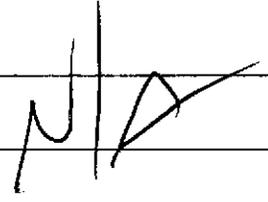


HENDERSON COUNTY
BID SHEET
OPENING - June 16, 2016
BOE Pest Control-2016-17

BID OPENING: June 16, 2016
9:30 A.M.
HENDERSON CO FINANCE
LEXINGTON, TN 38351

COMPANIES/PERSONS PRESENT:

 _____

COMPANY	BID AMOUNT
<i>Kerkland</i>	_____
<i>Golden Circle</i>	_____
_____	_____
_____	_____
_____	_____

BID AWARDED TO: _____

COMMENTS: _____

FINANCE DIR. _____

**HENDERSON COUNTY BOARD OF EDUCATION
IS SEEKING BIDS ON THE FOLLOWING.**

<p>DESCRIPTION OF SERVICE/PRODUCT:</p>	<p>The Henderson County Board of Education is requesting sealed bid requests for PEST CONTROL SERVICES for a two year contractual period beginning July 1,2016 thru June 30, 2018. Pest control services should be inclusive of all the following details:</p> <ul style="list-style-type: none"> • Monthly service for pest control at all school cafeterias, food service preparation areas, and cafeteria storage locations. • Quarterly service and pest control management for all school locations and buildings operated by the Henderson County Board of Education (addresses of locations can be obtained at the Board of Education office or downloaded at www.hendersoncountyttn.gov (departments/bids)). • Services for all locations will be fully guaranteed to include the control of ants, mice, rats, roaches, waterbugs, fleas, silverfish, and any other insects. Mice bait will be required. • Service calls that become necessary or essential between regular monthly and quarterly scheduled service times will be performed at no additional charge. <p>All bids must include proof of license and insurance where applicable by law. All specifications can be picked up at the Henderson County Board of Education, 35 Wilson St, Lexington, TN between 8:00-4:00, M-F.</p>
<p>CONTACT FOR ADDITIONAL INFORMATION:</p>	<p>Chad Grant, Maintenance Director 731-307-9424</p>
<p>ADDRESS TO MAIL/BRING BIDS:</p>	<p>Henderson County Finance 17 Monroe St, 2nd Floor PO Box 495 Lexington, TN 38351</p>
<p>DATE/TIME BIDS MUST BE RECEIVED AND WILL BE OPENED:</p>	<p>June 16th, 2016, 9:30 AM</p>
<p>ADDITIONAL BID REQUIREMENTS:</p>	<p>Proof of insurance is required with the bid.</p>
<p>EEO:</p>	<p>Henderson County Government/Highway/Solid Waste/ Henderson County BOE reserves the right to reject any and all bids. Henderson County Government/Highway/Solid Waste/ Henderson County BOE is an equal opportunity employer. Henderson County Government/Highway/Solid Waste/ Henderson County BOE is prohibited from discrimination based on race, color, national origin, sex, age, or disability. Complaints regarding discrimination should be filed with Director, Office of Civil Rights, 1400 Independence Av S.W., Washington, DC 20250. www.hendersoncountyttn.gov</p>

Henderson County Schools
Monthly Pest Control Services

22654

School Cafeteria

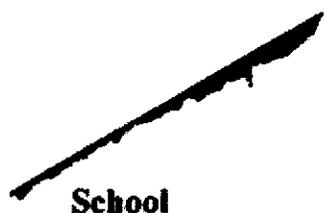
Address

- Bargerton	6141 Poplar Springs/Bargerton Rd	Lexington, TN
- Beaver	19830 Hwy. 22 North	Wildersville, TN
- Pin Onk	19925 Hwy. 412 East	Lexington, TN
- South Haven	5455 Hwy 22 A.	Lexington, TN
- Scotts Hill Elementary	1 Hwy. 114 South	Scotts Hill, TN
- South Side *	29855 Hwy 104 South	Reagan, TN
- Westover	300 Crucifer Rd.	Huron, TN
- Lexington High - New Bldg	284 White St.	Lexington, TN
- Scotts Hill High	7871 Hwy. 100	Reagan, TN

