

(OFFICE USE ONLY)

NOTES:

1-18-19

Dear Town Manager and Select persons

Per our phone conversation I am requesting that we be able to unload our 4 Ton with veggie only on Wednesday afternoon after we finish the route.

The distance to bring it back on Thursday is just to far. Currently we have sort of our location in Farmington.

Thank you for considering this request. If you have any questions or concerns please don't hesitate to contact me.

Alan



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/2/2018

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
RIG Insurance Services, LLC
336 Water Tower Circle
Colchester VT 05446

CONTACT NAME: Heidi Blondin

PHONE (A/C, No, Ext): 802-861-4477

FAX (A/C, No): 802-861-4440

E-MAIL ADDRESS: Heidi@RigProtect.com

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A: Endurance American Specialty Insurance Company

41718

INSURER B: Zurich American Ins. Co.

16535

INSURER C: MEMIC

14164

INSURER D:

INSURER E:

INSURER F:

INSURED ARCHINC-01
Archie's Inc.
P.O. Box 367
Mexico ME 04257

COVERAGES

CERTIFICATE NUMBER: 894293940

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			CBC20000286403	2/21/2018	2/21/2019	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 - COMP/OP AGG \$ \$
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			BAP5473591-06	2/21/2018	2/21/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB EXCESS LIAB DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A		1810041083	2/19/2018	2/19/2019	PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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

CERTIFICATE HOLDER

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

**Readfield Transfer Station
Commercial Haulers Annual Permit - 2019**

PERMIT APPLICATION

Company Name: Archie's Inc.
Owner/Representative: Alan Archibald Tel. # 207-364-2425
Mailing Address: PO Box 367 Mexico, Me. 04257
Street Address, if different: 360 River Rd Mexico

1.) List of vehicles that will be used to haul materials to the Transfer Station.

MAKE	MODEL	YEAR	PLATE #
<u>Volvo</u>	<u>W6</u>	<u>2001</u>	<u>8A-6926</u>
<u>Ford</u>	<u>550</u>	<u>2011</u>	<u>3A-4597</u>

2.) As a separate attachment, provide a listing of commercial customers including their name, address, seasonal status, number of dumpsters / cans, their size, their service frequency, and an estimate of the volume of waste collected weekly. A sample form is attached. For both commercial and residential customers, provide the information requested below:

Identify the number of customers you currently service from each Town

	Fayette	Readfield	Wayne
Residential Year-Round Customers	<u>142</u>	<u>0</u>	<u>31</u>
Residential Summer Customers	<u>10</u>	<u>0</u>	<u>3</u>
Commercial Customers	<u>7</u>	<u>0</u>	<u>9</u>

Identify the number of customers you expect to service from each Town as of July 1, 2019

	Fayette	Readfield	Wayne
Residential Year-Round Customers	<u>142</u>	<u>0</u>	<u>31</u>
Residential Summer Customers	<u>10</u>	<u>0</u>	<u>3</u>
Commercial Customers	<u>7</u>	<u>0</u>	<u>9</u>

3.) List all other municipalities where you are permitted to haul main stream waste:

1 Rumford 2 Temple Mexico
3 Fayette 4 Chesterfield New Sharon
Livermore Falls

Hauler's Signature: _____

Date: 1-18-19

**Readfield Transfer Station
Commercial Haulers Annual Permit - 2019**

RECYCLING PLAN

As part of the Readfield Commercial Haulers Permit Application, a Hauler's Recycling Plan must be submitted, along with an application for approval, to the Readfield Select Board. My application includes the following information regarding my Hauler's Recycling Plan (please check and initial all that apply):

1.) I have informed my customers that they must separate recyclables consistent with the Readfield Transfer Station Ordinance, and I will make the Recycling Guide available to all customers (Please inform the Readfield Town Office if you would like a digital copy of the Recycling Guide).

Initial A.A.

2.) If a customer does not separate recyclables consistent with the Ordinance and Recycling Guide, I **will provide written notification** to the Readfield Town Manager.

Initial A.A.

3.) I pick up MSW on Wednesday (day) and Recyclables on Wednesday (day).

Initial AA

4.) I pick up the following: Demo; Tires; Mattresses/Furniture; Metal & White goods. I collect associated disposal fees from my customers and pay them to the Town of Readfield.

Initial

5.) My vehicle and/or trailer has a separate section(s) for all single-sort recyclables (paper, plastic, metal, glass, etc.): , and for MSW (regular household waste).

Initial AA

6.) My vehicle and/or trailer are covered, or I can ensure that no MSW or recyclable materials will fall into the road during transport to the Transfer Station.

Initial A.A.

7.) I and/or my employee(s) distribute the recyclables collected from my customers into the appropriate single-sort compactor at the Readfield Transfer Station.

Initial A.A.

