



City of Grand Island

Tuesday, September 27, 2011

Council Session

Item G5

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

Staff Contact: RaNae Edwards

Council Agenda Memo

From: RaNae Edwards, City Clerk
Meeting: September 27, 2011
Subject: Approving Garbage and Refuse Haulers Permits
Item #'s: G-5
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

The following businesses have submitted applications for renewal for 2011/2012:

Clark Brothers Sanitation, 3080 West 2 nd Street	Garbage
Heartland Disposal, 2423 W. Old Lincoln Hwy.	Garbage
Mid-Nebraska Disposal, Inc., 3080 West 2 nd Street	Garbage
Full Circle, Inc., 4331 Juergen Road	Refuse
O'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 2011/2012.

Sample Motion

Move to approve the renewal for garbage/refuse permits for 2011/2012.



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 LTSC, Inc. dba Clark Brothers Sanitation
 Business Address 3080 W 2nd Grand Island, NE 68803
 Business Telephone 308/384-2570

b. Miscellaneous Information:

- * Public Complaint Telephone (Sec. 17-19) 384-2570
- * Name Used on Vehicles (Sec. 17-18) Clark Brothers Sanitation

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) ON FILE
- c. Performance Bond – Garbage Haulers Only (Section 17-22) ON FILE
- 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) - Inspection being done on 9/19/17

9/14/17
Date

[Signature]
Signature of Applicant



1137 South Locust · Grand Island, NE 68801
 Phone (308) 385-5175 · Fax (308) 385-5181

GARBAGE REFUSE CERTIFICATION OF INSPECTION FOR SERVICE & METHOD OF OPERATION

Year:	2011 - 2012	Fee:	\$ 336.00
Date Issued:	October 1, 2011	Owner:	Clark Brothers Sanitation
Date Expires:	Sept. 30, 2012	Business:	Clark Brothers Sanitation
Units:	12	Location:	3080 W 2nd St Grand Island NE 68803

This permit is nontransferable as to ownership or location, and may be revoked for cause.

THIS PERMIT MUST BE PROMINENTLY POSTED AT PLACE OF BUSINESS.

Executive Director

	Vehicle Year/Model	License	Load Type	Condition
1)	2004 Freightliner	8-1180	Rear Load	Satisfactory
2)	2003 International	8-1175	Rear Load	Satisfactory
3)	2007 International	8-13964	Rear Load	Satisfactory
4)	1998 Freightliner	8-7450	Side Load	Satisfactory
5)	1996 Crane	8-1174	Side Load	Satisfactory
6)	1996 International	8-12501	Rear Load	Satisfactory
7)	1999 Volvo	8-9053	Side Load	Satisfactory
8)	2006 Mac	8-12498	Rear Load	Satisfactory
9)	2007 Freightliner	8-7148	Rear Load	Satisfactory
10)	1993 White	8-6677	Front Load	Does not run, no license
11)	1994 Freightliner	8-12492	Rear Load	Satisfactory
12)	1988 Mac	8-12491	Rear Load	Satisfactory-remove CW Signage



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
4/1/2011

PRODUCER (402) 752-3700 FAX: (402) 752-3706 Krull Insurance Agency 108 North Smith PO Box 200 Kenesaw NE 68956		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 Mid-NE Disposal Inc. & LTSC Inc. & Clark Brothers 3080 W 2nd St Grand Island NE 68803-5264		INSURERS AFFORDING COVERAGE INSURER A: Employers Mutual INSURER B: INSURER C: INSURER D: INSURER E:	NAIC # 21415

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 ADD'L LTR INSR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR	3D53875	4/1/2011	4/1/2012	EACH OCCURRENCE \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/OP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	3R53875	4/1/2011	4/1/2012	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
					BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC AGG \$ AGG \$
A	EXCESS / UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE \$ RETENTION \$	3J53875	4/1/2011	4/1/2012	EACH OCCURRENCE \$ 4,000,000
					AGGREGATE \$ 4,000,000
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under SPECIAL PROVISIONS below OTHER	3H53875	4/1/2011	4/1/2012	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
					E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
 Copy of the policy is available upon request.

CERTIFICATE HOLDER _____	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL _____ 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 JOHN LONGORIA/JL
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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

Heartland Disposal

Business Address

2423 W Old Lincoln Hwy

Business Telephone

382-1683

b. Miscellaneous Information:

* Public Complaint Telephone (Sec. 17-19)

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

Heartland Disposal

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:

Tom Umel SR - 515 S Study Bend

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)

9-19-11
Date

Tomy Umel SR
Signature of Applicant



1137 South Locust · Grand Island, NE 68801
 Phone (308) 385-5175 · Fax (308) 385-5181

GARBAGE REFUSE CERTIFICATION OF INSPECTION FOR SERVICE & METHOD OF OPERATION

Year:	2011 - 2012	Fee:	\$ 476.00
Date Issued:	October 1, 2011	Owner:	Tom Ummel
Date Expires:	Sept. 30, 2012	Business:	Heartland Disposal
Units:	17	Location:	1839 E 4 TH St Grand Island NE 68801

This permit is nontransferable as to ownership or location, and may be revoked for cause.
THIS PERMIT MUST BE PROMINENTLY POSTED AT PLACE OF BUSINESS.