9 Monthly

22654

Henderson County Schools
Quarterly Pest Control Services



<u>School</u>	<u>Address</u>	
Bargerton	6141 Poplar Springs/Bargerton Rd	Lexington, TN
Beaver	19830 Hwy. 22 North	Wildersville, TN
Pin Oak	19925 Hwy. 412 East	Lexington, TN
South Haven	5455 Hwy 22 A.	Lexington, TN
Scotts Hill Elementary	1 Hwy. 114 South	Scotts Hill, TN
South Side	29855 Hwy 104 South	Reagan, TN
Westover	300 Crucifer Rd.	Huron, TN
Lexington High - New Bldg	284 White St.	Lexington, TN
Scotts Hill High	7871 Hwy. 100	Reagan, TN
Lexington High - Old Bldg	347 North Broad St.	Lexington, TN
Juvenile Academy	188 White St.	Lexington, TN
Adult Education Bldg	293 North Broad St.	Lexington, TN
LHS Field House	293 North Broad St.	Lexington, TN
Special Education Bldg	276 White St.	Lexington, TN

Maintenance building
 might move
 65 Natchez trace Lexington TN
 Drive
 Scotts Hill High field House
~~7871 Hwy 100~~

Kirkland

**Henderson County Schools
Monthly Pest Control Services**

School Cafeteria	Address	City	State	Mtly Price
Bargerton	6141 Poplar Springs/Bargerton Rd	Lexington	TN	\$25.00
Beaver	19830 Hwy 22 North	Wildersville	TN	\$25.00
Pin Oak	19925 Hwy 412 East	Lexington	TN	\$25.00
South Haven	5455 Hwy 22 A	Lexington	TN	\$25.00
Scotts Hill Elementary	1 Hwy 114 South	Scotts Hill	TN	\$25.00
South Side	29055 Hwy 104 South	Reagan	TN	\$25.00
Westover	300 Crucifier Rd	Huron	TN	\$25.00
Lexington High-New Bldg	284 White Street	Lexington	TN	\$25.00
Scotts Hill High	7871 Hwy 100	Reagan	TN	\$25.00
Monthly Total				\$225.00

$$\begin{array}{r} 225 \\ \times 12 \\ \hline 2700 \end{array}$$

$$\begin{array}{r} 520 \\ \times 4 \\ \hline 2080 \end{array}$$

Total per year: 4780

Kirkland's
Pest Control LLC

Charter #4998
Pest Control • Termite Control • Moisture Control
Insulation • Wildlife Control and Exclusion



Josh Kirkland
Call: 256-867-5861
855-KPC-PEST
Lawrenceburg, TN 38464
931-766-5400
Fax: 931-766-5405
jkirkland@kirklandspcontrol.com

Kirkland

**Henderson County Schools
Quarterly Pest Control Services**

Schools	Address	City	State	Mtly Price
Bargerton	6141 Poplar Springs/Bargerton Rd	Lexington	TN	\$40.00
Beaver	19830 Hwy 22 North	Wildersville	TN	\$40.00
Pin Oak	19925 Hwy 412 East	Lexington	TN	\$40.00
South Haven	5455 Hwy 22 A	Lexington	TN	\$40.00
Scotts Hill Elementary	1 Hwy 114 South	Scotts Hill	TN	\$40.00
South Side	29055 Hwy 104 South	Reagan	TN	\$40.00
Westover	300 Crucifier Rd	Huron	TN	\$40.00
Lexington High-New Bldg	284 White Street	Lexington	TN	\$40.00
Scotts Hill High	7871 Hwy 100	Reagan	TN	\$40.00
Lexington High-Old Bldg	347 North Broad St	Lexington	TN	\$40.00
Juvenile Academy	188 White St	Lexington	TN	\$20.00
Adult Education Bldg	293 North Broad St	Lexington	TN	\$20.00
LHS Field House	293 North Broad St	Lexington	TN	\$20.00
Special Education Bldg	276 White St	Lexington	TN	\$20.00
Maitenance Bldg	65 Natchez Trace Dr	Lexington	TN	\$20.00
Scotts Hill High Field House	7871 Hwy 100	Reagan	TN	\$20.00
		Quarterly Total		\$520.00



1. Introduction and Executive Summary

Kirkland's Pest Control has been in business since 1976. The start-up began with one pest control route of approximately 25 residential customers in the Lincoln County area.

