
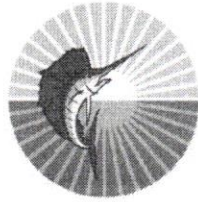


<p>DELIVER TO: City of Fort Pierce, Purchasing Division Room 101 100 North U.S. #1 Fort Pierce, FL 34950</p> <p>MAIL TO: City of Fort Pierce Purchasing Division, Room 101 P.O. Box 1480 Fort Pierce, FL 34954-1480</p>	<p align="center">CITY OF FORT PIERCE</p>  <p align="center">INVITATION TO BID and BIDDER ACKNOWLEDGMENT</p>
---	---

<p>Bid Writer: Madison White, 772-467-3102</p>	<p>Bid No: 2025-020</p>
<p>Mandatory Pre-Bid Conference Date: N/A</p>	<p>Bid Title: FPRA PROPERTIES LAWN MOWING AND MAINTENANCE (REBID)</p>
<p>Mandatory Pre-Bid Conference Location: N/A</p>	<p>Bid Opening Location: City of Ft. Pierce Purchasing Division Room 101 100 North U.S. #1, 1st Floor Ft. Pierce, Florida 34950</p>
<p>Bid Due Date & Time: 3:00 PM, THURSDAY, MARCH 13, 2025</p>	<p>If you need any reasonable accommodation for any type of disability in order to participate in this procurement, please contact this division as soon as possible.</p>
<p>Bidder Name: MOW 4 LESS LLC</p> <hr/> <p>Mailing Address: 308 S. 30 ST Fort Pierce Fl. 34947</p> <hr/>	<p><i>I hereby certify that this bid is made without prior understanding, agreement, or connection with any corporation, firm, or person submitting a bid for the same materials, supplies or equipment, and is in all respects fair and without collusion or fraud. I agree to abide by all conditions of this bid and certify that I am authorized to sign this bid for the bidder.</i></p> <p>x <u>Andrew Kisson</u> Authorized Signature (Manual)</p>
<p>City, State, Zip Code: Fort Pierce Fl. 34947</p>	<p>Typed or Printed Name: Andrew KISSOON</p>
<p>Type of Entity (Select one): Corporation <input checked="" type="checkbox"/> Partnership _____ Proprietorship _____</p>	<p>Title: owner</p>
<p>Incorporated in the State of: FL Year: 2013</p>	<p>Delivery in _____ days, ARO</p>
<p>Phone Number: 772-201-7655</p>	<p>Payment Terms: Net 30 Days</p>
<p>Fax Number: 772-595-6505</p>	<p>FEIN or SS Number: 46-2009882</p>
<p>E-Mail Address: MOW4LESS.AK@gmail.com</p>	<p>Local Business: <input checked="" type="checkbox"/> Y <input type="checkbox"/> N MWBE: <input type="checkbox"/> Y <input type="checkbox"/> N</p>
<p>Bid Security is attached, when required, in the amount of \$ _____ F.O.B. DESTINATION</p>	<p>If returning as a "No Bid" state reason:</p>

THIS PAGE MUST BE COMPLETED AND RETURNED WITH YOUR BID



THE SUNRISE CITY
FORT PIERCE
PURCHASING
DEPARTMENT

Florida

DRUG~FREE WORKPLACE FORM

The undersigned vendor in accordance with Florida Statute 287.087 hereby certified that

MOW 4 LESS LLC.

does:

(Name of Business)

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

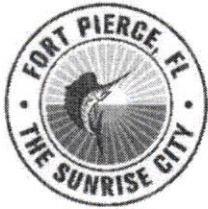
As the person authorized to sign the statement, I certify that this firm complies fully with the above requirements.

