

BID COVER PAGE

SUBMIT BIDS TO:
Wellington
Attn: Clerk's Office
12300 Forest Hill Blvd
Wellington, FL 33414

REFER ALL INQUIRIES TO PRIMARY CONTACT:
Purchasing Division
12300 Forest Hill Blvd
Wellington, FL 33414
Phone: (561) _____

Wellington INVITATION TO BID

COMMODITY/SERVICE

BID TITLE:

Annual Sod Contract

BID NO:

202111

NAME OF FIRM, ENTITY, or ORGANIZATION:

Agricultural Land Services Inc.

NAME OF CONTACT PERSON

John Vicat

VENDOR MAILING ADDRESS:

12265 S.R. 7

CITY:

Boynton
Beach

ZIP:

33473 FL

STATE:

TITLE

Sales

VENDOR HEADQUARTERS ADDRESS (IF DIFFERENT):

CITY:

ZIP:

STATE:

PHONE NUMBER:

561-732-6105

FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN):

59-2009318

EMAIL ADDRESS:

jvicat@aglandfl.net

STATE OF FLORIDA BUSINESS LICENSE NUMBER (IF APPLICABLE)

FAX NUMBER:

561-732-6411

ORGANIZATIONAL STRUCTURE (Please Check One):

Corporation ☒

Partnership ☐

Proprietorship ☐

Joint Venture ☐

Other ☐

If Corporation, please provide the following:

(A) Date of Incorporation: 07 / 01 / 1980
Month / Day / Year

(B) State or Country of Incorporation: Palm Beach FL

Council

Anne Gerwig, Mayor
Tanya Siskind, Vice Mayor
John T. McGovern, Councilman
Michael Drahos, Councilman
Michael J. Napoleone, Councilman

Manager
Jim Barnes

ITB Number: 202111

Title: Annual Sod Contract

Notification Date: February 9, 2021

ADDENDUM NO. ONE

PURPOSE: The purpose of this Addendum/NOTICE is to make changes, additions, deletions, revisions, and clarifications to the (ITB) Invitation to Bid documents for Annual Sod Contract. Bidder shall review the Addendum/NOTICE work and requirements in detail and incorporate any effects the Addendum/NOTICE may have in their proposal price.

1. **Question:** For Seed & Mulch and Hydroseed (items 15 and 16), could you please further explain exactly what you are looking for as to the seed & mulch and what type of hydro seed you are looking for?

Response: For line 15, seed and mulch – Wellington is looking for a pre-plant fertilizer followed with Bahia seed covered by hay. For line 16, Hydro Seed – this is not based on the purchase of the seed being used, but the actual installation of the seed and specifications listed on the bid document. Wellington will supply the correct hydro seeds to use for the specific field or location.

2. **Question:** Is there an estimated total quantity of square footage you are looking for of each type of sod and placements and location as well as the pine straw? I noticed everything that was requested was only for 1 sq. ft.

Response: Quantities of sod will vary on a variety of factors such as weather, play, disease, insects, etc. It is difficult to provide an estimate on the amounts that will be used each year as it could vary greatly depending on outside conditions. The placements and locations will also depend on the same outside factors. As of now, we do estimate to utilize about 50,000 square feet of the Citra Blue sod. Below is a list of last year's sod utilized, purchase method and total square footage:

- FLORATAM – ST. AUGUSTINE - PICKED-UP – Quantity used 41,810 sq. ft.
- FLORATAM – ST. AUGUSTINE - DELIVERED & INSTALLED – Quantity used 400,718 sq. ft.
- PALMETTO - ST. AUGUSTINE - PICKED-UP – Quantity used 8,487 sq. ft.

