



STATE OF FLORIDA
DEPARTMENT OF HEALTH
Registration

Biomedical Waste - Transporter

Issued To: Bio Waste Tech Inc.
1560 A Road
Loxahatchee, FL 33470

Attention: Carl Bryant
Bio Waste Tech Inc.
1501 W 15th Street
Riviera Beach, FL 33404

Mail To:

Owner: Bio Waste Tech Inc.

Transporter Number of Trucks: 1

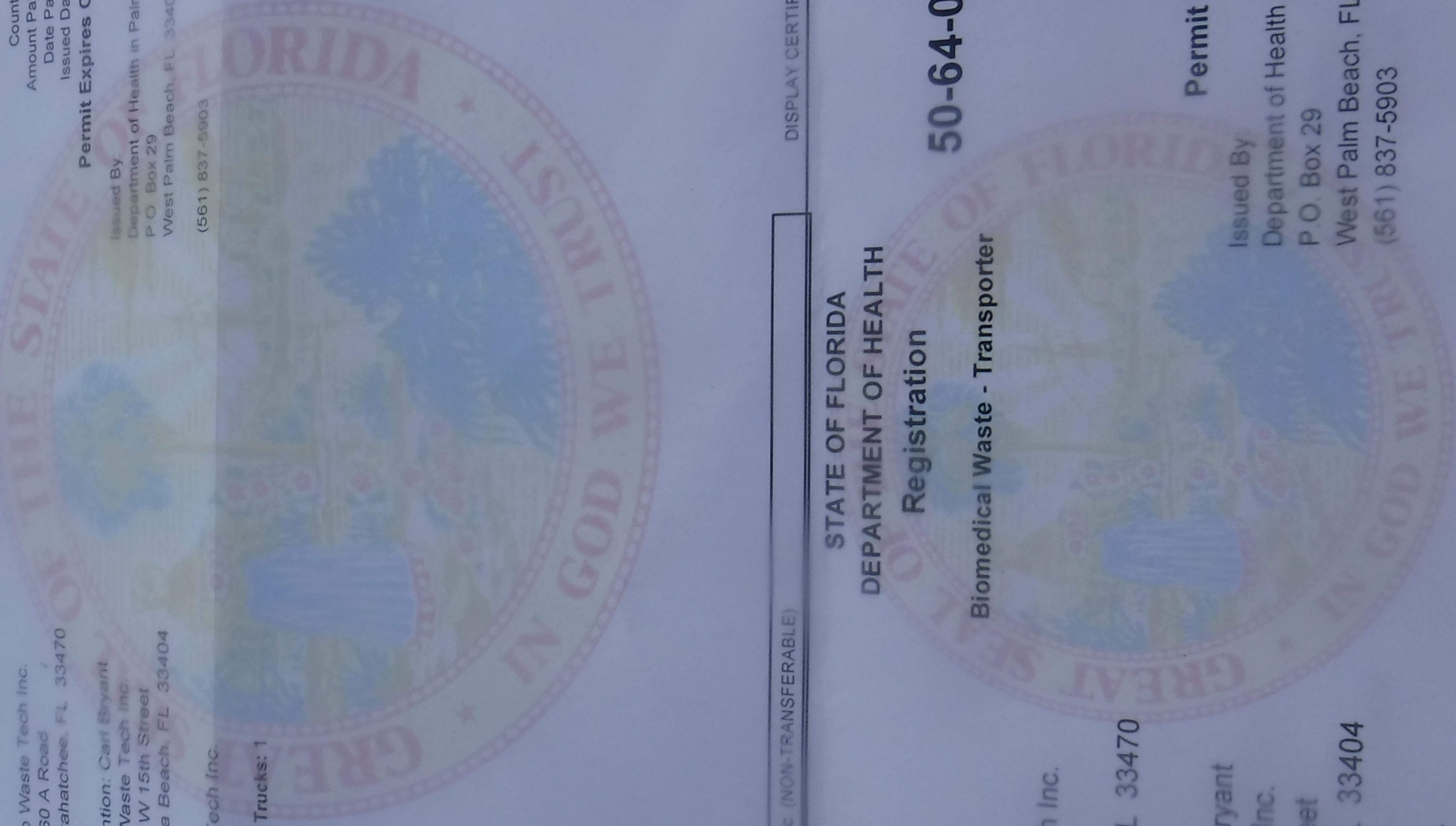
50-64-03974

50-BID-6079514

County: Palm Beach
Amount Paid: \$135.00
Date Paid: 08/29/2022
Issued Date: 10/01/2022