I understand that it is my responsibility to notify my customers of my Recycling Plan and that said Plan is subject to Readfield Select Board approval and periodic review. **I also understand that I will lose my right to use the Readfield Transfer Station if I do not follow all the rules above.**

Hauler's Signature:  Date: 1-18-19

FAYETTE

CAMP WINNEBAGO

RT#17 FAYETTE

ECHO LAKE LODGE & COTTAGES

230 ECHO LODGE RD

FAYETTE COUNTRY STORE

1916 MAIN ST

FAYETTE SCHOOL DEPT

2023 MAIN ST

J.S. CREATIVE METAL

218 LOVEJOY RD

LAKE VIEW ESTATES

261 SHORE DRIVE

MAINE MARKET REFRIDGERATION

98 MORRIS SPRINGER RD

WAYNE

C.H. STEVENSON

190 WALTON RD.

COBB'S CORNER STORE

672 MAIN ST

FRED DUPLISEA

LORD RD WAYNE

JOHNNY'S AUTO

58 FAIRBANKS RD

MERLE GILES TRUCKING

199 TUCKER RD

WAYNE COMMUNITY CHURCH

OLD WINTHROP RD

WTS TREE EXPERTS

134 FAIRBANKS RD

~~WTS TREE EXPERTS~~~~134 FAIRBANKS RD~~

NAS PROPERTIES

238 TALL TIMBERS RD.

weekly Volume	Seasonal	Approximate Season	
8yds	Yes	year round	
6yd	No	year round	
4yd	No	year round	
6yd	No	year round	
1 bag	No	year round	
4yds	No	year round	
6yd	No	year round	
4yd	No	year round	
2yd	No	year round	
2-6yds	Yes	4 months	
2yd	No	year round	
2yd	No	year round	
Handstop 1 bag	No	year round	
2yd	No	year round	
—	—	—	
4yd	No	year round	

60227

ARCHIE'S, INC.

P.O. BOX 367
MEXICO, MAINE 04257



Franklin Savings Bank

HEADQUARTERED IN FARMINGTON, MAINE

52-7449/2112

PAY TO THE
ORDER OF

Town of Roadfield
Seventy-Five dollars

\$ 75.00

~~80~~
100

DOLLARS

MEMO

Transfer Station Fee



[Signature]
AUTHORIZED SIGNATURE

Security features. Details on back.

⑈060227⑈ ⑆211274492⑆ 91⑈826⑈210⑈

ARCHIE'S, INC.

60227

Town of Roadfield

\$ 75.00

[Signature]

ARCHIE'S, INC.

60227



**Readfield Transfer Station
Commercial Haulers Annual Permit - 2019**

PERMIT APPLICATION

Company Name: Galouch's Waste
Owner/Representative: Ryan Galouch Tel. # 207 215 5653
Mailing Address: 976 Wings Mill Rd Belgrade Me 04117
Street Address, if different: _____

1.) List of vehicles that will be used to haul materials to the Transfer Station.

MAKE	MODEL	YEAR	PLATE #
<u>Dodge</u>	<u>Ram 1500</u>	<u>2005</u>	<u>7389 VZ</u>
<u>GMC</u>	<u>One ton</u>	<u>2006</u>	<u>3C-5H8</u>

2.) As a separate attachment, provide a listing of commercial customers including their name, address, seasonal status, number of dumpsters / cans, their size, their service frequency, and an estimate of the volume of waste collected weekly. A sample form is attached. For both commercial and residential customers, provide the information requested below:

Identify the number of customers you currently service from each Town

	Fayette	Readfi
Residential Year-Round Customers	<u>50</u>	
Residential Summer Customers	<u>10</u>	
Commercial Customers	<u>3</u>	

Identify the number of customers you expect to service from

	Fayette	Readfi
Residential Year-Round Customers	<u>50</u>	
Residential Summer Customers	<u>10</u>	
Commercial Customers	<u>3</u>	

Town of Readfield
Receipt

01/18/19 7:38 AM ID: TAS
TYPE: TRANS STATION Oth
#4011-1
AMOUNT
75.00

Paid By: Galouch's Waste
Remaining Balance: 0.00
Thank you have a great day!
Cash : 75.00

3.) List all other municipalities where you are permitted to haul materials

1 Belgrade 2 _____
3 _____ 4 _____

Hauler's Signature: Ryan Galouch

Date: 1/12/19

**Readfield Transfer Station
Commercial Haulers Annual Permit - 2019**

Pd \$15.00
cash
1-22-19

PERMIT APPLICATION

Company Name: James Diamond Sr.

Owner/Representative: _____

Tel. # 207-242-8204

Mailing Address: PO Box 172 Readfield ME 04855

Street Address, if different: 142 Northway Rd Readfield

1.) List of vehicles that will be used to haul materials to the Transfer Station.