Kirkland's Pest Control is a licensed and bonded company in the states of Alabama, Tennessee and Georgia and specializes in Industrial, Commercial and Residential Pest Control. We are an active member of both the Tennessee Pest Control Association and National Pest Management Agency. Kirkland's Pest Control maintains that all personnel providing on-site pest control service will have certification as Commercial Pesticide Applicators in the category of Industrial, Institutional, Structural, and Health Related Pest Control. We are a member of the Better Business Bureau and a recipient of the Best In Business Award. Kirkland's Pest Control is a certified Quality Pro member.

Kirkland's Pest Control is an equal opportunity employer. The majority of our staff has been retained by personal reference. Even in the instance of a personal reference, the potential employees are submitted to our employment screening procedures. All employees of Kirkland's Pest Control are submitted for random drug tests, which must be passed. Failure of such drug tests results in immediate termination of employment. Employees' driving records are verified prior to employment with Kirkland's Pest Control, LLC. Kirkland's Pest Control also runs an in-depth background check on every employee. Kirkland's uses E-Verify to ensure prospective employees eligibility to work in the United States.

Kirkland's Pest Control utilizes Fleetmatics Tracking systems in all vehicles. This tracking system allows us to monitor technicians for a variety of potential safety hazards along with customer specific information. These tracking systems allow us to verify time arrived and departed from a customer location and speeds driven by each driver.

Kirkland's is a three-generation, highly ethical, family-owned business who has built a successful business in both residential and commercial/industrial pest control. We have extensive experience with commercial pest control including multi-family housing units and integrated pest management programs.

A handwritten signature in black ink, appearing to read "Allen Kirkland".

Allen Kirkland
Owner/General Manager

Henderson County BOE
17 Monroe St 2nd Floor
Lexington TN 38351



10400 North Street
Fairfax, VA 22030
Phone 703.352.0600 (Toll Free)
Fax 703.352.2031
www.npmaqualitypro.org

I am writing to notify you that Kirkland's Pest Control, LLC is QualityPro Certified, the mark of excellence in pest management. As a QualityPro Certified Company, Kirkland's Pest Control, LLC has placed itself in the top echelon of pest management companies in the nation. QualityPro is an initiative of the National Pest Management Association to encourage professionalism and recognize excellence in the industry. Less than 3% of pest control companies in America have earned this prestigious designation.

QualityPro Certified companies voluntarily ascribe to a set of qualifications that go above and beyond any state or federal requirements. As a potential consumer of pest management services, qualifications that may interest you include:

- Member of the National Pest Management Association
- Checking employee references and driving history
- Doing criminal background checks on all employees
- Employing only highly-trained, registered and credentialed employees
- Maintaining a drug-free workplace
- Ensuring that technicians are highly skilled, trained professionals
- Offering a clear, easy-to-understand warranty and termite service agreement
- Maintaining an up-to-date insurance policy
- Truthful and ethical advertising

The website, www.qualitypro.org, contains more information about what QualityPro is and what it means to Kirkland's Pest Control, LLC. The QualityPro Certification truly sets Kirkland's Pest Control, LLC apart from non-QualityPro Certified companies.

If you have any questions, call me at 703-352-6762 or email me at ataisey@pestworld.org.

Sincerely,

A handwritten signature in black ink, appearing to read 'Allie Taisey'.

Allie Taisey, BCE
Certification Program Manager, QualityPro



QualityPro is administered by the Foundation for Professional Pest Management in partnership with the National Pest Management Association. QualityPro is an independent organization that develops good business practices and standards for pest management companies in the US and Canada.

Expires
1/2017



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/13/2016

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 Baker Insurance Services PO Box 1046 Columbus MS 39701	CONTACT NAME: Dona Hildreth	
	PHONE (A/C No. Ext): (662) 327-8812 FAX (A/C No.): (662) 327-8824 E-MAIL ADDRESS: dona@bakerins.net	
INSURED Kirkland's Pest Control, LLC. 2720 Huntville Hwy Fayetteville TN 37334	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Lexington Insurance	19437
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	

COVERAGES CERTIFICATE NUMBER: 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 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WAD	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 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	X		41LX3295683-12	09/26/2015	09/26/2016	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
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED. RETENTION \$	X	X	41UD012856540-5	09/26/2015	09/26/2016	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

CERTIFICATE HOLDER CANCELLATION AI 009463

Henderson County Board of Education 17 Monroe Street, 2nd Floor P.O. Box 495 Lexington TN 38351-	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
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Fax: () -

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
8/13/2016

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.

