

**PORT EVERGLADES FRANCHISE APPLICATION**

An application will not be deemed complete and ready for processing until all required documents and fees are received.

A separate application must be filed for each type of franchise applied for.

FRANCHISE TYPE

CHECK ONE

STEAMSHIP AGENT

STEVEDORE

CARGO HANDLER

TUGBOAT & TOWING

VESSEL BUNKERING

VESSEL OILY WASTE REMOVAL

VESSEL SANITARY WASTE WATER REMOVAL

MARINE TERMINAL SECURITY

MARINE TERMINAL SECURITY

FIREARMS CARRYING SECURITY PERSONNEL

NON-FIREARMS CARRYING SECURITY PERSONNEL

Note: Applicant is the legal entity applying for the franchise. If the Applicant is granted the franchise, it will be the named franchisee. All information contained in this application shall apply only to the Applicant, and not to any parent, affiliate, or subsidiary entities.

Applicant's

Name

Lank Oil Company

(Name as it appears on the certificate of incorporation, charter, or other legal documentation as applicable, evidencing the legal formation of the Applicant)

Applicant's Business Address

2203 W. McNab Rd., Pompano Bch., FL 33069  
Number / Street City/State/Zip

Phone # (954) 978-6600

E-mail address klundblad@LankOil.com

Fax #: (954) 974-0854

Name of the person authorized to bind the Applicant (This person's signature must appear on Page 13.)

Name

Terrence E. Linné

Title

President

Business Address

2203 W. McNab Rd., Pompano Bch., FL 33069  
Number / Street City/State/Zip

Phone # (954) 937-9949

E-mail address tedlinne@LankOil.com

Fax #: (954) 974-0854

Provide the Name and Contact Information of Applicant's Representative to whom questions about this application are to be directed (if different from the person authorized to bind the Applicant):

Representative's Name

Kristene v. Lundblad

Representative's Title

Vice President

Representative's Business Address

2203 W. McNab Rd., Pompano, FL 33069  
Number / Street City/State/Zip

Representative's Phone # (954)

214-2265

Representative's E-mail address

KLundblad@LankOil.com

Representative's Fax #:

(954) 974-0854

PLEASE COMPLETE THIS APPLICATION AND LABEL ALL REQUIRED BACKUP DOCUMENTATION TO CLEARLY IDENTIFY THE SECTION OF THE APPLICATION TO WHICH THE DOCUMENTATION APPLIES (I.E., SECTION A, B, C, etc.).

**Section A**

1. List the name(s) of Applicant's officers, including, CEO, COO, CFO, director(s), member(s), partner(s), shareholder(s), principal(s), employee(s), agents, and local representative(s) active in the management of the Applicant.

Officers:

Title Chairman  
First Name William Middle Name C  
Last Name Lank, Jr.  
Business Street Address 2203 W. McNab Rd  
City, State, Zip Code Pompano Bch, FL 33069  
Phone Number (954) 978-6600 Fax Number (954) 974-0854  
Email Address Blank @ LankOil.com

Title President  
First Name Terrence Middle Name E  
Last Name Linne  
Business Street Address 2203 W. McNab Rd.  
City, State, Zip Code Pompano Bch, FL 33069  
Phone Number (954) 978-6600 Fax Number (954) 974-0854  
Email Address tedlinne @ LankOil.com

Title Vice President  
First Name Monty Middle Name A  
Last Name Michel  
Business Street Address 2203 W. McNab Rd.  
City, State, Zip Code Pompano Bch, FL 33069  
Phone Number (954) 978-6600 Fax Number (954) 974-0854  
Email Address MMichel @ Lank Oil.com

Title Vice President  
First Name Kristene Middle Name V  
Last Name Lundblad  
Business Street Address 2203 W. McNab Rd  
City, State, Zip Code Pompano Bch, FL 33069  
Phone Number (954) 978-6600 Fax Number (954) 974-0854  
Email Address KLundblad @ LankOil.com

Attach additional sheets if necessary.

2. RESUMES: Provide a resume for each officer, director, member, partner, shareholder, principal, employee, agent, and local representative(s) active in the management of the Applicant, as listed above.

PLEASE COMPLETE THIS APPLICATION AND LABEL ALL REQUIRED BACKUP DOCUMENTATION TO CLEARLY IDENTIFY THE SECTION OF THE APPLICATION TO WHICH THE DOCUMENTATION APPLIES (I.E., SECTION A, B, C, etc.).

Section A

(continued)

1. List the name(s) of Applicant's officers, including, CEO, COO, CFO, director(s), member(s), partner(s), shareholder(s), principal(s), employee(s), agents, and local representative(s) active in the management of the Applicant.

Officers:

Title Secretary  
First Name Deborah Middle Name Pruitt  
Last Name Linne  
Business Street Address 2203 W. McNab Rd  
City, State, Zip Code Pompano Bch. FL 33069  
Phone Number (954) 978-6600 Fax Number (954) 974-0854  
Email Address DPruitt @ Lankoil.com

Title \_\_\_\_\_  
First Name \_\_\_\_\_ Middle Name \_\_\_\_\_  
Last Name \_\_\_\_\_  
Business Street Address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Phone Number ( ) \_\_\_\_\_ Fax Number ( ) \_\_\_\_\_  
Email Address \_\_\_\_\_ @ \_\_\_\_\_.

Title \_\_\_\_\_  
First Name \_\_\_\_\_ Middle Name \_\_\_\_\_  
Last Name \_\_\_\_\_  
Business Street Address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Phone Number ( ) \_\_\_\_\_ Fax Number ( ) \_\_\_\_\_  
Email Address \_\_\_\_\_ @ \_\_\_\_\_.

Title \_\_\_\_\_  
First Name \_\_\_\_\_ Middle Name \_\_\_\_\_  
Last Name \_\_\_\_\_  
Business Street Address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Phone Number ( ) \_\_\_\_\_ Fax Number ( ) \_\_\_\_\_  
Email Address \_\_\_\_\_ @ \_\_\_\_\_.

Attach additional sheets if necessary.

2. RESUMES: Provide a resume for each officer, director, member, partner, shareholder, principal, employee, agent, and local representative(s) active in the management of the Applicant, as listed above.

**Section B**

1. Place checkmark to describe the Applicant:  
( ) Sole Proprietorship (✓) Corporation ( ) Partnership ( ) Joint Venture ( ) Limited Liability Company
2. Provide copies of the documents filed at the time the Applicant was formed including Articles of Incorporation (if a corporation); Articles of Organization (if an LLC); or Certificate of Limited Partnership or Limited Liability Limited Partnership (if a partnership). If the Applicant was not formed in the State of Florida, provide a copy of the documents demonstrating that the Applicant is authorized to conduct business in the State of Florida.

**Section C**

1. Has there been any change in the ownership of the Applicant within the last five (5) years? (e.g., any transfer of interest to another party)  
Yes \_\_\_ No ✓ If "Yes," please provide details in the space provided. Attach additional sheets if necessary.
2. Has there been any name change of the Applicant or has the Applicant operated under a different name within the last five (5) years?  
Yes \_\_\_ No ✓ If "Yes," please provide details in the space provided, including: Prior name(s) and Date of name change(s) filed with the State of Florida's Division of Corporations or other applicable state agency. Attach additional sheets if necessary.
3. Has there been any change in the officers, directors, executives, partners, shareholders, or members of the Applicant within the past five (5) years?  
Yes ✓ No \_\_\_ If "Yes," please provide details in the space provided, including:  
Prior officers, directors, executives, partners, shareholders, members  
Name(s) \_\_\_\_\_  
New officers, directors, executives, partners, shareholders, members  
Name(s) Terrence Linne, Deborah Linne, Kristene Lundblad  
Also supply documentation evidencing the changes including resolution or minutes appointing new officers, list of new principals with titles and contact information, and effective date of changes. Attach additional sheets if necessary.

**Section D**

Provide copies of all fictitious name registrations filed by the Applicant with the State of Florida's Division of Corporations or other State agencies. If none, indicate "None" none.

**Section E**

1. Has the Applicant acquired another business entity within the last five (5) years?  
Yes  No  If "Yes," please provide the full legal name of any business entity which the Applicant acquired during the last five (5) years which engaged in a similar business activity as the business activity which is the subject of this Port Everglades Franchise Application.  
If none, indicate "None"  
*Acquired March 2012 Charles Brown Oil  
Sold November 16, 2013*
2. Indicate in the space provided the date of the acquisition and whether the acquisition was by a stock purchase or asset purchase and whether the Applicant herein is relying on the background and history of the acquired firm's officers, managers, employees and/or the acquired firm's business reputation in the industry to describe the Applicant's experience or previous business history. Attach additional sheets if necessary.
3. Has the Applicant been acquired by another business entity within the last five (5) years?  
Yes  No  If "Yes," provide the full legal name of any business entity which acquired the Applicant during the last five (5) years which engaged in a similar business activity as the business activity which is the subject of this Port Everglades Franchise Application.  
If none, indicate "None" none.
4. Indicate in the space provided the date of the acquisition and whether the acquisition was by a stock purchase or asset purchase and whether the Applicant herein is relying on the background and history of the parent firm's officers, managers, employees and/or the parent firm's business reputation in the industry to describe the Applicant's experience or previous business history. Attach additional sheets if necessary.

*N/A*

**Section F**

Provide the Applicant's previous business history, including length of time in the same or similar business activities as planned at Port Everglades.

**Section G**

1. Provide a list of the Applicant's current managerial employees, including supervisors, superintendents, and forepersons.
2. List the previous work history/experience of the Applicant's current managerial employees, including their active involvement in seaports and length of time in the same or similar business activities as planned at Port Everglades.

**Section H**

List all seaports, including Port Everglades (if application is for renewal), where the Applicant is currently performing the services/operation which is the subject of this Franchise application. Use this form for each seaport listed. Photocopy additional pages as needed (one page for each seaport listed).

If none, state "None" None.

Seaport \_\_\_\_\_ Number of Years Operating at this Seaport \_\_\_\_\_

List below all of the Applicant's Clients for which it provides services at the seaport listed above.

Client Name (Company)	Number of Years Applicant has Provided Services to this Client

**Section I**

1. Provide a description of all past (within the last five (5) years) and pending litigation and legal claims where the Applicant is a named party, whether in the State of Florida or in another jurisdiction, involving allegations that Applicant has violated or otherwise failed to comply with environmental laws, rules, or regulations or committed a public entity crime as defined by Chapter 287, Florida Statutes, or theft-related crime such as fraud, bribery, smuggling, embezzlement or misappropriation of funds or acts of moral turpitude, meaning conduct or acts that tend to degrade persons in society or ridicule public morals.

The description must include all of the following:

- a) The case title and docket number
- b) The name and location of the court before which it is pending or was heard
- c) The identification of all parties to the litigation
- d) General nature of all claims being made

If none, indicate "None" None.

2. Indicate whether in the last five (5) years the Applicant or an officer, director, executive, partner, or a shareholder, employee or agent who is or was (during the time period in which the illegal conduct or activity took place) active in the management of the Applicant was charged, indicted, found guilty or convicted of illegal conduct or activity (with or without an adjudication of guilt) as a result of a jury verdict, nonjury trial, entry of a plea of guilty or nolo contendere where the illegal conduct or activity (1) is considered to be a public entity crime as defined by Chapter 287, Florida Statutes, as amended from time to time, or (2) is customarily considered to be a white-collar crime or theft-related crime such as fraud, smuggling, bribery, embezzlement, or misappropriation of funds, etc. or (3) results in a felony conviction where the crime is directly related to the business activities for which the franchise is sought.

Yes \_\_\_ No

If you responded "Yes," please provide all of the following information for each indictment, charge, or conviction:

- a) A description of the case style and docket number
- b) The nature of the charge or indictment
- c) Date of the charge or indictment
- d) Location of the court before which the proceeding is pending or was heard
- e) The disposition (e.g., convicted, acquitted, dismissed, etc.)
- f) Any sentence imposed
- g) Any evidence which the County (in its discretion) may determine that the Applicant and/or person found guilty or convicted of illegal conduct or activity has conducted itself, himself or herself in a manner as to warrant the granting or renewal of the franchise.

**Section J**

The Applicant must provide a current certificate(s) of insurance. Franchise insurance requirements are determined by Broward County's Risk Management Division and are contained in the Port Everglades Tariff No. 12 as amended, revised or reissued from time to time. The Port Everglades Tariff is contained in the Broward County Administrative Code, Chapter 42, and is available for inspection on line at: <http://www.porteverglades.net/development/tariff>.

**Section K**

1. The Applicant must provide its most recent audited or reviewed financial statements prepared in accordance with generally accepted accounting principles, or other documents and information which demonstrate the Applicant's creditworthiness, financial responsibility, and resources, which the Port will consider in evaluating the Applicant's financial responsibility.

2. Has the Applicant or entity acquired by Applicant (discussed in Section E herein) sought relief under any provision of the Federal Bankruptcy Code or under any state insolvency law filed by or against it within the last five (5) year period?

Yes \_\_\_ No

If "Yes," please provide the following information for each bankruptcy or insolvency proceeding:

- a) Date petition was filed or relief sought
- b) Title of case and docket number
- c) Name and address of court or agency
- d) Nature of judgment or relief
- e) Date entered

3. Has any receiver, fiscal agent, trustee, reorganization trustee, or similar officer been appointed in the last five (5) year period by a court for the business or property of the Applicant?

Yes \_\_\_ No

If "Yes," please provide the following information for each appointment:

- a) Name of person appointed
- b) Date appointed
- c) Name and address of court
- d) Reason for appointment

4. Has any receiver, fiscal agent, trustee, reorganization trustee, or similar officer been appointed in the last five (5) year period by a court for any entity, business, or property acquired by the Applicant?

Yes \_\_\_ No

If "Yes," please provide the following information for each appointment:

- a) Name of person appointed
- b) Date appointed
- c) Name and address of court
- d) Reason for appointment

**Section L**

List four (4) credit references for the Applicant, one of which must be a bank. Use this format:

Name of Reference \_\_\_\_\_ Nature of Business \_\_\_\_\_

Contact Name \_\_\_\_\_ Title \_\_\_\_\_

Legal Business Street Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Phone Number ( ) \_\_\_\_\_

(Provide on a separate sheet.)



**Section M**

1. Security: Pursuant to Port Everglades Tariff 12, Item 960, all Franchisees are required to furnish an Indemnity and Payment Bond or Irrevocable Letter of Credit drawn on a U.S. bank in a format and an amount not less than \$20,000 as required by Broward County Port Everglades Department.
2. Has the Applicant been denied a bond or letter of credit within the past five (5) years?  
Yes \_\_\_ No   
If "Yes," please provide a summary explanation in the space provided of why the Applicant was denied. Use additional sheets if necessary.

**Section N**

1. Provide a list and description of all equipment currently owned and/or leased by the Applicant and intended to be used by the Applicant for the type of service(s) intended to be performed at Port Everglades including the age, type of equipment and model number.
2. Identify the type of fuel used for each piece of equipment.
3. Indicate which equipment, if any, is to be domiciled at Port Everglades.
4. Will all equipment operators be employees of the Applicant, on the payroll of the Applicant, with wages, taxes, benefits, and insurance paid by the Applicant?  
Yes  No \_\_\_  
If "No," please explain in the space provided who will operate the equipment and pay wages, taxes, benefits, and insurance, if the franchise is granted. Use additional sheets if necessary.

**Section O**

Provide a copy of the Applicant's current Broward County Business Tax Receipt (formerly Occupational License).

**Section P**

1. Provide a copy of Applicant's safety program.
2. Provide a copy of Applicant's substance abuse policy.
3. Provide a copy of Applicant's employee job training program/policy.
4. Provide information regarding frequency of training.
5. Include equipment operator certificates, if any.

### Section Q

1. Has the Applicant received within the past five (5) years or does the Applicant have pending any citations, notices of violations, warning notices, or fines from any federal, state, or local environmental regulatory agencies?  
Yes \_\_\_ No
2. Has the Applicant received within the past five (5) years or does the Applicant have pending any citations, notices of violations, warning notices, or civil penalties from the U.S. Coast Guard?  
Yes  No \_\_\_
3. Has the Applicant received within the past five (5) years or does the Applicant have pending any citations, notices of violations, warning notices, or fines from the Occupational Safety and Health Administration?  
Yes \_\_\_ No

If you responded "Yes" to any of this section's questions 1, 2, or 3 above, please provide a detailed summary for each question containing the following information:

- a) Name and address of the agency issuing the citation or notice
- b) Date of the notice
- c) Nature of the violation
- d) Copies of the infraction notice(s) from the agency
- e) Disposition of case
- f) Amount of fines, if any
- g) Corrective action taken

Attach copies of all citations, notices of violations, warning notices, civil penalties and fines issued by local, state, and federal regulatory agencies, all related correspondence, and proof of payment of fines.