Permit Expires On: 09/30/2023

Issued By:
Department of Health in Palm Beach County
P.O. Box 29
West Palm Beach, FL 33402-0029
(561) 837-5903



Original Customer: Bio Waste Tech Inc. (NON-TRANSFERABLE)

DISPLAY CERTIFICATE IN A CONSPICUOUS PLACE



STATE OF FLORIDA
DEPARTMENT OF HEALTH
Registration

Biomedical Waste - Transporter

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1560 A Road
Loxahatchee, FL 33470

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P.O. Box 29
West Palm Beach, FL 33402-0029
(561) 837-5903



STATE OF FLORIDA
DEPARTMENT OF HEALTH
Operating Permit
Biomedical Waste - Storage

50-64-1557287

50-BID-6079634

County: Palm Beach

Amount Paid: \$135.00
Date Paid: 08/29/2022
Issued Date: 10/01/2022

Permit Expires On: 09/30/2023

Issued To: Bio Waste Tech
1560 A Road
Loxahatchee, FL 33470

Mail To: Attention: Carl Bryant
Bio Waste Tech Inc
1501 W 15th Street
Riviera Beach, FL 33404

Owner: Bio Waste Tech Inc

Issued By:
Department of Health in Palm Beach County
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DEPARTMENT OF HEALTH
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50-64-1557287

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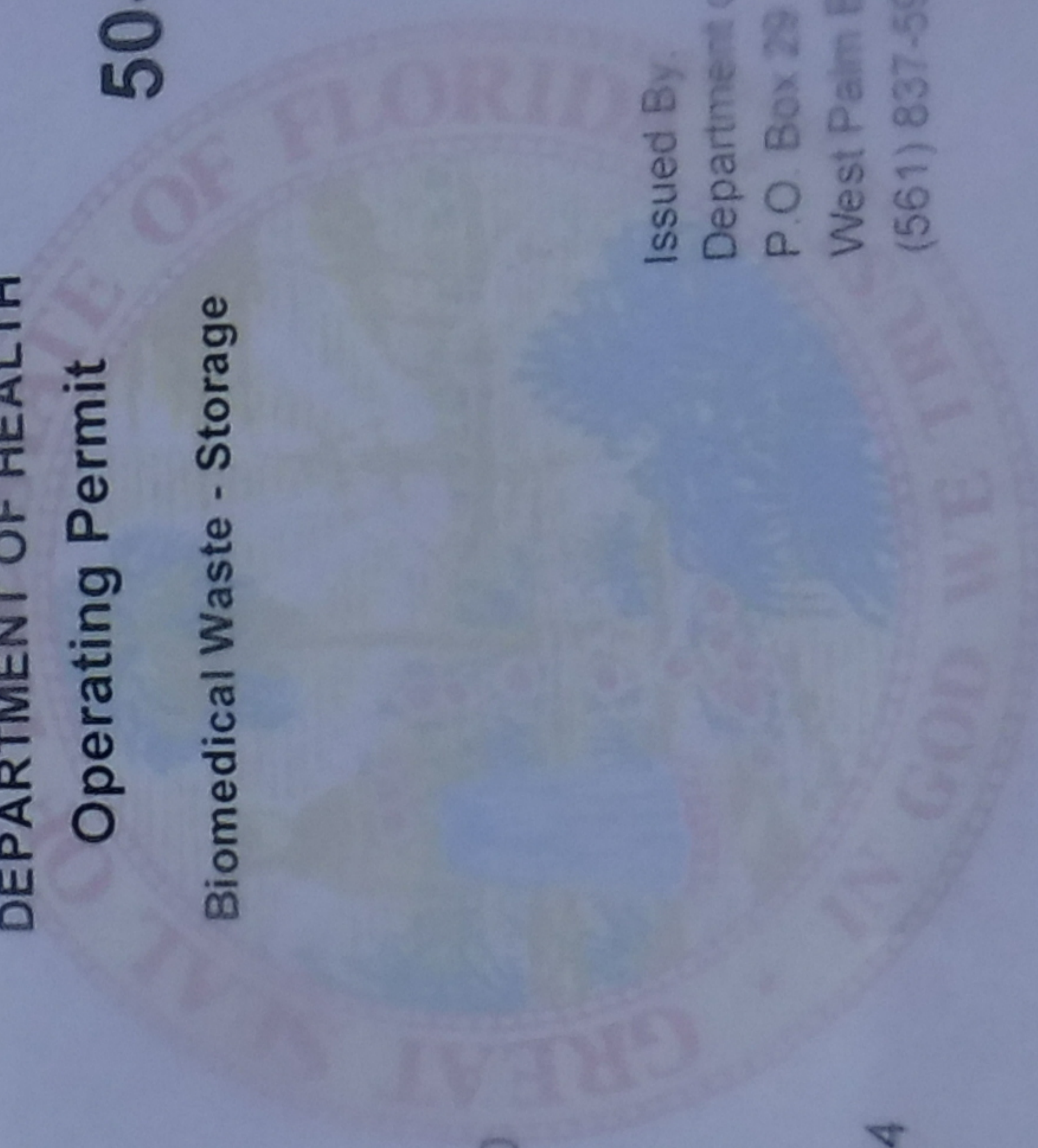
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1560 A Road
Loxahatchee, FL 33470