- PALMETTO - ST. AUGUSTINE – DELIVERED – Quantity used 1,500 sq. ft.
- PALMETTO - ST. AUGUSTINE -DELIVERED & INSTALLED – Quantity used 7,500 sq. ft.
- BAHIA - PICKED-UP – Quantity used 29,475 sq. ft.
- BAHIA – DELIVERED – Quantity used 900 sq. ft.
- BAHIA - DELIVERED & INSTALLED – Quantity used 210,567 sq. ft.
- CELEBRATION - DELIVERED & INSTALLED – Quantity used 361,250 sq. ft.
- VENDOR PREP OF SURFACE PRIOR TO SOD INSTALL ETC. – 361,750 sq. ft.

Bidders shall provide prices per quantity of 1 and the unit of measure. Please note, awarded vendor(s) will be paid based upon items and quantities actually accepted by owner. Quantities listed above are not to be construed as guaranteed work quantities. Wellington will evaluate items independently. Wellington reserves the right to award each item independently to the lowest, responsive and responsible bidder. All pricing shall include labor, materials, equipment, pallets, fuel, shipping, delivery and installation (when applicable) and all other necessary items.

ACKNOWLEDGEMENT: Bidder must acknowledge receipt of any and all Addenda in the space provided on the Bidder Submittal Form. Failure to do so may result in rejection of the Proposal. All requirements of the proposal documents remain unchanged except as cited herein.

Signature of Bidder Acknowledging Receipt of
Addendum No. (1) One to be attached in front of Bid

BID SUBMITTAL

To:

Village of Wellington

12300 Forest Hill Blvd.

Wellington, Florida 33414

Agricultural Land Services Inc.

(Vendor)

agrees to provide material for the **Annual Sod Contract** in accordance with the requirements and specifications of the Bid Documents for the Village of Wellington as specified.

Gentlemen:

The undersigned Bidder has carefully examined the Specification requirements, Bid/Contract Documents and is familiar with the nature and extent of the Work and any local conditions that may in any manner affect the Work to be done.

The undersigned agrees to provide the service called for by the Specifications and Bid Documents, in the manner prescribed therein and to the standards of quality and performance established by the Wellington for the Bid price stated in the spaces herein provided.

The undersigned agrees to the right of the Wellington to hold all Bids and Bid guarantees for a period not to exceed one hundred and twenty (120) days after the date of Bid opening stated in the Invitation to Bid.

The undersigned accepts the invoicing and payment policies specified in the Bid.

Contractor's Signature

Bob Loney Treas

Dated this 23 day of February, 2021

(Month)

(Year)

VENDO Agricultural Land Services Inc

SCHEDULE OF VALUES

Successful bidder(s) will supply all labor, materials, machinery, equipment and technical supervision necessary to provide, deliver & install (when applicable) the materials to Wellington. Delivery truck must be thoroughly rinsed and cleaned before loading new product ordered by Wellington in deterring other products from being mixed with ordered material.

Item #	Item Description	UOM	Picked-Up Price	Delivered Price	Delivered & Installed
SOD: Various Types - ALL CERTIFIED					
1	Floritam - St. Augustine (See Specs)	Per Sq. Ft.	\$.45	\$.65	\$.44
2	Palmetto - St. Augustine (See Specs)	Per Sq. Ft.	\$.48	\$.68	\$.47
3	Citra Blue - St. Augustine (See Specs)	Per Sq. Ft.	\$.75	\$.85	\$.74
4	Bitter Blue - St. Augustine (See Specs)	Per Sq. Ft.	\$.75	\$.85	\$.74
5	Bahia (See Specs)	Per Sq. Ft.	\$.25	\$.35	\$.26
6	UltimateFlora - Zoysia	Per Sq. Ft.	\$ 1.25	\$ 1.75	\$ 1.25
7	SeaDwarf - Seashore Paspalum	Per Sq. Ft.	\$ 2.75	\$ 3.75	\$ 2.75
8	Bermuda	Per Sq. Ft.	\$.48	\$.58	\$.48