4. Provide a statement (and/or documentation) which describes the Applicant's commitment to environmental protection, environmental maintenance, and environmental enhancement in the Port.

### Section R

Provide written evidence of Applicant's ability to promote and develop growth in the business activities, projects or facilities of Port Everglades through its provision of the services (i.e., stevedore, cargo handler or steamship agent) it seeks to perform at Port Everglades. For first-time applicants (stevedore, cargo handler and steamship agent), the written evidence must demonstrate Applicant's ability to attract and retain new business such that, Broward County may determine in its discretion that the franchise is in the best interests of the operation and promotion of the port and harbor facilities. The term "new business" is defined in Chapter 32, Part II of the Broward County Administrative Code as may be amended from time to time.

If you have checked an Applicant box for VESSEL BUNKERING, VESSEL OILY WASTE REMOVAL, VESSEL SANITARY WASTE WATER REMOVAL, OR MARINE TERMINAL SECURITY, then the following additional information is required:

**VESSEL BUNKERING**

**Section T-** A Letter of Adequacy from the U.S. Coast Guard and a copy of the applicant's operations manual approved by the U.S. Coast Guard.

**Section V-** A copy of the applicant's Oil Spill Contingency Plan for Marine Transportation Related Facilities approved by the U.S. Coast Guard.

**Section W-** A Terminal Facility Discharge Prevention and Response Certificate with a copy of an approved Oil Spill Contingency Plan from the Florida Dept. of Environmental Protection.

**Section Z-** An approved Discharge Cleanup Organization Certificate from the Florida Dept. of Environmental Protection which has been issued to the applicant or to its cleanup contractor with a copy of the cleanup contract showing the expiration date.

**VESSEL OILY WASTE REMOVAL**

**Section S -** Certificate of Adequacy in compliance with the Directives of MARPOL 73/75 and 33 CFR 158, if applicable.

**Section T-** A Letter of Adequacy from the U.S. Coast Guard and a copy of the Applicant's operations manual approved by the U.S. Coast Guard.

**Section U-** A Waste Transporter License from the Broward County Environmental Protection Department identifying the nature of the discarded hazardous (or non-hazardous) material to be transported.

**Section V-** A copy of the Applicant's Oil Spill Contingency Plan for Marine Transportation Related Facilities approved by the U.S. Coast Guard.

**Section W-** A Terminal Facility Discharge Prevention and Response Certificate with a copy of an approved Oil Spill Contingency Plan from the Florida Dept. of Environmental Protection.

**Section X-** A Used Oil Collector, Transporter, and Recycler Certificate from the Florida Dept. of Environmental Protection.

**Section Y-** An Identification Certificate from the U.S. Environmental Protection Agency.

**Section Z-** An approved Discharge Cleanup Organization Certificate from the Florida Dept. of Environmental Protection which has been issued to the Applicant or to its cleanup contractor with a copy of the cleanup contract showing the expiration date.

**VESSEL SANITARY WASTE WATER REMOVAL**

**Section U-** A Waste Transporter License from the Broward County Environmental Protection Department identifying the nature of the discarded hazardous (or non-hazardous) material to be transported.

**Section Z1-** A copy of the Applicant's operations manual.

**Section Z2-** A Septage Receiving Facility Waste Hauler Discharge Permit from the Broward County Water and Wastewater Services Operations Division.

**MARINE TERMINAL SECURITY**

**Section N1-** A list of all metal detection devices, walk-through and hand held, as well as all luggage and carryon x-ray machines owned or leased, to be used or domiciled at Port Everglades. Listing must include brand name and model.

**Section N2-** A copy of all manufacturers recommended service intervals and name of company contracted to provide such services on all aforementioned equipment.

**Section N3-** A description of current method employed to assure all equipment is properly calibrated and functioning.

**Section N4-** current training requirements and training syllabus for employees operating

x-ray equipment. Highlight emphasis on weapon and contraband identification.  
Include equipment operator certificates, if any.

**Section O1-** Provide copies of all local, state and federal licenses, including:

- a. A copy of the Applicant's State of Florida Business License.
- b. A copy of security agency's Manager's "M" or "MB" License and a copy of the security agency's "B" or "BB" License issued by the Florida Department of Agriculture and Consumer Services.

**Section P3- SECURITY GUARDS / SUPERVISORS**

- a. Provide Applicant's background requirements, education, training etc., for personnel hired as security guards.
- b. Provide historic annual turnover ratio for security guards.
- c. Provide a copy of Applicant's job training program/policy including a copy of training curriculum and copies of all manuals and take-home materials made available to security guards. Include information regarding frequency of training.
- d. Provide background requirements, experience, licensing and any and all advanced training provided to supervisory personnel.
- e. Provide present policy for individual communication devices either required of security guards or supplied by the employer.
- f. Provide procurement criteria and source as well as Applicant's certification requirements for K-9 workforce.
- g. Provide information on the number of security guards / supervisors currently employed or expected to be employed to provide security services at Port Everglades.

Supervisors \_\_\_\_\_  
Class D Guards \_\_\_\_\_  
Class G Guards \_\_\_\_\_  
K-9 Handlers \_\_\_\_\_

**Port Everglades Tariff 12**

References to the Port Everglades Tariff 12 as amended or reissued: <http://www.porteverglades.net/development/tariff>

**Application Fees**

The following fees have been established for franchised businesses at Port Everglades. Initial processing fees are nonrefundable. A franchise is required for each category of business.

**Stevedore**

Initial processing fee, assignment fee, or reinstatement fee \$ 11,000.00  
Annual Fee  
\$ 4,000.00

**Cargo Handler**

Initial processing fee, assignment fee, or reinstatement fee \$ 11,000.00  
Annual Fee  
\$ 4,000.00

**Steamship Agent**

Initial processing fee, assignment fee, or reinstatement fee \$  
4,000.00  
Annual Fee  
\$ 2,250.00

**Tugboat and Towing**

Initial processing fee, assignment fee, or reinstatement fee \$ 26,000.00  
Annual Fee  
By Contract

**Vessel Bunkering, Vessel Oily Waste Removal,  
Vessel Sanitary Waste Water Removal**

Initial processing fee, assignment fee, or reinstatement fee \$ 4,000.00  
Annual Fee  
\$ 2,250.00

For first-time franchise Applicants, both the initial application fee and the annual fee must be submitted at time of application. Thereafter, annual franchise fees are due and payable each year on the franchise anniversary date, which is defined as the effective date of the franchise.

Note: Check(s) should be made payable to:

BROWARD COUNTY BOARD OF COUNTY COMMISSIONERS and be mailed with this application to:  
Port Everglades Business Administration Division  
1850 Eller Drive, Fort Lauderdale, FL 33316

**Required Public Hearing**

Staff review of this application will not commence until such time as all of the above requested information and documentation has been provided and the franchise application has been determined by staff to be complete. All of the above requested information and Sections are required to be completed prior to the scheduling of the public hearing. Staff will request that the Broward County Board of County Commissioners set a public hearing to consider the franchise application and hear comments from the public. The Applicant will be notified of the Public Hearing date and must plan to attend the Public Hearing.

By signing and submitting this application, Applicant certifies that all information provided in this application is true and correct. Applicant understands that providing false or misleading information on this application may result in the franchise application being denied, or in instances of renewal, a franchise revoked. Applicant hereby waives any and all claims for any damages resulting to the Applicant from any disclosure or publication in any manner of any material or information acquired by Broward County during the franchise application process or during any inquiries, investigations, or public hearings.

Applicant further understands that if there are any changes to the information provided herein (subsequent to this application submission) or to its officers, directors, senior management personnel, or business operation as stated in this application, Applicant agrees to provide such updated information to the Port Everglades Department of Broward County, including the furnishing of the names, addresses (and other information as required above) with respect to persons becoming associated with Applicant after its franchise application is submitted, and any other required documentation requested by Port Everglades Department staff as relating to the changes in the business operation. This information must be submitted within ten (10) calendar days from the date of any change made by the Applicant.

Applicant certifies that all workers performing functions for Applicant who are subject to the Longshore and Harbor Workers' Act are covered by Longshore & Harbor Workers' Act, Jones Act Insurance, as required by federal law.

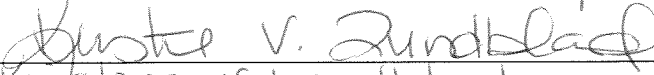
This application and all related records are subject to Chapter 119, F.S., the Florida Public Records Act.


By its execution of this application, Applicant acknowledges that it has read and understands the rules, regulations, terms and conditions of the franchise it is applying for as set forth in Chapter 32, Part II, of the Broward County Administrative Code as amended, and agrees, should the franchise be granted by Broward County, to be legally bound and governed by all such rules, regulations, terms and conditions of the franchise as set forth in Chapter 32, Part II, of the Broward County Administrative Code as amended.

The individual executing this application on behalf of the Applicant, personally warrants that s/he has the full legal authority to execute this application and legally bind the Applicant

Signature of Applicant's Authorized Representative  Date Signed 3/27/18

Signature name and title - typed or printed Terrence E. Linné, President

Witness Signature (\*Required\*)   
Witness name-typed or printed Kristene V. Lundblad

Witness Signature (\*Required\*)   
Witness name-typed or printed Linda Bartlett

If a franchise is granted, all official notices/correspondence should be sent to:

Name Kristene Lundblad Title Vice President

Address 2203 W. McNab Rd. Phone (954) 214-2265  
Pompano Bch, FL 33069



[Department of State](#) / [Division of Corporations](#) / [Search Records](#) / [Detail By Document Number](#) /

## Detail by Entity Name

Florida Profit Corporation  
LANK OIL COMPANY

### Filing Information

**Document Number** 388431  
**FEI/EIN Number** 59-1367215  
**Date Filed** 09/16/1971  
**State** FL  
**Status** ACTIVE  
**Last Event** AMENDMENT  
**Event Date Filed** 06/09/1992  
**Event Effective Date** NONE

### Principal Address

2203 W MCNAB RD  
POMPANO BEACH, FL 33069

Changed: 04/24/1992

### Mailing Address

2203 W MCNAB RD  
POMPANO BEACH, FL 33069

Changed: 04/24/1992

### Registered Agent Name & Address

LANK, WILLIAM CJR  
2733 N.E. 37TH DR.  
FORT LAUDERDALE, FL 33308

Name Changed: 01/23/2012

Address Changed: 02/11/1987

### Officer/Director Detail

#### **Name & Address**

Title CT

LANK, JR., WILLIAM C  
2733 NE 37TH DR  
FT. LAUDERDALE, FL 33308

## Title VP

MICHEL, MONTY  
2129 NE 67TH ST  
FT LAUDERDALE, FL 33308

## Title P

LINNE, TERRENCE E  
4926 S.W. 90TH AVENUE  
COOPER CITY, FL 33328

## Title S

Linne, Deborah  
4926 S.W. 90th Ave.  
Cooper City, FL 33328

## Title VP

LINNE, TERRENCE R  
4142 N.E. 25th Ave  
FT LAUDERDALE, FL 33308

## Title VP

Lundblad, Kristene V  
10116 N.W. 4th Street  
Plantation, FL 33324

**Annual Reports**

<b>Report Year</b>	<b>Filed Date</b>
2015	01/23/2015
2016	02/19/2016
2017	02/01/2017

**Document Images**

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2733 NorthEast 37th Drive  
Fort Lauderdale, FL 33308

Phone 954-978-6600  
Fax 954-974-0854

# William C. Lank Jr.

---

**Education** 1965 - 1967 Broward Community College Ft. Lauderdale, FL  
**Associates of Science**

1967 - 1969 University of Miami Miami, FL  
**Bachelors of Science**

**Professional experience** 1969 - 1972 Citgo Petroleum Tampa, FL  
**Territory Manager**

- Executive Training Program
- Territories included Tampa and North Miami

1972 - 2014 Lank Oil Company Pompano Beach, FL  
**President**

- Founding member of family owned corporation
- Formerly Vice President

2015 - Present Lank Oil Company Pompano Beach, FL  
**Chairman of the Board**

- Founding member of family owned corporation
- Formerly President

**Professional memberships** Florida Petroleum Marketers Association, Director  
▪ In past years served as Director, Vice President and President 1984-85

Petroleum Marketers Association of America, Director  
▪ Committee Chairman

**Community activities** Florida Singing Sons, Director  
Admiralty Bank, Advisory Board Member  
Executives Association of Fort Lauderdale, Past Director  
Member of St. John the Baptist Catholic Church  
Museum of Art  
Museum of Science

# Terrence E. (Ted) Linné

---

4926 S.W. 90<sup>th</sup> Ave Cooper City, Florida 33328 | Cell: 954-937-9949 | Email: tedlinne@lankoil.com

## **Work Experience:**

Lank Oil Company, Pompano Beach, Florida

2015- Present – President

- Oversee all aspects of day to day business

Lank Oil Company dba Charles Brown Oil, Riviera Beach, Florida

2012-2014 – General Manager

- Managed a fuel distribution company that did 500,000 gallons of sales monthly which included a card lock station, tankwagon division and transport division.
- Utilized present staff to increase sales and efficiencies
- Oversaw A/P, A/R, Operations, Sales and Environmental Compliance

Lank Oil Lubricants, Fort Lauderdale, Florida

2004-2012 – Lubricants Manager

- In charge of inventory management, customer service, dispatching, receiving and accounts receivable for a lubricant company that did \$1.4 million of lubricant sales annually.

Lank Oil Company, Pompano Beach, Florida

1997-2004 – Operations

- Pre-trip vehicles
- Operated both Class A and Class B vehicles with Hazmat/Tanker endorsements
- Load vehicles, set route and deliver product in a safe professional manor

Edelweiss Pastries, Fort Lauderdale, Florida

1992-1995 – Baker/ Asst. Manager (part time school year, full time summer)

- Take inventory in store and review upcoming orders
- Make baked goods from scratch to sell in retail store i.e. breads, cakes, cookies and special holiday, birthday or wedding requests
- Operated store unsupervised during the summer when owners were out of the country. Counted down drawer, made daily deposits and put in ingredient orders

## **Education:**

Culinary Institute of America, Hyde Park, New York, 1995-1997

Cardinal Gibbons High School, Fort Lauderdale, Florida 1991-1995

# MONTY A. MICHEL

## EMPLOYMENT

---

1975 – Pres. Lank Oil Company Pompano Beach, FL  
*Vice-President*

- Manager of Oil Division since 1975
- Vice President of Company since 1994

1973 – 1975 Gulf Life Insurance Company Pompano Beach, FL  
*Salesman*

1970 – 1975 National Lawn Maintenance Pompano Beach, FL  
*Owner*

## EDUCATION

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1966 - 1970 Florida Atlantic University Boca Raton, FL  
1966 Graduated from Cardinal Gibbons H.S. Ft.Laud., FL

## PROFESSIONAL MEMBERSHIPS

---

Construction Association of South Florida

Marine Industries Association of South Florida

Greater Fort Lauderdale Chamber of Commerce

## COMMUNITY INVOLVEMENT

---

City of Ft. Lauderdale, Girls Softball Coach – 6 years

City of Ft. Lauderdale, Little League Football Coach – 5 years

# KRISTENE V. LUNDBLAD

8284 South Lake Forest Drive  
Davie, FL 33328

(954) 214-2265  
KLundblad@LankOil.com

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## PROFILE

### *Executive Leadership · Sales & Marketing · Community Relations · Communications*

- Accomplished executive with 24+ years of direct experience in fuel and oil sales and distribution, communications, corporate branding, marketing, events and customer service
- Results-driven leader with demonstrated ability to set and exceed ambitious goals, establish and nurture business relationships and secure new accounts resulting in increased revenues
- Community leader with extensive participation in highly visible community events and activities

---

## CORE PROFICIENCIES

- Sales & Marketing
- Fuel & Oil Distribution
- Budgetary Forecasting & Strategic Planning
- Business Development
- Market Analysis
- Licensing & Permitting
- Graphic Design
- Business Operations

---

## PROFESSIONAL EXPERIENCE

### **LANK OIL COMPANY, INC. – Pompano Beach, FL**

**2001 - Present**

#### *Vice President*

- Part of management team positioned to takeover when current upper level executives retire
- Familiar with all aspects of fuel delivery via tankwagons and transports
- Credited with bringing direct yacht fueling “bunkering” to the company as a new market in 2001
- Oversees entire marine department, dealing with all marinas, marine fuelings, USCG & Valvtect Additives
- Responsible for securing Port Everglades and Port of Miami licenses and permits
- Created & implemented lucrative Priority Status Programs, Hurricane Programs and Tank Rental Programs
- Put together company Operations Manual, Spill Plan, Safety Policy and Drug Abuse Policy
- Responsible for keeping all manuals current and overseeing USCG & DEP inspections
- Certified in First Responder Level Spill Training
- Extensive experience in Marine, Construction, Generator, Fleet Fueling, Retail & Industrial markets
- In charge of all Public Relations and Events.
- Company Spokesperson. Represents Company in various business and community organizations
- Organizes all seminars, corporate parties and activities
- Handles all imaging and marketing materials for the company
- Designed website and created corporate videos.

