BID RESPONSE ITB 11-004 Elevator/Lift Maintenance and Service

Facility 1. Police Department	ID/Serial	# of Stops	Monthly Cost
1604 N Roosevelt Key West, F1 33040	62171 62172	2	\$ 525.00
2 Old City Hall Green Street Key West, FL 33040		2	<u>\$</u> 250.00
 Douglasss Gym 111 Olivia Street Key West, FL 33040 	92923	2	\$ 100.00
4. Key West DOT 627 Paim Avenue Key West, FL 33040		2	\$_300.00
5. Key West Park N Ride 301 Grinnell Street Key West, FL 33040		4	s 350.00
6. City Halt 525 Angela Street Key West, FL 33040		ż	\$ <u>150.00</u>
Additional Services			
Technician — hourly rate for repair Performed during standard work 7:00 am-4:00 pm)			\$_(50.00 per hour
Technician – hourly rate for repair Performed during non standard w Prior to 7:00 am and after 5:00 pm	vorking hours (Moi	nday through Friday	\$_Z2\\ .600 per hour
Helper – hourly rate for repairs no during standard working hours (t covered in monthly Monday through Fri	y cost that are performed iday 7:00 am -5:00 pm	\$_\00.00 per hour
Helper – hourly rate for repairs no During non-standard working he and after 5:00 pm, and Saturday ar	urs (Monday throug		\$_{\sqrt{\infty}} \text{per hour}

Full Load Safety Test (if applicable) as required by the State of Florida

\$ 1 a per test

Independent/third party elevator inspection report (if applicable) as required by the State of Florida

\$ 250 per inspection

Parts and Materials

Parts and materials are to be billed at net cost. Include a percentage allowed for overhead and profit. A MAXIMUM OF 15% MARK-UP will be allowed. (Indicate this percentage in the space to the right). (A mark-up on sales tax will not be allowed).

A Copy of the supply house invoice shall be submitted with the Contractor's invoice.

Percentage Mark-up of Materials

Contact Rod Delostrinos @ 305.809.3751 with questions.

BIDDER REPRESENTATION

I represent that this bid is submitted in compliance with all terms, conditions and specifications of the Call for Bid and that I am authorized by the owners/principals to execute and submit this proposal on behalf of the business identified below:

BUSINESS NAME: IS LAMORADA QUEVATOR CO., INC.

STREET ADDRESS: 88005 OVERSOAS HIGHWAY #5

CITY/STATE/ZIP: ISVAMORADA ELEVATOR CO., INC.

PRINT NAME OF AUTHORIZED REPRESENTATIVE: BYRON DAGGETT

TITLE/POSITION OF AUTHORIZED REPRESENTATIVE: [LESIDENT]

DATE SUBMITTED: 12/27/10 TELEPHONE: 305 8521618

ELEVATOR /LIFT MAINTENANCE AND SERVICE ITB 111-004 SERVICE PERSONNEL

Cor	mpany Name: ILLA	MORADA ELE	VATUR CO., IN	<i>C</i> .
serv Cer	vice Personnel: Bidder m vice of personnel who wi tificate of Competency. (mittal.	ll scrvice this bid. Che	ck whether the name	d person holds a
	Name	Position	Certificate of Competency	Indicate overall experience, level Of expertise, & Number of months/ Years experience
1.	BYRON DAGGETT	MECHANICS PRESIDENT		27 YEARS
2.	Jim Frazman	MECHANIC		40 Years
3	JACK AMOS	HERPER		3 YEARS
4				
5				
6	and the same of th			

APlease see attached

ANTI-KICKBACK AFFIDAVIT

STATE OF FLORIDA

SS:

COUNTY OF MONROE

I the undersigned hereby duly sworn, depose and say that no portion of the sum herein bid will be paid to any employee of the City of Key West as a commission, kickback, reward or gift, directly or indirectly by me or any member of my firm or by an officer of the corporation.