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Bio Waste Tech Inc.
1501 W 15th Street
Riviera Beach, FL 33404

Owner: Bio Waste Tech Inc.

Issued By:
Department of Health in Palm Beach County
P.O. Box 29
West Palm Beach, FL 33402-0029
(561) 837-5903





Florida Department of Agriculture and Consumer Services
Division of Plant Industry

NICOLE "NIKKI" FRIED
Commissioner

LICENSE TO CULTIVATE HEMP

Section 581.217, F.S. and Rule 5B-57.014, F.A.C.
1911 S.W. 34 St. / P.O. Box 147100
Gainesville, FL 32614-7100 / (352) 395-4700
www.FDACS.gov

Issued To:
Carl Bryant
BioWaste Tech, Inc.
RIVIERA BEACH, FL 33404
Exfelonassociation@gmail.com
+1 561 502 3173

License Number: **12_220270**
Date Issued: 05-06-2022
Expiration Date: 05-06-2023

Primary Responsible Person:
Name: Carl Bryant

Primary Growing Location:
Name: BioWaste Tech, Inc. Nursery
Acres: 4.48
Lat/Lng: (-80.297395, 26.701523)

THIS IS TO CERTIFY that the responsible person shown hereon is licensed to cultivate hemp in the state of Florida and meets the minimum requirements of Section 581.217, Florida Statutes and Rule 5B-57.014, Florida Administrative Code.

Information regarding cultivation, frequently asked questions, approved testing lab information and hemp cultivation resources can be found at our agency website:
www.FDACS.gov/hemp.

NICOLE "NIKKI" FRIED
Commissioner of Agriculture

MR. CARL BRYANT



378 Northlake Blvd. Suite 159
biowastetech@yahoo.com
(561) 502-3173
"Hemp, Agriculture & Waste"



Two Non Profits
Powering
Law + Basketball



Carl Bryant, President/CEO
Sandi Davis, Vice-President

lawandbasketball@gmail.com

561.502.3173

378 Northlake Blvd. #159 North Palm Beach Fl. 33408

State: FL ZIP: 33410
1-502-3173
State: FL ZIP: 33404

In penalties as provided by law.
Lawyer, etc.)
Warrant sealing:

For details on zoning

SHIPPING PAPER

BIO WASTE TECH
3311 PINWOOD AVE.
WEST PALM BEACH, FL 33407
1 866-250-2230
561-502-3173

GENERATOR NAME

Alhemy Associates Inc
STREET ADDRESS

CITY

840 NE 155

STATE

FL

LICENSE# DOH 50-64-03974

DATE

PICK UP
P/U

DROP OFF
D/O

QTY

CONTAINER
TYPE

SUPPLIES/OTHER
COMMENTS

7/29/32

14

14

17 (600)

CUSTOMER SIGNATURE:

PRINT NAME:

DISPOSAL DATE:

PLACE & METHOD OF DISPOSAL
BIOMEDICAL WASTE SOLUTIONS/OKEECHOBEE COUNTY

BIO WASTE TECH SOLUTIONS CERTIFIES THAT ALL WASTE MATTER REMOVED FROM THE GENERATOR'S PREMISES WILL BE DISPOSED OF IN A MANNER CONSISTENT WITH THE PROVISIONS SET FORTH IN FLORIDA ADMINISTRATIVE CODE FOR BIOMEDICAL WASTE CHAPTER 64E-18