### **FLAMINGO OIL COMPANY – Miami Gardens, FL**

**2012 - Present**

#### *Sales Manager*

- Responsible for successful transition of lubricant accounts after sale of this division from Lank Oil to Flamingo Oil
- Currently responsible for maintaining these accounts as well as obtaining new ones

4926 SW 90 Avenue  
Cooper City, FL 33328  
954-448-9868  
DPRUITT@LANKOIL.COM

## DEBORAH PRUITT LINNE

### PROFESSIONAL HISTORY

LANK OIL COMPANY, OFFICE MANAGER 1999 - CURRENT  
HUMAN RESOURCES, ACCOUNTS PAYABLE, PAYROLL & CUSTOMER SERVICE

CUSTOMER SERVICE, ACCOUNTS RECEIVABLE, AND ACCOUNTS PAYABLE  
MAINTAIN GAS STATION IMAGING AND POS EQUIPMENT ORDERING  
PAYROLL MANAGER AND HUMAN RESOURCES WITH RESPONSIBILITIES OF  
RECORD KEEPING FOR OSHA AND HIPPA COMPLIANCE  
FILE AND PAY MONTHLY MOTOR FUEL TAXES AND CARRIER RETURN TO THE  
STATE OF FLORIDA.  
FILE MONTHLY FEDERAL EXCISE TAX REFUND  
OVERSEE HIRING OFFICE STAFF AND RELEASING EMPLOYEES FROM DUTY

JOE HILLMAN PLUMBING, DISPATCHER 01/1999 - 07/1999  
DISPATCHER

SCHEDULE AND DISPATCH PLUMBING SERVICE CALLS FOR TRI COUNT AREA  
GENERATED DAILY REPORTS OF WORK DISPATCHED AND WORK TO BE  
COMPLETED  
INVOICED AND ENTERED RECEIPTS IN QUICKBOOKS SOFTWARE

STAR BRITE DISTRIBUTING, PURCHASING 02/1998 - 01/1999

ORDERED AND RECEIVED RAW MATERIALS TO MAKE STAR BRITE FINISHED  
PRODUCTS. I WORKED WITH LOTUS SPREADSHEETS TO SHOW INVENTORY AT  
THE VARIOUS LOCATIONS  
CLOSED MONTHLY ACCOUNTS RECEIVABLES AND PAYABLES BOOKS

### EDUCATION

DIPOLMA, MC ARTHUR HIGH SCHOOL, HOLLYWOOD, 1992

MC FATTER TECHNICAL SCHOOL, DAVIE, FL 1992

# State of Florida

Department of State



I, Richard (Dick) Stone, Secretary of State of the State of Florida,  
Do Hereby Certify That the following is a true and correct  
copy of

Certificate of Incorporation

of

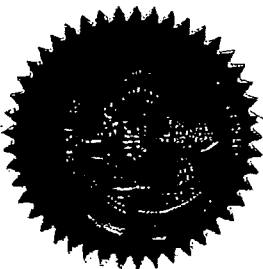
LANK OIL COMPANY

a corporation organized and existing under the Laws of the State of Florida,  
filed on the 16th day of September A.D., 1971 as shown by the records  
of this office.

Given under my hand and the Great Seal of the  
State of Florida, at Tallahassee, the Capital,  
this the 16th day of September,  
A.D. 1971.

*Richard (Dick) Stone*

Secretary of State



ARTICLES OF INCORPORATION

of

LANK OIL COMPANY

The undersigned subscribers to these Articles of Incorporation, each a natural person competent to contract, hereby associate themselves together to form a corporation under the laws of the State of Florida.

ARTICLE I. NAME

The name of this corporation is LANK OIL COMPANY.

ARTICLE II. NATURE OF BUSINESS

The general nature of the business to be transacted by this corporation is to manufacture, purchase, or otherwise acquire, and to own, mortgage, pledge, sell, assign, transfer, or otherwise dispose of, and to invest in, trade in, deal in and with, goods wares, merchandise, real and personal property, and services of every class, kind, and description; except that it is not to conduct a banking, safe deposit, trust, insurance, surety, express, railroad, canal, telegraph, telephone or cemetery company, a building and loan association, mutual fire insurance association, cooperative association, fraternal benefit society, state fair or exposition.

ARTICLE III. CAPITAL STOCK

The maximum number of shares of stock that this corporation is authorized to have outstanding at any one time is one hundred (100) shares of common stock without nominal or par value. The consideration to be paid for each share shall be fixed by the Board of Directors.

ARTICLE IV. INITIAL CAPITAL

The amount of capital with which this corporation will begin business is Five Hundred (\$500.00) Dollars.

ARTICLE V. TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE VI. ADDRESS

The initial post office address of the principal office of this corporation in the State of Florida is 4142 N. E. 25th Avenue, Fort Lauderdale, Florida. The Board of Directors may, from time to time, move the principal office to any other address in Florida.

ARTICLE VII. DIRECTORS

This corporation shall have three directors, initially, The number of directors may be increased or diminished from time to time, by by-laws adopted by the stockholders, but shall never be less than three.

ARTICLE VIII. INITIAL DIRECTORS

The names and post office addresses of the members of the first Board of Directors are:

<u>Name</u>	<u>Title</u>	<u>Address</u>
William C. Lank	President	4142 N. E. 25th Avenue Fort Lauderdale, Florida
William C. Lank, Jr.	Vice-President	4142 N.E. 25th Avenue Fort Lauderdale, Florida
Mary Gribbon Lank	Secretary- Treasurer	4142 N. E. 25th Avenue Fort Lauderdale, Florida



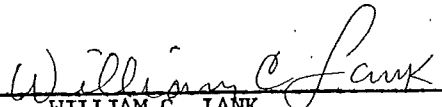
ARTICLE IX. SUBSCRIBERS

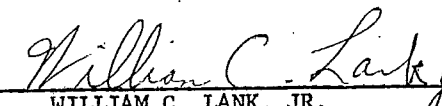
The name and post office address of each subscriber of these Articles of Incorporation, the number of shares of stock each agrees to take, and the value of the consideration therefore are:

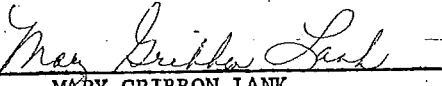
<u>Name</u>	<u>Address</u>	<u>Shares</u>	<u>Consideration</u>
William C. Lank	4142 N.E. 25th Avenue Ft. Lauderdale, Florida	52	\$260.00
William C. Lank, Jr.	4142 N.E. 25th Avenue Ft. Lauderdale, Florida	24	\$120.00
Mary Gribbon Lank	4142 N.E. 25th Avenue Fort Lauderdale, Florida	24	\$120.00

ARTICLE X. AMENDMENT

These Articles of Incorporation may be amended in the manner provided by law. Every amendment shall be approved by the Board of Directors, proposed by them to the stockholders, and approved at a stockholders' meeting by a majority of the stockholders entitled to vote thereon, unless all the directors and all the stockholders sign a written statement manifesting their intention that a certain amendment of these Articles of Incorporation be made.

  
WILLIAM C. LANK

  
WILLIAM C. LANK, JR.

  
MARY GRIBBON LANK

STATE OF FLORIDA )  
                          ) ss:  
COUNTY OF BROWARD )

I hereby certify that on this day, before me, a Notary Public duly authorized in the state and county named above to take acknowledgments, personally appeared WILLIAM C. LANK and MARY GRIBBON LANK, to me known to be the persons described as subscribers in and who executed the foregoing Articles of Incorporation, and acknowledged before me that they subscribed to those Articles of Incorporation.

WITNESS my hand and official seal in the county and state above named this 20<sup>th</sup> day of August, 1971.

*Dorinda Ann Kiser*  
Notary Public

Notary Public, State of Florida at Large  
My commission expires: My Commission Expires May 27, 1975  
Bonded By American Fire & Casualty Co.

STATE OF FLORIDA )  
                          ) ss:  
COUNTY OF HILLSBOROUGH )

I hereby certify that on this day, before me, a Notary Public duly authorized in the state and county named above to take acknowledgments, personally appeared WILLIAM C. LANK, JR., to me known to be the persons described as subscriber in and who executed the foregoing Articles of Incorporation, and acknowledged before me that he subscribed to those Articles of Incorporation.

WITNESS my hand and official seal in the county and state above named this 21<sup>st</sup> day of August, 1971.

*Rosanna Kipp*  
Notary Public

My commission expires:  
NOTARY PUBLIC STATE OF FLORIDA AT LARGE  
MY COMMISSION EXPIRES FEB. 12, 1975  
GENERAL INSURANCE UNDERWRITERS, INC.

**C. CHANGES IN OWNERSHIP, NAME, AND/OR OFFICERS**

1. **There has not been any change in ownership of Lank Oil Company within the past 5 years.**
2. **There has not been any name change of Lank Oil Company or operation under a different name within the past 5 years.**
3. **Lank Oil has had a change in officers within the past 5 years.**

**Prior Officers:**

**President – William C. Lank, Jr.**

**Vice president – Monty Michel**

**Chairman – Mary G. Lank**

**Secretary – Eileen M. Lank**

**Treasurer – Mary E. Linne**

**New Officers:**

**Chairman – William C. Lank, Jr.**

**President – Terrence E. Linne**

**Vice President – Terrence R. Linne**

**Vice President – Monty A. Michel**

**Vice President – Kristene V. Lundblad**

**Corporate Secretary – Deborah Pruitt Linne**



**FICTICIOUS NAME**

**"NONE"**

**E. ACQUIRED BUSINESS(ES)**

1. Yes, Lank Oil has acquired another business entity within the last 5 years.
2. Lank Oil purchased Charles Brown Oil Co. in March 2012. They then sold that company on November 16, 2013 to Palmdale Oil Co.
3. No, Lank Oil has not been acquired by another business entity within the last 5 years.
4. not applicable

**WE DO NOT OWN THIS BUSINES ANYMORE, IT WAS SOLD IN 2013.**



## THE HISTORY OF LANK OIL COMPANY

Lank Oil Company began as a Citgo Cosignee in 1965. The initial location was a leased metal building on Citgo's terminal property in Port Everglades. Lank Oil Company sold diesel fuel and motor oil to its customers and hauled gasoline to Citgo's customers for a hauling fee.

In 1972, Lank Oil Company became a Citgo jobber. To operate it's jobbership, Lank Oil Company incorporated with William C. Lank Sr. and Mary G. Lank being joined by William C. Lank Jr. to form the initial ownership and management team.

Over the thirty years of business Lank Oil has remained a Citgo jobber but has also represented Phillips 66, Unocal, BP and Fina as well as the unbranded products of Marathon, Transmontaigne and Pure.

Lank Oil currently resides on property they own at 2203 W. McNab Road, Pompano Beach with an additional owned Motor Oil location across the street at 420 W. McNab Road, Ft. Lauderdale.

In 2001, Lank Oil Company entered into an agreement with Diversified Oil Company to take over Diversified's tank wagon/fuel delivery business. In the acquisition, Lank Oil Company acquired 5 tankwagons and over 2,000 fuel customers. Most of the fuel truck drivers and a few key office personnel also made the transition from Diversified to Lank Oil.

Diversified had a large customer base of yacht owners that they had been delivering fuel to. Previously, Lank Oil had a policy of not delivering fuel to yachts since it seemed to compete with their marina customers. To serve as a buffer for this situation, Lank Oil was also given the right to continue using the Diversified name and logo. With this acquisition, Lank's Oil Division also gained the distributorships for ValvTect Marine additives and Pennzoil Marine lubricants.

Lank Oil Company now has 10 tankwagons, 1 transport and 1 box truck. They deliver fuel and oil seven days a week to Dade, Broward and Palm Beach counties. Their customers include gas stations, truck stops, construction sites, truck fleets, home heating, commercial accounts, government facilities, marinas and yachts. They offer high quality products delivered by dependable and courteous delivery specialist. Excellent Customer Service is Lank Oil Company's top priority.

**G. MANAGERIAL EMPLOYEES DOING BUSINESS IN PT. EVERGLADES**

Kristene V. Lundblad – Vice President of Sales & Marketing

Formerly did business in Port Everglades bunkering to vessels while employed by Diversified Oil Company over a 10 year period. Also did business in Port Everglades with Lank Oil Company while they had a bunkering franchise from 2002-2008.

## I. LITIGATION

1. within the past 5 years Lank Oil Company has had no pending litigation and legal claims, warning notices and notices of violations in which they are a named party, in the state of Florida or another jurisdiction, involving environmental laws, rules or regulations or a public entity crime or theft related crime such as fraud, bribery, smuggling, embezzlement or misappropriation of funds or acts of moral turpitude, meaning conduct or acts that tend to degrade persons in society or ridicule public morals. "None"
2. no



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 <b>Gulfshore Insurance, Inc - SFL</b> 4100 Goodlette Rd N Naples, FL 34103 239 261-3646	CONTACT NAME: <b>Kaylee R. Fort</b>
	PHONE (A/C, No, Ext): <b>239 435-7151</b> FAX (A/C, No): <b>239 213-2803</b> E-MAIL ADDRESS: <b>kfort@gulfshoreinsurance.com</b>
INSURED  <b>Lank Oil Company</b> 2203 W. McNab Road Pompano Beach, FL 33069	INSURER(S) AFFORDING COVERAGE      NAIC #
	INSURER A : Western World Insurance Company <b>13196</b>
	INSURER B : Insurance Company of the West <b>27847</b>
	INSURER C : Clear Blue Specialty Insurance Company <b>37745</b>
	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 WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
<b>A</b>	<b>GENERAL LIABILITY</b>	<b>X</b>	<b>X</b>	<b>EVP100011300</b>	<b>01/02/2018</b>	<b>01/02/2019</b>	EACH OCCURRENCE <b>\$2,000,000</b>
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) <b>\$100,000</b>
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) <b>\$0</b>
							PERSONAL & ADV INJURY <b>\$2,000,000</b>
							GENERAL AGGREGATE <b>\$2,000,000</b>
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG <b>\$2,000,000</b>
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						\$
<b>C</b>	<b>AUTOMOBILE LIABILITY</b>	<b>X</b>	<b>X</b>	<b>AQ1YFL00008600</b>	<b>01/02/2018</b>	<b>01/02/2019</b>	COMBINED SINGLE LIMIT (Ea accident) <b>\$2,000,000</b>
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)      \$
	<input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident)      \$
	<input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)      \$
	<input checked="" type="checkbox"/> MCS90 <input checked="" type="checkbox"/> Pollution Lia						\$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR						EACH OCCURRENCE      \$
	<b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE						AGGREGATE      \$
	DED      RETENTION \$						\$
<b>B</b>	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>		<b>X</b>	<b>WFL503889700</b>	<b>01/02/2018</b>	<b>01/02/2019</b>	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE/OFFICER/MEMBER EXCLUDED?      Y/N		<b>N/A</b>				E.L. EACH ACCIDENT <b>\$1,000,000</b>
	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE <b>\$1,000,000</b>
							E.L. DISEASE - POLICY LIMIT <b>\$1,000,000</b>

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

**Re: Vessel Bunkering on certholders property (dock)**  
 Certificate Holder is included as Additional Insured with respects to General Liability per form AWW-ECC 0310 0714, Ongoing and Completed Operations only as required by written contract per form CG2037 0413, and Waiver of Subrogation in favor of the Additional Insured per form AWW-ECC0311 1013. Additional Insured status in regards to the Auto Liability only as required by written contract is included per form QADLIN-B (See Attached Descriptions)

CERTIFICATE HOLDER  <b>Broward County</b> 1850 Eller Drive Fort Lauderdale, FL 33316	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 
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**DESCRIPTIONS (Continued from Page 1)**

0814 and Waiver of Subrogation in favor of Additional Insured per form QWAIVER-B 0814. Auto Liability includes Broadened Pollution per form CA9948 0306 and MCS90. Waiver of subrogation in regards to the Workers Compensation only as required by written contract is included per form WC000313 0484. Workers Compensation includes US Longshore & Harbor Workers' Compensation Act Coverage per form WC00 01 06.