Mow 4 Less LLC

Bidder's Signature

2-19-25

Date



**NON-COLLUSION AFFIDAVIT
FOR PRIME BIDDER**

STATE OF Florida

COUNTY OF St. Lucie

Andrew Kissoon, being first duly sworn, deposes
and says:

That he is owner
(a partner or officer of the firm, etc.)

the party making the foregoing proposal or bid, that such proposal or bid is genuine and not collusive or sham; that said bidder has not colluded, conspired, connived or agreed directly or indirectly with any bidder or person, to put in a sham bid or to refrain from bidding, and has not in any manner, directly or indirectly sought by agreement or collusion, or communication or conference with any person, to fix the bid price of affiant or of any other bidder, or to fix any overhead, profit or cost element of said bid price, or of that of any other bidder, or to secure any advantage against the City of Fort Pierce, of the County of St. Lucie, or any person interested in the proposed contract; and that all statements in said proposal or bid are true.

NOW 4 LESS LLC.
(Firm Name)

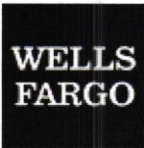
By: [Signature]

Title: owner

Subscribed and sworn to before me this _____
day of _____, 202__.

Notary Public

My Commission expires: (Seal)



Jurat Certificate

State of Florida

County of Saint Lucie

Sworn to (or affirmed) and subscribed before me this 04 day of March, 20 25, by means of physical presence or online notarization Andrew Kissoon (name of person making statement).

Personally known to me _____

Produced Identification _____

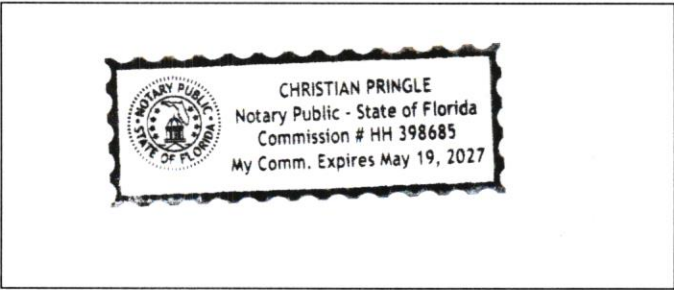
Type of Identification Produced Driver License

Notary Signature *Christ Pringle*

Title Notary Public

My appointment expires 05/19/2027

Place Seal Here



Description of Attached document

Type or Title of Document

non-collusion affidavit for prime bidder

Document Date

03/04/2024

Number of Pages

1

Signer(s) Other Than Named Above

none

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

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

1. This sworn statement is submitted by City of Fort Pierce
(Print name of the public entity).
by Andrew KISSOON, owner
(Print individual's name and title)
for Mow 4 Less LLC.
whose business address is 308 S. 30 St. Fort Pierce Fl. 34947
(If applicable) its Federal Employer Identification Number (FEIN) is 46-2009882

(If the entity has no FEIN, include the Social Security Number of the individual signing this sworn statement: On the attached sheet). Required as per the IRS Form W-9.

2. I understand that a "public entity crime" as defined in Paragraph 287.133(1)(g), Florida Statutes, means a violation of any state or federal law by a person with respect to and directly related to the transaction of business with any public entity or with an agency or political subdivision of any other state or with the United States, including, but not limited to, any bid or contract for goods or services to be provided to any public entity or an agency or political subdivision of any other state or of the United States and involving antitrust, fraud, theft, bribery, collusion, racketeering, conspiracy, or material misrepresentation.
3. I understand that "convicted" or "conviction" as defined in Paragraph 287.133(1)(b), Florida Statutes, means a finding of guilt or a conviction of a public entity crime, with or without an adjudication of guilt, in any federal or state trial court of record relating to charges brought by indictment or information after July 1, 1989, as a result of a jury verdict, nonjury trial, or entry of a plea of guilty or nolo contendere.
4. I understand that an "affiliate" as defined in paragraph 287.133(1)(a), Florida Statutes, means:
- a. A predecessor or successor of a person convicted of a public entity crime: or
 - b. An entity under the control of any natural person who is active in the management of the entity and who has been convicted of a public entity crime. The term "affiliate" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in the management of an affiliate. The ownership by one person of shares constituting a controlling interest in another person, or a pooling of equipment or income among persons when not for fair market value under an arm's length agreement, shall be a prima facie case that one person controls another person.

c. A person who knowingly enters into a joint venture with a person who has been convicted of a public entity crime in Florida during the preceding 36 months shall be considered an affiliate. I understand that a "person" as defined in Paragraph 287.133(1)(c), Florida Statutes, means any natural person or entity organized under the laws of any state or of the United States with the legal power to enter into a binding contract and which bids or applies to bid on contracts for the provision of goods or services let by a public entity, or which otherwise transacts or applies to transact business with a public entity. The term "person" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in management of an entity.