9	Celebration	Per Sq. Ft.	\$.50	\$.60	\$.55
10	Tiftway 419 Bermuda (See Specs)	Per Sq. Ft.	\$.55	\$.75	\$.65
11	Vendor preparation of surface prior to sod install of any listed sod (cut/remove vegetation & loosen soil) for the following types: Floratam, Bahia and Bermuda	Per Sq. Ft.	N/A	N/A	\$.35
12	Bahia Sod (Pegged/Staked) Price includes staking or pegging sod on various slopes – e.g. canal and lake banks. Slope exceeds 3:1	Per Sq. Ft.	N/A	N/A	\$.30
Pine Straw & Ground Preparation					
13	Pine Straw Mulch (See Specs)	Per Bale	N/A	N/A	\$ No Bid
14	Pine Straw Mulch (See Specs)	Per Truckload	N/A	N/A	\$ No Bid
MISC ITEMS					
15	Seed and Mulch (See Specs)	Per Sq. Yd.	N/A	N/A	\$.49
16	Hydro Seed (See Specs)	Per Sq. Yd.	N/A	N/A	\$.90

Bidder understands and agrees that awarded vendor(s) will be paid based upon items and quantities actually accepted by owner. All pricing shall include labor, materials, equipment, pallets, fuel, shipping, delivery, installation (when applicable) and all other necessary items.

QUESTIONNAIRE

The following Questionnaire shall be completed and submitted in with the Bid. By submission of this Bid, Bidder guarantees the truth and accuracy of all statements and answers herein contained.

1. How many years has your organization been in business? 40 years
2. What is the last project of this nature that you have completed?
Previous Annual Sod Contract with Wellington. Various Continuing Turnpike Authority Contracts
3. Have you ever failed to complete work awarded to you? If so, where and why? No
4. Name three individuals or corporations for which you have performed work and to which you refer:

<u>JW Chatham</u>	<u>7396 West Port Pl. WPB FL 33413</u>	<u>561-471-4100</u>	<u>jwchatham@comcast.net</u>
Name	Address	Phone	Email
<u>MJC</u>	<u>112 Royal Palm Beach Blvd</u>	<u>Royal Palm Beach 33411</u>	<u>561-688-5004</u>
Name	Address	Phone	Email
<u>Bergeron</u>	<u>19612 SW 69th Pl. Ft. Lauderdale 33332</u>	<u>954-680-6100</u>	<u>mbergeron@bergeroninc.com</u>
Name	Address	Phone	Email

5. List the following information concerning all contracts in progress as of the date of submission of this bid. (In case of co-venture, list the information for all co-venturers.)

Name of Project	Owner	Total Contract Value	Contracted Date of Completion	% of Completion to Date
<u>Lyons Rd</u>	<u>PB County</u>	<u>68,683.24</u>	<u>In Progress</u>	<u>0%</u>

6. Has the bidder or his or her representative inspected the proposed project and does the Bidder have a complete plan for its performance? _____
7. Will you subcontract any part of this work? If so, give details including a list of each subcontractor(s) that will perform work in excess of the percent (10%) of the contract amount and the work that will be performed by each subcontractor(s).

Subcontractor	Work to be Performed
<u>N-A</u>	

8. What equipment do you own that is available for the work? _____

Equipment Type	Equipment Type
<u>5 - Crew Truck</u>	<u>5 - Cat Trac</u>
<u>12 - Tractor & Trailers</u>	<u>4 - Farm Tractor</u>
<u>8 - 900 Cat Loaders</u>	<u>1 - Finn Hydro Seeder</u>

