



Sunset

Moving & Storage

May 12, 2010

Mr. Rod Delostrinos
City of Key West
525 Angela Street
Key West, FL 33040

Thank you for allowing Sunset Moving & Storage the opportunity to submit our cost of services.

Sunset will require five (5) business days notification prior to the move. Also included in our packet is a copy of our insurance and a separate bid for relocating the "Aisle Saver".

If you have any questions, I can be reached at 305-292-2334.

Sincerely,



Wes Brown
General Manager

Copy

An Agent for Atlas Van Lines

151 Toppino Drive, #3 • Key West, FL 33040 • Phone: 305.292.2334 • Fax: 305.292.5787

BID RESPONSE

The Bidder further Proposer to accept as full payment for the work Proposer herein the amounts computed under the Provisions of the Contract Documents and based on the following unit Price amounts, it being expressly understood that the unit Prices are independent of the exact quantities involved. The Bidder aggress that the unit Prices represent a measure of the labor and materials required to perform the work, including all allowances for overhead and Profit for each type and unit of work called for in these Contract Documents. The amounts shall be shown in both words and figures. In case of discrepancy, the amount shown in words shall govern. Unit price line items may be deleted, reduced or increased as needed by the City. The City reserves the right to modify phase scheduling as required.

<u>Item</u>	<u>Qty</u>	<u>Unit</u>	<u>Unit Price (Figure)</u>	<u>PU (Words)</u>	<u>Extended Total Amount</u>
1	1	Phase 1 Move (604 Simonton Street)	\$5509.00		\$5509.00
2	1	Phase 2 Move (525 Angela St)	\$9361.00		\$9361.00
3	1	Phase 3 Move (626 Josephine Road)	\$3987.00		\$3987.00

Total price in words Eighteen Thousand eight hundred fifty seven dollars

PRICE FOB KEY WEST, FLORIDA

PAYMENT TERMS: 45 days after completion

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: Sunset Moving and Storage

STREET ADDRESS: 151 Toppino Drive

CITY/STATE/ZIP: Key West, FL 33040

PRINT NAME OF AUTHORIZED REPRESENTATIVE: Wes Brown

TITLE/POSITION OF AUTHORIZED REPRESENTATIVE: General Manager

DATE SUBMITTED: 5/12/10 TELEPHONE: 305-292-2334

Separate Bid
For
Aisle Savers

To disassemble, relocate, and reassemble the aisle savers the total cost is: \$3982.00

LICENSE REQUIRED
& COSTS

Moving Service Business tax receipt required. Fee not to exceed \$98.70.

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.

BY: Wesley Brown

sworn and prescribed before me this 11 day of MAY, 2010

Kevin C. Leander
NOTARY PUBLIC, State of Florida

My commission expires: 1-27-2013



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.
 - o Not a local vendor pursuant to Ordinance 09-22 Section 2-798
 - o 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 Sunset Moving & Storage

Phone: 305-292-2334

Current Local Address: 151 Toppino Drive Key West, FL
(P.O Box numbers may not be used to establish status) 33040

Fax: 305-292-5787

Length of time at this address 7 years

Wesley Brown
Signature of Authorized Representative

5/11/10
Date

STATE OF FLORIDA
COUNTY OF MONROE

The foregoing instrument was acknowledged before me this 11 day of MAY, 2010.
By Wesley S. Brown, of Sunset Moving & Storage
(Name of officer or agent, title of officer or agent) (Name of corporation acknowledging)
or has produced FLORIDA DRIVERS License as identification
(type of identification)



Kevin C Leander
Signature of Notary
KEVIN C LEANDER

Return Completed form with
Supporting documents to:
City of Key West Purchasing

Print, Type or Stamp Name of Notary

NOTARY 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 City of Key West
by Wes Brown General Manager
(print individual's name and title)
for Sunset Moving and Storage
(print name of entity submitting sworn statement)

whose business address is 151 Toppino Drive, Key West, FL 33040

and (if applicable) its Federal Employer Identification Number (FEIN)
is 20-8532617

(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 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.
5. 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.