5. Based on information and belief, the statement which I have marked below is true in relation to the entity submitting this sworn statement. **(Please indicate which statement applies.)**

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

The entity submitting this sworn statement, or one or more of the officers, directors, executives, partners, shareholders, employees, member, or agents who are active in management of the entity, or an affiliate of the entity have been charged with and convicted of a public entity crime subsequent to July 1, 1989.

The entity submitting this sworn statement, or one or more of its officers, directors, executives, partners, shareholders, employees, member, or agents who are active in management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989. However, there has been subsequent proceeding before a Hearing Officer of the State of Florida, Division of Administrative Hearing and the Final Order entered by the Hearing Officer determined that it was not in the public interest to place the entity submitting this sworn statement on the convicted vendor list. **(Attach a copy of the final order)**

I UNDERSTAND THAT THE SUBMISSION OF THIS FORM TO THE CONTRACTING OFFICER FOR THE PUBLIC ENTITY IDENTIFIED IN PARAGRAPH 1 (ONE) ABOVE IS FOR THAT PUBLIC ENTITY ONLY AND, THAT THIS FORM IS VALID THROUGH DECEMBER 31 OF THE CALENDAR YEAR IN WHICH IS FILED. I ALSO UNDERSTAND THAT I AM REQUIRED TO INFORM THE PUBLIC ENTITY PRIOR TO ENTERING INTO A CONTRACT IN EXCESS OF THE THRESHOLD AMOUNT PROVIDED IN SECTION 287.017, FLORIDA STATUTES, FOR CATEGORY TWO OR ANY CHANGE IN THE INFORMATION CONTAINED IN THIS FORM.



(Signature)

3-4-25

(Date)

STATE OF Florida

COUNTY OF St. Lucie

PERSONALLY APPEARED BEFORE ME, the undersigned authority _____
(Name of individual signing)

Who, after first being sworn by me, affixed his/her signature in the space provided above on this
day _____ of _____, 20____.

(NOTARY PUBLIC)

My Commission Expires: _____

Jurat Certificate

State of Florida

County of Saint Lucie

Sworn to (or affirmed) and subscribed before me this 04 day of March, 20 25, by means of physical presence or online notarization Andrew Kissoon (name of person making statement).

Personally known to me _____

Produced Identification

Type of Identification Produced Driver License

Notary Signature *Christ Pringle*

Title Notary Public

My appointment expires 05/19/2027

Place Seal Here



Description of Attached document

Type or Title of Document

public entity crimes affidavit

Document Date

03/04/2024

Number of Pages

1

Signer(s) Other Than Named Above

none



E-VERIFY AFFIRMATION STATEMENT

Description: FPRA PROPERTY LAWN MOWING AND MAINTENANCE (REBID)

Pursuant to Section 448.095, Florida Statutes, Contractor/Bidder/Responder acknowledges and agrees:

- (a) to register with and use the E-Verify System to verify the work authorization status of all persons employed by the Contractor/Bidder/Respondent to perform employment duties during the term of the Contract, and
- (b) to require any subcontractor (as defined in Section 448.095, Florida Statutes) assigned by Contractor/Bidder/Respondent to perform work pursuant to the Contract to register with and use the E-Verify System to verify the work authorization status of all persons employed by the subcontractor during the term of the Contract, and
- (c) if Contractor/Bidder/Respondent enters into a contract with a subcontractor, Contractor/Bidder/Responder shall obtain an affidavit from every subcontractor stating the subcontractor does not employ, contract with, or subcontract with an unauthorized alien and the Contractor/Bidder/Responder shall maintain a copy of such affidavit for the term of the Contract, and
- (d) the Contractor/Bidder/Respondent shall use the E-Verify System during the term of the Contract, as a condition of the Contract.