9. What equipment will you purchase for the proposed work? N.A.

10. What equipment will you rent for the proposed work? would rent any equipment only if need to replace a Repair Event
11. State the name of your proposed project manager and give details of his or her qualifications and experience in managing similar jobs.
Rogers Sheppard, Has 40 years with this company
12. The address of principal place of business is 12205 SR 7 Boynton Beach FL 33473
13. The names of the Corporate Officers, or Partners, or Individuals doing business under a trade name, are as follows: R. J Lines
M. Findensin, R. Sheppard, B. Lines and S. Lines
14. List all organizations which were predecessors to Bidder or in which the principals or officers of the Bidder were principals or officers. N/A
15. List and describe all bankruptcy petitions (Voluntary or Involuntary) which have been filed by or against the Bidder, its parent or subsidiaries or predecessor organizations during the past five (5) years. Include in the description the disposition of each such petition. N/A
16. List and describe all successful Performance or Payment Bond claims made to your surety(ies) during the last five (5) years. The list and descriptions should include claims against the bond of the Bidder and its predecessor organization(s). N/A
17. List all claims, arbitrations, administrative hearings and lawsuits brought by or against the Bidder or its predecessor organization(s) during the last five (5) years. The list shall include all case names; case, arbitration, or hearing identification numbers; the name of the project over which the dispute arose; and a description of the subject matter of the dispute. N/A
18. List and describe all criminal proceedings or hearings concerning business related offenses in which the Bidder, its principals or officers or predecessor organization (s) were defendants. N/A
19. Has the Bidder, its principals, officers, or predecessor organization(s) been debarred or suspended from bidding by any government during the last five (5) years? If yes, provide details. N/A
20. List and disclose any and all business relations with any members of Wellington Council. N/A

DRUG FREE WORKPLACE

Preference shall be given to businesses with drug-free workplace programs. In order to have a drug-free workplace program, a business must attest to the following:

1. We publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for violations of such prohibition.
2. We inform employees about the dangers of drug abuse in the workplace, the business's policy of maintaining a drug-free workplace, any available drug counseling, rehabilitation, and employee assistance programs, and the penalties that may be imposed upon employees for drug abuse violations.
3. We give each employee engaged in providing the commodities or contractual services that are under Bid a copy of the statement specified in subsection (1).
4. We, in the statement specified in subsection (1), notify the employees that, as a condition of working on the commodities or contractual services that are under Bid, the employee will abide by the terms of the statement and will notify the employer of any conviction of, or plea of guilty or nolo contendere to, any violation of Chapter 893 or of any controlled substance law of the United States or any state, for a violation occurring in the workplace no later than five (5) days after such conviction.
5. We impose a sanction on, or require the satisfactory participation in a drug abuse assistance or rehabilitation program if such is available in the employee's community, by any employee who is so convicted.
6. We make a good faith effort to continue to maintain a drug-free workplace through implementation of this section.

As the person authorized to sign the statement, I certify that this firm complies fully with the above requirements.

Contractor's Signature

 Bob Lines 7/25

**SWORN STATEMENT UNDER SECTION 287.133(3)(a),
FLORIDA STATUTES, ON PUBLIC ENTITY CRIMES**

THIS FORM MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC OR OTHER OFFICER AUTHORIZED TO ADMINISTER OATHS.

1. This sworn statement is submitted to Village of Wellington
[print name of the public entity]
by Agricultural Land Services, Inc. for Bobby G. Limes
[print name of entity submitting sworn statement] [print individual's name and title]

whose business address is 17265 SR 7 Bayton Bch. Fl. 33473 and (if applicable) its Federal Employer Identification Number (FEIN) is 59-2009318 (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 "convicted" or "conviction" as defined in Paragraph 287.133(1)(b), 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 1, 1989, as a result of 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:

- A predecessor or successor of a person convicted of a public entity crime; or
- 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 agents 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 or 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.

4. I understand that a "person" as defined in Paragraph 287.133(1)(c), Florida Statutes, 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. [Please indicate which statement applies.]

☒ Neither the entity submitting this sworn statement, nor any officers, directors, executives, partners, shareholders, employees, members, or agents who are active in management of the entity, nor any affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989.

☐ The entity submitting this sworn statement, or one or more of the officers, directors, executives, partners, shareholders, employees, members, or agents who are active in management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 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 1, 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 1 (ONE) 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 CATEGORY TWO OF ANY CHANGE IN THE INFORMATION CONTAINED IN THIS FORM.