**LANK OIL COMPANY**  
**FINANCIAL STATEMENTS**

**November 30, 2017**

**GARY ONORATI & ASSOCIATES, PA**  
**ACCOUNTANTS**  
7101 West McNab Road Suite 200  
Tamarac, FL 33321  
Office 954-978-9582  
Fax 954-978-2799

Friday, December 15, 2017

To the Board of Directors

**LANK OIL COMPANY**  
PO Box 100909  
Ft Lauderdale, FL 33310

Re: Financial Statements  
11/30/2017

We have compiled the accompanying balance sheet of LANK OIL COMPANY as of November 31, 2017 and the related statements of income and debt service for the period then ended, in accordance with Statements on Standards for Accounting and Review Services issued by the American Institute of Certified Public Accountants.

A compilation is limited to presenting in the form of financial statement information that is the representation of management. We have not audited or reviewed the accompanying financial statements and, accordingly, do not express an opinion or any other form of assurance on them.

Respectfully submitted,

*Gary Onorati*

Gary Onorati & Associates, PA

02/14/18

**LANK OIL COMPANY**  
**Balance Sheet This YTD to Last YTD**  
As of November 30, 2017

	Nov 30, 17	Dec 31, 16	\$ Change
<b>ASSETS</b>			
Current Assets			
Checking/Savings			
10000.9 · Total Cash in Bank	1,400,999	1,406,875	(5,876)
Total Checking/Savings	1,400,999	1,406,875	(5,876)
Other Current Assets			
11000.9 · Total Accts Receivable Net	2,819,545	2,427,514	392,031
11500.9 · Total Note Receivable Current	45,872	45,872	
12100.9 · Total Inventory	49,980	23,951	26,030
14020.9 · Total Prepaid Expenses	27,618	213,247	(185,628)
Total Other Current Assets	2,943,016	2,710,583	232,433
Total Current Assets	4,344,015	4,117,459	226,556
Fixed Assets			
16999.9 · Total Land,Bld,Equip	1,724,752	1,444,366	280,386
19000.9 · Total Depreciation	(1,316,924)	(1,262,735)	(54,189)
Total Fixed Assets	407,828	181,631	226,197
Other Assets			
13000.9 · Total Notes Rec Long Term	47,583	89,562	(41,979)
13990.9 · Total Less NR Current %	(45,872)	(45,872)	
18299.9 · Total Investments Companies	1,500	1,500	
18399.9 · Total Intangible Assets	26	100	(73)
Total Other Assets	3,237	45,289	(42,052)
<b>TOTAL ASSETS</b>	<b>4,755,080</b>	<b>4,344,379</b>	<b>410,701</b>
<b>LIABILITIES &amp; EQUITY</b>			
Liabilities			
Current Liabilities			
Other Current Liabilities			
20000.9 · Total Accts Payable	1,814,878	1,754,419	60,459
21109.9 · Total Gas,Sales,Util Tax	58,601	84,854	(26,253)
21130.9 · Total Accrued Expenses	79,911	78,932	979
24510 · NP Current Portion LT Debt	33,620	33,620	
Total Other Current Liabilities	1,987,010	1,951,824	35,186
Total Current Liabilities	1,987,010	1,951,824	35,186
Long Term Liabilities			
26100.9 · Total Long Term Debt	1,316,698	1,347,438	(30,740)
26500 · Less Current Portion Long Term	(33,620)	(33,620)	
Total Long Term Liabilities	1,283,078	1,313,819	(30,740)
Total Liabilities	3,270,088	3,265,643	4,445
Equity			
30500.9 · Total Capital	197,245	279,631	(82,386)
31120 · Retained Earnings S Corp 1/1/06	881,491	677,434	204,057
36100 · Distributions S Corp	(151,822)	(141,256)	(10,566)
Net Income	558,078	262,927	295,151
Total Equity	1,484,992	1,078,736	406,256
<b>TOTAL LIABILITIES &amp; EQUITY</b>	<b>4,755,080</b>	<b>4,344,379</b>	<b>410,701</b>

02/14/18

LANK OIL COMPANY  
Profit and Loss ALL DIV  
January through November 2017

	<u>Jan - Nov 17</u>
Ordinary Income/Expense	
Income	
40500.9 · GALLONS Total	21,116,744
40600 · GALLONS Total	(21,116,744)
41100.9 · Total Sales Product	39,481,736
41109.9 · Sales Total Parts & Equip	185,116
41270 · Sales Discount Allowed	(98,711)
41290 · Freight Income	805,342
Total Income	40,373,482
Cost of Goods Sold	
42100.9 · Total Cost of Product	37,078,701
42200.9 · Total Cos Parts & Equipment	99,558
Total COGS	37,178,258
Gross Profit	3,195,224
Expense	
51000.9 · Total Wages Comm & PR Taxes	1,498,949
51169.9 · Total Insurance WC & Medical	170,938
51170.9 · Total Insurance Liab & Vehicles	113,142
51190 · Commissions Outside	12,206
52109.9 · Total Taxes & Licenses	21,291
53100 · Depreciation Expense	54,189
53110 · Amortization Expense	73
54100.9 · Total Interest	67,390
55009.9 · Total Rep & Maint Stn & Bld	106,356
55100.9 · Total Rep & Maint Trucks	215,670
55101.9 · Total Auto & Truck Gas Toll Reg	193,824
55135 · R&M Rebates	(86,760)
56000.9 · Total Rent Expense	1,308
57120.9 · Total Utilities	13,687
57150.9 · Total Advertising	26,714
57160 · Bad Debt Expense	55,000
57169.9 · Total Office Supplies	24,778
57200.9 · Total Telephone	16,191
57203 · Consulting Fees	4,606
57210 · Legal Fees	6,159
57219.9 · Total Credit Card Costs	25,219
57220 · Accounting Fees	35,700
57235 · Collection Expense	6,103
57240.9 · Total Computer Expenses	34,912
57320.9 · Total Dues & Subscriptions	11,551
57400 · Meals & Entertainment	3,652
57409.9 · Total Miscellaneous	8,827
Total Expense	2,641,676
Net Ordinary Income	553,548
Other Income/Expense	
Other Income	
90010 · Income Bad Debt Recoveries	244
90039.9 · Total Income - Interest & Allow	4,286
Total Other Income	4,530
Net Other Income	4,530
Net Income	558,078

**LANK OIL COMPANY**  
**Statement of Cash Flows YTD**

02/14/18

January 2 through November 30, 2017

	<u>Jan 2 - Nov 30, 17</u>
<b>OPERATING ACTIVITIES</b>	
Net Income	558,078
Adjustments to reconcile Net Income to net cash provided by operations:	
11100 · Acct Rec Lank Customers	(453,537)
14020 · Prepaid Taxes - Fuel Tax	(5,425)
14050 · Prepaid Liab Insurance	88,939
14055 · Prepaid Worker's Comp Ins	2,113
11135 · Acct Rec Marathon Rebate	4,356
11195 · AR Allow Doubtful Acct	55,000
13150 · Loan Rec Employees	2,150
12105 · Inventory - Ethanol	7,528
12140 · Inventory - Valvetect	6,924
12192 · Inventory - Tanks	(40,481)
14063 · Prepaid Branding Expenses	100,000
19300 · Accum Depreciation - Current	54,189
19350 · Accum Amortization	73
20000 · Acct Pay - General	60,459
24110 · Fuel Taxes Payable	(28,755)
24120 · Sales Taxes Payable	2,503
23110 · Accrued Real Estate Tax	(1,452)
21138 · Accrued WC Ins Prior Year	(13,903)
21140 · Accrued Wages Current Yr	(8,470)
21141 · Accrued Wages Bonus Current Yr	29,106
21142 · Accrued Reserves Pomp Trk Stop	(4,341)
23112 · Accrued Tangible Property Tax	38
	<hr/>
Net cash provided by Operating Activities	415,093
<b>INVESTING ACTIVITIES</b>	
18120 · Trucks	(273,881)
18190 · Office Equipment	(6,505)
13617 · NR Palmdale Oil (C Brown)	41,979
	<hr/>
Net cash provided by Investing Activities	(238,407)
<b>FINANCING ACTIVITIES</b>	
26135 · NP W Lank Estate 6% 1154.20 pi	(10,247)
26136 · NP P Michel Estate 6% 1154.20pi	(10,247)
26137 · NP M Linne Estate 6% 1154.20 pi	(10,247)
36100 · Distributions S Corp	(151,822)
	<hr/>
Net cash provided by Financing Activities	(182,562)
Net cash increase for period	(5,876)
Cash at beginning of period	1,406,875
Cash at end of period	<hr/> <hr/> <u>1,400,999</u>

## L. CREDIT REFERENCES

1. Name of Reference: Bank of America                      Nature of Business: Banking  
Contact Name: Ziba Movassaghi                              Title: Senior Vice President  
Legal Business Street Address: 401 E. Las Olas Blvd., 9<sup>th</sup> floor  
City, State, Zip Code: Ft. Lauderdale, FL 33301  
Phone Number: 888-852-5000 x3011
  
2. Name of Reference: Marathon Petroleum                      Nature of Business: Supplier/Fuel  
Contact Name: Credit Dept.                                      Title:  
Legal Business Street Address: 539 South Main Street  
City, State, Zip Code: Findlay, OH 45840  
Phone Number: 800-352-2422
  
3. Name of Reference: Citgo Petroleum                      Nature of Business: Supplier/Fuel  
Contact Name: Credit Dept.                                      Title:  
Legal Business Street Address: 1293 Eldridge Pkwy.  
City, State, Zip Code: Houston, TX 77210  
Phone Number: 800-533-3421
  
4. Name of Reference: TriCounty Petroleum                      Nature of Business: Supplier/Equip.  
Contact Name: Christine Schutt                                      Title:  
Legal Business Street Address: 4182 S. University Dr.  
City, State, Zip Code: Davie, FL 33328  
Phone Number: 954-475-8901





## INDEMNITY AND PAYMENT BOND

BOND NO. OFL2127186

KNOW ALL BY THESE PRESENTS:

That we, Lank Oil Company as INDEMNITOR and Old Republic Surety Company as SURETY, a surety company authorized to do business in the State of Florida, are held and firmly bound unto BROWARD COUNTY, as OBLIGEE, a political subdivision of the State of Florida, in the full sum of Twenty Thousand Dollars DOLLARS (\$ 20,000.00 ), for the payment of which we bind ourselves, our heirs, successors, assigns and personal representatives for the performance of the obligations hereinafter set forth:

NOW THEREFORE, the condition of this obligation is such that if INDEMNITOR, its heirs, executors, administrators, successors and assigns shall well and truly save harmless and keep indemnified BROWARD COUNTY, its successors and assigns, from and against all loss, costs, expenses, damages, injury, claims, actions, liabilities and demands of every kind (including but not limited to all reasonable attorney's fees to and through appellate, supplemental and bankruptcy proceedings) which arises from, is caused by, or results from or on account of:

- (i) failure of INDEMNITOR to pay to BROWARD COUNTY, when due, any and all tariff or other charges that have accrued at Port Everglades (whether relating to the furnishing of services or materials to INDEMNITOR, its principals, agents, servants or employees at Port Everglades; or, due to injury to property of Port Everglades; or, stemming from the use of Port Everglades facilities by INDEMNITOR, its principals, agents, servants or employees; or, otherwise); or
- (ii) non-compliance by INDEMNITOR, its principals, agents, servants or employees with applicable laws, ordinances, rules and regulations of the federal, state and local governmental units or agencies (including but not limited to the terms and provisions of the BROWARD COUNTY Code of Ordinances, Administrative Code, and all procedures and policies of the Port Everglades Department), as amended from time to time; or
- (iii) any act, omission, negligence or misconduct of INDEMNITOR, its principals, agents, servants or employees in Port Everglades (whether causing injury to persons or otherwise;

then these obligations shall be null and void, otherwise to remain in full force and effect.

AS A FURTHER CONDITION of this obligation that it shall remain in full force and effect until and unless the Surety provides at least ninety (90) days prior written notice to BROWARD COUNTY of its intention to terminate this Bond.

Any notices required herein shall be given in writing and be delivered to: Broward County's Port Everglades Department, Attn: Director of Administration, 1850 Eller Drive, Fort Lauderdale, Florida 33316, with a copy to: Broward County Administrator, Governmental Center, 115 S. Andrews Avenue, Fort Lauderdale, Florida 33301.

IN WITNESS WHEREOF, INDEMNITOR has caused this Bond to be executed by Terrence R Linne, on this 22 day of November, 2016, and attested to by its Secretary and its corporate seal to be affixed, and the Surety has caused this Bond to be executed on this 22 day of November, 2016, in its name, by its Attorney-in-Fact, duly authorized to do so.

**INDEMNITOR:**

Company Name: Lank Oil Company

ATTEST:

Deborah Linne  
Corporate Secretary

By: [Signature]

Deborah Linne  
(Print Name of Secretary)

Terrence R. Linne  
(Print Name of Pres./Vice Pres.)

(SEAL)

Title: President  
(Print)

30 day of January, 2017

**SURETY:**

Company Name: Old Republic Surety Company

ATTEST:

See Power of Attorney

By: [Signature]



Martin Henry Watson  
(Print Name of Pres./Vice Pres.)

Title: Agent  
(Print)

22<sup>nd</sup> day of November, 2016

# OLD REPUBLIC SURETY COMPANY

## POWER OF ATTORNEY

NOW ALL MEN BY THESE PRESENTS: That OLD REPUBLIC SURETY COMPANY, a Wisconsin stock insurance corporation, does make, constitute and ratify:

BRAD A. HAVEMEIER, KIM LORI OVAITTE, MARTIN HENRY WATSON, TRISHA M. HORNER, OF NAPLES, FL

its true and lawful Attorney(s)-in-Fact, with full power and authority, not exceeding \$50,000,000, for and on behalf of the company as surety, to execute and deliver and affix the seal of the company thereto (if a seal is required), bonds, undertakings, recognizances or other written obligations in the nature thereof, (other than bail bonds, bank depository bonds, mortgage deficiency bonds, mortgage guaranty bonds, guarantees of installment paper and note guaranty bonds, self-insurance workers compensation bonds guaranteeing payment of benefits, asbestos abatement contract bonds, waste management bonds, hazardous waste remediation bonds or black lung bonds), as follows:

ALL WRITTEN INSTRUMENTS IN AN AMOUNT NOT TO EXCEED AN AGGREGATE OF ONE MILLION FIVE HUNDRED THOUSAND (\$1,500,000)----- FOR ANY SINGLE OBLIGATION, REGARDLESS OF THE NUMBER OF INSTRUMENTS ISSUED FOR THE OBLIGATION

and to bind OLD REPUBLIC SURETY COMPANY thereby, and all of the acts of said Attorneys-in-Fact, pursuant to these presents, are ratified and confirmed. This document is not valid unless printed on colored background and is multi-colored. This appointment is made under and by authority of the board of directors at a special meeting held on February 18, 1982. This Power of Attorney is signed and sealed by facsimile under and by the authority of the following resolutions adopted by the board of directors of the OLD REPUBLIC SURETY COMPANY on February 18, 1982.

RESOLVED that, the president, any vice-president, or assistant vice president, in conjunction with the secretary or any assistant secretary, may appoint attorneys-in-fact or agents with authority as defined or limited in the instrument evidencing the appointment in each case, for and on behalf of the company to execute and deliver and affix the seal of the company to bonds, undertakings, recognizances, and suretyship obligations of all kinds; and said officers may remove any such attorney-in-fact or agent and revoke any Power of Attorney previously granted to such person.