Wesley Brown
(SIGNATURE)

5/11/10
(DATE)

STATE OF FLORIDA

COUNTY OF MONROE

PERSONALLY APPEARED BEFORE ME, the undersigned authority
Wesley Brown who, after first being sworn by me,
(name of individual)
affixed his/her signature in the space provided above on this
11 day of MAY, 2010

Kevin C. Leander
NOTARY PUBLIC

My commission expires: 1-27-2013



CALL FOR BIDS

NOTICE is hereby given to prospective bidders that sealed bids will be received by the CITY of KEY WEST, FLORIDA by the office of the City Clerk, 525 Angela Street, Key West, Florida 33040 until 3 P.M., May 12, 2010 for Bid, ITB 10-009 - Moving Services. Bids will be opened in the Office of the City Clerk then and there and publicly read aloud. Any bid received after the time announced will not be considered.

SPECIFICATIONS AND BID DOCUMENTS may be obtained from DemandStar by Onvia at www.demandstar.com/supplier or call toll-free at 1-800-711-1712. One (1) original and six (6) copies of the bids are to be enclosed in two (2) sealed envelopes, one within the other, each Clearly marked on the outside: BID # 10-009 - Moving Services, addressed and

delivered to: CITY CLERK, CITY OF KEY WEST, FLORIDA
 CITY HALL, 525 ANGELA STREET
 KEY WEST, FLORIDA 33040

At the time of the award, the successful Bidder must show satisfactory document of such State, County and City licenses as would be required. Any permit and/or license requirement and subsequent costs are located within the bid documents. The successful Bidder must also be able to satisfy the City Attorney as to such insurance coverage and legal requirements as may be demanded by the bid in question. The City may reject bids: (1) for budgetary reasons, (2) if the bidder misstates or conceals a material fact in its bid, (3) if the bidder does not strictly conform to the law or is non-responsive to bid requirements, (4) if the bid is conditional, (5) if a change of circumstances occurs making the purpose of the bid unnecessary or (6) if such rejection is in the best interest of the City. The City may also waive any minor informalities or irregularities in any bid.

Sue Snider, Purchasing Agent

Published: April 26, 2010

ACORD CERTIFICATE OF LIABILITY INSURANCE

OP ID KG
SUNSE-1

DATE (MM/DD/YYYY)
02/03/10

PRODUCER
Paul Hanson Partners Specialty
Insurance Solutions 1
P.O. Box 5990
Napa CA 94581
Phone: 800-852-1968 Fax: 707-252-5905

INSURED
Sunset Moving & Storage Inc

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.

INSURERS AFFORDING COVERAGE		NAIC #
INSURER A:	Granite State Insurance Company	23809
INSURER B:	New Hampshire Insurance Company	23841
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	ADOL HSRD	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 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	004258059-7	02/01/10	02/01/11	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/PROP AGG \$ 1,000,000 Emp Ben. 1,000,000
A		AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input checked="" type="checkbox"/> COMP DED \$1000 <input checked="" type="checkbox"/> COLL DED \$1000	006266835-7 HIRED PHYSICAL DAMAGE HIRED PHYSICAL DAMAGE	02/01/10	02/01/11	COMBINED SINGLE LIMIT (EA ACCIDENT) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
B		EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$ 10,000	000034788-6	02/01/10	02/01/11	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$ \$ \$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				WC STATUTORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A		OTHER				
A		CARGO	004258059-7	02/01/10	02/01/11	UNIT/OCC \$100K/\$200K
A		WAREHOUSE LEGAL	LOC 1 LIMIT: \$500,000	02/01/10	02/01/11	DED \$1,000

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

***** For Informational Purposes Only *****

CERTIFICATE HOLDER

CANCELLATION

Sunset Moving & Storage, Inc.
Sunset Logistical Services Inc
Paradise Movers, LLC
762 S. Military Trail
Deerfield Beach FL 33442

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 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
Lisa R. Paul

NOTEPAD:

INSURED'S NAME .. Sunset Moving & Storage Inc

SUNSE-1
OP ID XG

PAGE 2
DATE 02/03/10

CARGO LEGAL:\$100,000 PER TRUCK, \$200,000 PER OCCURRENCE, \$1,000 DED.

