



# LAKE COUNTY FLORIDA

## MODIFICATION OF CONTRACT

<p>1. Modification No.: 1</p> <p>Effective Date: January 6, 2017</p> <p>3. Contracting Officer: Donna Villinis</p> <p>Telephone Number: (352) 343-9765</p> <p>4. Issued By: Procurement Services Lake County Administration Building 315 W. Main St., Suite 441 Tavares, Florida 32778-7800</p> <p>6. SPECIAL INSTRUCTIONS: Contractor is required to sign Block 8 showing acceptance of the below written modification and return this form to address shown in Block 4 within ten (10) days after receipt, preferably by certified mail to ensure a system of positive receipts. Retain a photocopy of the signed copy of this modification and attach to original of contract, which was previously provided.</p>	<p>2. Contract No.: 16-0615D</p> <p>3. Effective Date: September 13, 2016</p> <p>5. Contractor Name and Address:  Beverage Body &amp; Trailer 2990 South Street Leesburg FL</p> <p>Attn: Gordon Kennedy</p>
<p>7. DESCRIPTION OF MODIFICATION: The contract is hereby amended that, Lake County reserves the right to conduct periodic audits to confirm compliance with contract pricing. It is further agreed that if a vendor invoice includes charges below current contract rates, the County may pay the actual invoiced amount and the vendor waives their right to any subsequent adjustment.</p>	
<p>8. Contractor's Signature <b>REQUIRED</b></p> <p>Name: <u>[Signature]</u></p> <p>Title: <u>President</u></p> <p>Date: <u>1/17/17</u></p>	<p>9. Lake County, Florida</p> <p>By: <u>[Signature]</u> Senior Contracting Officer</p> <p><u>1-18-17</u> Date</p>
<p>10. Distribution:  Original – Bid/Contract File Copy – Vendor; Department</p>	



CONTRACT NO. 16-0615D

**AS NEEDED REPAIR SERVICES FOR  
LAKE COUNTY VEHICLES AND OPERATING EQUIPMENT**

LAKE COUNTY, FLORIDA, a political subdivision of the state of Florida, its successors and assigns through its Board of County Commissioners (hereinafter "County") does hereby accept, with noted modifications, if any, the bid of **Beverage Body & Trailer** (hereinafter "Vendor") to provide as needed repair services for Lake County vehicles and operating equipment pursuant to County Bid number **16-0615** (hereinafter "Bid"), and Vendor's Bid response thereto with all County Bid provisions governing.

A copy of the Vendor's signed Bid is attached hereto and incorporated herein, thus making it a part of this Contract except that any items not awarded have been struck through. The attachments noted below (if any) are attached hereto and are also made a part of this Contract.

Attachments: N/A

No financial obligation under this contract shall accrue against the County until a specific purchase transaction is completed pursuant to the terms and conditions of this contract.

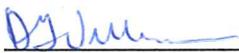
Vendor shall submit the documents hereinafter listed prior to commencement of this Contract: Insurance Certificate.

The County's Procurement Services Manager shall be the sole judge as to the fact of the fulfillment of this Contract, and upon any breach thereof, shall, at his or her option, declare this contract terminated, and for any loss or damage by reason of such breach, whether this Contract is terminated or not, said Vendor and their surety for any required bond shall be liable.

This Contract is effective from **September 13, 2016** through **September 30, 2017** except the County reserves the right to terminate this Contract immediately for cause and/or lack of funds and with thirty (30) day written notice for the convenience of the County. This Contract provides for four (4) one (1) year renewals at Lake County's sole option at the terms noted in the Bid.

Any and all modifications to this Contract must be in writing signed by the County's Procurement Services Director.