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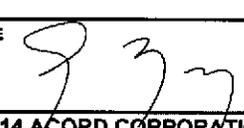
PRODUCER LIPCA Inc. PO Box 80663 Baton Rouge, LA 70898	CONTACT NAME: LIPCA, Inc.	
	PHONE (A/C, No, Ext): (225) 927-3283	FAX (A/C, No): (225) 927-3295
E-MAIL ADDRESS:		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A : StarNet Insurance Company		40045
INSURER B :		
INSURER C :		
INSURER D :		
INSURER E :		
INSURER F :		

COVERAGES **CERTIFICATE NUMBER:** 67716 **REVISION NUMBER:** 20160613

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 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADOL	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR Deductible _____ GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
A	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	N/A	BNUWC0110819	9/19/2015	9/19/2016	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> 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

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

CERTIFICATE HOLDER Henderson County Board of Education 17 Monroe St., 2nd Floor P. O. Box 495 Lexington, TN 38351	CANCELLATION 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 
--	--



CERTIFICATE OF LIABILITY INSURANCE

OP ID: L1

DATE (MM/DD/YYYY)

06/13/2016

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.

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PRODUCER Community Insurance, LLC 100 Church Street, Suite 600 Huntsville, AL 35801 Steve Sucic II	CONTACT NAME: Liz Steeno		
	PHONE (A/C, No, Ext): 256-533-5600	FAX (A/C, No): 256-536-4624	
E-MAIL ADDRESS: liz@clg-hsv.com			
PRODUCER CUSTOMER ID #: KIRKL-5			
INSURED Kirkland's Pest Control, LLC P.O. Box 444 Fayetteville, TN 37334	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Auto Owners Insurance Company		18988
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		
	INSURER F:		

COVERAGES**CERTIFICATE NUMBER:****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 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR Y/ND	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
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			4878502300	03/20/2016	03/20/2017	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (PER ACCIDENT) \$ \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DEDUCTIBLE \$ RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

CERTIFICATE HOLDER**CANCELLATION**

HENDER1 Henderson County Board of Education PO Box 495 17 Monroe Street, 2nd Floor Lexington, TN 38351	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 Steve Sucic II 
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CITY OF LAWRENCEBURG •

Business Tax License

This certificate must be publicly displayed

Local Business Number: 002631
State Account Number: 000000000
Date Issued: 10/14/2015
Business Tax Classification: 3
Tax Period: 01/01/2015 - 12/31/2015
License Receipt Number: 900225
Expiration Date: 05/15/2016

Location Address
KIRKLAND'S PEST CONTROL, LLC
207 E. GAINES STREET
LAWRENCEBURG, TN 38464
KIRKLAND, ALLEN

Eddie Wilburn

Authorized Official, by

Tennessee Department of Agriculture
Division of Consumer & Industry Services
P.O. Box 40627
Nashville, TN 37204