Contractor/Proposer/Bidder Company Name Mow 4 less LLC.
 Authorized Company Person's Signature: *Andrew Kissoon*
 Authorized Company Person's Title: owner
 Date: 3-4-25

STATE OF FLORIDA
 COUNTY OF St Lucie

Sworn (or affirmed) and subscribed before me by means of physical presence or online notarization this 4 day of March, 2025 by Andrew Kissoon, who is

personally known or produced identification (ID produced: Driver license).

Signature: *Christian Pringle* (Seal)

NOTARY PUBLIC
 My Commission Expires: 05/19/2027





CERTIFICATION REGARDING SCRUTINIZED COMPANIES LISTS

Respondent Name:	<u>MOW 4 LESS LLC.</u>		
Respondent's Authorized Representative Name and Title:	<u>Andrew KISSOON, owner</u>		
Address:	<u>308 S. 30 ST.</u>		
City:	<u>Fort Pierce</u>	State:	<u>Fl.</u> Zip: <u>34947</u>
Phone Number:	<u>772-201-7655</u>	Respondent FEIN:	<u>46-2009882</u>
Email Address:	<u>MOW4LESS.AK@gmail.com</u>		

Section 287.135, Florida Statutes prohibits a company from bidding on, submitting a proposal/bid for, or entering into or renewing a contract for goods or services of any amount if, at the time of contracting or renewal, the company is on the Scrutinized Companies that Boycott Israel List, created pursuant to Section 215.4725, Florida Statutes, or is engaged in a boycott of Israel. Section 287.135, Florida Statutes, also prohibits a company from bidding on, submitting a proposal for, or entering into or renewing a contract for goods or services of \$1,000,000 or more, that are on either the Scrutinized Companies with Activities in Sudan List or the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector Lists which were created pursuant to s. 215.473, Florida Statutes.

Certification:

As the person authorized to sign on behalf of Respondent, I hereby certify that the company identified above in the section entitled "Respondent Vendor Name" is not listed on either the Scrutinized Companies with Activities in Sudan List or the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List, or the Scrutinized Companies that Boycott Israel List. I further certify that the company is not engaged in a boycott of Israel. I understand that pursuant to section 287.135, Florida Statutes, the submission of a false certification may subject company to civil penalties, attorney's fees, and/or costs.



**CITY OF FORT PIERCE
AFFIDAVIT REGARDING THE USE COERCION FOR
LABOR OR SERVICES**

Vendor name: MOW 4 LESS LLC.

Authorized Representative's Name and Title: Andrew KISSOON, owner

Address: 308 S. 30 St.

City: Fort Pierce State: Fl. Zip Code: 34947

Phone Number: 772-201-7655 Email Address: MOW4LESS,AK@gmail.com

Section 787.06(13), Florida Statutes, requires all nongovernmental entities executing, renewing, or extending a contract with a governmental entity to provide an affidavit signed by an officer or representative of the nongovernmental entity under penalty of perjury that the nongovernmental entity does not use coercion for labor or services as defined in that statute. As the person authorized to sign on behalf of Vendor, I certify that the company identified does not:

1. Use or threaten to use physical force against any person;
2. Restrain, isolate, or confine or threaten to restrain, isolate, or confine any person without lawful authority and against her or his will;
3. Use lending or other credit methods to establish a debt by any person when labor or services are pledged as a security for the debt, if the value of the labor or services as reasonably assessed is not applied toward the liquidation of the debt, the length and nature of the labor or services are not respectively limited and defined;
4. Destroy, conceal, remove, confiscate, withhold, or possess any actual or purported passport, visa, or other immigration document, or any other actual or purported government identification document, of any person;
5. Cause or threaten to cause financial harm to any person;
6. Entice or lure any person by fraud or deceit; or
7. Provide a controlled substance as outlined in Schedule I or Schedule II of section 893.03, Florida Statutes, to any person for the purpose of exploitation of that person.