STATE OF Florida

COUNTY OF Palm Beach

[signature]

2-23-2021
[date]

Subscribed and Sworn to (or affirmed) before me on 2/23/2021 by Bobby Limes
[date] [name]

N/A
He/she is personally known to me or has presented [type of identification] as identification.

Linda Medina
[Notary's Signature and Seal]



LINDA MEDINA
Commission # GG 137114
Expires August 2021
Bonded Thru Budget Notary Services
Print Notary Name and Commission No.

CERTIFICATION PURSUANT TO FLORIDA STATUTE § 215.4725

I, Bobby Lines, on behalf of Agricultural Land Service,
certifies

Print Name

Company Name

that Agricultural Land Service does not:
Company Name

1. Participate in a boycott of Israel; and
2. Is not on the Scrutinized Companies that Boycott Israel list; and
3. Is not on the Scrutinized Companies with Activities in Sudan List; and
4. Is not on the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List; and
5. Has not engaged in business operations in Cuba or Syria.


Signature Bobby Lines

TL
Title

2-23-2021
Date

**APPLICATION TO BE CONSIDERED A LOCAL BUSINESS IN ACCORDANCE WITH
VILLAGE OF WELLINGTON FLORIDA'S LOCAL PREFERENCE POLICY**

Wellington gives preference to local businesses in certain purchasing situations as set forth in Chapter 9 of Wellington's Purchasing and Procurement Manual. In order to be considered a local business, entitled to be given preference, the business must make application with Wellington and meet one of the following criteria as such is more fully set forth in Chapter 9, of Wellington's Purchasing and Procurement Manual:

Chapter 9, LOCAL PREFERENCE

Western Communities Local Business - For the purpose of determining a "Western Communities local business" a vendor must have a principal permanent business location and headquarters within Wellington of Wellington, Florida or west of the Florida Turnpike to the Palm Beach County western boundary line as depicted in Exhibit "A" hereto. This applies to all entity formations, including, but not limited to, limited liability companies, partnerships, limited partnerships and the like or sole proprietors. Further, the entity or sole proprietor must provide that it, he or she has been domiciled and headquartered in the jurisdictional boundaries of the Western Communities for at least six months prior to the solicitation. Post Office boxes will not be considered a permanent business location within the Western Communities. Home business offices shall be considered as a business location if it otherwise meets the requirements herein. In order to be eligible for such local preference the vendor shall have a local business tax receipt pursuant to the County's and/or municipalities' Code of Ordinances, having jurisdiction over the location of the business, unless otherwise exempt therefrom. Further, the vendor must be properly licensed and authorized by law to provide the goods, services or professional services to the extent applicable and the location of the business must be properly zoned in order for the vendor to conduct its business.

Palm Beach County local business - For the purpose of determining a "Palm Beach County local business" a vendor must have a principal permanent business location and headquarters within Palm Beach County, Florida. This applies to all entity formations, including, but not limited to, limited liability companies, partnerships, limited partnerships and the like or sole proprietors. Further, the entity or sole proprietor must provide that it, he or she has been headquartered and domiciled in the jurisdictional boundaries of Palm Beach County, Florida for at least six months prior to the solicitation. Post Office boxes will not be considered a permanent business location within Palm Beach County, Florida. Home business offices shall be considered as a business location if it otherwise meets the requirements herein. In order to be eligible for such local preference the vendor shall have a local business tax receipt pursuant to the Palm Beach County Code of Ordinances as amended from time to time, unless otherwise exempt therefrom. Further, the vendor must be properly licensed and authorized by law to provide the goods, services or professional services to the extent applicable and the location of the business must be properly zoned in order for the vendor to conduct its business.