MAKE	MODEL	YEAR	PLATE #
<u>1992 Chev</u>	<u>Silverado</u>	<u>1992</u>	<u>28-931</u>

2.) As a separate attachment, provide a listing of commercial customers including their name, address, seasonal status, number of dumpsters / cans, their size, their service frequency, and an estimate of the volume of waste collected weekly. A sample form is attached. For both commercial and residential customers, provide the information requested below:

Identify the number of customers you currently service from each Town

	Fayette	Readfield	Wayne
Residential Year-Round Customers		4	57
Residential Summer Customers			15
Commercial Customers			

Identify the number of customers you expect to service from each Town as of July 1, 2019

	Fayette	Readfield	Wayne
Residential Year-Round Customers			
Residential Summer Customers			
Commercial Customers			

3.) List all other municipalities where you are permitted to haul main stream waste:

1 _____ 2 _____
3 _____ 4 _____

Hauler's Signature: _____ Date: _____

**Readfield Transfer Station
Commercial Haulers Annual Permit - 2019**

RECYCLING PLAN

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1.) I have informed my customers that they must separate recyclables consistent with the Readfield Transfer Station Ordinance, and I will make the Recycling Guide available to all customers (Please inform the Readfield Town Office if you would like a digital copy of the Recycling Guide).

Initial VM

2.) If a customer does not separate recyclables consistent with the Ordinance and Recycling Guide, I will provide written notification to the Readfield Town Manager.

Initial VM

3.) I pick up MSW on Thursday/Friday (day) and Recyclables on Thursday/Friday (day).

Initial VM

4.) I pick up the following: 2 Demo; Tires; Mattresses/Furniture; Metal & White goods. I collect associated disposal fees from my customers and pay them to the Town of Readfield.

Initial VM

5.) My vehicle and/or trailer has a separate section(s) for all single-sort recyclables (paper, plastic, metal, glass, etc.): , and for MSW (regular household waste).

Initial VM

6.) My vehicle and/or trailer are covered, or I can ensure that no MSW or recyclable materials will fall into the road during transport to the Transfer Station.

Initial VM

7.) I and/or my employee(s) distribute the recyclables collected from my customers into the appropriate single-sort compactor at the Readfield Transfer Station.

Initial VM

I understand that it is my responsibility to notify my customers of my Recycling Plan and that said Plan is subject to Readfield Select Board approval and periodic review. I also understand that I will lose my right to use the Readfield Transfer Station if I do not follow all the rules above.

Hauler's Signature: James D. Dwyer

Date: 1-17-19




CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
01/11/2019

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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 StateFarm  Michael Alden State Farm Insurance 2540 Route #202 Winthrop, Maine 04364	CONTACT NAME: Sherrie Doyon PHONE (A/C, No, Ext): 2073952118 FAX (A/C, No): 2073952122 E-MAIL ADDRESS: sherrie.doyon.lceo@statefarm.com	
	INSURER(S) AFFORDING COVERAGE INSURER A: State Farm Mutual Automobile Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	
INSURED James Diamond PO Box 172 Readfield, Maine 04355	NAIC # 25178	

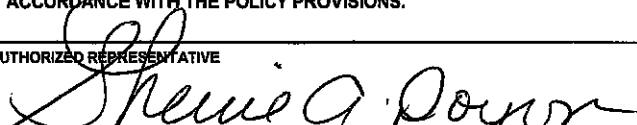
COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			0705049F4-19	12/04/2018	06/04/2019	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ 500,000 BODILY INJURY (Per accident) \$ 500,000 PROPERTY DAMAGE (Per accident) \$ 250,000 \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/>	N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
1992 Chevrolet K2500 P/U Hauling trash 2 days per week Readfield and Wayne

CERTIFICATE HOLDER**CANCELLATION**

Town of Readfield Readfield, Maine 04355	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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Commercial Haulers Annual Permit - 2018

(OFFICE USE ONLY)

Applicant: Trojano Waste Services

1.) A fee of \$75 was paid on 1/22/19 date, and collected by KMP. CK 56413

2.) A certificate of vehicle liability insurance, showing a minimum of \$400,000 coverage, that allows the vehicle to be used as a **commercial hauler** is attached and was received on, 1/22/19.

3.) A recycling plan, WHICH IS PART OF THIS APPLICATION, was completed and submitted with this application. The plan was received on, 1/22/19.

4.) A list of commercial customers in Fayette, Readfield, and Wayne including names and addresses was submitted on 1/22/19 and reviewed by the Town Manager on 1/22/19.

NOTES:

Town of Readfield

Receipt

01/22/19 10:37 AM ID:KMP

#4056-1

TYPE----

REF---

AMOUNT

TRANS SELECTION Oth 2019PERMI

75.00

Paid By: Trojano Waste Services

Remaining Balance: 0.00

Thank you have a great day!

Check : 75.00

56413 - 75.00