Under penalties of perjury, I declare that I have read the foregoing document and that the facts stated in it are true.

By: *Andrew Kissoon* Andrew KISSOON 3-1-25
 Authorized Signature Printed Name and Title Date

STATE OF FLORIDA,
COUNTY OF St Lucie

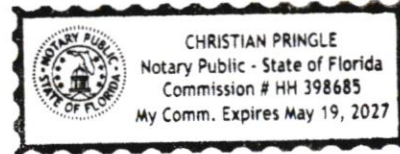
Sworn (or affirmed) and subscribed before me by means of physical presence or online notarization
this 4 day of March, 2025 by _____, who is

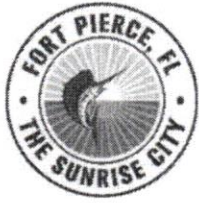
personally known or
 produced identification (ID produced: Driver license).

Notary Public Signature: Christian Pringle (Seal)

Print Name: Christian Pringle

My Commission Expires 05/19/2027





REFERENCES

BID NO. 2025-020

FPRA PROPERTIES LAWN MOWING AND MAINTENANCE

Bidders shall submit as a part of the bid package, a minimum of two (2) Customer references with name of the customer, address, contact person, telephone number, and a description of the work completed.

Contact Person & Title	Dereck Moore
Email Address	MooreDe@stLucieco.org
Phone No.	772-267-0907
Company Name	St. Lucie county Road + Bridge
Mailing Address	3071 Oleander Ave.
City, State, Zip	Fort Pierce Fl. 34982
Description of Work	Mowing services
Contact Person & Title	Peggy Arraiz
Email Address	parraiz@cityoffortpierce.com
Phone No.	772-467-3148
Company Name	city of Fort Pierce
Mailing Address	100 N US HWY 1
City, State, Zip	Fort Pierce Fl. 34950
Description of Work	Mowing Services

CITY OF FORT PIERCE BIDDER'S CHECKLIST

This checklist is provided to assist each Bidder in the preparation of their bid response. Included in this checklist are important requirements, which is the responsibility of each Bidder to submit with their response in order to make their response fully compliant. This checklist is only a guideline, it is the responsibility of each Bidder to read and comply with the Invitation to Bid in its entirety.

Check "Yes" or "No" to each of the following:

	YES	NO
Have you read the Bid Document in its entirety?	✓	
Is Invitation to Bid cover page (page 1) completed, signed and attached?	✓	
Are you registered on Demandstar to receive addendums?	✓	
Include proof of insurance as stated in bid documents.	✓	
Are all the Required forms complete and included?	✓	
Have you checked your bid for proper organization, tabs are correct?	✓	
Hard Copy Submissions. Confirmation of one (1) original and one (1) copy.	✓	
Did you submit your bid electronically?		✓
Have you made sure your corporate address matches your Sunbiz information?	✓	
Is each Addendum (when issued) signed and included?	✓	

PLEASE SIGN AND RETURN WITH BID _____ *Andrew [Signature]*

CITY FORT PIERCE



FPRA PROPERTIES LAWN MOWING AND MAINTENANCE (REBID)

BID NO. 2025-020

ADDENDUM NO. 2

The purpose of this addendum is to address inquiries submitted by potential bidders and revise the scope of work by adding contract terms to Section IV, titled 'Statement of Work'.