WAREHOUSE LEGAL:

LOC 1)\$500,000,

LOC 2)\$500,000,

LOC 3)\$500,000,

LOC 4)\$500,000,

LOC 5)\$500,000,

LOC 6)\$1,000,000,

\$1,000 DED/ \$2,000 MILITARY DED:

MOVING EQUIPMENT:\$400,000, FORKLIFTS \$85,000, \$500 DED.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
2/17/2010

PRODUCER (954)640-6225 FAX: (954)640-6226
 Mack, Mack & Waltz Insurance Group, Inc.
 1211 S Military Trail
 Suite 100
 Deerfield Beach FL 33442

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
 Sunset Moving & Storage, Inc etal

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: Zenith Insurance Company	
INSURER B:	
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/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
		GENERAL LIABILITY				EACH OCCURRENCE \$
		<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence) \$
		<input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR				MED EXP (Any one person) \$
						PERSONAL & ADV INJURY \$
		GEN'L AGGREGATE LIMIT APPLIES PER:				GENERAL AGGREGATE \$
		<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				PRODUCTS - COMP/OP AGG \$
		AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident) \$
		<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
		<input 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				
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
		<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC \$
						AUTO ONLY: AGG \$
		EXCESS / UMBRELLA LIABILITY				EACH OCCURRENCE \$
		<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE \$
						\$
		<input type="checkbox"/> DEDUCTIBLE				\$
		<input type="checkbox"/> RETENTION \$				\$
A		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under SPECIAL PROVISIONS below	Z068859404	1/12/2010	1/12/2011	X WC STATUTORY LIMITS 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
		OTHER				

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

CERTIFICATE HOLDER

"INSURANCE PURPOSES ONLY"

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

Paul Mack/MARIA



POST CERTIFICATE
CONSPICUOUSLY

State of Florida
Department of Agriculture and Consumer Services
Division of Consumer Services
2005 Apalachee Pkwy
Tallahassee, Florida 32399-6500

Registration No.: **IM239**
Issue Date: October 2, 2009
Expiration Date: September 26, 2010

**Intrastate Mover of Household Goods
Registration Certificate**

Chapter 507, Florida Statutes

SUNSET MOVING & STORAGE, INC.

Charles H. Bronson

CHARLES H. BRONSON
COMMISSIONER OF AGRICULTURE



STATE OF FLORIDA
DEPARTMENT OF HEALTH

320612

OPERATING PERMIT

For: OSTDS - Operating and Commercial,
Issued To: **Edward Toppino/Mark Pierce**
150 Toppino Industrial Dr
Key West, FL 33040

Billing ID: 44-BID-1240456
Permit Number: **44-QM-01186**
County: **44 - Monroe**
Issue Date: 07/06/2007
Permit Expires On: 01/01/2011

The facility shown above has been inspected by a duly authorized representative of the Department of Health, and was found in conformance with those rules promulgated by the department under the authority of Chapters 381, 386 and 489 Part III, Florida Statutes, and set forth in Rule 64E-6, Florida Administrative code.

This permit grants authority to operate the above referenced facility, service, or system in conformance with department rules and the conditions of operation shown below. This permit is revocable, upon service of notice, when it is determined by the department that the operational conditions and department standards are not being maintained.

Issued by: Monroe County Health Department
1100 Simonton St. Ofc. 242 Key West, FL 33040

Bobbi Slaughter

DO NOT DETACH HERE

(Non-Transferable)

DO NOT SEPARATE FROM OPERATING PERMIT



STATE OF FLORIDA
DEPARTMENT OF HEALTH

320612

CONDITIONS OF OPERATION

For: OSTDS - Operating and Commercial,
Issued To: **Edward Toppino/Mark Pierce**

Billing ID: 44-BID-1240456
Permit Number: **44-QM-01186**
Permit Expires On: 01/01/2011

The operating permit for the facility shown above has been issued with the following conditions of operation:

DH-4013 (03/97)

DISPLAY OPERATING PERMIT AND CONDITIONS OF OPERATION IN A CONSPICUOUS PLACE

(Non-Transferable)

DETACH HERE - RETAIN THIS PORTION FOR YOUR RECORDS



STATE OF FLORIDA
DEPARTMENT OF HEALTH

320612

RECEIPT

For: OSTDS - Operating and Commercial,
Issued To: **Edward Toppino/Mark Pierce**
150 Toppino Industrial Dr
Key West, FL 33040

Mailed To: **Sunset Moving and Storage**
762 S Military Trl
Deerfield Beach, FL 33442

Billing ID: 44-BID-1240456
Permit Number: **44-QM-01186**
County: **44 - Monroe**
Issue Date: 07/06/2007
Amount Paid: 150.00
Date Paid: 02/19/2010
Check Number: 12636
Receipt Number: 44-PID-1238471
Operator ID: BellPX
Fee paid by: Edward Toppino/Mark Pierce
Issued By: Monroe County Health Department

RETAIN FOR YOUR RECORDS