIABILITY					EACH OCCURRENCE	s 2,000,000
Α		X OCCUR CLAIMS MADE	3J64881	01-	-10-10	01-10-11	AGGREGATE	\$ 2,000,000
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		City of Grand Island		İ			R WILL ENDEAVOR TO MAIL	
		Attn: RaNae Edwards - City C	lerk		NOTICE TO THE	CERTIFICATE HOLDER	NAMED TO THE LEFT, BUT FA	AILURE TO DO SO SHALL
		PO Box 1968 Grand Island, NE 68802					Y OF ANY KIND UPON THE IN	SURER, ITS AGENTS OR
		Grand Island, NE 68802		ŀ	REPRESENTATIV AUTHORIZED REF		_	<lb></lb>
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AC	ORD 2	25 (2001/08)				-1 40	© ÁCORD C	ORPORATION 1988



a.	Individual or Firm Identification
	Business Address Divell Transportation and Egy 558 5. Styhr Rd
	Business Address 558 5. Stuhr Rd
	Business Telephone (306) 364-/640
). .	Miscellaneous Information:
• :	Public Complaint Telephone (Sec. 17-19) (308) 384-1690
• -	Public Complaint Telephone (Sec. 17-19) Name Used on Vehicles (Sec. 17-18) (305) 364-1690 D'Neill Tougustul GA Egy
Resi	idency Certification:
•	Individual Applicant – Resident of Hall County Name and Home Address of Individual:
· /	Partnership or Corporation of Hall County
	Name and Address of Resident Partner/Officer:
	Pat Onell - 15/4 5. Gun basid Rad Non-resident Individual or Corporation Name and Home Address of Appointed Resident Agent:
• -	Name and Home Address of Appointed Resident Agent:
teg	uired Documents to be Furnished:
	List of Vehicles (Section 17-18)
· 0	Certificate of Insurance (Section 17-21) Performance Bond – Garbage Haulers Only (Section 17-22)
	License Fee: Garbage - \$225.00; Refuse - \$75.00 (Section 17-15)
	Appointment of Resident Agent, if applicable (Section 17-16)
	Equipment Inspection/Certificate from Health Department (Section 17-18)
-	



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 7/27/2010

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 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	CONTACT Rosemary Johns	
INSUR, Inc.	PHONE (A/C, No, Ext): (308) 382-8000 FAX (A/C, No): (308) 384-3417	
1004 N Diers Ave Ste 140	E-MAIL ADDRESS: rjohns@insurinc.com	
PO Box 5884	PRODUCER 00006008]
Grand Island NE 68802-5884	INSURER(S) AFFORDING COVERAGE NAIC #	
INSURED	INSURER A Addison Insurance Company 10324	
	INSURER B:Commerce and Industry Ins Co	
O'Neill Transportation & Equipment, LLC	INSURER C:	
P O Box 2202	INSURER D :	
	INSURER E:	
Grand Island NE 68802	INSURER F:	

COVERAGES CERTIFICATE NUMBER:CL1072709454 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	XCLUSIONS AND CONDITIONS OF SUCH	ADDL			POUCY EFF	POLICY EXP			 	
LTR	TYPE OF INSURANCE	INSR			(WW/DD/YYYY)	(MM/DD/YYYY)	LIMIT	ſS		
	GENERAL LIABILITY						EACH OCCURRENCE	\$	1,000,000	
	X COMMERCIAL GENERAL LIABILITY							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
A	CLAIMS-MADE X OCCUR			60337264	7/25/2010	7/25/2011	MED EXP (Any one person)	\$	5,000	
							PERSONAL & ADV INJURY	\$	1,000,000	
							GENERAL AGGREGATE	\$	2,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$	2,000,000	
	X POLICY PRO- JECT LOC							\$		
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000	
	X ANY AUTO					2010 7 (25 (2011	BODILY INJURY (Per person)	\$		
Α	ALL OWNED AUTOS			60337264	7/25/2010	7/25/2011	BODILY INJURY (Per accident)	\$		
	SCHEDULED AUTOS HIRED AUTOS						PROPERTY DAMAGE (Per accident)	\$		
	NON-OWNED AUTOS						Auto Extension Endorsement	\$		
							Hired Auto	\$	1,000,000	
	X UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$	3,000,000	
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$	3,000,000	
	DEDUCTIBLE							\$	j	
Α	X RETENTION \$ 10,000			60337264	7/25/2010	7/25/2011	·	\$		
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATU- OTH- TORY LIMITS ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE						E.L. EACH ACCIDENT	\$	500,000	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	datory in NH)		ry in NH) WC005706839		3/29/2010	3/29/2011	E.L. DISEASE - EA EMPLOYEE	\$	500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	500,000	
A	Equipment Floater			60337264	7/25/2010	7/25/2011	Rented Equipment		\$80,000	
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DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
City of Grand Island is named as an additional insured on the General Liability Policy.

CERTIFICATE HOLDER	CANCELLATION
(308) 385-5423	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN
City of Grand Island	ACCORDANCE WITH THE POLICY PROVISIONS.
Building Inspection Dept. P O Box 1968	AUTHORIZED REPRESENTATIVE
Grand Island, NE 68802	
	James Kahrhoff/MSW