LAKE COUNTY, FLORIDA

By:   
Senior Contracting Officer

Date: 9-13-16

Distribution: Original-Bid File  
Copy-Vendor  
Copy-Department

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*"Earning Community Confidence Through Excellence in Service"*

Office of Procurement Services  
Tavares, Florida 32778-7800

315 W. Main, Suite 441  
Ph (352) 343-9839

P.O. Box 7800  
Fax (352) 343-9473



LAKE COUNTY  
FLORIDA

INVITATION TO BID (ITB)

As Needed Repair Services for Lake County Vehicles  
and Operating Equipment

ITB Number: 16-0615 Contracting Officer: D. Villinis  
Bid Due Date: June 28, 2016 Pre-Bid Conf. Date: Not applicable  
Bid Due Time: 3:00 p.m. ITB Issue Date: June 1, 2016

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SPECIFIC SOLICITATION REQUIREMENTS ARE AS NOTED BELOW:	
Bid and/or Performance Bond:	Not applicable for this solicitation
Certificate of Competency/License:	Section 1.17
Indemnification/Insurance:	Section 1.8
Pre-Bid Conference/Walk-Thru:	Not applicable for this solicitation

At the date and time specified above, all bids that have been received in a timely manner will be opened, recorded, and accepted for consideration. The names of the bidders submitting bids will be read aloud and recorded. The bids will be available for inspection during normal business hours in the Office of Procurement Services thirty (30) calendar days after the official bid due date. When countersigned by an authorized County representative, this document and any specifically identified attachments may form the contract document binding the parties to all performance specified herein.

Vendors shall complete and return the entirety of this ITB Document, and attach all other information requested in this ITB document (See Provision 1.13). Failure to sign the bid response, or to submit the bid response by the specified time and date, may be cause for rejection of the bid.

NO-RESPONSE REPLY

If any vendor does not want to respond to this solicitation at this time, or, would like to be removed from Lake County's Vendor List, please mark the appropriate space, complete name below and return this page only.

- Not interested at this time; keep our firm on Lake County's Vendors List for future solicitations for this product / service
- Please remove our firm from Lake County's Vendor's List for this product / service.

VENDOR IDENTIFICATION

Company Name: Beverage Body + Trailer Phone Number: 352-348-1021  
E-mail Address: John@beveragebody.com Contact Person: John Schubert

**ITB TITLE: As Needed Repair Services for Lake County Vehicles and Operating Equipment**

NOTES:

- When purchasing on a direct basis, Lake County is exempt from all taxes (Federal, State, Local). A Tax Exemption Certificate will be furnished upon request for such purchases. **However, the vendor will be responsible for payment of taxes on all materials purchased by the vendor for incorporation into the project (see provision 3.8 for further detail).**
- The vendor shall not alter or amend any of the information (including, but not limited to stated units of measure, item description, or quantity) stated in the Pricing Section. If any quantities are stated in the pricing section as being “estimated” quantities, vendors are advised to review the “Estimated Quantities” clause contained in Section 3 of this solicitation.
- Any bid containing a modifying or “escalator” clause not specifically allowed for under the solicitation will not be considered.
- Unit prices shall govern for all services priced on that basis as requested under this solicitation.
- All pricing shall be FOB Destination unless otherwise specified in this solicitation document.
- All pricing submitted shall remain valid for a 90 day period. By signing and submitting a response to this solicitation, the vendor has specifically agreed to this condition.
- **Vendors are advised to visit our website at <http://www.lakecountyfl.gov> and register as a potential vendor. Vendors that have registered on-line receive an e-mail notice when the County issues a solicitation matching the commodity codes selected by a vendor during the registration process.**
- **If the contractor has questions regarding the applicability of Chapter 119, Florida Statutes, to the contractor’s duty to provide public records relating to this contract, contact the custodian of public records via the individual designated in provision 1.2 of this solicitation.**

**ACKNOWLEDGEMENT OF ADDENDA**

**INSTRUCTIONS:** Complete Part I or Part II, whichever applies

<b>Part I:</b>
<p>The bidder must list below the dates of issue for each addendum received in connection with this ITB:</p> <p style="text-align: center;">Addendum #1, Dated: <u>June 1 2016</u></p> <p style="text-align: center;">Addendum #2, Dated: _____</p> <p style="text-align: center;">Addendum #3, Dated: _____</p> <p style="text-align: center;">Addendum #4, Dated: _____</p>
<b>Part II:</b>
<p><input type="checkbox"/> No Addendum was received in connection with this ITB.</p>

PRICING SECTION GENERAL INFORMATION

1. Shop location:

Address: 2990 South STREET

City/State/Zip: Leesburg, Florida 34748

Telephone/Fax: 352-323-6284 / FAX 352-323-6285

2. Parts Price List Used: N/A Date of Price List:

3. Minimum order (If any) NONE

4. Handling fee if less than minimum order (if applicable) NONE

5. Response Time (from initial contact and delivery to repairs being conducted) VARIABLE

6. Does your firm offer pickup and delivery of vehicles and equipment: Yes [checked] No

If yes, please provide pricing in Section 4 where indicated.