QUESTIONS / ANSWERS

1. **QUESTION:** Are there any incumbent contractors performing this work? If so, can you share their contract number or performance details? Who is the incumbent?
ANSWER: **We are currently utilizing our Public Works Department to maintain our properties**

2. **QUESTION:** Is there a preferred format for the technical and pricing proposals? **if not specified**
ANSWER: **No, please see the Bid Response Form, Pages 34 and 35.**

3. **QUESTION:** Is there a government-estimated budget or Independent Government Cost Estimate available?
ANSWER: **No, there isn't. We will choose the lowest responsive bidder.**

4. **QUESTION:** When do you anticipate awarding the contract, and what is the expected start date?
ANSWER: **June 2025 at the latest. Services could start sooner, depending on the approval process.**

5. **QUESTION:** Will there be a debriefing opportunity if we are not selected for an award?
ANSWER: **This is a request for bids. The results will be published on both the City and Demandstar websites no later than 10 days after the bid opening. The results will be presented in a bid tabulation, which summarizes the bids received, listed by price from lowest to highest.**

6. **QUESTION:** What are the factors that led to the decision to rebid rather than award the previous solicitation?
ANSWER: **There were a few reasons, but the main reason as to why we could not award was because none of the submissions included Pollution Liability Insurance. This is one of the requirements in the insurance section.**

7. **QUESTION:** Were pricing concerns a significant factor in the decision not to award the previous solicitation?
ANSWER: **No.**

8. **QUESTION:** Were there specific issues with prior submissions that bidders should address in this round?
ANSWER: **Make sure all required documents are provided once submitted.**
9. **QUESTION:** Any changes to requirements or evaluation criteria in this rebid compared to the original solicitation?
ANSWER: **There were changes to Section I and Section II.**
10. **QUESTION:** When was the last award?
ANSWER: **August 2023**
11. **QUESTION:** What was the price lump sum and line items prices for the prior contract?
ANSWER: **\$47,975.00**

ADDITION TO SECTION IV, STATEMENT OF WORK:

CONTRACT TERMS

The terms of this agreement will be for **one year (1) with two one-year renewal options**, if mutually agreed upon in writing by both parties, subject to the same terms and conditions set forth in the contract.

The City of Fort Pierce shall have the right to terminate said agreement by giving the Contractor thirty (30) days written notice if the service that is being provided is not maintained at levels necessary to provide the required service. The City of Fort Pierce will determine in its sole judgment what constitutes a satisfactory level of service.

All other conditions of this bid remain the same.

Please acknowledge receipt of this addendum and include it with your submittal.

Signature: _____ *Andrew Kissoon* _____
Manual

Signature: _____ *Andrew Kissoon* _____
Typed or Printed

Company Name: _____ *Mow 4 Less LLC.* _____

Address: _____ *308 S. 30 St.* _____
_____ *Fort pierce Fl. 34947* _____

Date: _____ *2-26-25* _____

/mw

February 19, 2025



CITY OF FORT PIERCE

FPRA PROPERTIES LAWN MOWING AND MAINTENANCE

BID NO. 2025-020

ADDENDUM NO. 1

The purpose of this addendum is to make a revision to the Scope of Work for this project. Please disregard the property located at the address below from the FPRA Properties listed in Exhibit A.

532 N. 13th Street – Means Court Center

We will no longer be maintaining this lot as it is now the tenant's responsibility. Please see the revised Bid Response Form in the following pages.

All other conditions of this proposal remain the same.

Please acknowledge receipt of this addendum and include it with your submittal.

Signature: _____ *Andrew Kissoon* _____
Manual
Signature: _____ *Andrew Kissoon* _____
Typed or Printed
Company Name: _____ *Mow 4 Less LLC* _____
Address: _____ *308 S. 30 St.* _____
_____ *Fort Pierce FL 34941* _____
Date: _____ *2-19-25* _____

/mw

Attachments: Revised Bid Response Form



REVISED BID RESPONSE FORM



Bid Item	FPRA PROPERTY LAWN MOWING AND MAINTENANCE (REBID)		
Bid Number	2025-020	Due Date & Time	3:00 PM, THURSDAY, MARCH 13, 2025

The offeror agrees to furnish the following items or services to the City of Fort Pierce at the place specified, in accordance with specifications herein at the prices quoted below:

Address	Parcel ID	Cost Per Cut	Total Cost (19 cuts x Cost Per Cut)
301 South Ocean Drive. and 306 Hernando Street	2401-501-0109-000-9 2401-501-0112-000-3	\$ 80.00	\$ 1,520.00
125 Fisherman's Wharf 201 Fisherman's Wharf	2403-4320-002-000-4 2403-432-0003-000-1	\$ 80.00	\$ 1,520.00
324 N. 12 th Street	2409-516-0043-000-8	\$ 75.00	\$ 1,425.00
318 N.17 th Street	2409-511-0016-000-5	\$ 75.00	\$ 1,425.00
108 N. 9 th Street	2410-604-0049-000-4	\$ 75.00	\$ 1,425.00
321 N. 13 th Street , Unit A/B	2409-131-0001-000-1	\$ 75.00	\$ 1,425.00
415 N. 9 th Street	2410-601-0034-000-7	\$ 60.00	\$ 1,140.00
426 N. 11 th Street	2409-501-0173-000-2	\$ 60.00	\$ 1,140.00
427 N. 16 th Street	2409-506-0038-000-9	\$ 60.00	\$ 1,140.00
432 N. 19 th Street	2409-603-0072-000-7	\$ 60.00	\$ 1,140.00
Avenue I	2404-812-0009-000-2	\$ 60.00	\$ 1,140.00
Avenue B	2410-604-0134-000-7	\$ 65.00	\$ 1,235.00
433 Means Court	2409-501-0293-000-9	\$ 65.00	\$ 1,235.00
434 N. 15 th Street	2409-503-0033-000-5	\$ 65.00	\$ 1,235.00
513 N. 20 th Street	2409-602-0222-000-1	\$ 65.00	\$ 1,235.00
PAGE 1 TOTAL			\$ 19,380.00

REVISED
BID RESPONSE FORM

Address	Parcel ID	Cost Per Cut	Total Cost (19 cuts x Cost Per Cut)
422 N 9 th Street	2410-601-0046-000-4	\$ 65.00	\$ 1,235.00
806 Avenue E	2410-601-0119-000-7	\$ 65.00	\$ 1,235.00
1241 Avenue D	2409-501-0282-000-9	\$ 65.00	\$ 1,235.00
1212 Avenue D, 1213 Avenue D, and 1217 Avenue D	2409-501-0258-000-2 2409-501-0257-000-5 2409-501-0256-000-8	\$ 225.00	\$ 4,275.00
Dundas Court	2403-711-0001-000-3	\$ 65.00	\$ 1,235.00
Dundas Court	2410-604-0156-000-7	\$ 65.00	\$ 1,235.00
N. 22 nd Street	2404-710-0017-000-8	\$ 65.00	\$ 1,235.00
Avenue M	2404-801-0031-000-1	\$ 65.00	\$ 1,235.00
1306 N. 16 th Street	2404-808-0021-000-9	\$ 65.00	\$ 1,235.00
1134 Avenue D and 1138 Avenue D	2409-501-0305-000-7 2409-501-0306-000-4	\$ 80.00	\$ 1,520.00
N. 7 th Street (2 Parcels)	2410-601-0182-000-9 2410-601-0183-000-6	\$ 90.00	\$ 1,710.00
110 N Street, 900 Orange Avenue, and 910 Orange Avenue	2410-604-0169-000-1 2410-604-0173-000-2 2410-604-0141-000-9	\$ 250.00	\$ 4,750.00
312 N. 13 th Street	2409-521-0007-000-0	\$ 65.00	\$ 1,235.00
PAGE 2 TOTAL			\$ 23,370.00

TOTAL BID COST (PAGE 1 TOTAL + PAGE 2 TOTAL)	\$ 42,750.00
---	--------------

REVISED
BID RESPONSE FORM

VENDOR INFORMATION

Vendor Name: Mow 4 Less LLC

Address: 308 S. 30 St.

City, State, Zip Code: Fort Pierce Fl. 34947

Email Address: MOW4LESS.AK@gmail.com

Typed Name & Title: Andrew KISSOON

Signature:  Date: 2-19-25

Telephone No.: 772-201-7655 Fax No.: 772-595-6505

Please include remit to address if address is different than address stated above.