Executive Director

	Vehicle Year/Model	License	Load Type	Condition
1)	1998 Crane		Rear Load	No -- Needs Signage
2)	2004 International	8-8916	Roll-off	Satisfactory
3)	1994 Mac	8-4975	Roll-Off	Satisfactory
4)	1997 Volvo	8-21096	Side Load	Satisfactory
5)	2003 Sterling	8-11352	Roll-off	Satisfactory
6)	1990 International	8-203	Roll-off	Satisfactory
7)	1998 International	8-3609	Rear Load	Satisfactory
8)	1998 Freightliner	8-21095	Rear Load	Satisfactory
9)	1998 International	8-6007	Rear Load	Satisfactory
10)	1996 International		Rear Load	No -- Needs Signage
11)	1999 International	8-9829	Rear Load	Satisfactory
12)	1998 Peterbilt	8-3469	Side	Satisfactory
13)	1998 Peterbilt	8-6990	Side	Satisfactory
14)	1991 Freightliner	8-21017	Rear Load	Satisfactory
15)	1999 Ford		Rear Load	No -- Needs license
16)	2000 Crane	8-10009	Side Load	Satisfactory
17)	1999 Peterbilt		Front Load	No -- Needs Signage



CERTIFICATE OF LIABILITY INSURANCE

HEART-1 OP ID: PV

DATE (MM/DD/YYYY)

09/12/11

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 Pathway Insurance Agency-GI 2121 N Webb Rd, Ste 101 Grand Island, NE 68803-1751	308-384-1100	CONTACT NAME: PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL: ADDRESS:
INSURED HEARTLAND DISPOSAL 2423 W OLD LINCOLN HWY GRAND ISLAND, NE 68803	INSURER(S) AFFORDING COVERAGE INSURER A: EMC INS CO NAIC # 25186 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES CERTIFICATE NUMBER: 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 LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			4D15814	06/29/11	06/29/12	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADVY INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PRO. SECT <input type="checkbox"/> LOC <input type="checkbox"/>							
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS HIRED AUTOS			4E15814	06/29/11	06/29/12	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	UMBRELLA LIAB EXCESS LIAB			4J15814	06/29/11	06/29/12	EACH OCCURRENCE \$ 3,000,000 AGGREGATE \$
DED <input checked="" type="checkbox"/> RETENTION \$ 10000							
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/EMBER EXCLUDED? (Mandatory in NH) Y/N <input type="checkbox"/> N/A			4H15814	06/29/11	06/29/12	WC STATUTORY LIMITS OTHER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Waste Disposal Services

CERTIFICATE HOLDER CITYGI2 CITY OF GRAND ISLAND RANAE EDWARDS 100 E 1 ST GRAND ISLAND, NE 68801	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
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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 Mid-Nebraska Disposal, Inc.
 Business Address 3480 W 2nd Grand Island, NE 68803
 Business Telephone (308) 382-7053

b. Miscellaneous Information:

- * Public Complaint Telephone (Sec. 17-19) 382-7053
- * Name Used on Vehicles (Sec. 17-18) Mid-Nebraska Disposal, Inc.

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) ON FILE
- c. Performance Bond – Garbage Haulers Only (Section 17-22) ON FILE
- d. License Fee: **Garbage - \$225.00; Refuse - \$75.00** (Section 17-15)
- e. NA Appointment of Resident Agent, if applicable (Section 17-16)
- f. Equipment Inspection/Certificate from Health Department (Section 17-18) - Inspection being done on 9/12/11

9/12/11
Date

[Signature]
Signature of Applicant



1137 South Locust · Grand Island, NE 68801
 Phone (308) 385-5175 · Fax (308) 385-5181

GARBAGE REFUSE CERTIFICATION OF INSPECTION FOR SERVICE & METHOD OF OPERATION

Year:	2011 – 2012	Fee:	\$ 504.00
Date Issued:	October 1, 2011	Owner:	Mid-Nebraska Disposal
Date Expires:	Sept. 30, 2012	Business:	Mid-Nebraska Disposal
Units:	18	Location:	3080 W 2nd St Grand Island NE 68803

This permit is nontransferable as to ownership or location, and may be revoked for cause.