Subcontractor utilization - In competitive bid situations, a business may also qualify as either a Palm Beach County or Western Community local business if they are utilizing subcontractors to perform the work or materialmen to supply the job and more than fifty (50%) percent of their proposed bid price will be paid to subcontractors and/or materialmen who qualify, under the above standards, as Palm Beach County and/or Western Community local businesses.

Please check the box below indicating which preference category your business is applying for:

☐ Western Communities Local Business

☒ Palm Beach County Local Business

☐ Subcontractor Utilization

1. The name of the business is: Agricultural Land Services Inc
2. The address of the business is: 12265 State Rd #7 Boynton Beach Florida 33474
3. How long has the business been located at its current address: 30 Years
4. If the business has relocated within the last six months, please provide the answers to questions 1-3 for the previous location:
5. The previous name of the business is: N/A
6. The previous address of the business is: N/A

7. How long was this business at the previous location: N/A

8. If the business is attempting to qualify under the subcontractor utilization provision, please provide a breakdown of the subcontractors who would qualify for either the Palm Beach County or Western Community, business classification, the requisite information, provide their responses to the above 1 - 7 questions and for each of the subcontractors, indicate the amount that they are proposed to be compensated at under the bid price.

9. The business as a local business tax receipt from: (1) Palm Beach County ☐ (2) the following municipality: _____ (3) located in unincorporated Palm Beach County: ☒

10. Please provide a copy of Local Business Tax Receipts from Palm Beach County and the applicable municipality are attached.

11. Please provide a Certificate of Good Standing indicating the formation or domestication of the entity in and for the State of Florida is attached.

12. Please provide copies of licenses if applicable from the State of Florida authorizing the business to provide the good services or professional services contemplated in the bid documents.

By signing below, I hereby certify that under penalty of perjury I believe my business qualifies as a Palm Beach County, Western Community or subcontractor utilization business in accordance with Wellington's Local Preference Policy and that I have submitted current and accurate information and documents relating to my qualifications. I further acknowledge and agree that any fraudulent or duplicitous information submitted in furtherance of this application will be grounds for disqualification from bidding on this project and doing business with Wellington in the future.

Applicants Federal Tax ID Number - 59-2009318

Applicants Business Address 12265 SR-7 Boynton Bch FL

Signature of Authorized Representative of Corporation, Partnership, or other business entity:

Sign: [Signature]

Print Name: Bobby Limes

Title: Tran

Date: 2-23-2021

CITY OF: Boynton Bch

COUNTY OF: Palm Bch

SUBSCRIBED AND SWORN TO (or affirmed) before me on this 23 day of February, 2021, by Bob Limes as N/A identification.

[Signature]

(Signature of Notary)

Linda Medina

(Print or Stamp Name of Notary)

Notary Public _____

Notary Seal

(State)



LINDA MEDINA
Commission # GG 137114
Expires August 22, 2021
Bonded Thru Budget Notary Services

Signature of Individual if Sole Proprietor:

Sign: MA

Print Name: _____

Date: _____

CITY OF: _____

COUNTY OF: _____

SUBSCRIBED AND SWORN TO (or affirmed) before me on this ____ day of _____, 201__, by
_____. He/She is personally known to me or has presented _____ as
identification. (Type of Identification)

(Signature of Notary)

(Print or Stamp Name of Notary)

Notary Public _____

Notary Seal

(State)

CONFLICT OF INTEREST STATEMENT

This Proposal/Agreement (whichever is applicable) is subject to the conflict of interest provisions of the policies and Code of Ordinances of WELLINGTON, the Palm Beach County Code of Ethics, and the Florida Statutes. During the term of this Agreement and any renewals or extensions thereof, the VENDOR shall disclose to WELLINGTON any possible conflicts of interests. The VENDOR's duty to disclose is of a continuing nature and any conflict of interest shall be immediately brought to the attention of WELLINGTON. The terms below shall be defined in accordance with the policies and Code of Ordinances of WELLINGTON, the Palm Beach County Code of Ethics, and Ch. 112, Part III, Florida Statutes.