(*Remit To:

Check the box below for applicable minority indicator:

MINORITY	CHECK BOX
Asian Indian	
Black	
Asian Pacific	
Hispanic	
Native American	
Small Business	✓
Women Owned	
Small Disadvantage Business	



City of Fort Pierce

Fort Pierce, FL 34950
772-467-3065

Certificate of Use

Business Name: Mow 4 Less Lawn Care LLC

Business Location: 308 S 30TH ST
Fort Pierce, FL 34947

Owner:

License Number: CU-2024-000999

Issued Date: 10/1/2024

Expiration Date: 10/1/2025

Approved Business Use: Lawn Services

Mailing Address: 308 S 30TH ST
Fort Pierce, FL 34947

License Type: Certificate of Use

Classification: Home-based Certificate of Use

Fees Paid: \$75.00

Linda W. Cox, City Clerk

This certificate does not warrant that the holder is competent to perform in the business, but that the holder has provided the necessary documentation (if required) for this business. Valid only when all state and local regulated trade licenses/competency cards are valid for the current fiscal year as required by law. This certificate becomes null and void if business name, location, ownership or address is changed. All certificates automatically expire if not renewed within 60 days of expiration date shown.

TO BE POSTED IN A CONSPICUOUS PLACE



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
11/04/2024

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 have ADDITIONAL INSURED provisions or 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 Agrillo Insurance Agency 49 SW Monterey Rd. Stuart, Fl. 34994	CONTACT NAME: Anthony Agrillo PHONE (A/C, No, Ext): 772-287-1560 E-MAIL ADDRESS: tony@agrilloins.com FAX (A/C, No):																				
	<table border="1"> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A :</td> <td>Burlington Insurance Company</td> <td>23620</td> </tr> <tr> <td>INSURER B :</td> <td>Progressive Express Ins.</td> <td>10193</td> </tr> <tr> <td>INSURER C :</td> <td>Florida Citrus,Business & Industries Fund (FCBI)</td> <td>31259</td> </tr> <tr> <td>INSURER D :</td> <td></td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A :	Burlington Insurance Company	23620	INSURER B :	Progressive Express Ins.	10193	INSURER C :	Florida Citrus,Business & Industries Fund (FCBI)	31259	INSURER D :			INSURER E :			INSURER F :	
INSURER(S) AFFORDING COVERAGE		NAIC #																			
INSURER A :	Burlington Insurance Company	23620																			
INSURER B :	Progressive Express Ins.	10193																			
INSURER C :	Florida Citrus,Business & Industries Fund (FCBI)	31259																			
INSURER D :																					
INSURER E :																					
INSURER F :																					
INSURED MOW 4 LESS LAWN CARE LLC 308 S. 30TH STREET Fort Pierce,Fl.34957																					

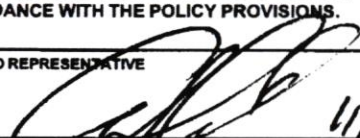
COVERAGES **CERTIFICATE NUMBER:** 37-26-19-8-1 **REVISION NUMBER:** updated Auto, GL, WC

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	<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"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		164B568547	09/26/2024	09/26/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY		02484203-11	11/15/2024	11/15/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 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 <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
C	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 checked="" type="checkbox"/> Y N/A	10664799-2024	10/04/2024	10/04/2025	<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)
Lawn maintenance; tree trimming from the ground-up :Project :

1. As respect to the Insured's General Liability (GL) Insurance # 164B567585 policy terms, definitions & exclusions; it includes the Blanket Additional Insured; to the benefit of said Certificate Holder; an executed written agreement prior to loss.
See the attached Burlington Insurance endorsement terms & conditions (form # CG 20 33 12 19)

CERTIFICATE HOLDER City of Fort Pierce P.O. Box 1480 Fort Pierce, Florida 34982	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  11/04/2024
---	--