return service requested AG-0577

Company Charter

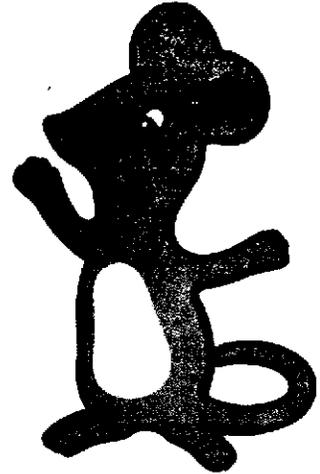
Post in a conspicuous location

EXPIRES: 12/31/2016

Charter #4998
KIRKLAND'S PEST CONTROL, LLC
207 E. GAINES STREET

LAWRENCEBURG, TN 38464

Kirkland's
PEST CONTROL_{LLC}



www.kirklandsp PestControl.com

Henderson County BOE
Pest Control Bid

Contact: Allen Kirkland
931-433-5897 / 855-KPC-PEST

**HENDERSON COUNTY BOARD OF EDUCATION
IS SEEKING BIDS ON THE FOLLOWING.**

<p>DESCRIPTION OF SERVICE/PRODUCT:</p>	<p>The Henderson County Board of Education is requesting sealed bid requests for PEST CONTROL SERVICES for a two year contractual period beginning July 1, 2016 thru June 30, 2018. Pest control services should be inclusive of all the following details:</p> <ul style="list-style-type: none"> • Monthly service for pest control at all school cafeterias, food service preparation areas, and cafeteria storage locations. • Quarterly service and pest control management for all school locations and buildings operated by the Henderson County Board of Education (addresses of locations can be obtained at the Board of Education office or downloaded at www.hendersoncountyttn.gov (departments/bids)). • Services for all locations will be fully guaranteed to include the control of ants, mice, rats, roaches, waterbugs, fleas, silverfish, and any other insects. Mice bait will be required. • Service calls that become necessary or essential between regular monthly and quarterly scheduled service times will be performed at no additional charge. <p>All bids must include proof of license and insurance where applicable by law. All specifications can be picked up at the Henderson County Board of Education, 35 Wilson St, Lexington, TN between 8:00-4:00, M-F.</p>
<p>CONTACT FOR ADDITIONAL INFORMATION:</p>	<p>Chad Grant, Maintenance Director 731-307-9424</p>
<p>ADDRESS TO MAIL/BRING BIDS:</p>	<p>Henderson County Finance 17 Monroe St, 2nd Floor PO Box 495 Lexington, TN 38351</p>
<p>DATE/TIME BIDS MUST BE RECEIVED AND WILL BE OPENED:</p>	<p>June 16th, 2016, 9:30 AM</p>
<p>ADDITIONAL BID REQUIREMENTS:</p>	<p>Proof of insurance is required with the bid.</p>
<p>EEO:</p>	<p>Henderson County Government/Highway/Solid Waste/ Henderson County BOE reserves the right to reject any and all bids. Henderson County Government/Highway/Solid Waste/ Henderson County BOE is an equal opportunity employer. Henderson County Government/Highway/Solid Waste/ Henderson County BOE is prohibited from discrimination based on race, color, national origin, sex, age, or disability. Complaints regarding discrimination should be filed with Director, Office of Civil Rights, 1400 Independence Av S.W., Washington, DC 20250. www.hendersoncountyttn.gov</p>

Golden Circle Exterminators

PO Box 10396 Jackson, TN 38308
8 Directors Row
Jackson, TN 38305
731-668-4887



TO:
Henderson County Board Of Education
17 Monroe St,
Lexington, TN 38351

JOB DESCRIPTION

Golden Circle Exterminators will fully guarantee service to include the control of ants, mice, rats, roaches, waterbugs, fleas, silverfish, and any other insects. Mice bait will be included. Monthly service for pest control at all school cafeterias, food service preparation areas, and cafeteria storage locations. Quarterly service and pest control management for all school locations, and buildings operated by the Henderson County Board of Education. Service calls that become necessary between regular visits will be performed at no cost. Service excludes bed bugs.

ITEMS AND MATERIALS

Intergraded pest management, performed on outside of all buildings 3 times a year
Monthly service on inside of cafeterias/food service preparation areas.
Quarterly inspection, spot treatment, and rodent bait station monitoring; all performed in a safe manner in accordance with State and Federal regulations by certified technicians.

AMOUNT

\$1,540.00

Jina Mccaskill 731-616-4437

PREPARED BY

6/1/2016

DATE

ACCEPTED BY

DATE



GOLDEN1

OP ID: SC

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

06/01/2016

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 Corporate Insurance Group P O Box 737 Arlington, TN 38002	CONTACT NAME: Phillip Wright PHONE (A/C, No, Ext): 731-300-7060 E-MAIL ADDRESS: phillip@callcig.com	FAX (A/C, No): 731-540-9057
	INSURER(S) AFFORDING COVERAGE	
INSURED Terry & Nancy Dyer / Golden Circle Exterminators, Inc. P.O. Box 10396 Jackson, TN 38308	INSURER A: Philadelphia Insurance Company	
	INSURER B: Berkley Net Underwriters	
	INSURER C:	
	INSURER D:	
	INSURER E:	
INSURER F:		NAIC #

COVERAGES**CERTIFICATE NUMBER:****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 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	B COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/>		Binder 9743713	06/01/2016	06/01/2017	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
						Emp Ben.	\$ 1,000,000
	AUTOMOBILE LIABILITY ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS <input type="checkbox"/>					COMBINED SINGLE LIMIT (Ea accident)	\$
						BODILY INJURY (Per person)	\$
						BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE (Per accident)	\$
							\$
A	X UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000		Binder 9821535	06/01/2016	06/01/2017	EACH OCCURRENCE	\$ 1,000,000
						AGGREGATE	\$ 1,000,000
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	BNUWC0121598	10/02/2015	10/02/2016	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER	
						E.L. EACH ACCIDENT	\$ 500,000
						E.L. DISEASE - EA EMPLOYEE	\$ 500,000
						E.L. DISEASE - POLICY LIMIT	\$ 500,000