7. Does your firm have towing capabilities? Yes No [checked]

If yes, please include pricing in Section 4.

8. Will your firm accept Visa Purchasing Cards or E-Payable form of payment?

Yes [checked] No

If E-Payable would be acceptable please note a contact person/telephone number to set up payment information.

Kevin CLEMONS 323-6284 X203

9. Vendor contact for emergency and/or disaster service 24 hours/7 days per week:

Name: N/A

Telephone/Cell/Pager/Number:

10. Exceptions to specifications:

Yes\* No

\* If yes, insert a separate sheet immediately following this page detailing exceptions.

Revised

06-22-2016

John Schubert  
John Schubert

SECTION 4 - PRICING/ CERTIFICATIONS/ SIGNATURES

ITB Number: 16-0615

Beverage body + TRAILER

PRICING FORM

**LABOR RATES:** Please insert the labor rate per hour for repair services. Note: Hourly rates for service at a site other than the vendor's facility (County facility/site) (OFF SITE) shall include vendor's travel time and mileage to and from the facility; these items will not be paid as a separate charge on invoice.

Hourly labor rate for repairs and service Monday-Friday, 8:00 am to 5:00 pm - AT VENDOR FACILITY	\$ 90.00 /hr.
Hourly labor rate for repairs and service Monday-Friday, 8:00 am to 5:00 pm - OFF SITE	\$ N/A /hr.
Hourly labor rate for repairs and service M-F 5:01 pm to 7:59 am, Saturdays, Sundays, Holidays - AT VENDOR FACILITY	\$ N/A /hr.
Hourly labor rate for repairs and service M-F 5:01 pm to 7:59 am, Saturdays, Sundays, Holidays - OFF SITE	\$ N/A /hr.

**PARTS DISCOUNT RATES:** Please insert discount as a percentage that would be subtracted from the list price for parts used in repairs:

Parts Discount Percentage (%) off List Price	10 %
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**MISCELLANEOUS RATES:** Please insert rates per each repair for miscellaneous service fees and charges including, but not limited to, miscellaneous shop charges, environmental charges, disposal fees, etc., if applicable. No charges will be paid by the County if not listed in the vendor's bid.

Shop Charges	\$ > 1%
Environmental Charges	\$ > 1%
Disposal Fees	\$
Other (please list if any):	
TRANSPORTATION	\$ 1.50 c mile
	\$
	\$
	\$
	\$

**TOWING/DELIVERY RATES:** If provided by your firm, please insert the rates for towing and delivery/pickup (or attach a copy of your written towing prices and note "see attached"):

Towing during Regular Hours (M-F, 8am-5pm)	\$ /mile
Towing during Emergency/After Hours	\$ /mile
Vehicle Delivery	\$ /mile
Pickup of Operable Vehicle Needing Repair	\$ /mile

**By Signing this Bid the Bidder Attests and Certifies that:**

- It satisfies all legal requirements (as an entity) to do business with the County.
- The undersigned vendor acknowledges that award of a contract may be contingent upon a determination by the County that the vendor has the capacity and capability to successfully perform the contract.
- The bidder hereby certifies that it understands all requirements of this solicitation, and that the undersigned individual is duly authorized to execute this bid document and any contract(s) and/or other transactions required by award of this solicitation.

**Purchasing Agreements with Other Government Agencies**

This section is optional and will not affect contract award. If Lake County awarded you the proposed contract, would you sell under the same terms and conditions, for the same price, to other governmental agencies in the State of Florida? Each governmental agency desiring to accept to utilize this contract shall be responsible for its own purchases and shall be liable only for materials or services ordered and received by it.  Yes  No (Check one)

**Certification Regarding Felony Conviction**

Has any officer, director, or an executive performing equivalent duties, of the bidding entity been convicted of a felony during the past ten (10) years?  Yes  No (Check one)

**Certification Regarding Acceptance of County VISA-based Payment System**

Vendor will accept payment through the County VISA- based payment system:  Yes  No