CHECK ALL THAT APPLY:

NO CONFLICT:

☒ To the best of our knowledge, the undersigned business has no potential conflict of interest for this Agreement due to any other clients, contracts, or property interests.

☐ To the best of our knowledge, the undersigned business has no employment or other contractual relationship with any WELLINGTON employee, elected official or appointed official.

☐ To the best of our knowledge, the undersigned business has no officer, director, partner or proprietor that is a WELLINGTON purchasing agent, other employee, elected official or appointed official. The term "purchasing agent", "elected official" or "appointed official", as used in this paragraph, shall include the respective individual's spouse or child, as defined in Ch. 112, Part III, Florida Statutes.

☐ To the best of our knowledge, no WELLINGTON employee, elected official or appointed official has a material or ownership interest (5% ownership) in our business. The term "employee", "elected official" and "appointed official", as used in this paragraph, shall include such respective individual's relatives and household members as described and defined in the Palm Beach County Code of Ethics.


☐ To the best of our knowledge, the undersigned business has no current clients that are presently subject to the jurisdiction of WELLINGTON's Planning, Zoning and Building Department.

CONFLICT:

☐ The undersigned business, by attachment to this form, submits information which may be a potential conflict of interest due to any of the above listed reasons or otherwise.

THE UNDERSIGNED UNDERSTANDS AND AGREES THAT THE FAILURE TO CHECK THE APPROPRIATE BLOCKS ABOVE OR TO ATTACH THE DOCUMENTATION OF ANY POSSIBLE CONFLICTS OF INTEREST MAY RESULT IN DISQUALIFICATION OF YOUR BID/PROPOSAL OR IN THE IMMEDIATE CANCELLATION OF YOUR AGREEMENT, WHICHEVER IS APPLICABLE.

Agricultural Land Services, Inc.
COMPANY NAME


AUTHORIZED SIGNATURE

Bobbe G. Lyles
NAME (PRINT OR TYPE)

NON-COLLUSION AFFIDAVIT

State of FL

County of PB

Being duly sworn deposes and says:

That he/she is an officer of the parties making the forgoing bid submittal, that the bid is made without prior understanding, agreement, or connection with any individual, firm, partnership, corporation or other entity submitting a bid for the same materials, services, supplies or equipment, either directly or indirectly, and is in all respects fair and without collusion or fraud. No premiums, rebates, or gratuities are permitted with, prior to, or after any delivery of material or provision of services. Any violation of this provision may result in disqualification, contract cancellation, return of materials or discontinuation of services, and the possible removal of Bidder from the vendor Bid lists

Agricultural Land Service
Name of Bidder

Bobby G Lines
Print name of designated signatory

[Signature]
Signature

Treas.
Title

On this 23rd day of February, 2021, before me appeared Bob Lines personally known to me to be the person described in and who executed this _____ and acknowledged that (she/he) signed the name freely and voluntarily for the uses and purposes therein described.

In witness thereof, I have hereunto set my hand and affixed seal the day and year last written above.



LINDA MEDINA
Commission # GG 137114
Expires August 22, 2021
Bonded Thru Budget Notary Services

[Signature]
Signature

Notary Public in and for the State of FL

Linda Medina
(Name Printed)

Residing at PB

My commission expires _____

(Affix Seal Here)



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/30/2019

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 Bateman Gordon and Sands 3050 North Federal Hwy Lighthouse Point FL 33064		CONTACT NAME: PHONE (A/C, No, Ext): 954-941-0900 FAX (A/C, No): 954-941-2006 E-MAIL: emedlin@bgsagency.com ADDRESS: emedlin@bgsagency.com	
INSURED Agricultural Land Services, Inc. 12265 State Road 7 Boynton Beach FL 33473		INSURER(S) AFFORDING COVERAGE INSURER A : FCCI Insurance Company INSURER B : StarStone National Ins Company INSURER C : Starr Indemnity & Liability Company INSURER D : INSURER E : INSURER F :	
AGRLA		NAIC # 10178 25496 38318	