ву:

sworn and prescribed before me this_

day of <u>DC</u>, 2010

NOTARY PUBLIC, State of Florida

My commission expires: MAY 6,2011

LOCAL VENDOR CERTIFICATION PURSUANT TO CKW ORDINANCE 09-22 SECTION 2-798

The undersigned, as a duly authorized representative of the vendor listed herein, certifies to the best of his/her knowledge and belief, that the vendor meets the definition of a "Local Business." For purposes of this section, "local business" shall mean a business which:

- a. Principle address as registered with the FL Department of State located within 30 miles of the boundaries of the city, listed with the chief licensing official as having a business tax receipt with its principle address within 30 miles of the boundaries of the city for at least one year immediately prior to the issuance of the solicitation.
- b. Maintains a workforce of at least 50 percent of its employees from the city or within 30 miles of its boundaries.
- c. Having paid all current license taxes and any other fees due the city at least 24 hours prior to the publication of the call for bids or request for proposals.
 - Not a local vendor pursuant to Ordinance 09-22 Section 2-798
 - Qualifies as a local vendor pursuant to Ordinance 09-22 Section 2-798

If you qualify, please complete the following in support of the self certification & submit copies of your County and City business licenses. Failure to provide the information requested will result in denial of certification as a local business.

Business Name Toward ADA ELEVATOR	Co.INC. Phone: 305 8521618
Current Local Address: 88005 6V924345 (P.O Box numbers may not be used to establish status)	GHVAY#5 Fax: 305853 0858
Length of time at this address 5 YEARS Signature of Authorized Representative STATE OF FORIDA COUNTY OF MONROE	
The foregoing instrument was acknowledged before me By BYRON DAGGT (RESIDENT (Name of officer or agent, title of officer or agent) or has produced KNOWN TO ME	, of ISLAM or ADIA ECAVATING Co. Name of corporation acknowledging)
or has produced (type of identification) (type of identification) MELANKALAMBER Noticy Prove. General Florida Operations 200608192 My conto. sepies May 6, 2011	as identification MU and Mulan Signature of Notary MELANIE MILANDER
Return Completed form with Supporting documents to: City of Key West Purchasing	Print, Type or Stamp Name of Notary NOTACY PUBLIC Title or Rank

SWORN STATEMENT PURSUANT TO SECTION 287.133(3)(A) FLORIDA STATUTES, ON PUBLIC ENTITY CRIMES

THIS FORM MUST BE SIGNED AND SWORN TO IN THE PRESENCE OF A NOTARY PUBLIC OR OTHER OFFICIAL AUTHORIZED TO ADMINISTER OATHS,

1.	This sworn statement is submitted to (1174 OF KEYWEST
	by BYRON DAGGETT, PRESIDENT
	(print individual's name and title) for ISLAMORABA ELVATOR Co., INC.
	(print name of entity submitting sworn statement)
	whose business address is 40 BSV 727, Islamorana, FC, 33956
	and (if applicable) its Federal Employer Identification Number (FEIN) is 591970866
	(if the entity has no FEIN, include the Social Security Number of the individual signing this sworn statement):
2.	I understand that a "public entity crime" as defined in Paragraph 287.133(1)(g), Florida Statutes, means a violation of any state or federal law by a person with respect to and directly related to the transaction of business with any public entity or with an agency or

- Statutes, means a violation of any state or federal law by a person with respect to and directly related to the transaction of business with any public entity or with an agency or political subdivision of any other state or of the United States, including, but not limited to, any bid or contract for goods or services to be provided to any public entity or an agency or political subdivision of any other state or of the United States and involving antitrust, fraud, theft, bribery, collusion, racketeering, conspiracy, or material misrepresentation.
- 3. I understand that "conviction" as defined in Paragraph 287.133(1)(g), Florida Statutes, means a finding of guilt or a conviction of a public entity crime, with or without an adjudication of guilt, in any federal or state trial court of record relating to charges brought by indictment or information after July 01, 1989, as a result of a jury verdict, nonjury trial, or entry of a plea of guilty or nolo contendere.
- 4. I understand that an "affiliate" as defined in Paragraph 287.133(1)(a), Florida Statutes, means:
 - 1. A predecessor or successor of a person convicted of a public entity crime: or