RESOLVED FURTHER, that any bond, undertaking, recognizance, or suretyship obligation shall be valid and binding upon the Company (i) when signed by the president, any vice president or assistant vice president, and attested and sealed (if a seal be required) by any secretary or assistant secretary; or (ii) when signed by the president, any vice president or assistant vice president, secretary or assistant secretary, and countersigned and sealed (if a seal be required) by a duly authorized attorney-in-fact or agent; or (iii) when duly executed and sealed (if a seal be required) by one or more attorneys-in-fact or agents pursuant to and within the limits of the authority evidenced by the Power of Attorney issued by the company to such person or persons.

RESOLVED FURTHER, that the signature of any authorized officer and the seal of the company may be affixed by facsimile to any Power of Attorney or certification thereof authorizing the execution and delivery of any bond, undertaking, recognizance, or other suretyship obligations of the company; and such signature and seal when so used shall have the same force and effect as though manually affixed.

IN WITNESS WHEREOF, OLD REPUBLIC SURETY COMPANY has caused these presents to be signed by its proper officer, and its corporate seal to be affixed this 4TH day of MARCH, 2015

Phyllis M. Johnson  
Assistant Secretary



OLD REPUBLIC SURETY COMPANY

Alan Pavlic  
President

STATE OF WISCONSIN, COUNTY OF WAUKESHA-SS

On this 4TH day of MARCH, 2015, personally came before me, Alan Pavlic and Phyllis M. Johnson, to me known to be the individuals and officers of the OLD REPUBLIC SURETY COMPANY who executed the above instrument, and they each acknowledged the execution of the same, and being by me duly sworn, did severally depose and say, that they are the said officers of the corporation aforesaid, and that the seal affixed to the above instrument is the seal of the corporation, and that said corporate seal and their signatures as such officers were duly affixed and subscribed to the said instrument by the authority of the board of directors of said corporation.



Kathryn R. Pearson  
Notary Public  
My commission expires: 9/28/2018

### CERTIFICATE

I, the undersigned, assistant secretary of the OLD REPUBLIC SURETY COMPANY, a Wisconsin corporation, CERTIFY that the foregoing and attached Power of Attorney remains in full force and has not been revoked; and furthermore, that the Resolutions of the board of directors set forth in the Power of Attorney, are now in force.

(Expiration of notary commission does not invalidate this instrument)

92-2790

Signed and sealed at the City of Brookfield, WI this 22nd day of November, 2016



James S. Pearson  
Assistant Secretary

GULFSHORE INSURANCE, INC.

**THIS DOCUMENT HAS A COLORED BACKGROUND AND IS MULTI-COLORED ON THE FACE. THE COMPANY LOGO APPEARS ON THE BACK OF THIS DOCUMENT AS A WATERMARK. IF THESE FEATURES ARE ABSENT, THIS DOCUMENT IS VOID.**

TRUCK #	MAKE	VIN#	TAG#	GALLONS
73	2005 Peterbilt	2NPLLZ0X25M848440	D1TD27	4000
74	2005 Peterbilt	2NPLLZ0XX5M877913	N3385V	5000
75	2006 Peterbilt	2NPLLZ9X86M893600	N3383V	4400
76	2006 Peterbilt	2NPLLZ9XX6M893601	N8174J	4400
80	2015 Peterbilt	2NP2HJ7X8FM266204	N6571V	2800
81	2014 Peterbilt	2NP3LJOX2FM274666	N1160W	4200
82	2016 Peterbilt	2NP3LJ0X6HM415791	N0281Y	4400
83	2017 Peterbilt	2NPZHM7X6JM461762	N45012	2800
84	2017 Freightliner	3ALACXFG0JDJP0993	N83592	2800

None of this equipment will be domiciled in Port Everglades.

All equipment operators are employees of Lank Oil Company, they are on the payroll of Lank Oil with wages, taxes, benefits and insurance paid by Lank Oil.

EXHIBIT 2  
Page 46 of 133

# BROWARD COUNTY LOCAL BUSINESS TAX RECEIPT

115 S. Andrews Ave., Rm. A-100, Ft. Lauderdale, FL 33301-1895 – 954-831-4000

**VALID OCTOBER 1, 2017 THROUGH SEPTEMBER 30, 2018**

**DBA:**  
**Business Name:** LANK OIL COMPANY

**Receipt #:** 372-10  
**Business Type:** WHOLESALE PETROLEUM (WHOLESALE PETROLEUM PRODUCTS)

**Owner Name:** LANK OIL COMPANY  
**Business Location:** 2203 W MCNAB RD  
POMPANO BEACH  
**Business Phone:** 978-6600

**Business Opened:** 07/16/1993  
**State/County/Cert/Reg:**  
**Exemption Code:**

Rooms                      Seats                      Employees                      Machines                      Professionals

For Vending Business Only						
Tax Amount	Number of Machines:			Vending Type:		
	Transfer Fee	NSF Fee	Penalty	Prior Years	Collection Cost	Total Paid
112.50	0.00	0.00	0.00	0.00	0.00	112.50

**THIS RECEIPT MUST BE POSTED CONSPICUOUSLY IN YOUR PLACE OF BUSINESS**

**THIS BECOMES A TAX RECEIPT  
WHEN VALIDATED**

This tax is levied for the privilege of doing business within Broward County and is non-regulatory in nature. You must meet all County and/or Municipality planning and zoning requirements. This Business Tax Receipt must be transferred when the business is sold, business name has changed or you have moved the business location. This receipt does not indicate that the business is legal or that it is in compliance with State or local laws and regulations.

**Mailing Address:**  
LANK OIL COMPANY  
PO BOX 100909  
FORT LAUDERDALE, FL  
33310-0000

Receipt #032-16-00000813  
Paid 07/17/2017 112.50

**2017 - 2018**



# **SAFETY AND HEALTH PROGRAM**

## **POLICY DIRECTIVE**

**SIC CODE 0000**

**REVISED  
AUGUST 2016**

**2203 W. McNab Road, Pompano Beach, FL 33069  
954-978-6600 Toll Free 1-866-LANK-OIL Fax 954-974-0854  
[www.LankOil.com](http://www.LankOil.com)**

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Section I.

MANAGEMENT COMMITMENT AND INVOLVEMENT  
POLICY STATEMENT

The management of this organization is committed to providing employees with a safe and healthful workplace. It is the policy of this organization that employees report unsafe conditions and do not perform work tasks if the work is considered unsafe. Employees must report all accidents, injuries, and unsafe conditions to their supervisors. No such report will result in retaliation, penalty, or other disincentive.

Employee recommendations to improve safety and health conditions will be given thorough consideration by our management team. Management will give top priority and provide the financial resources to correct unsafe conditions. In a like manner, disciplinary actions will be taken for willful or repeated violations of workplace safety rules. These actions may include verbal or written reprimands and may ultimately result in termination of employment.

The primary responsibility for the coordination, implementations, and maintenance of our safety and health program has been assigned to:

Name: Kristene Lundblad

Title: \_\_\_\_\_ Telephone: 954-214-2265

Top management will be actively involved with employees in establishing and maintaining an effective safety and health program. Our safety program coordinator, myself, or other managers of our management team will participate with you or your department's employee representative in ongoing safety and health program activities. These activities shall include:

- Promoting safety and health awareness and co-worker participation;
- Providing safety and health education and training;
- Communication first aid procedures;
- participating in accident investigations;
- reviewing accident and injury records; and
- reviewing and updating workplace safety rules.

This policy statement serves to express management's commitment to and involvement in providing our employees a safe and healthy workplace. To this end, the workplace safety and health program will be incorporated as the standard of practice for this organization. Compliance with the safety rules will be required of all employees as a condition of employment.

  
Signature of CEO/President

1-31-17  
Date



## Meetings

Safety committee meetings are held annually and more often if needed. The safety program coordinator will post the minutes of each meeting (see page II.3) within one week after each meeting.

### SAFETY COMMITTEE MINUTES

Date of Committee Meeting: \_\_\_\_\_

Time: \_\_\_\_\_

Date to be Posted: \_\_\_\_\_

Facilitator: \_\_\_\_\_

Prepared By: \_\_\_\_\_

Location: \_\_\_\_\_

#### Members in Attendance

Name	Department	Name	Department
------	------------	------	------------

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Previous Action Items: \_\_\_\_\_  
\_\_\_\_\_

Review of Accidents Since Previous Meeting: \_\_\_\_\_  
\_\_\_\_\_

Recommendations for Prevention: \_\_\_\_\_  
\_\_\_\_\_

Recommendations from Anonymous Complaints: \_\_\_\_\_  
\_\_\_\_\_

Recommendations from Employee Suggestions: \_\_\_\_\_  
\_\_\_\_\_

Recommended Safety Rule Changes or Additions: \_\_\_\_\_  
\_\_\_\_\_

Recommendations for Inspection Findings: \_\_\_\_\_  
\_\_\_\_\_

Recommendations for Safety Training: \_\_\_\_\_  
\_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Section III.

**SAFETY AND HEALTH TRAINING**

**Safety and Health Orientation**

Workplace safety and health orientation begins on the first day of initial employment or job transfer. Procedures for conducting safety and health orientation training consist of the following:

- Each employee has access to a copy of this safety and health Manual, through his or her supervisor, for review and future reference, and will be given a personal copy of the section VII - Safety Rules, Policies, and Procedures pertaining to their job;
- Supervisors will answer employees' questions to ensure knowledge and understanding of rules, policies, and job-specific procedures described in this safety and health manual; and
- All employees will receive instructions from their supervisor that compliance with the workplace safety and health rules described in this safety and health manual is required as a condition of employment.

**Job-Specific Training**

Supervisors will train employees on how to properly perform assigned job tasks safely using the following training procedures:

- Supervisors will carefully review with each employee the specific safety rules, policies, and procedures that are applicable and that are described in section VII of this safety and health manual;
- Supervisors will give employees verbal instructions and specific directions on how to do the work safely;
- Supervisors will observe employees performing the work. If necessary, the supervisor will provide a demonstration using safe work practices or remedial instruction to correct training deficiencies before employees are permitted to do the work without supervision

- All employees will receive safe operating instructions from the equipment vendor before using new equipment; and
- Supervisors will review safe work practices with employees before permitting new, non-routine, or specialized procedures to be performed.

### **Periodic Retraining of Employees**

All employees will be retained on safety rules, policies and procedures periodically, and when changes are made to this safety and health manual.

Individual employees will retained for the following:

- After a work related injury caused by an unsafe act or work practice; and
- When a supervisor observes employees displaying unsafe acts, practices, or behaviors.

Section IV.

**FIRST AID PROCEDURES**

**EMERGENCY PHONE NUMBERS**

Safety Coordinator	<u>954-214-2205</u>	Poison Control	<u>800-282-3171</u>
First Aid	<u>800-423-7255</u>	Fire Department	<u>911</u>
Ambulance	<u>911</u>	Police	<u>911</u>
Medical Clinic	<u>954-564-2592</u>		
address	<u>4055 N. Andrews Ave.</u> <u>Oakland Park, FL 33309</u>		

**Minor First Aid Treatment**

First aid kits are kept in the following locations: aboard all fuel trucks & in dispatch office  
\_\_\_\_\_ . If you sustain an injury or are involved in an accident requiring minor first aid treatment:

- Inform your supervisor.
- Administer first-aid treatment to yourself.
- If a first aid kit is used. Indicate usage on the accident investigation report.
- Provide details for the completion

**Non-Emergency Medical Treatment**

For non-emergency work related injuries requiring professional medical assistance, management must first authorize treatment. If you sustain such an injury:

- Inform your supervisor.
- Proceed to the posted medical facility. Your supervisor will assist with transportation if necessary.
- Provide details for the completion of the accident investigation report.

**Emergency Medical Treatment**

The following procedures must be followed in any emergency situation:

- Call for help or seek assistance from a co-worker, Notify your supervisor as soon as practicable.
- Use the emergency telephone numbers and instruction posted in the work area to request assistance and transportation to the local hospital emergency room.
- All workers involved must provide details for the completion of the accident investigation report.

**First Aid Training**

Each employee will receive training on the above first aid procedures and on first aid instructions (IV.2).

## FIRST AID INSTRUCTIONS

### WOUNDS:

Minor: Cuts, lacerations, abrasions, or punctures

- Wash with soap and water. Rinse well.
- Cover with clean dressing

Major: Large, deep bleeding

- Stop bleeding by pressing directly on the wound using bandage or cloth.
- Get medical attention.

### BROKEN BONES:

- Do not move victim unless absolutely necessary.
- If the victim must be moved, "splint" the injured area. Use a board, cardboard, or rolled newspaper as a splint.
- Call an ambulance or get medical help at once.

### BURNS:

Thermal (Heat)

- Rinse area without scrubbing and immerse in cold water.
- Dry and keep covered.
- Get medical attention

Chemical

- Flush exposed area with water for 15 to 20 minutes.
- Get medical help.

### EYE INJURY:

Small Particles

- Do not rub eyes.
- Use corner of soft cloth to draw particles out, or
- Hold eyelids open flush continuously with water.

Large Particles

- If stuck in the eye, do not attempt to remove Particles.
- Cover both eyes with bandage.
- Get medical help immediately

Chemical

- Immediately irrigate eyes, including under the eyelids, with water for 30 minutes.
- Get medical help, immediately.

### NECK AND SPINE INJURY

- If unable to move arm or leg, do not attempt to move victim unless absolutely necessary.
- Call an ambulance or get medical help immediately.

### HEAT EXHAUSTION

- Loosen tight clothing.
- Give sips of cool water.
- Make victim lie down in a cool place with feet raised.
- Get medical help.



Section V.

ACCIDENT INVESTIGATION

**Accident Investigation Procedures**

Accident investigations will be performed by the supervisor at the location where the accident occurred. Management is responsible for seeing that the accident investigation reports (see page V.2) are being filled out completely, and that the recommendations are being addressed. Supervisors will investigate all accident injuries, and occupational diseases using the following investigation procedure:

- Implement temporary control to prevent any further injuries.
- Review the equipment, operations, and processes to gain an understanding of the accident situation
- Identify and interview each witness and any other people who might provide clue to the accident's causes.
- Investigate each clue carefully. Investigate for unsafe conditions and unsafe acts. Make conclusions based on facts.
- Complete the accident investigation report.
- Provide recommendations for corrective actions.
- Provide recommendations for the revision safety rules and for safety training
- Where possible, preserve the site of the accident.
- Make sketches and/or take pictures from several different angles.

All employee accidents requiring minor first aid treatment must be reported to your supervisor as soon as possible, but no later than by end of the work shift. Employees' accidents resulting in death, medical treatment, or hospitalization must be reported upon discovery. Employees are also encouraged to report incidents that do not result in injury that are often coined "near-misses".

Accident investigation reports must be submitted to the Safety Coordinator within 24 hours of the accident.

**SAMPLE ACCIDENT INVESTIGATION FORM**

The unsafe acts of employees and the unsafe conditions that cause accidents can be corrected only when they are properly identified. It is the supervisor's responsibility to find them, name them, and to state the corrective action required in the report. The report must be completed in conjunction with an employee interview.

**EMPLOYEE**

- 1. Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_
- 2. Job Title \_\_\_\_\_ Department \_\_\_\_\_
- 3. Address \_\_\_\_\_
- 4. Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

**THE ACCIDENT OR EXPOSURE TO OCCUPATION ILLNESS**

- 5. Date of injury or diagnosis of occupational illness  
Month \_\_\_\_\_ /Day \_\_\_\_\_ /Year \_\_\_\_\_ /Time \_\_\_\_\_ A.M./P.M
- 6. Injury reported by employee: Month \_\_\_\_\_ /Day \_\_\_\_\_ /Time \_\_\_\_\_ /Year \_\_\_\_\_
- 7. Exact place of accident: floor, wing, site, room, building, etc.  
\_\_\_\_\_  
\_\_\_\_\_

8. Witness (Name, address, telephone) \_\_\_\_\_  
\_\_\_\_\_

9. How did the accident happen? (Describe fully, stating whether the injured person fell, was struck, etc. Describe all factors contributing to the accident). What was different?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NATURE OF INJURY AND PART OF BODY AFFECTED**

10. Describe in detail the nature of the injury and the part of the body affected.  
(for example: Puncture wound right index finger, sprain left ankle):  
\_\_\_\_\_  
\_\_\_\_\_

**DIAGNOSIS AND TREATMENT**

11. \_\_\_\_\_

CHECK ONE: Returned to Work \_\_\_\_\_ Returned to modified duty \_\_\_\_\_  
Sent Home \_\_\_\_\_ Hospitalized \_\_\_\_\_

12. Dated returned to work \_\_\_\_\_ Returned to regular duty \_\_\_\_\_

Section VI.