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

CERTIFICATE HOLDER**CANCELLATION**

Henderson County Finance
 P O Box 495
 Lexington, TN 38351

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

Phillip D. Wright

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CERTIFICATE OF LIABILITY INSURANCE

GOLDEN1

OP ID: SC

DATE (MM/DD/YYYY)

06/01/2016

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PRODUCER Corporate Insurance Group P O Box 737 Arlington, TN 38002	CONTACT NAME: Phillip Wright PHONE (A/C, No, Ext): 731-300-7060 E-MAIL ADDRESS: phillip@callcig.com	FAX (A/C, No): 731-540-9057
	INSURER(S) AFFORDING COVERAGE	
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	INSURER B: Berkley Net Underwriters	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

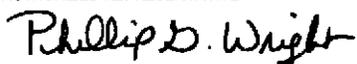
COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

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 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			Binder 9743713	06/01/2016	06/01/2017	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 Emp Ben. \$ 1,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			Binder 9821535	06/01/2016	06/01/2017	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
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	N/A	BNUWC0121598	10/02/2015	10/02/2016	<input checked="" type="checkbox"/> PER STATUTE <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

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

CERTIFICATE HOLDER**CANCELLATION**

Henderson County Finance P O Box 495 Lexington, TN 38351	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 

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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.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
2 Business name/disregarded entity name, if different from above Golden Circle Exterminators	
3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶ _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
5 Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
8 Directors Row	Henderson County Finance
6 City, state, and ZIP code Jackson, TN 38305	P.O. Box 495 Lexington, TN 38351
7 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 line 1 to avoid backup withholding. For individuals, this is generally 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.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number											
or											
Employer identification number											
6	2	-	1	3	2	6	3	1	1		

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.

Sign Here	Signature of U.S. person ▶	Date ▶ 06/01/2014
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General Instructions

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

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
 - Form 1099-C (canceled debt)
 - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.

By signing the filled-out form, you:

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. See *What is FATCA reporting?* on page 2 for further information.

FRED W. BIRMINGHAM, MADISON COUNTY CLERK

LICENSE
0094227

STANDARD BUSINESS TAX LICENSE

wk10 Drawer: 10 Site: 1
Work Date: 04/19/2016

DETACH THIS PORTION FOR CONFIDENTIAL FILE

FRED W. BIRMINGHAM MADISON COUNTY CLERK

ROOM 105, COURTHOUSE
100 E. MAIN
JACKSON, TN 38301

LICENSE
0094227

STANDARD BUSINESS TAX LICENSE

Mailing

Location

2036 GOLDEN CIRCLE EXTERMINATORS

8 DIRECTORS ROW
JACKSON, TN 38305

GOLDEN CIRCLE EXTERMINATORS

8 DIRECTORS ROW
JACKSON, TN 38305

GOLDEN CIRCLE EXTERMINATORS TERRY
DYER

LOCAL ACCOUNT NUMBER 2036
STATE ACCOUNT NUMBER 170281360
TRANSACTION NUMBER _____
CLASS 04
SALES TAX NUMBER _____

ISSUE DATE 04/19/16
TAX PERIOD 1/1/2015 - 12/31/2015
PAYMENT DUE BY 4/15/2017
EXPIRATION DATE 05/15/2017

TO AVOID PENALTY, INTEREST, AND POTENTIAL ENFORCED COLLECTION ACTION, BUSINESS TAX RETURNS AND PAYMENTS MUST BE REMITTED TO THE TENNESSEE DEPARTMENT OF REVENUE AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THIS LICENSE.

IF PAID BY CHECK, THIS LICENSE VALID ONLY AFTER CHECK IS PAID.

THIS LICENSE DOES NOT PERMIT OPERATION UNLESS PROPERLY ZONED, AND/OR IN COMPLIANCE WITH ALL OTHER APPLICABLE LAWS/RULES.

DEPUTY CLERK SIGNATURE

wk10 Drawer:10 Site:1

-- POST AT LOCATION OF BUSINESS --
IF BUSINESS CLOSES, MOVES, OR CHANGES OWNERS, NOTIFY THIS OFFICE