**Reciprocal Vendor Preference:**

Vendors are advised the County has established, under Lake County Code, Chapter 2, Article VII, Sections 2-221 and 2-222; a process under which a local vendor preference program applied by another county may be applied in a reciprocal manner within Lake County. The following information is needed to support application of the Code:

1. Primary business location of the responding vendor (city/state): N/A
2. Does the responding vendor maintain a significant physical location in Lake County at which employees are located and business is regularly transacted:  Yes  No If "yes" is checked, provide supporting detail:

**Conflict of Interest Disclosure Certification**

Except as listed below, no employee, officer, or agent of the firm has any conflicts of interest, real or apparent, due to ownership, other clients, contracts, or interests associated with this project; and, this bid is made without prior understanding, agreement, or connection with any corporation, firm, or person submitting a bid for the same services, and is in all respects fair and without collusion or fraud.

No

**DUNS Number** (Insert if this action involves a federal funded project): \_\_\_\_\_

General Vendor Information and Bid Signature:			
Firm Name:	<u>BEVERAGE Body + TRAILER</u>		
Street Address:	<u>2990 South Street</u>		
Mailing Address (if different):	_____		
Telephone No.:	<u>352-323-6284</u> Fax No.:	<u>352-323-6285</u> E-mail:	_____
FEIN No.	<u>59 - 1919210</u>	Prompt Payment Terms:	_____ % _____ days, net <u>30</u>
Signature:	<u>Gordon Kennedy</u>	Date:	<u>6/2/16</u>
Print Name:	<u>Gordon Kennedy</u>	Title:	<u>OWNER</u>
Award of Contract by the County: (Official Use Only)			
By signature below, the County confirms award to the above-identified vendor under the above identified solicitation. A separate purchase order will be generated by the County to support the contract.			
<b>Vendor awarded as:</b>			
<input type="checkbox"/> Sole vendor	<input type="checkbox"/> Pre-qualified pool vendor based on price		
<input type="checkbox"/> Pre-qualified pool vendor (spot bid)	<input type="checkbox"/> Primary vendor for items: _____		
<input type="checkbox"/> Secondary vendor for items: _____	<input checked="" type="checkbox"/> Other status: <u>MULTIPLE VENDORS</u>		
Signature of authorized County official:	<u>Donna Villinis</u>	Date:	<u>9-13-16</u>
Printed name:	<u>DONNA VILLINIS</u>	Title:	<u>SENIOR CONTRACTING OFFICER</u>

## ATTACHMENT 1 - REFERENCES

Agency	Finishmaster
Address	2006 GRIFFIN Rd
City,State,ZIP	Leesburg, FL 34748
Contact Person	A/R
Telephone	352-787-7200
Date(s) of Service	
Type of Service	
Comments:	

Agency	MI METALS INC
Address	3015 INDUSTRIAL PARK
City,State,ZIP	MILLEN, GA 30442
Contact Person	A/R
Telephone	478-982-8830
Date(s) of Service	
Type of Service	
Comments:	

Agency	Sherwin Williams
Address	3101 PENNINGTON
City,State,ZIP	ORLANDO, FL. 32804
Contact Person	A/R
Telephone	407-299-0640
Date(s) of Service	
Type of Service	
Comments:	

SECTION 5 – ATTACHMENTS

ITB Number: 16-0615

Gen Set	
Generac	
General Coach	
General Motors	
Gladiator	
Gormann Rupp	
Gradall	
Great Dane	X
Hefty Herman	
Heil Equipment	
Hesco	
Honda (Auto)	
Honda (Equipment)	
Hyster	
Ingersoll Rand	
Interstate	
Isuzu	
JCB	
Jeep	
John Deere (Small Equipment)	
John Deere (Heavy Equipment)	
Johnson Outboard	
Kawasaki (Heavy Equipment)	
Kohler	
Komatsu	
Kubota	
Landpride	
Lee Boy	
Mack	X
Malettie	
Massey Ferguson	
Mercury Outboard	
Miller Equipment	
Minneapolis Moline	
International (Auto-Medium, Heavy)	
International (Equipment)	
Neal	
New Holland	
Nissan	
Onan	
Pace	
Packmore	
Peerless	
Peterbilt	X
Pierce Fire Trucks	

## ATTACHMENT 2 – VEHICLE/EQUIPMENT BRANDS LIST

The County maintains a variety of vehicle and equipment brands that include the following. Please place a check mark in the second column for the brand(s) that your firm can support/service.