**RECORDKEEPING PROCEDURES**

**Recordkeeping Procedures**

The safety program coordinator controls and maintains all accident and injury records. These records are maintained for three (3) years and include:

- Accident Investigation Reports, see page V.2;
- Workers' Compensation Notice of Injury Reports DWC 1, see page VI.2; and
- Log & Summary of Occupation Injuries and Illness LES SAF 200, see page VI.3.





This Substance Abuse Policy is implemented through distribution to employees and discussions at quarterly Safety Meetings. We also require pre-hire drug screening, drug screening after any on the job accident and we do random drug testing.

## **Lank Oil Company Drug-Free Workplace Policy**

- 1) Lank Oil Company employees are prohibited from unlawfully manufacturing, distributing, dispensing, possessing, or using alcohol or a controlled substance in the workplace.
- 2) Lank Oil Company currently has an Employee Assistance Program which refers employees or their families to appropriate substance abuse rehabilitation programs. These programs are often subsidized by the employee's health insurance plan. Employees with substance abuse problems are encouraged to voluntarily contact the Employee Assistance Program and enroll in a rehabilitation program. Voluntary contact of the EAP or enrollment in a substance abuse program will not adversely affect employment. However, continued unacceptable job performance and/or behavioral problems will result in disciplinary actions, up to and including termination.
- 3) Lank Oil Company employees are required to report to work in fit condition to perform their work. If an employee reports to work under the influence of alcohol or other drugs, it will be considered a violation of the Drug-Free Workplace Policy and the employee will be subject to disciplinary action.
- 4) Lank Oil Company will not hire anyone who is known to currently abuse alcohol and/or other drugs. However, this policy shall not preclude Lank Oil Company from hiring persons who are in recovery from alcohol and/or other drug addictions.
- 5) Lank Oil Company prohibits all employees on official business, on or off the workplace, from purchasing, transferring, using or possessing illegal drugs, or abusing alcohol or abusing prescription drugs in any way that is illegal.
- 6) Lank Oil Company recognizes that some prescription medications may cause impairment in judgement, coordination and physical ability. Reasonable accommodations will be made for any employee who uses a prescribed medication.
- 7) Lank Oil Company will enforce the Policy through management supervision and alcohol and/or other drug testing. The drug testing program will include the following components:
  - a) Applicant testing: Final applicants for positions with Lank Oil Company will undergo testing prior to hiring.
  - b) Accident and Reasonable Suspicion Testing: Any employee may undergo alcohol and/or other drug testing based on a for-cause determination by Management. Any employee involved in a significant incident in which the health or safety of himself, herself or other individuals is involved, or in which extensive property damage has occurred, will undergo alcohol and/or other drug testing.

- c) Follow-up Testing: Any employee referred through administrative channels to a counseling or rehabilitation program as a result of that employee's on-the-job substance abuse may be subject to follow-up testing.
- 8) Confidentiality about alcohol and/or other drug test results will be maintained to the extent provided by law and employees shall have the opportunity to refute the results of any alcohol and/or any other drug tests.
- 9) Employees who are found to be under the influence of alcohol and/or other drugs while on official business, on or off the workplace, are subject to discipline.
- 10) Employees who have a confirmed positive alcohol or other drug test may be required to enroll in and successfully complete a substance abuse rehabilitation program. If an employee has a confirmed positive drug test while enrolled in or subsequent to completion of the rehabilitation program, the employee will be subject to discipline, up to and including dismissal. Notwithstanding this provision, employees may still be subject to disciplinary action for workplace or job-related incidents that may be directly or indirectly associated with the drug test results.
- 11) The sale or possession of alcohol and/or illicit drugs in the workplace or any location where employees conduct official business shall be reported to the Florida State Highway Patrol or other appropriate law enforcement authorities. Employees who possess or sell alcohol or illicit drugs in the workplace or any location where employees conduct official business will be appropriately disciplined. Sale of illicit drugs in particular will result in the strongest form of discipline possible, up to and including termination.
- 12) Each employee is required to notify the company within five (5) after he or she is convicted of a violation of any federal or state criminal drug statute where such violation occurred at the workplace or any location where official business is conducted. A conviction means a finding of guilty, no contest (including a plea of nolo contendere) or the imposition of a sentence by a judge or jury in any federal or state court. Any employee who fails to report such a conviction will be subject to immediate termination. Within thirty (30) days of such notification, the company will be required to take appropriate disciplinary against such an employee, up to and including termination. The company may also refer the employee to the Employee Assistance Program for referral and treatment.
- 13) All Lank Oil Company employees will be provided with periodic Drug-Free workplace training. The training will include information regarding:
  - a) The dangers of alcohol and other drug abuse in the workplace.
  - b) The Lank Oil Company Drug-Free Workplace Policy.
  - c) Penalties that may be imposed upon employees for alcohol and/or other drug abuse violations occurring at the workplace or any location where official business is conducted.

I hereby acknowledge that I have received a copy of Lank Oil Company's  
Drug and Alcohol policy.

Date received: \_\_\_\_\_ Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_ Witness: \_\_\_\_\_





## Driver Training Procedures

1. All Fuel Truck Drivers must initially pass an on road driving test with our Trainer.
2. All Fuel Truck Drivers ride/drive with one of our Senior Drivers for a period of up to two weeks for on the job training.
3. All Fuel Truck Drivers are individually instructed in proper spill containment and clean up procedures, as well as notification of the proper authorities.
4. Safety meetings are held once every quarter to ensure everyone is well informed of any problems and how to correct them. On the road driver safety is one of our most important issues that we always stress, Safety First.
5. All Drivers have video instruction as to the correct loading of all products of fuel at the Terminals.
6. Supervision and management personnel are always on call to handle any problems that may arise to back up the drivers.
7. All U.S.C.G. bunkering procedures are strictly adhered to, and properly carried out, by our Drivers.

All Drivers are instructed not to proceed with any fueling that they deem dangerous, or not within our Company Policy, without first consulting with a supervisor or with management.

LANK OIL COMPANY DRILLS AND MEETINGS  
RECORDS OF TRAINING OF DISCHARGE RESPONSE PERSONNEL

Qualified Individual Notification Exercise (Quarterly)	Tabletop Exercise (Annually)	Drivers Meetings
9/19/2013	9/10/2013-Worst Case	9/28/2013 OSRO
12/19/2013	9/28/2013 OSRO	12/31/2013
3/26/2014	9/17/2014	1/28/2014
6/19/2014	2/21/2015 OSRO	3/13/2014
9/17/2014	9/16/2015	4/3/2014
12/10/2014	1/23/2016	5/8/2014
3/10/2015	9/22/16-Worst Case	9/17/2014
6/10/2015	10/22/16 OSRO	11/5/2014
9/10/2015	6/10/17 OSRO	2/21/2015 OSRO
12/10/2015		3/18/2015
3/10/2016		6/15/2015
6/9/2016		7/20/2015
9/8/2016		9/16/2015
12/8/2016		10/5/2015
3/8/2017		1/6/2016
6/8/2017		2/4/2016
9/7/2017		5/6/2016
12/7/2017		6/9/2016
		7/13/2016
		9/22/2016
		10/22/16 OSRO
		12/8/2016
		1/26/2017
		3/16/2017
		6/10/17 OSRO
		7/13/2017
		10/4/2017
		12/7/2017
		1/11/2018

# CLIFF BERRY, INC.

This is to certify that

**Gregory Vaughn**

Has Successfully Demonstrated Completion of the Certificate Requirements for

**First Responder Operations Level Training  
for hazardous waste site workers**

**{Certification per 29 CFR 1910.120 (q)(6)(ii)}  
in evidence thereof is awarded this**

**Certificate of Completion**

**on October 22, 2016**

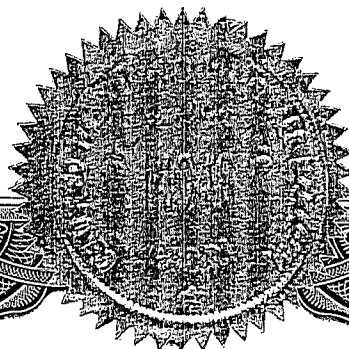


Steve Collins CHMM ASP

ESOH Director

Certificate No. 16-230

Recertification Date: October 22, 2017



# CLIFF BERRY, INC.

This is to certify that

**Kristene Lundblad**

Has Successfully Demonstrated Completion of the Certificate Requirements for

**First Responder Operations Level Training  
for hazardous waste site workers**

**{Certification per 29 CFR 1910.120 (q)(6)(ii)}**

**in evidence thereof is awarded this**

**Certificate of Completion**

**on October 22, 2016**

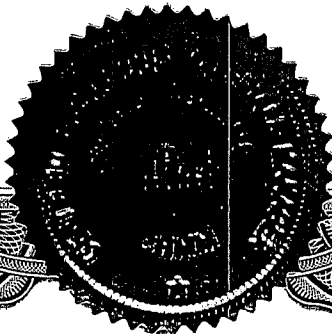


Steve Collins CHMM ASP

ESOH Director

Certificate No. 16-224

Recertification Date: October 22, 2017



# CLIFF BERRY, INC.

This is to certify that

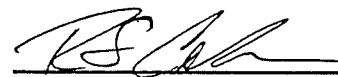
**Arturo Arias**

Has Successfully Demonstrated Completion of the Certificate Requirements for

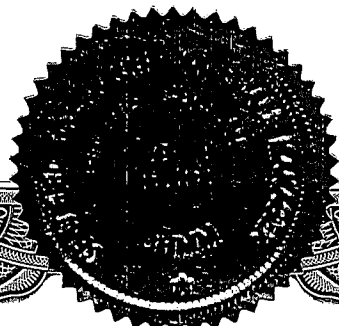
**First Responder Operations Level Training  
for hazardous waste site workers  
{Certification per 29 CFR 1910.120 (q)(6)(ii)}  
in evidence thereof is awarded this**

**Certificate of Completion**

on October 22, 2016



Steve Collins CHMM ASP  
ESOH Director  
Certificate No. 16-225  
Recertification Date: October 22, 2017



# CLIFF BERRY, INC.

This is to certify that

**Juan Ledesma**

Has Successfully Demonstrated Completion of the Certificate Requirements for

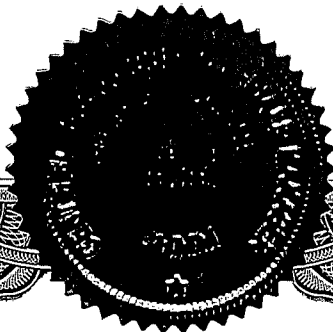
**First Responder Operations Level Training  
for hazardous waste site workers  
{Certification per 29 CFR 1910.120 (q)(6)(ii)}  
in evidence thereof is awarded this**

**Certificate of Completion**

on October 22, 2016



Steve Collins CHMM ASP  
ESOH Director  
Certificate No. 16-226  
Recertification Date: October 22, 2017



# CLIFF BERRY, INC.

This is to certify that

**Mark Bernard**

Has Successfully Demonstrated Completion of the Certificate Requirements for

**First Responder Operations Level Training  
for hazardous waste site workers  
{Certification per 29 CFR 1910.120 (q)(6)(ii)}  
in evidence thereof is awarded this**

**Certificate of Completion**

on October 22, 2016

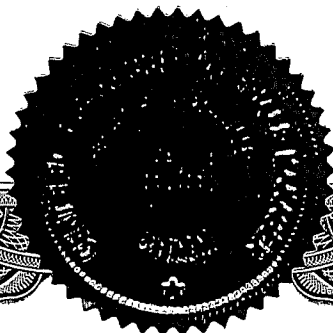


Steve Collins CHMM ASP

ESOH Director

Certificate No. 16-227

Recertification Date: October 22, 2017



# CLIFF BERRY, INC.

This is to certify that

**Todd Antonucci**

Has Successfully Demonstrated Completion of the Certificate Requirements for

**First Responder Operations Level Training**

**for hazardous waste site workers**

**{Certification per 29 CFR 1910.120 (q)(6)(ii)}**

**in evidence thereof is awarded this**

**Certificate of Completion**

**on October 22, 2016**

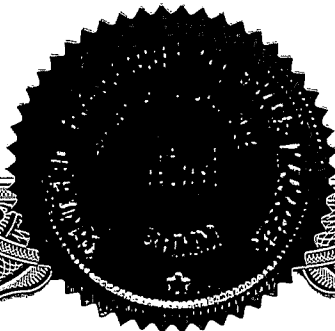


Steve Collins CHMM ASP

ESOH Director

Certificate No. 16-228

Recertification Date: October 22, 2017





# CLIFF BERRY, INC.

This is to certify that

**Ruben Zalata**

Has Successfully Demonstrated Completion of the Certificate Requirements for

**First Responder Operations Level Training  
for hazardous waste site workers**

**{Certification per 29 CFR 1910.120 (q)(6)(ii)}  
in evidence thereof is awarded this**

**Certificate of Completion**

on October 22, 2016

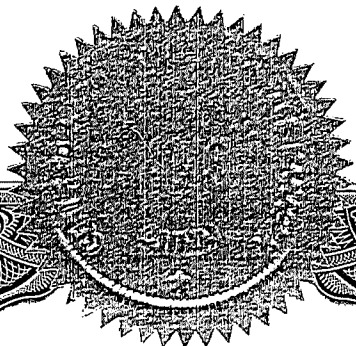


Steve Collins CHMM ASP

ESOH Director

Certificate No. 16-231

Recertification Date: October 22, 2017



# CLIFF BERRY, INC.

This is to certify that

**Darius Wiech**

Has Successfully Demonstrated Completion of the Certificate Requirements for

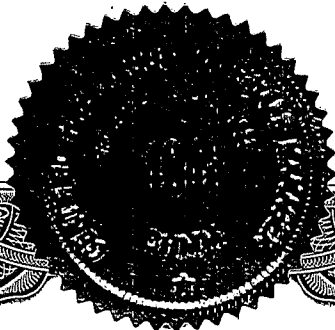
**First Responder Operations Level Training  
for hazardous waste site workers  
{Certification per 29 CFR 1910.120 (q)(6)(ii)}  
in evidence thereof is awarded this**

**Certificate of Completion**

on January 23, 2016



Steve Collins CHMM  
ESOH Director  
Certificate No. 16-201  
Recertification Date: January 23, 2016



# CLIFF BERRY, INC.

This is to certify that

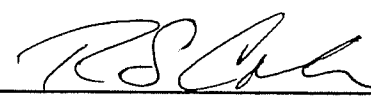
**Claude Bouloute**

Has Successfully Demonstrated Completion of the Certificate Requirements for

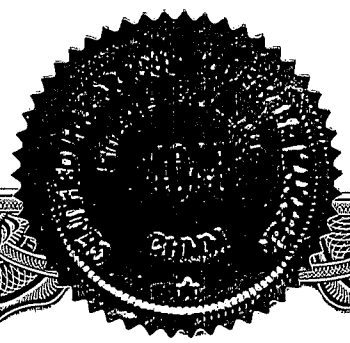
**First Responder Operations Level Training  
for hazardous waste site workers  
{Certification per 29 CFR 1910.120 (q)(6)(ii)}  
in evidence thereof is awarded this**

**Certificate of Completion**

on January 23, 2016



Steve Collins CHMM  
ESOH Director  
Certificate No. 16-202  
Recertification Date: January 23, 2016



# CLIFF BERRY, INC.

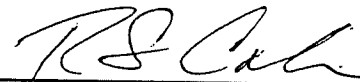
This is to certify that

**Wayne Graham**

Has Successfully Demonstrated Completion of the Certificate Requirements for

**First Responder Operations Level Training  
for hazardous waste site workers  
{Certification per 29 CFR 1910.120 (q)(6)(ii)}  
in evidence thereof is awarded this**

**Certificate of Completion  
on January 23, 2016**



Steve Collins CHMM  
ESOH Director  
Certificate No. 16-203  
Recertification Date: January 23, 2016



# CLIFF BERRY, INC.

This is to certify that

**Ted Linne**

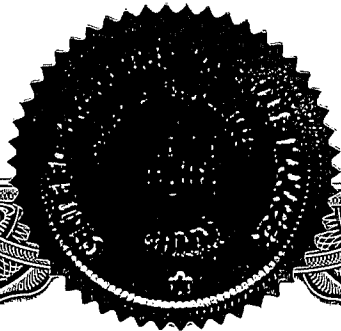
Has Successfully Demonstrated Completion of the Certificate Requirements for

**First Responder Operations Level Training  
for hazardous waste site workers  
{Certification per 29 CFR 1910.120 (q)(6)(ii)}  
in evidence thereof is awarded this**

**Certificate of Completion  
on January 23, 2016**



Steve Collins CHMM  
ESOH Director  
Certificate No. 16-204  
Recertification Date: January 23, 2016



## Q. ENVIRONMENTAL DOCUMENTS

1. No, Lank Oil has not received any citations, Notice of Violations, warning notices or fines from any federal, state or local environmental regulatory agencies within the past 5 years.
2. Yes, Lank Oil has received a violation from the U.S. Coast Guard within the past 5 years.
  - A. U.S. Coast Guard Sector Miami  
100 Macarthur Causeway  
Miami Beach, FL 33139
  - B. 8/26/13
  - C. Facility Inspection Deficiencies
    1. Failure to provide an exercise program containing announce/unannounced exercises as per exercise requirements per facilities.
    2. Failure to ensure that adequate records of exercises were maintained at the facility for 3 years.
  - D. See following page for copy of infraction notice.
  - E. Dismissed w/out prejudice.
  - f. \$350.00 fine.
  - g. Proper exercise program in place and records of exercises are maintained at the facility.
3. No, Lank Oil has not received any citations, notices of violations, warning notices or fines from the occupational safety and health administration within the past 5 years.
4. Lank Oil Company is very committed to providing fuel bunkering services to vessels docked in port everglades while paying special attention to environmental protection, environmental maintenance and environmental enhancement issues in port everglades. All fuel truck drivers have completed courses in first responder Operations level trainer for hazardous materials and are recertified every 3 years. The USCG is notified of all bunker transfers in excess of 10,000 gals. Cliff Berry is on retainer as our Spill Cleanup Contractor in case of any incidence.