THIS PERMIT MUST BE PROMINENTLY POSTED AT PLACE OF BUSINESS.

Executive Director

	Vehicle Year/Model	License	Load Type	Condition
1)	2004 Peterbilt	8-3586	Front Load	Satisfactory
2)	2008 Crane	8-9052	Side Load	Satisfactory
3)	1989 International	8-4601	Rear Load	No – In repairs
4)	2006 Mac	8-21301	Roll-off	Satisfactory
5)	1994 Peterbilt	8-249	Front Load	Satisfactory
6)	1995 Mac	8-6427	Roll-off	Satisfactory
7)	1998 Freightliner	8-11017	Rear Load	Satisfactory
8)	2003 International	8-13688	Rear Load	Satisfactory
9)	1998 Volvo	8-1637	Rear Load	No – In repairs
10)	1992 Mac	8-10422	Roll-off	Satisfactory
11)	2001 Sterling	8-9828	Roll-off	Satisfactory
12)	2008 Freightliner	8-9149	Rear Load	Satisfactory
13)	1998 International	8-6441	Rear Load	Satisfactory
14)	2006 Crane	8-2192	Side Load	Satisfactory
15)	2007 Peterbilt	8-22967	Roll-off	Satisfactory
16)	2008 Peterbilt	8-12499	Front Load	Satisfactory
17)	2009 International	8-19553	Recycle	Satisfactory
18)	2004 Mac	8-4647	Roll-off	Satisfactory



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
4/1/2011

PRODUCER (402)752-3700 FAX: (402)752-3706 Krull Insurance Agency 108 North Smith PO Box 200 Kenesaw NE 68956		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 Mid-NE Disposal Inc. & LTSC Inc. & Clark Brothers 3080 W 2nd St Grand Island NE 68803-5264		INSURERS AFFORDING COVERAGE INSURER A: Employers Mutual	NAIC # 21415
		INSURER B:	
		INSURER C:	
		INSURER D:	

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 ADD'L LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR	3D53875	4/1/2011	4/1/2012	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPOF AGG \$ 2,000,000
GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	3R53975	4/1/2011	4/1/2012	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY AGG \$
A	EXCESS / UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE RETENTION \$	3J53875	4/1/2011	4/1/2012	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000 \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under SPECIAL PROVISIONS below Y/N <input type="checkbox"/>	3H53875	4/1/2011	4/1/2012	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 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
 Copy of the policy is available upon request.

CERTIFICATE HOLDER 	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL _____ 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 JOHN LONGORIA/JL
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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

FULL CIRCLE, INC.

Business Address

4331 JUERGEN RD.
GRAND ISLAND, NE 68801

Business Telephone

308-384-4418

b. Miscellaneous Information:

* Public Complaint Telephone (Sec. 17-19)

308-384-4418

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

FULL CIRCLE, INC.

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:

MIKE LELIENHAL
5700 S. LOCUST ST.
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)

9-14-11

Date

Signature of Applicant



1137 South Locust • Grand Island, NE 68801
Phone (308) 385-5175 • Fax (308) 385-5181

GARBAGE REFUSE CERTIFICATION OF INSPECTION FOR SERVICE & METHOD OF OPERATION

Year: 2011 – 2012 Fee: \$ 84.00
Date Issued: October 1, 2011 Owner: Mike Lilienthal
Date Expires: Sept. 30, 2012 Business: Full Circle Inc.
Units: Location: 4331 Juergen
Grand Island NE 68801

This permit is nontransferable as to ownership or location, and may be revoked for cause.
THIS PERMIT MUST BE PROMINENTLY POSTED AT PLACE OF BUSINESS.

Executive Director

	Vehicle Year/Model	License	Load Type	Condition
1)	1996 International	8-13652	Roll-off	Satisfactory
2)	2005 Freightliner	8-12289	Roll-off	Satisfactory
3)	2008 Peterbilt	8-4091	Roll-off	Satisfactory



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
09/14/2011

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 1-866-220-4625 Holmes Murphy and Associates - Omaha 2637 South 158th Plaza Suite 200 Omaha, NE 68130		CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS: PRODUCER CUSTOMER ID #:		FAX (A/C, No):	
INSURED Full Circle Inc. 4331 Juergen Road Grand Island, NE 68801		INSURER(S) AFFORDING COVERAGE		NAIC #	
		INSURER A: BURLINGTON INS CO		23620	
		INSURER B: COLUMBIA NATL INS CO		19640	
		INSURER C: PRINCETON EXCESS & SURPLUS LINES INS		10786	
		INSURER D: GUARANTEE INS CO		11398	
		INSURER E: TRAVELERS PROP CAS CO OF AMER		25674	
		INSURER F: TRAVELERS PROP CAS INS CO		36161	