- 2. An entity under the control of any natural person who is active in the management of the entity and who has been convicted of a public entity crime. The term "affiliate" includes those officers, directors, executives, partners, shareholders, employees, members and agent who are active in the management of an affiliate. The ownership by one person of shares constituting a controlling interest in another person, or a pooling of equipment of income among persons when not for fair market value under an arm's length agreement, shall be a prima facie case that one person controls another person. A person who knowingly enters into a joint venture with a person who has been convicted of a public entity crime in Florida during the preceding 36 months shall be considered an affiliate.
- I understand that a "person" as defined in Paragraph 287.133(1)(e), Florida Statute means any natural person or entity organized under the laws of any state or of the United States with the legal power to enter into a binding contract and which bids or applies to bid on contracts for the provision of goods or services let by a public entity, or which otherwise transacts or applies to transact business with a public entity. The term "person" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in management of an entity.
- 6. Based on information and belief, the statement which I have marked below is true in relation to the entity submitting this sworn statement (indicate which statement applies).

Neither the entity submitting this sworn statement, or any of its officers,
directors, executives, partners, shareholders, employees, members, or agents who are
active in the management of the entity, nor any affiliate of the entity has been
charged with and convicted of a public entity crime subsequent to July, 1989.

The entity submitting this sworn statement, or one or more of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity or an affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 01, 1989.

____ The entity submitting this sworn statement, or one or more of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity or an affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 01, 1989. However, there has been a subsequent proceeding before a Hearing Officer of the State of Florida, Division of Administrative Hearings and the Final Order entered by the Hearing Officer determined that it was not in the public interest to place the entity submitting this sworn statement on the convicted vendor list. (attach a copy of the final order)

I UNDERSTAND THAT THE SUBMISSION OF THIS FORM TO THE CONTRACTING OFFICER FOR THE PUBLIC ENTITY IDENTIFIED IN PARAGRAPH ONE (1) ABOVE IS FOR THAT PUBLIC ENTITY ONLY AND, THAT THIS FORM IS VALID THROUGH DECEMBER 31 OF THE CALENDAR YEAR IN WHICH IT IS FILED. I ALSO UNDERSTAND THAT I AM REQUIRED TO INFORM THE PUBLIC ENTITY PRIOR TO ENTERING INTO A CONTRACT IN EXCESS OF THE THRESHOLD AMOUNT PROVIDED IN SECTION 287.017, FLORIDA STATUTES, FOR THE CATEGORY TWO OF ANY CHANGE IN THE INFORMATION CONTAINED IN THIS FORM.

(SIGNATURE)

(DATE)

STATE OF FORIDA COUNTY OF MONROE

PERSONALLY APPEARED BEFORE ME, the undersigned authority BLON DEGRETANO, after first being sworn by me, (name of individual)

affixed his/her signature in the space provided above on this day of 100, 2010

MELANIE MILANDER
Notary Public, State of Florida
Commission# DD668192
My comm. excures May 6, 2011

NOTARY PUBLIC

My commission expires: MAY 6, 2011

STATE OF FLORIDA



DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

BUREAU OF ELEVATOR SAFETY 1940 NORTH MONROE STREET NORTHWOOD CENTRE TALLAHASSEE FL 32399-1013

850-487-1395

DAGGETT, BYRON C P.O. BOX 727 ISLAMORADA

FL 33036

Congratulations! With this license you become one of the nearly one million Floridians licensed by the Department of Business and Professional Regulation. Our professionals and businesses range from architects to yacht brokers, from boxers to barbeque restaurants, and they keep Florida's economy strong.

Every day we work to improve the way we do business in order to serve you better For information about our services, please log onto www.myfloridalicense.com. There you can find more information about our divisions and the regulations that impact you, subscribe to department newsletters and learn more about the Department's initiatives.

Our mission at the Department is: License Efficiently, Regulate Fairly. We constantly strive to serve you better so that you can serve your customers.