U.S. Department of  
Homeland Security

United States  
Coast Guard



Commandant (CG-094HO)  
Coast Guard Hearing Office

4200 Wilson Blvd/ MS 7160  
Arlington, VA 20598-7160  
Phone:703-872-6240  
Fax:703-872-6248  
Toll-free:866-801-6178  
www.uscg.mil/legal/cgho

LANK OIL COMPANY  
2203 W. MCNAB ROAD.  
POMPANO BEACH, FL 33069

Activity No. 4710458  
Party: LANK OIL COMPANY  
Date of Violation: August 26, 2013  
Subject: LANK OIL COMPANY  
Amount: \$350.00  
Date: April 16, 2014  
Re: PAL

Dear Sir or Madam:

In my capacity as a Coast Guard Civil Penalty Hearing Officer, I have received a report alleging that you, as owner of the LANK OIL COMPANY, are liable for a civil penalty for violation of Federal law as described on the Charge Sheet enclosure.

The Coast Guard's civil penalty procedures are contained in Subpart 1.07 of Title 33 of the Code of Federal Regulations (33 CFR 1.07). My role is to determine whether there was a violation. If I find that there was a violation, I must then decide what civil penalty, if any, is appropriate. The maximum civil penalty that may be assessed in this case is \$26,000.00. Based upon the information in the case file that I have, it appears to me that a violation did occur and that a civil penalty of \$350.00 is appropriate. However, I will not make a final decision until you have had an opportunity to respond.

You have a right to examine the entire case file, a copy of which is enclosed. You may make a written request for a hearing or submit written evidence in lieu of a hearing; however, our rules allow you only 30 days from when you receive this letter to do either of those things. If you do not ask for a hearing within 30 days, you will lose your right to a hearing. In addition, if you fail to respond within 30 days from receipt of this letter, I will decide the case based upon the evidence I already have. If you have any information that you believe I should consider, you should send it to me within 30 days from receipt of this letter. Whatever you want me to consider should be supported by evidence, or else it might not be very persuasive. As a third alternative, you may decide not to contest the penalty, and simply pay the amount specified above.

The enclosed pamphlet should help you in deciding among your alternatives. Whatever your choice, I urge you to respond promptly. If you want to send evidence to the Hearing Officer or request a hearing, *write to the address at the top of this letter*. You may fax your response, but please note *all photos must be sent by mail*.

If paying now, please complete the enclosed "Payment Form" and mail it to the address printed on the form. Enclose your check, money order, or credit card authorization along with the form. If you are unable to pay the penalty in full, you may contact our collection office listed below to discuss a payment plan:

Commanding Officer  
U. S. Coast Guard  
Legal Service Command (LSC-5)  
Coast Guard Island, Bldg. 54-A  
Alameda, CA 94501  
(510) 437-3644

Sincerely,

  
S. KLINKE

Commander, U.S. Coast Guard  
Coast Guard Hearing Officer

Encl: (1) Charge sheet  
(2) Payment Form  
(3) Copy of civil penalty case file 4710458  
(4) Your Alternatives in the Coast Guard Civil Penalty Process

## Marine Violation Charge Sheet

Total Charges/ 2

Current Activity Number/ 4710458

Charged Party: LANK OIL COMPANY

1. Charge/ 33 CFR 154.1055(a)

Finding/ Dismissed w/out Prejudice

Penalty Amount/ \$0.00

Max Penalty/ \$15,000.00

Regulation Description/

Failure to provide an exercise program containing announced/unannounced exercises as per exercise requirements for facilities.

2. Charge/ 33 CFR 154.1055(d)

Penalty Amount/ \$350.00

Max Penalty/ \$11,000.00

Regulation Description/

Failure to ensure that adequate records of exercises were maintained at the facility for 3 years.



Activity # 4710458

UNITED STATES OF AMERICA		DEPARTMENT OF HOMELAND SECURITY	
UNITED STATES COAST GUARD			
Charged Party LANK OIL COMPANY	Enforcement Activity # 4710458	Originating Unit SEC Miami	
<b>Enforcement Summary</b>	Violation Location		
	Violation Date 26 Aug 2013		

Summary of Current Violation(s)		
Law/Reg	Description	Recommended Penalty
33 CFR 154.1055(a)	Failure to provide an exercise program containing announced/unannounced exercises as per exercise requirements for facilities.	\$1500
33 CFR 154.1055(d)	Failure to ensure that adequate records of exercises were maintained at the facility for 3 years.	\$1500

**Narrative Overview of the Activity**

On 8/26/2013 team members from Sector Miami conducted a MTF annual inspection of LANK OIL CO. during the inspection there were several deficiencies noted, and we discussed dates to have them corrected by with facility representative Kristene Lundbald. On 09/09/2013 we returned to the facility to check on the status of the deficiencies. Two of the deficiencies had not been corrected, even after offering our assistance multiple times throughout the previous weeks.

Charged Party's Particulars			
Name LANK OIL COMPANY	Capacity in which Charged owner		ID N/A
Address 2203 W. McNab road.			
City Pompano Beach	State FL	Zip 33069	Country US
Phone		Fax	

Involved Subjects		
Facility Name LANK OIL COMPANY	ID MIAMOB01	Role Inspected Facility

Other Involved Parties (besides Charged Party)	
Name LANK OIL COMPANY	
Role Subject of Investigation	ID N/A

Past Violation(s) History
No prior violations

Activity # 4710458

1st Charge	
Law or Regulation Cite	33 CFR 154.1055(a)
Description	Failure to provide an exercise program containing announced/unannounced exercises as per exercise requirements for facilities.
Statutory Authority	33 USC 1321, 1321(j)
Max Penalty	\$15000
Recommended Penalty:	\$1500
Date of the Violation	26 Aug 2013
Location	

### Details of the Violation

#### Jurisdictional Elements

1. LANK OIL COMPANY is charged as the owner of LANK OIL COMPANY.
2. LANK OIL COMPANY is A Mobile Transfer Facility.

Activity # 4710458

2nd Charge	
Law or Regulation Cite	33 CFR 154.1055(d)
Description	Failure to ensure that adequate records of exercises were maintained at the facility for 3 years.
Statutory Authority	33 USC 1321(j)
Max Penalty	\$11000
Recommended Penalty:	\$1500
Date of the Violation	26 Aug 2013
Location	

### Details of the Violation

#### Jurisdictional Elements

1. LANK OIL COMPANY is charged as the owner of LANK OIL COMPANY.  
Exhibit Label: CG-04  
Evidence Desc: Lank Oil Letter of Intent
2. LANK OIL COMPANY is a USCG regulated 33 CFR 154 facility.  
Exhibit Label: CG-04  
Evidence Desc: Lank Oil Letter of Intent

#### Factual Elements

1. On 26 AUG 2013 during an annual exam, the facility failed to provide documentation of previous drills and exercises.  
Exhibit Label: CG-01  
Evidence Desc: CG835  
  
Exhibit Label: CG-02  
Evidence Desc: Lank Oil NOV denial letter  
  
Exhibit Label: CG-03  
Evidence Desc: MST3 Holste statement



UNITED STATES COAST GUARD  
**NOTICE OF VIOLATION**

TK 00248296

Coast Guard  
Unit Address: U.S. Coast Guard Sector Miami  
Port Field Office  
100 MacArthur Causeway  
Miami Beach, FL 33139

Date and Time of Violation: 22 Aug 13 / 1000  Estimated  Known NRC Case # N/A

LOCATION OF VIOLATION <u>LANK OIL CO.</u>	WATERBODY <u>N/A</u>	RIVER MILE <u>N/A</u>	Latitude <u>N/A</u>	Longitude <u>N/A</u>	CITY <u>POMPANO BEACH</u>	STATE <u>FL</u>
<b>PARTY IN VIOLATION</b>						
NAME <u>LANK OIL CO.</u>	TITLE <u>N/A</u>	VESSEL <u>N/A</u>	FLAG <u>N/A</u>			
MAILING ADDRESS <u>2703 W. PALM BLVD</u>		VIN <u>N/A</u>	SERVICE <u>N/A</u>			
CITY <u>POMPANO BEACH</u>	STATE <u>FL</u>	ZIP <u>33067</u>	FACILITY <u>LANK OIL CO.</u>			
COUNTRY <u>UNITED STATES</u>	POSTAL CODE <u>33067</u>		FIN <u>MIAM0801</u>			
TELEPHONE <u>954-778-6600</u>	PARTY INVOLVED <u>154 MOBIL LANK</u>		ISSUE PORT <u>N/A</u>			

**DISCHARGE VIOLATION**

Owner,  Operator, or  Person in Charge was found in violation of:

REGULATION	NATURE OF VIOLATION	MAXIMUM PENALTY	PROPOSED PENALTY
33 USC 1321(b)(3)	Discharge of oil in violation of	\$11,000.00	\$

- I observed a/  sheen  sludge on  a navigable water of the U.S.  
 It was reported a/  film  emulsion  an adjoining shoreline

The violation resulted from a discharge from a:  commercial  vessel  non-commercial  onshore facility  offshore facility

Spill violation in the past 12 months?  Yes  No

The estimated volume is:  Not considered

**OTHER VIOLATIONS**

REGULATION	NATURE OF VIOLATION	MAXIMUM PENALTY	PROPOSED PENALTY
<u>33 CFR 154.1055(a)</u>	<u>Spill in navigable water</u>	<u>\$15,000</u>	<u>\$1,500</u>
<u>33 CFR 154.10 (3)</u>	<u>Oil spill</u>	<u>\$15,000</u>	<u>\$1,500</u>
<u>CFR</u>		<u>\$</u>	<u>\$</u>
<u>CFR</u>		<u>\$</u>	<u>\$</u>
<u>USC</u>		<u>\$</u>	<u>\$</u>
<u>USC</u>		<u>\$</u>	<u>\$</u>
(Total cannot exceed \$10,000)		<b>TOTAL PENALTY</b>	<b>\$ 3,000</b>

Incident Description ON 26 AUG 2013, AT 1345 A.M. OIL SPILL FROM LANK OIL CO. TANKER AT POMPANO BEACH, FL. OIL SPILL WITHIN 1/2 MILE OF SHORELINE.

Issued By MSTI NOREEN CARROLL / N. Carroll Date / Time 11 Sept 13 / 0800

Received By \_\_\_\_\_ Position \_\_\_\_\_ Correspondence # 270989

Activity # 4710458

**ACCEPT THE PROPOSED PENALTY**

I/We accept the proposed penalty.

The proposed Total Penalty amount for the violations is stated on the front page. **Receipt of your full payment within 45 days will close this case.**

**Directions:** If you choose to accept this proposed penalty, check the box above and no later than 45 days of receipt of this NOV remit payment with the copy marked **BANK/DECLINE COPY** to the address below. Make your check payable to "U.S. Coast Guard - Civil Penalties" and write the number of this NOV on your check.

Address for payments sent via regular post  
U.S. Coast Guard Civil Penalties  
P.O. Box 531112  
Atlanta, GA 30353-1112

P

OVERNIGHT COURIER  
PAYMENT ADDRESS  
Bank of America  
Lockbox NO. 531112 (CFP)  
1075 Loop Road  
Atlanta, GA 30337-6002  
Acct. No. 5667

**DECLINE THE PROPOSED PENALTY**

I/We decline the proposed penalty.

If you dispute the Total Penalty proposed or other circumstances concerning this Notice of Violation (NOV) you may **DECLINE** it not later than 45 days of receipt. Declining the NOV will result in the case file being sent to a Coast Guard Hearing Officer for a determination. After the Hearing Officer makes a preliminary determination, you will be afforded the opportunity to respond to the allegations or request a hearing. **THE HEARING OFFICER IS NOT BOUND BY THE NOV AND DETERMINATION BY THE HEARING OFFICER MAY RESULT IN A FINAL ASSESSMENT EQUAL TO OR GREATER THAN THE PROPOSED PENALTY.**


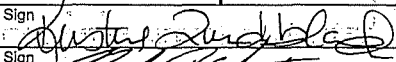
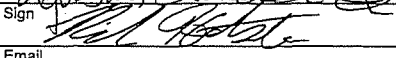
**Directions:** To decline, check the box above on the **BANK/DECLINE COPY** and return it to the Coast Guard unit address found on the front page of this NOV. **Other communications concerning this case should be sent to the Hearing Officer upon receipt of a Letter of Notification.**

**FAILURE TO RESPOND**

If you fail to either pay or decline this Notice of Violation (NOV) within 45 days, the Coast Guard will enter a finding of default and will proceed with the collection of the civil penalty in the amount recommended on this NOV.