COVERAGES

CERTIFICATE NUMBER: 23054133

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 LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY		HGL0026391	01/10/11	01/10/12	EACH OCCURRENCE	\$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
						MED EXP (Any one person)	\$ 5,000
						PERSONAL & ADV INJURY	\$ 1,000,000
						GENERAL AGGREGATE	\$ 2,000,000
						PRODUCTS - COMP/OP AGG	\$ 2,000,000
							\$
B	AUTOMOBILE LIABILITY		CAPNE0000012916	01/10/11	01/10/12	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO					BODILY INJURY (Per person)	\$
	<input checked="" type="checkbox"/> ALL OWNED AUTOS					BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> SCHEDULED AUTOS					PROPERTY DAMAGE (Per accident)	\$
	<input type="checkbox"/> HIRED AUTOS						\$
	<input type="checkbox"/> NON-OWNED AUTOS						\$
C	UMBRELLA LIAB	<input checked="" type="checkbox"/>	82A3FF0000112	01/10/11	01/10/12	EACH OCCURRENCE	\$ 2,000,000
	EXCESS LIAB	<input type="checkbox"/>				AGGREGATE	\$ 2,000,000
	DEDUCTIBLE						\$
	RETENTION \$						\$
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		WIC301004460111	01/10/11	01/10/12	<input checked="" type="checkbox"/> WC STATUTORY LIMITS	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/>	N/A			E.L. EACH ACCIDENT	\$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
						E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
E	Inland Marine		QT6602885C34ATIL11	01/10/11	01/10/12	Leased/Rented EQ	750,000
E	Inland Marine		QT6602885C34ATIL11	01/10/11	01/10/12	Blanket Cont EQ	4,014,765
F	Inland Marine		QT6602885C34ATIL11	01/10/11	01/10/12	Cont EQ & L/R Ded.	1,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER**CANCELLATION**

City of Grand Island
 Attn: RaNae Edwards - City Clerk
 P.O. Box 1968
 Grand Island, NE 68802

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

USA

 edornne
 ACORD 25 (2009/09)
 23054133

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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 PO Box 2202 Grand Island NE 68602
 Business Telephone (308) 384-1690

b. Miscellaneous Information:

- * Public Complaint Telephone (Sec. 17-19) (308) 384-1690
- * 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:

c. Non-resident Individual or Corporation
 Name and Home Address of Appointed Resident Agent:
Pat O'Neill 1516 S. Garbanel Rd
Grand Island, NE 68601

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)

09/12/2011
Date

[Signature]
Signature of Applicant



1137 South Locust · Grand Island, NE 68801
Phone (308) 385-5175 · Fax (308) 385-5181

GARBAGE REFUSE CERTIFICATION OF INSPECTION FOR SERVICE & METHOD OF OPERATION

Year: 2011 - 2012 Fee: \$ 56.00
Date Issued: October 1, 2011 Owner: Pat O'Neill
Date Expires: Sept. 30, 2012 Business: O'Neill Transportation and Equipment
Units: 2 Location: 558 S Stuhr Rd
Grand Island NE 68801

This permit is nontransferable as to ownership or location, and may be revoked for cause.

THIS PERMIT MUST BE PROMINENTLY POSTED AT PLACE OF BUSINESS.

Executive Director

	Vehicle Year/Model	License	Load Type	Condition
1)	1987 Ford 9000	8-5402	Semi	Satisfactory
2)	1994 Kenworth	8-4078	Semi	Satisfactory



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
9/12/2011

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 INSUR, Inc. 1004 N Diers Ave Ste 140 PO Box 5884 Grand Island NE 68802-5884		CONTACT NAME: Rosemary Johns PHONE (A/C, No, Ext): (308) 382-8000 FAX (A/C, No): (308) 384-3417 E-MAIL ADDRESS: rjohns@insurinc.com															
INSURED O'Neill Transportation & Equipment, LLC P O Box 2202 Grand Island NE 68802		<table border="1"> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A Addison Insurance Company</td> <td>10324</td> </tr> <tr> <td>INSURER B Commerce and Industry Ins Co</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A Addison Insurance Company	10324	INSURER B Commerce and Industry Ins Co		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
INSURER(S) AFFORDING COVERAGE	NAIC #																
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COVERAGES **CERTIFICATE NUMBER:** CL1171812203 **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 LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			60337264	7/25/2011	7/25/2012	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/PO AGG \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			60337264	7/25/2011	7/25/2012	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Auto Extension Endorsement \$
	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						
B	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) if yes, describe under DESCRIPTION OF OPERATIONS below			WC003129622	3/29/2011	3/29/2012	WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)						

CERTIFICATE HOLDER City of Grand Island PO Box 1968 Grand Island, NE 68802	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE James Kahrhoff/RKJ
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