COVERAGES

CERTIFICATE NUMBER: 188542220

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 CERTIFICATION 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 <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> XCU/Contractual <input checked="" type="checkbox"/> Broad Form PD GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	Y	Y	GL100045277	5/1/2019	5/1/2020	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 \$ 2,000,000 \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	Y	Y	CA100045275	5/1/2019	5/1/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			UMB100045276	5/1/2019	5/1/2020	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
B	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	T10190826	12/31/2019	12/31/2020	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
C	Rented & Leased Equipment			ICA100070409219	5/1/2019	5/1/2020	Limit: \$300,000 Deductible: \$2,500

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

General Liability: Additional Insured, Primary & Non-Contributory, Ongoing and Completed operations, as required by written contract, per CGL084 1013.

Waiver of Subrogation as required by written contract, per CGL088 0115.

Auto Liability: Additional Insured/ Waiver of Subrogation as required by written contract, per CAU058 0115.

Workers' Compensation/Employers Liability: Waiver of Subrogation as required by written contract, per WC000313.

Umbrella Liability: Extends coverage to underlying General Liability, Auto Liability, Workers Compensation/Employers Liability.

The policies herein contain no exclusions for residential construction.

ALL COVERAGE IS SUBJECT TO THE POLICY TERMS, CONDITIONS AND EXCLUSIONS.

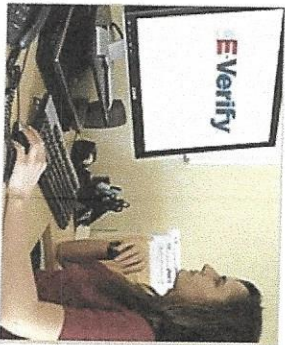
Additional Insured: Village of Wellington

CERTIFICATE HOLDER**CANCELLATION**

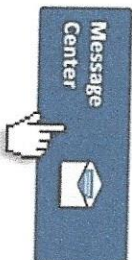
Village of Wellington c/o Insurance Tracking Services, Inc.
(ITS)
PO Box 20270
Long Beach CA 90801

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

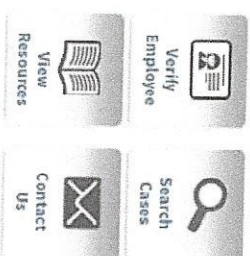
AUTHORIZED REPRESENTATIVE



Visit the
E-Verify
Message Center
to get the latest
E-Verify News and Information



QUICK LINKS



There is a problem retrieving case alert counts. Please try again later.

Open Cases
to be Closed



Cases with
New Updates



Work
Authorization
Docs Expiring



Message
Center





ANNE M. GANNON
CONSTITUTIONAL TAX COLLECTOR
Serving Palm Beach County
Serving you.

P.O. Box 3353, West Palm Beach, FL 33402-3353
www.pbctax.com Tel: (561) 355-2264

****LOCATED AT****
12265 STATE ROAD 7
BOYNTON BEACH, FL 33

TYPE OF BUSINESS	OWNER	CERTIFICATION #	RECEIPT #/DATE PAID	AMT PAID
81-0444 SOD INSTALLATION	LINES RACHEL J		B20.627350 - 07/09/20	\$99.00

This document is valid only when received by the Tax Collector's Office.



8-2341

AGRICULTURAL LAND SERVICES INC
AGRICULTURAL LAND SERVICES INC
12265 US HIGHWAY 441
BOYNTON BEACH FL 33473-4721

STATE OF FLORIDA
PALM BEACH COUNTY
2020/2021 LOCAL BUSINESS TAX

LBTR Number: 199500775
EXPIRES: SEPTEMBER 30

This receipt grants the privilege of engaging in any business profession or occupation within its jurisdiction and MUST be conspicuously displayed at the place of business and in a manner as to be open to the view of the public.