Brand/Description	Enter "X" if supported by your firm:
Alamo	
Amer	
Balderson	
Bil-Jax	
Bluebird	
Bobcat	X
Buick	X
Bush Hog	
Bushwhacker	
Case	X
Caterpillar	X
CH&E	
Champion	
Chevrolet	X
Chrysler	X
Clark	X
Combee	
Cummins	
Dauids	
Diamondback	
Detroit Diesel Allison	
Dixie Chopper	
Dodge	X
East Rock	
Echo	
El Dorado	X
Etnyre	
Evinrude	
Excel	
Exmark	X
Express	
EZ Go Textron	X
Fermont	
Ford (Auto-Light, Heavy)	X
Ford (Industrial Equipment)	X
Freightliner	X
Frontier	
Galbreath	
Gator	X

**SECTION 5 – ATTACHMENTS**

ITB Number: 16-0615

Polarkraft (Boat, Trailer)	
Ram-Lin	
Rhino	
Rollins	
Rosco	
Sakai	
Sanbo	
Sand Pro	
Scag	
Snapper	
Star Tran (Bus)	
Steco	
Sterling	X
Stihl Equipment	
Summitt	X
Superior (Bus)	X
Supreme (Bus)	X
ThermoKing	X
Toro	
Toyota	X
Triple Crown	
Turtle Top	
Vermeer	
Versa Lift	
Waldon	
Yazoo	
Yale Industrial Equipment	X

**Beverage Body & Trailer Service, Inc.**  
**PO Box 491684**  
**Leesburg, FL 34749-1684**  
**(352) 323-6284 fax: (352) 323-6285**

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## **PROFILE**

- **Corporation incorporated July 1979**
- **Federal Tax ID Number: 59-1919210**
- **Nature of business: Refurbishing trucks and truck sales**
- **President: Gordon Kennedy**
- **Physical Address Corporate office: 2990 South Street**

### **Banking References**

**First Green Bank**  
**18251 US Highway 441**  
**Mt. Dora, FL 32757**  
**Acct: 1301002265**  
**Phone: 352-483-9100**  
**Fax: 352-483-9109**

### **Trade Credit References**

**Finishmaster**  
**2006 Griffin Rd.**  
**Leesburg, FL 34748**  
**Phone: 352-787-7200**  
**Fax: 352-787-2446**

**MI Metals, Inc.**  
**3015 Industrial Park**  
**Millen, GA 30442**  
**Phone: 478-982-8830**  
**Fax: 813-855-6677**

**Sherwin Williams**  
**3101 Pennington**  
**Orlando, FL 32804**  
**Phone: 407-299-0640**  
**Fax: 407-292-8406**



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/24/2014

<b>PRODUCER</b> PACHKI, INC. DBA ANDY ANDERSON AGCY P.O. BOX 0489 Eustis, FL 32727 (352) 357-5800		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.	
<b>INSURED</b> BEVERAGE BODY AND TRAILER SERVICES INC  2990 SOUTH STREET LEESBURG, FL 34748		<b>INSURERS AFFORDING COVERAGE</b>	<b>NAIC#</b>
		INSURER A: Hartford Fire & Casualty Ins Co	
		INSURER B: Sentinel Insurance Company Ltd	
		INSURER C: Hartford Casualty Insurance Co	
		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	ADDL SVRCD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
A		GENERAL LIABILITY	21UENQ08137	12/23/14	12/23/15	EACH OCCURRENCE \$ 1,000,000	
		<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMSMADE <input checked="" type="checkbox"/> OCCUR  GENTL AGGREGATE LIMIT APPLIES PER <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000	
B		AUTOMOBILE LIABILITY	21UENQ08137	12/23/14	12/23/15	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000	
		<input type="checkbox"/> ANYAUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS				BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$	
A		GARAGE LIABILITY	21UENQ08137	12/23/14	12/23/15	AUTO ONLY - EA ACCIDENT \$ 1,000,000 OTHER THAN EA ACC \$ 1,000,000 AUTO ONLY: AGG \$ 1,000,000	
C		EXCESS / UMBRELLA LIABILITY	21HHUQ08138	12/23/14	12/23/15	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMSMADE  <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000
B		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	21WEQ08380	01/30/14	01/30/15	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000	
B		OTHER	21UENQ08137	12/23/14	12/23/15	PIP 10,000	

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

## CERTIFICATE HOLDER

for information only

## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ~~PHONE~~ 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

## Request for Taxpayer Identification Number and Certification

Give Form to the  
 requester. Do not  
 send to the IRS.