State: FL ZIP: 33407
61-502-3173
State: FL ZIP: 33404

Restaurant seating _____
(Doctors, Lawyers, etc.)

suit in penalties as provided by law.

side for details on earnings**

SHIPPING PAPER

BIO WASTE TECH
3311 PINewood AVE.
WEST PALM BEACH, FL 33407
1 866-250-2230
561-502-3173

GENERATOR NAME

Clyde Kessner

STREET ADDRESS

1320 Louison

STATE FL

CITY Delray

LICENSE# DOH 50-64-03974

DATE	PICK UP P/U	DROP OFF D/O	QTY	CONTAINER TYPE	SUPPLIES/OTHER COMMENTS
7/9/12	2	2		376A1	
Shipper	1	1			

CUSTOMER SIGNATURE: _____
PRINT NAME: Frank

DISPOSAL DATE: 8-2-2012
PLACE & METHOD OF DISPOSAL
BIO MEDICAL WASTE SOLUTIONS/OKEECHOBEE COUNTY

BIO WASTE TECH SOLUTIONS CERTIFIES THAT ALL WASTE MATTER REMOVED FROM THE GENERATOR'S PREMISES WILL BE DISPOSED OF IN A MANNER CONSISTENT WITH THE PROVISIONS SET FORTH IN FLORIDA ADMINISTRATIVE CODE FOR BIOMEDICAL WASTE CHAPTER 64E-18

ZIP: 33470
 3173
 ZIP: 33404

provided by law.

zoning

SHIPPING PAPER

BIO WASTE TECH
 3311 PINWOOD AVE.
 WEST PALM BEACH, FL 33407
 1 866-250-2230
 561-502-3173

GENERATOR NAME

Medics 1 Specis 1

STREET ADDRESS

11015 Simeon Rd

STATE

FL

LICENSE# DOH 50-64-03974

DATE PICK UP P/U DROP OFF D/O

8/10/22 1 1

CITY QTY

Wellington

CONTAINER TYPE

30GAL

SUPPLIES/OTHER COMMENTS

CUSTOMER SIGNATURE: *Jennie Blitsch*
 PRINT NAME: Jennie Blitsch

J. Blitsch

DISPOSAL DATE: 8-10-22

PLACE & METHOD OF DISPOSAL
 BIOMEDICAL WASTE SOLUTIONS/OKEECHOBEE COUNTY

BIO WASTE TECH SOLUTIONS CERTIFIES THAT ALL WASTE MATTER REMOVED FROM THE GENERATOR'S PREMISES WILL BE DISPOSED OF IN A MANNER CONSISTENT WITH THE PROVISIONS SET FORTH IN FLORIDA ADMINISTRATIVE CODE FOR BIOMEDICAL WASTE CHAPTER 64E-18

3173
33904

as provided by law.

SHIPPING PAPER

BIO WASTE TECH
3311 PINWOOD AVE.
WEST PALM BEACH, FL 33407
1 866-250-2230
561-502-3173

Deputy Angel
Kugens
CITY Boca Raton
STATE FL
STREET ADDRESS

LICENSE# DOH 50-64-03974
DATE 8/5/22
PICK UP P/U 1
DROP OFF D/O 1
QTY
CONTAINER TYPE 176A
SUPPLIES/OTHER COMMENTS

CUSTOMER SIGNATURE: *[Signature]*

PRINT NAME: ISABELLA BARRISSA

DISPOSAL DATE:

PLACE & METHOD OF DISPOSAL
BIOMEDICAL WASTE SOLUTIONS/OKEECHOBEE COUNTY

BIO WASTE TECH SOLUTIONS CERTIFIES THAT ALL WASTE MATTER REMOVED FROM THE GENERATOR'S PREMISES WILL BE DISPOSED OF IN A MANNER CONSISTENT WITH THE PROVISIONS SET FORTH IN FLORIDA ADMINISTRATIVE CODE FOR BIOMEDICAL WASTE CHAPTER 64E-18

SHIPPING PAPER

BIO WASTE TECH

3311 PINWOOD AVE.

WEST PALM BEACH, FL 33407

1 866-250-2230

561-502-3173

GENERATOR NAME

Kaymily B. Foster

STREET ADDRESS

379 Dixie Ave

STATE

FL

LICENSE# DOH 50-64-03974

DATE

PICK UP
P/U

DROP OFF
D/O

QTY

CONTAINER
TYPE

SUPPLIES/OTHER
COMMENTS

10/30/22

1

1

*306**

CUSTOMER SIGNATURE:

PRINT NAME:

DISPOSAL DATE:

[Handwritten Signature]

PLACE & METHOD OF DISPOSAL

BIOMEDICAL WASTE SOLUTIONS/OKEECHOBEE COUNTY

BIO WASTE TECH SOLUTIONS CERTIFIES THAT ALL WASTE MATTER REMOVED FROM THE GENERATOR'S PREMISES WILL BE DISPOSED OF IN A MANNER CONSISTENT WITH THE PROVISIONS SET FORTH IN FLORIDA ADMINISTRATIVE CODE FOR BIOMEDICAL WASTE CHAPTER 64E-18

SHIPPING PAPER

BIO WASTE TECH

3311 PINewood AVE.

WEST PALM BEACH, FL 33407

1 866-250-2230

561-502-3173

LICENSE# DOH 50-64-03974

GENERATOR NAME

Pharmacy & Billing

STREET ADDRESS

379 Dixie

FL

CITY

Deer Park

STATE

FL

DATE

9/26/22

PICK UP
P/U

✓

DROP OFF
D/O

QTY

3064

CONTAINER
TYPE

STATE

SUPPLIES/OTHER
COMMENTS

CUSTOMER SIGNATURE:

PRINT NAME:

DISPOSAL DATE:

PLACE & METHOD OF DISPOSAL

BIOMEDICAL WASTE SOLUTIONS/OKEECHOBEE COUNTY

BIO WASTE TECH SOLUTIONS CERTIFIES THAT ALL WASTE MATTER REMOVED FROM THE GENERATOR'S PREMISES WILL BE DISPOSED OF IN A MANNER CONSISTENT WITH THE PROVISIONS SET FORTH IN FLORIDA ADMINISTRATIVE CODE FOR BIOMEDICAL WASTE CHAPTER 64E-18

ADMINISTRATIVE CO

SHIPPING PAPER

BIO WASTE TECH
 3311 PINewood AVE.
 WEST PALM BEACH, FL 33407
 1 866-250-2230
 561-502-3173

GENERATOR NAME

Rhymey & Rhymey

STREET ADDRESS

379 Dixie Hwy

STATE

FL

CITY

Deer Creek

QTY

CONTAINER TYPE

17 (941)

SUPPLIES/OTHER COMMENTS

DATE

7/30/22

PICK UP P/U

(check)

DROP OFF D/O

(check)

LICENSE# DOH 50-64-03974

DATE	PICK UP P/U	DROP OFF D/O	QTY	CONTAINER TYPE	STATE	SUPPLIES/OTHER COMMENTS
<i>7/30/22</i>	<i>(check)</i>	<i>(check)</i>				

CUSTOMER SIGNATURE:

PRINT NAME:

DISPOSAL DATE:

PLACE & METHOD OF DISPOSAL
 BIOMEDICAL WASTE SOLUTIONS/OKEECHOBEE COUNTY

BIO WASTE TECH SOLUTIONS CERTIFIES THAT ALL WASTE MATTER REMOVED FROM THE GENERATOR'S PREMISES WILL BE DISPOSED OF IN A MANNER CONSISTENT WITH THE PROVISIONS SET FORTH IN FLORIDA ADMINISTRATIVE CODE FOR BIOMEDICAL WASTE CHAPTER 64E-18

ADMINISTRATIVE CO

SHIPPING PAPER

BIO WASTE TECH
3311 PINWOOD AVE.
WEST PALM BEACH, FL 33407
1 866-250-2230
561-502-3173

GENERATOR NAME
Rahmy & Partners

STREET ADDRESS

379 Dixie Hwy

STATE

FL

LICENSE# DOH 50-64-03974
DATE
6/26/22

PICK UP P/U

DROP OFF D/O

QTY

CONTAINER TYPE

30 Gall

SUPPLIES/OTHER COMMENTS

CUSTOMER SIGNATURE:
PRINT NAME:

[Signature]

DISPOSAL DATE:

PLACE & METHOD OF DISPOSAL
BIOMEDICAL WASTE SOLUTIONS/OKEECHOBEE COUNTY

BIO WASTE TECH SOLUTIONS CERTIFIES THAT ALL WASTE MATTER REMOVED FROM THE GENERATOR'S PREMISES WILL BE DISPOSED OF IN A MANNER CONSISTENT WITH THE PROVISIONS SET FORTH IN FLORIDA ADMINISTRATIVE CODE FOR BIOMEDICAL WASTE CHAPTER 64E-18