Thank you for doing business in Florida, and congratulations on your new license!

LICENSE NBR



STATE OF FLORIDA

AC# 5372591

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

€C294÷.;;

12/09/10 108127658

CERTIFICATE OF COMPETENCY DAGGETT BYRON C

CERTIFIED ELEVATOR TECHNICIAN REQUIRED TO CARRY OR BE COVERED BY GENERAL LIABILITY INSURANCE IS CERTIFIED under the provisions of Ch. 399 vs Experation date: DEC 31; 2011 £10120900013

DETACH HERE

5372591

STATE OF FLORIDA

REGULATION

SEQ# L10120900013

NON-

TRANSFERABLE

12/09/2010 108127658 CC294 The CERTIFIED ELEVATOR TECHNICIAN Named below IS CERTIFIED Under the provisions of Chapter 399 Expiration date: DEC 31, 2011 REQUIRED TO CARRY OR BE COVERED BY GENERAL LIABILITY INSURANCE AGGETT, BYRON C ISLAMORADA FL 33036

BATCH NUMBER

COD WE TH

ARLIE CRIST GOVERNOR

CHARLTE LIEM

DISPLAY AS REQUIRED BY LAW

STATE OF FLORIDA



DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

BUREAU OF ELEVATOR SAFETY 1940 NORTH MONROE STREET NORTHWOOD CENTRE TALLAHASSEE FL 32399-1013

850-487-1395

FREEMAN, JIM P.O. BOX 727 **ISLAMORADA**

FL 33036

Congratulations! With this license you become one of the nearly one million Floridians licensed by the Department of Business and Professional Regulation. Our professionals and businesses range from architects to yacht brokers, from boxers to barbeque restaurants, and they keep Florida's economy strong.

Every day we work to improve the way we do business in order to serve you better For information about our services, please log onto www.myfloridalicense.com. There you can find more information about our divisions and the regulations that impact you, subscribe to department newsletters and learn more about the Department's initiatives.

Our mission at the Department is: License Efficiently, Regulate Fairly. We constantly strive to serve you better so that you can serve your customers. Thank you for doing business in Florida, and congratulations on your new license!



STATE OF FLORIDA

AC# 5376265

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

ec2467...

12/14/10 108137176

CERTIFICATE OF COMPETENCY FREEMAN JIM

CERTIFICATE OF COMPETENCY HOLDER REQUIRED TO CARRY OR BE COVERED BY GENERAL LIABILITY INSURANCE 18 CERTIFIED under the provisions of Ch. 399 FS empiration date. DEC 31, 2011 110121400018

DETACH HERE

5376269

STATE OF FLORIDA

DEPARTMENT

SEQ# L10121400018

LICENSE NBR DATE BATCH NUMBER 12/14/2010 108137176 CC2467 The CERTIFICATE OF COMPETENCY HOLDER Named below IS CERTIFIED Under the provisions of Chapter 399 FS Expiration date: DEC 31, 2011 REQUIRED TO CARRY OR BE COVERED BY GENERAL LIABILITY INSURANCE INSURANCE FREEMAN, P.O. BOX FL 33036 ISLAMORADA 500 WE 18

NON-

Transferable

DISPLAY AS REQUIRED BY LAW

CHARLIE

Byron C Daggett – Keys Resident since 1973 Keys based corporation since 1980 27 years Elevator experience QEI (Qualified Elevator Inspector) CC (Certificate of Competency)

Jim Freeman –

40 years Elevator Experience – Manufacturing, Field, Consulting, Installation, Service Former Vice President of Thyssen Krupp elevator (3.5 Billion dollar sales per year) Former President of Truman Elevator Former President of Computerized Elevator Former Vice President of Elevator Advisors International 10 years field experience in Atlantic City Casinos

Jack Amos –

3 years experience – Installing Residential, Commercial Elevators and Wheelchair Lifts 3 years experience – Maintenance and Service Calls for Residential Elevators and Wheelchair Lifts