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return) <b>Beverage Body &amp; Trailer Service, Inc.</b>		
	Business name/disregarded entity name, if different from above		
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input checked="" type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <input type="checkbox"/> Other (see instructions) ▶ _____		Exemptions (see instructions):  Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____
	Address (number, street, and apt. or suite no.) <b>2990 South Street</b>		Requester's name and address (optional)
	City, state, and ZIP code <b>Leesburg, FL 34748</b>		
List account number(s) here (optional)			

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number																	
<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 15%;"></td> </tr> </table>									<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 15%;"></td> </tr> </table>								

**Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Employer identification number											
<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 15%; text-align: center;">5</td> <td style="width: 15%; text-align: center;">9</td> <td style="width: 15%; text-align: center;">-</td> <td style="width: 15%; text-align: center;">1</td> <td style="width: 15%; text-align: center;">9</td> <td style="width: 15%; text-align: center;">1</td> <td style="width: 15%; text-align: center;">9</td> <td style="width: 15%; text-align: center;">2</td> <td style="width: 15%; text-align: center;">1</td> <td style="width: 15%; text-align: center;">0</td> </tr> </table>	5	9	-	1	9	1	9	2	1	0	
5	9	-	1	9	1	9	2	1	0		

### Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below), and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶ <b>1-17-14</b>
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### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** The IRS has created a page on [IRS.gov](http://IRS.gov) for information about Form W-9, at [www.irs.gov/w9](http://www.irs.gov/w9). Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

#### Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, payments made to you in settlement of payment card and third party network transactions, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the

withholding tax on foreign partners' share of effectively connected income, and

4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct.

**Note.** If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.



# LAKE COUNTY FLORIDA

OFFICE OF PROCUREMENT SERVICES  
315 WEST MAIN STREET, SUITE 441  
PO BOX 7800  
TAVARES FL 32778-7800

PHONE: (352) 343-9839  
FAX: 352) 343-9473

## **ADDENDUM NO. 1 June 9, 2016**

### **ITB 16-0615 As Needed Repair Services for Lake County Vehicles and Operating Equipment**

It is the vendor's responsibility to ensure their receipt of all addenda, and to clearly acknowledge all addenda within their initial bid or proposal response. Acknowledgement may be confirmed either by inclusion of a signed copy of this addendum within the bid response, or by completion and return of the addendum acknowledgement section of the solicitation. Failure to acknowledge each addendum may prevent the bid or proposal from being considered for award.

This addendum does not change the date for receipt of bids or proposals.

Questions regarding this solicitation are due June 17, 2016. The purpose of this addendum is to address questions received to date.

**Question 1:** We have a question regarding insurance requirements for ITB 16-0615.

With regard to the Garage Liability and Garage Keepers coverage; we are not a vehicle garage nor do we offer towing service. We are a Grounds Maintenance Equipment provider with sales and service. In other ITB's this has not pertained to our firm and type of business and we are asking if this would not pertain to us in this ITB as well. Also, our minimum limits do not meet the required minimums but we do carry a \$10M Umbrella Liability policy which more than meets the minimum requirements. Please review the attached certificate to determine if the limits will be acceptable for this ITB.

**Answer 1:** Provided that a bidder does not have a true automobile/vehicle repair garage facility, Lake County will waive the garage keepers liability requirement for other types of businesses (i.e. lawn equipment repair shop). However, these types of businesses shall be required to provide proof of some sort of property of others (or garage keepers) coverage in the COI provided to the County that shows the County's equipment is protected and covered by the vendor's insurance while in the vendor's possession for repairs. Included with this addendum is a sample of an insurance certificate that includes "property of others" coverage.