ADMINISTRATIVE CODE

SHIPPING PAPER

BIO WASTE TECH
3311 PINWOOD AVE.
WEST PALM BEACH, FL 33407
1 866-250-2230
561-502-3173

LICENSE# DOH 50-64-03974

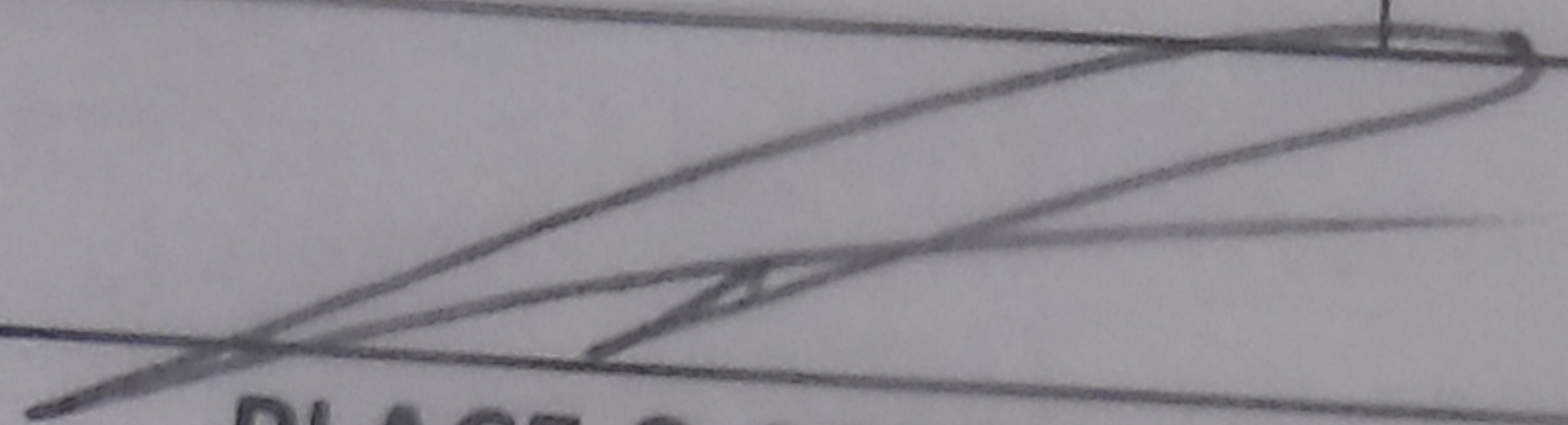
GENERATOR NAME
Rahmin Portner

STREET ADDRESS
379 Dixie Hwy

CITY *Open Beach* STATE *FL*

DATE	PICK UP P/U	DROP OFF D/O	QTY	CONTAINER TYPE	SUPPLIES/OTHER COMMENTS
<i>5/30/22</i>	<i>1</i>	<i>1</i>		<i>30 GAL</i>	

CUSTOMER SIGNATURE:
PRINT NAME:
DISPOSAL DATE:



PLACE & METHOD OF DISPOSAL
BIOMEDICAL WASTE SOLUTIONS/OKEECHOBEE COUNTY

BIO WASTE TECH SOLUTIONS CERTIFIES THAT ALL WASTE MATTER REMOVED FROM THE GENERATOR'S PREMISES WILL BE DISPOSED OF IN A MANNER CONSISTENT WITH THE PROVISIONS SET FORTH IN FLORIDA ADMINISTRATIVE CODE FOR BIOMEDICAL WASTE CHAPTER 64E-18

PRINT NAME:
DISPOSAL DATE:

BIO WASTE TECH SOLUTIONS CERTIFIES THAT ALL WASTE MATTER REMOVED FROM THE GENERATOR'S PREMISES WILL BE DISPOSED OF IN A MANNER CONSISTENT WITH THE PROVISIONS SET FORTH IN FLORIDA ADMINISTRATIVE CODE FOR BIOMEDICAL WASTE CHAPTER 64E-18

3404

SHIPPING PAPER

BIO WASTE TECH
3311 PINWOOD AVE.
WEST PALM BEACH, FL 33407
1 866-250-2230
561-502-3173

GENERATOR NAME

Kahmmy Porciter

STREET ADDRESS

379 Dixie Hwy

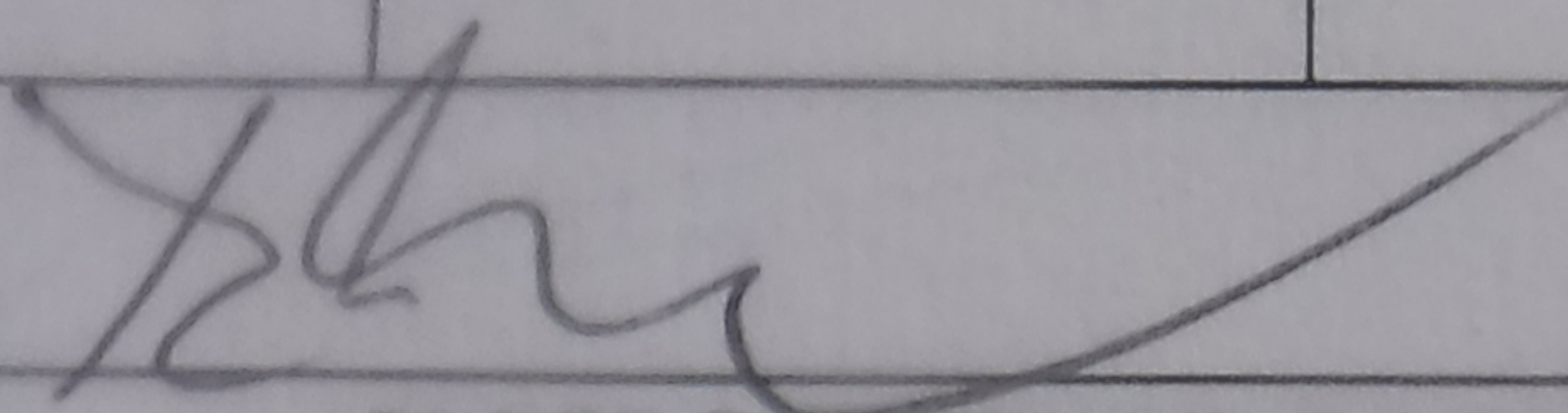
LICENSE# DOH 50-64-03974

CITY *Deerfield*

STATE *FL*

DATE	PICK UP P/U	DROP OFF D/O	QTY	CONTAINER TYPE	SUPPLIES/OTHER COMMENTS
<i>4/17/22</i>	<i>1</i>	<i>1</i>		<i>3064</i>	

CUSTOMER SIGNATURE:



PRINT NAME:

DISPOSAL DATE:

PLACE & METHOD OF DISPOSAL

BIOMEDICAL WASTE SOLUTIONS/OKEECHOBEE COUNTY

BIO WASTE TECH SOLUTIONS CERTIFIES THAT ALL WASTE MATTER REMOVED FROM THE GENERATOR'S PREMISES WILL BE DISPOSED OF IN A MANNER CONSISTENT WITH THE PROVISIONS SET FORTH IN FLORIDA ADMINISTRATIVE CODE FOR BIOMEDICAL WASTE CHAPTER 64E-18

ADMINISTRATIVE CODE FOR

SHIPPING PAPER

BIO WASTE TECH
3311 PINWOOD AVE.
WEST PALM BEACH, FL 33407
1 866-250-2230
561-502-3173

GENERATOR NAME

Rahming Porring

STREET ADDRESS

379 Dixie Hwy
CITY Deerfield STATE FL

LICENSE# DOH 50-64-03974

DATE	PICK UP P/U	DROP OFF D/O	QTY	CONTAINER TYPE	SUPPLIES/OTHER COMMENTS
3/28/22	1	1		30 GAL	

CUSTOMER SIGNATURE:

PRINT NAME:

DISPOSAL DATE:

PLACE & METHOD OF DISPOSAL
BIOMEDICAL WASTE SOLUTIONS/OKEECHOBEE COUNTY

BIO WASTE TECH SOLUTIONS CERTIFIES THAT ALL WASTE MATTER REMOVED FROM THE GENERATOR'S PREMISES WILL BE DISPOSED OF IN A MANNER CONSISTENT WITH THE PROVISIONS SET FORTH IN FLORIDA ADMINISTRATIVE CODE FOR BIOMEDICAL WASTE CHAPTER 64E-18