ITB 16-0615  
Addendum One  
Page Two

Acknowledgement of receipt of Addendum:

Firm Name: BEVERAGE Body + Trailer Date: 06-08-16

Signature: John Schubert Title: outside sales

Typed/Printed Name: John Schubert



# LAKE COUNTY FLORIDA

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## ADDENDUM NO. 2 June 22, 2016

### ITB 16-0615 As Needed Repair Services for Lake County Vehicles and Operating Equipment

It is the vendor's responsibility to ensure their receipt of all addenda, and to clearly acknowledge all addenda within their initial bid or proposal response. Acknowledgement may be confirmed either by inclusion of a signed copy of this addendum within the bid response, or by completion and return of the addendum acknowledgement section of the solicitation. Failure to acknowledge each addendum may prevent the bid or proposal from being considered for award.

This addendum does not change the date for receipt of bids or proposals. The deadline for questions regarding this was June 17, 2016.

The purpose of this addendum is to advise potential bidders that this contract will exclude transit vehicles (buses, paratransit vehicles, etc.) that are under the direction of the Public Transit Division of Lake County and that are maintained using Federal funding. A separate ITB will be issued in the near future for federally funded transit vehicles that will include Federal Clauses.

Acknowledgement of receipt of Addendum:

Firm Name: Beverage Body + TRAILER Date: 06-22-2016

Signature: John Schubert Title: outside sales

Typed/Printed Name: John Schubert



# LAKE COUNTY FLORIDA

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PO BOX 7800  
TAVARES FL 32778-7800

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## ADDENDUM NO. 3 June 29, 2016

### ITB 16-0615 As Needed Repair Services for Lake County Vehicles and Operating Equipment

It is the vendor's responsibility to ensure their receipt of all addenda, and to clearly acknowledge all addenda within their initial bid or proposal response. Acknowledgement may be confirmed either by inclusion of a signed copy of this addendum within the bid response, or by completion and return of the addendum acknowledgement section of the solicitation. Failure to acknowledge each addendum may prevent the bid or proposal from being considered for award.

The purpose of this addendum is to extend the deadline for bids to Thursday, July 14, 2016 at 3:00 p.m.

Bids for ITB 16-0615 were due June 28, 2016 at 3:00 p.m. Because the County did not realize sufficient competition to cover all brands of vehicles and equipment currently owned, the ITB is hereby reopened with bids due by **July 14, 2016 at 3:00 p.m.**

Information regarding how and where to submit a Bid can be found in Sections 1.13 and 1.14 of the ITB document.

NOTE: If you submitted a Bid response that was opened on June 28, 2016, **YOU DO NOT HAVE TO RE-SUBMIT A BID.** All bids received and opened on June 28, 2016 will be considered for contract awards.

Acknowledgement of receipt of Addendum:

Firm Name: Beverage Body + TRAILERS Date: 6-29-2016

Signature: John Schubert Title: outside sales

Typed/Printed Name: John Schubert



# LAKE COUNTY FLORIDA

OFFICE OF PROCUREMENT SERVICES  
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PO BOX 7800  
TAVARES FL 32778-7800

PHONE: (352) 343-9839  
FAX: 352) 343-9473

### ADDENDUM NO. 4

July 13, 2016

ITB 16-0615

### As Needed Repair Services for Lake County Vehicles and Operating Equipment

It is the vendor's responsibility to ensure their receipt of all addenda, and to clearly acknowledge all addenda within their initial bid or proposal response. Acknowledgement may be confirmed either by inclusion of a signed copy of this addendum within the bid response, or by completion and return of the addendum acknowledgement section of the solicitation. Failure to acknowledge each addendum may prevent the bid or proposal from being considered for award.

The purpose of this addendum is to extend the deadline for bids to Thursday, July 14, 2016 at 3:00 p.m.

Per Addendum 3, bid due date was extended through July 14, 2016. By way of this Addendum #4, this deadline is hereby extended to **August 3, 2016 at 3:00 p.m.**

NOTE: If you have already submitted a Bid response, you do not have to re-submit your bid.

Acknowledgement of receipt of Addendum:

Firm Name: Beverage Body + TRAILER Date: 7-14-2016

Signature: John Schubert Title: outside sales

Typed/Printed Name: John Schubert