33904

SHIPPING PAPER

BIO WASTE TECH
3311 PINWOOD AVE.
WEST PALM BEACH, FL 33407
1 866-250-2230
561-502-3173

GENERATOR NAME

Allergy ASSOCIATE

STREET ADDRESS

1447 - Ft. Jensen

LICENSE# DOH 50-64-03974

CITY WPB

STATE FL

DATE	PICK UP P/U	DROP OFF D/O	QTY	CONTAINER TYPE	SUPPLIES/OTHER COMMENTS
7/22/22	L	1		1764	

CUSTOMER SIGNATURE: BARBARA VOCKINS A.A.
PRINT NAME:

DISPOSAL DATE: PLACE & METHOD OF DISPOSAL
BIOMEDICAL WASTE SOLUTIONS/OKEECHOBEE COUNTY

BIO WASTE TECH SOLUTIONS CERTIFIES THAT ALL WASTE MATTER REMOVED FROM THE GENERATOR'S PREMISES WILL BE DISPOSED OF IN A MANNER CONSISTENT WITH THE PROVISIONS SET FORTH IN FLORIDA ADMINISTRATIVE CODE FOR BIOMEDICAL WASTE CHAPTER 64E-18



ANNE M. GANNON
 COUNTY CLERK
 COMMISSIONER TAX COLLECTOR
 Serving Palm Beach County
 www.pbctax.com

Sec. 17-17 of PBC Ordinance No. 73-7
 No business tax receipt shall be issued until applicable county and state laws are complied with including, but not limited to, building zoning, construction industry licensing, fire control and health.

REC-TC Form 65

Application For Palm Beach County Local Business Tax Receipt

#1: BUSINESS INFORMATION (To be completed by applicant):

Check Applicable Box
 Home Based Business New Business Other
 Existing PBC LTR # (if applicable): 2008-13236
 Corporation / Business Name: Bio Waste Tech Inc
 Fictitious / DBA / Trade Name: Bio Waste Tech Inc
Division of Corporations requires registration of a fictitious name. Submit copy of registration with this application.

Owner / Applicant Name: CARL BRYANT Social Security #: _____
 Federal Employer ID #: 50-0812148 **OR** City: 20X W 4th St State: FL ZIP: 33470
 Business Address: 560 N Road Business Phone Number: 561-503-3173
 Mailing Address (if different above): 1501 W 15 St City: Riviera Beach State: FL ZIP: 33404
 E-Mail address: Bio Waste Technology.com
 Nature of Business: HAZARDOUS WASTE RECYCLING **OR** Profession: _____
(Landscaper, Cleaning Service, etc.) (Doctor, Lawyer, etc.)

Maximum Number of Employees: 2 Machines: _____ Rooms: _____ Restaurant seating: _____
 Were you issued a Notice of Non-Compliance? Yes _____ No _____

I certify, under penalty of law, that the above information is true and correct, and I understand that any false statements could result in penalties as provided by law.
 Signature: [Signature] Title: Owner (Agent, Owner, Rep.)

#2: PLEASE NOTE: ZONING APPROVAL MUST BE COMPLETED PRIOR TO APPLICATION SUBMITTAL **See reverse side for details on zoning**

Municipal / City Zoning Approval: _____ Title: _____
Additional Fees May Apply
 Unincorporated Zoning Approval / Planning Zoning & Building Approval: _____ Title: _____
 PCN: _____ ePZB Application Number: _____ Date: _____
 Control Number: _____ Resolution Number: _____

Use pursuant to the PBC ULDC Article 4 supplementary use standards: _____

PZ&B - Check box if approval from department is required ***

<input type="checkbox"/> Zoning (U No.) _____	<input type="checkbox"/> Fire Marshall _____
<input type="checkbox"/> Compliance _____	<input type="checkbox"/> Health Department _____
<input type="checkbox"/> Building _____	<input type="checkbox"/> Hotel & Restaurant _____
<input type="checkbox"/> NAICS Code _____	<input type="checkbox"/> Prior Use of Bay/Beach _____
<input type="checkbox"/> Other _____	<input type="checkbox"/> City Home Base Affidavit _____

Regulator Signature required on line, when approval has been granted ***

FOR TCO OFFICE USE ONLY

LTR# / Account #: _____ State / County License Cert #: _____
 CSS / SCSS: _____ Date: _____ Field Service Approval: _____
 NAICS Code 81-0267 TOTAL FEE DUE: \$ _____ Receipt #: _____