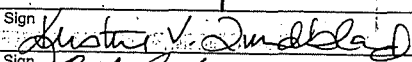
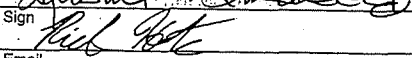
*Small businesses may send comments on the actions of Federal employees who enforce, or otherwise determine compliance with, Federal regulations to the Small Business and Agriculture Regulatory Enforcement Ombudsman and the Regional Small Business Regulatory Fairness Boards. The Ombudsman evaluates these actions annually and rates each agency's responsiveness to small business. If you wish to comment on actions by employees of the Coast Guard, call 1-888-REG-FAIR (1-888-734-3247).*

# viivida

U.S. DEPARTMENT OF HOMELAND SECURITY U.S. COAST GUARD CG-835 (Rev. 03-10)		Vessel/Facility Inspection Requirements		
Date of Inspection 8/26/13	COTP/OCMI Zone SECTOR MIAMI			
Vessel/Facility Name LANC OIL CO.	ON/FIN	Inspection Type 154 MOBILE/ANNUL		
You must inform the inspecting officer when the following item(s) have been corrected:				
Description	Cite	Due Date		
EACH FACILITY MUST MAINTAIN HOSE INFORMATION. DATE OF LATEST TEST. DATE OF MANUFACTURE . . ETC. FACILITY HAS NO HOSE RECORDS.	33CFR 154.740 (d)	9/6/13		
WARNING SIGNS SHALL BE DISPLAYED AT ALL TIMES DURING COUPLING, TRANSFER AND UNCOUPLING. MOBILE FACILITY DOES NOT HAVE WARNING SIGNS	33CFR 154.735 (v)	9/6/13		
HAZMAT EMPLOYEES MUST RECEIVE HAZWOPER TRAINING EVERY 3 YEARS. NO TRAINING PROVIDED	49CFR 172.704 (c)(2)	9/26/13		
Vessel/Facility Representative: (print) Kristene Lundblad	Sign 			
USCG Inspector: (print) Rich Holste	Sign 			
Phone	Email			

U.S. Dept. of Homeland Security, USCG, CG-835, Rev. 03-10

MASTER/REPRESENTATIVE

U.S. DEPARTMENT OF HOMELAND SECURITY U.S. COAST GUARD CG-835 (Rev. 03-10)		Vessel/Facility Inspection Requirements		
Date of Inspection 8/26/13	COTP/OCMI Zone SECTOR MIAMI			
Vessel/Facility Name LANC OIL CO	ON/FIN	Inspection Type 154 MOBILE/ANNUL		
You must inform the inspecting officer when the following item(s) have been corrected:				
Description	Cite	Due Date		
QUALIFIED INDIVIDUAL NOTIFICATION EXERCISES ARE REQUIRED QUARTERLY. MOBILE FACILITY FAILED TO PROVIDE EXERCISES	33CFR 154.1055 (a)(1)	9/6/13		
TABLETOP EXERCISES ARE REQUIRED ANNUALLY WITH AT LEAST ONE IN A 3-YEAR PERIOD WORST CASE DISCHARGE MOBILE FACILITY FAILED TO PROVIDE ANY EXERCISES	33CFR 154.1055 (a)(2)	9/6/13		
EACH HOSE MUST BE MARKED WITH MAWP and NAME OF PRODUCT. HOSES ARE NOT MARKED.	33CFR 154.505(f) (1)	8/29/13		
Vessel/Facility Representative: (print) Kristene Lundblad	Sign 			
USCG Inspector: (print) Rich Holste	Sign 			
Phone 786 777 0775	Email Richard.S.Holste.2@USCG.MIL			

U.S. Dept. of Homeland Security, USCG, CG-835, Rev. 03-10

MASTER/REPRESENTATIVE

Check Number: 025763 Check Date : 4/25/2014

Payee : 32422, U S Coast Guard Civil Penal.

Date	Invoice No	Description	Invoice Amt	Terms Taken	Amt Paid
04/22/14	042214USCG		\$350.00	\$0.00	\$350.00
s for Check Number : 025763 Check Date : 4/25/2014			\$350.00	\$0.00	\$350.00

Detach stub before depositing

9549786600

Lank Oil Company

THIS DOCUMENT IS PRINTED ON CHEMICALLY REACTIVE PAPER. THE BACK OF THIS DOCUMENT INCLUDES A TAMPER EVIDENT CHEMICAL WASH WARNING BOX.

Bank of America Master  
Powerline Road  
888 NW 62nd Street  
Ft. Lauderdale, Florida 33309

Check No.

025763

**PAYOR:** Lank Oil Company  
P.O. BOX 100909  
Ft. Lauderdale, FL 33310  
9549786600

Date	Payee ID
4/25/2014	32422

\*\*\* Three Hundred Fifty Dollars and No Cents \*\*\*

Pay This Amount:  
**\$350.00\*\*\***

**PAY**  
**TO THE** U.S. Coast Guard Civil Penal.  
**ORDER** P.O. Box 531112  
**OF** Atlanta, GA 30353-1112



PAYMENT FORM

Case No: 4710458

Name: LANK OIL COMPANY  
Address: 2203 W. McNab road.  
Pompano Beach, FL 33069

Amount Due: \$350.00

Select Method of Payment:

Payments of \$10,000 or more may be made by wire transfer.

Check (enclosed)

Master Card or VISA (only)

If paying by credit card, please charge my (circle one)      Master Card      Visa

Expiration date: \_\_\_\_\_ (mm/yy)

Card Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Signature: \_\_\_\_\_

ENCLOSE THIS FORM WITH YOUR PAYMENT AND MAIL TO:

**Regular Mail Address:**  
US Coast Guard Civil Penalties  
P.O. Box 531112  
Atlanta, GA 30353-1112

**Overnight Courier Address:**  
Bank of America  
Lockbox Number 531112 (CFP)  
1075 Loop Road  
Atlanta, GA 30337-6002

**Wire Transfer:**  
Send to: Federal Reserve Bank, New York City, NY  
BNF: 70060000  
ABA #: 021030004 Treas NYC  
Type/Subtype Code: 10 00  
OBI: Coast Guard Civil Penalty 4710458

For Office Use Only:

Clerk	Auth No.	Ref. No.
*4710458	\$350.00	

Encl: (2)  
xx





Search County Government

Home | County Commission | Doing Business | Visiting

ENVIROS

Facilities Advanced Search

Search Reset

No information was found matching your selection criteria. Please try again.

EPD Site Number:

Facility Name:

House Number:  To:

Street:      
Direction Street Name Street Type Suite

City:  Zip:

Operator Name:

Storage Tank Facility Type:

Waste Facility Type:

Enter Latitude and Longitude in Deg-Min-Sec format.

Facility Latitude:

Facility Longitude:

DEP Site Number:

State AIRS ID Number:

[Search By Section Township Range](#)

[Help on this page](#)  
Screen ID: 2347



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- Comments and Suggestions
- Report a Complaint
- Site Map

- Broward.org
- Terms of Use
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Stay Connected





Florida Department of Environmental Protection

**Hazardous Waste Facilities Search Results**

**Selection Criteria for This Handler Search:**

EPAID: % ; Name: LANK OIL COMPANY% ; Address: % ; City: % ; County: %

**For Facility Data Links:**

**A**ctivities -- provides a list of RCRA compliance activities and violations.

**M**apping in GIS -- this opens a [NEW IMPROVED] GIS mapping tool focused on the facility.

**D**ocuments -- this provides a list of electronic documents available online.

**E**rror Reporting -- send us feedback to address data errors.

**C**ounty Verification -- County or RPC verification of Facility and Waste for this site.

**For a Generator Status History:**

click on the **S**tatus. - **NNOT** indicates a facility is a Non-Notifier and may not have been issued the associated EPAID - **Check with DEP before using that EPAID!**

[Legend of Status Types](#)

EPA ID	Name	County	Address	Contact	Status	As of	Data Links
Search has retrieved 0 Facilities							

**Legend of Status Types:**

- LQG - Large Quantity Generator
- SQG - Small Quantity Generator
- CES - Conditionally Exempt Small Quantity Generator
- UOT - Used Oil Transporter
- TRA - Hazardous Waste Transporter
- TSD - Treatment/Storage/Disposal Facility
- CLO - Closed
- NHR - Non-Handler of Hazardous Waste

**OSHA** English | Spanish

Find it in OSHA



A TO Z INDEX

[ABOUT OSHA](#) [WORKERS](#) [EMPLOYERS](#) [REGULATIONS](#) [ENFORCEMENT](#) [TOPICS](#) [NEWS & PUBLICATIONS](#) [DATA](#) [TRAINING](#)

## Establishment Search

**Reflects inspection data through 03/05/2018**

This page enables the user to search for OSHA enforcement inspections by the name of the establishment. Information may also be obtained for a specified inspection or inspections within a specified SIC.

**Note:** Please read important information below regarding interpreting search results before using.

Search By:

**Your Establishment search returned 0 results.**

Establishment

*(This box can also be used to search for a State Activity Number for the following states: NC, SC, KY, IN, OR and WA)*

State

OSHA Office

Case Status  All  Closed  Open

Violation Status  All  With Violations  Without Violations

Inspection Date

Start Date

End Date

### Can't find it?

- [Wildcard use %](#)
- [Basic Establishment Search Instructions](#)
- [Advanced Search Syntax](#)

### NOTE TO USERS

The Integrated Management Information System (IMIS) was designed as an information resource for in-house use by OSHA staff and management, and by state agencies which carry out federally-approved OSHA programs. Access to this OSHA work product is being afforded via the Internet for the use of members of the public who wish to track OSHA interventions at particular work sites or to perform statistical analyses of OSHA enforcement activity. It is critical that users of the data understand several aspects of the system in order to accurately use the information.

events occur in the course of agency activities. Until cases are closed, IMIS entries concerning specific OSHA inspections are subject to continuing correction and updating, particularly with regard to citation items, which are subject to modification by amended citations, settlement agreements, or as a result of contest proceedings. THE USER SHOULD ALSO BE AWARE THAT DIFFERENT COMPANIES MAY HAVE SIMILAR NAMES AND CLOSE ATTENTION TO THE ADDRESS MAY BE NECESSARY TO AVOID MISINTERPRETATION.

The Integrated Management Information System (IMIS) is designed and administered as a management tool for OSHA to help it direct its resources. When IMIS is put to new or different uses, the data should be verified by reference to the case file and confirmed by the appropriate federal or state office. Employers or employees who believe a particular IMIS entry to be inaccurate, incomplete or out-of-date are encouraged to contact the OSHA field office or state plan agency which originated the entry.

UNITED STATES  
DEPARTMENT OF LABOR

Occupational Safety and Health Administration  
200 Constitution Ave., NW,  
Washington, DC 20210  
☎ 800-321-6742 (OSHA)  
TTY  
www.OSHA.gov

**FEDERAL GOVERNMENT**

White House  
Affordable Care Act  
Disaster Recovery Assistance  
USA.gov  
Disability.gov  
Plain Writing Act  
Recovery Act  
No Fear Act  
U.S. Office of Special Counsel

**OCCUPATIONAL SAFETY AND HEALTH**

Frequently Asked Questions  
A - Z Index  
Freedom of Information Act  
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OSHA Publications  
Office of Inspector General

**ABOUT THE SITE**

Freedom of Information Act  
Privacy & Security Statement  
Disclaimers  
Important Web Site Notices  
Plug-ins Used by DOL  
RSS Feeds from DOL  
Accessibility Statement

## **R. ABILITY TO PROMOTE & DEVELOP GROWTH**

Lank Oil Company provides fuel bunkering services in Fort Lauderdale servicing megayachts. We promote and develop the growth of this business by advertising in trade publications and referrals from current customers. We have a listing in the Port Directory and also utilize and advertise with the YachtNeeds app.

Lank Oil Company is very committed to provide these services while paying special attention to environmental protection, environmental maintenance and environmental enhancement issues. The United States Coast Guard is always notified of fuelings and Cliff Berry Environmental Services is on retainer in case of any incidence. We currently deliver to yachts docked at nearby marinas in Dania such as Derecktors Shipyard and Taylor Lane Yacht & Shipyard.

Kristene V. Lundblad is past president of the Ft. Lauderdale Mariners Club and still a very active member. She is also involved with the U.S. Superyachts Association (USSA), She is well known and respected in the local yachting community.

**SECTION S**

Not Applicable to vessel bunkering

U.S. Department of  
Homeland Security

United States  
Coast Guard



Commander  
United States Coast Guard  
Sector Miami

100 MacArthur Causeway  
Miami Beach, FL 33139-5101  
Phone: (786) 777-0775  
Fax: (786) 777-0791

16619/ 13-1444  
November 18, 2013

MISLE#: 4751925  
FIN#: MIAMOB01

**FACILITY RESPONSE PLAN APPROVAL LETTER**

Lank Oil Co.  
Attn: Kristene V. Lundblad  
2203 W. McNab Road  
Pompano Beach, Fl., 33069

Dear Ms. Lundblad,

My staff has determined that the Lank Oil Co. Facility Response Plan meets Title 33 Code of Federal Regulations Part 154 (33 CFR 154) and it is hereby approved. **This approval is valid until November 18, 2018.**

You are required to resubmit an updated plan every five years in accordance with 33 CFR 154.1030 and 33 CFR 154.1060. If you make any changes outlined in 33 CFR 154.1065(b), such as changing the types of oil handled or your OSRO, you must submit revisions to this office within 30 days. Finally, you must notify this office if you make revisions to personnel and telephone number lists included in the response plan.

Please refer to the facility identification number MIAMOB01 in any future correspondence. If you have any questions, please contact the Sector Miami Prevention Department, Facilities and Containers Branch at (786) 777-0775.

Sincerely,

A handwritten signature in cursive script that reads "T. M. Howard".

T. M. HOWARD  
Commander, U. S. Coast Guard  
Captain of the Port, Miami  
By direction



2203 WEST McNAB ROAD  
POMPANO BEACH, FL 33069  
(954)978-6600

# OPERATIONS MANUAL

(33 Code of Federal Regulation 154.310)


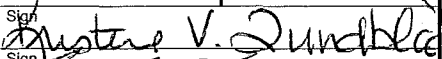

EXAMINED BY  
US COAST GUARD

*MST3 Richard J. Hobbs III*

---

August 2013



U.S. DEPARTMENT OF HOMELAND SECURITY U.S. COAST GUARD CG-835 (Rev. 03-10)		Vessel/Facility Inspection Requirements				
Date of Inspection 17 JAN 2018		COTP/OCMI Zone SECTOR MIAMI				
Vessel/Facility Name LANE OIL		ON/FIN MEANOROI	Inspection Type 154 ANNUAL			
You must inform the inspecting officer when the following item(s) have been corrected:						
Description		Cite		Due Date		
<del>NO DEFS</del>						
Vessel/Facility Representative: (print) Kristene Lundblad		Sign 				
USCG Inspector: (print) MS13 Keyn York		Sign 				
Phone (905) 695-2344		Email FACMIAMI@USCG.MIL				

U.S. Dept. of Homeland Security, USCG, CG-835, Rev. 03-10

MASTER/REPRESENTATIVE

**SECTION U**

Not Applicable to vessel bunkering

# **FACILITY RESPONSE PLAN**

(To meet the requirements of the Oil Pollution Act of 1990)

As per 33 Code of Federal Regulation 154

September 2013

## **1. Introduction & Plan Content**

### **Physical Address:**

Lank Oil Company  
2203 W. McNab Road  
Pompano Beach, FL 33069

### **County:**

Broward

### **Telephone:**

(954)978-6600

### **Fax Number:**

(954)974-0854

### **Mailing Address:**

Lank Oil Company  
PO Box 100909  
Ft. Lauderdale, FL 33310

### **Geographic Location:**

The location of our facility is in the State of Florida, county of Broward, in the town of Pompano, on dry land, off McNab Road.

### **Hours of Operation:**

8:00 AM to 5:00 PM Monday – Friday

### **Other Emergency Contacts:**

Arturo Arias (Qualified Individual)  
Cell phone: 954-326-7526 **AVAILABLE 24 HOURS**

Jonathan Rodero (Qualified Individual)  
Cell Phone: 954-444-2521 **AVAILABLE 24 HOURS**

Kristene Lundblad (Qualified Individual)  
Cell Phone: 954-214-2265 **AVAILABLE 24 HOURS**

Ted Linne (Qualified Individual)  
Cell Phone: 561-248-3392 **AVAILABLE 24 HOURS**

Bill Lank (Facilty Owner)  
Cell Phone: 954-448-9860 **AVAILABLE 24 HOURS**

## **1. Introduction & Plan Content (Continued)**

### **Physical Description:**

The facility is located on 1 acre of land. The office space is approximately 3974 square feet. The fuel trucks are parked in a fenced yard on this piece of land. We do not store fuel in any tanks here nor do we receive or discharge product here. We strictly deliver fuel to storage tanks located above or below ground and also to vessels, construction sites and fleets.

### **Plan Content & Purpose:**

This plan is prepared in accordance with the Navigation and Vessel Inspection Circular (NVIC). Its purpose is to provide guidance on the development and review of response plans for tank trucks as required by the Oil Pollution Act of 1990 (OPA 90). This is an emergency response plan to provide a guide to appropriate actions in the event of a spill.

### **Plan Changes:**

This plan will be reviewed at periodically, but at least annually and any changes deemed necessary in order to remain in compliance with all rules and regulations will be made. All changes will be recorded and submitted to the COTP and will be listed as follows noting the **date of the change**; the **description of the change** and the **approval** of the change initialed by the Qualified Individual or the Alternate Qualified Individual:

<b>Date of Change</b>	<b>Description of Change</b>	<b>Approval</b>
3/14/03	Added new vehicle to Probable Discharge #'s & Transfer Cap.	KVL
3/23/07	Updated vehicles, probable discharge #'s & transfer cap.	KVL
5/13/10	Updated vehicles, probable discharge #'s & transfer cap.	KVL
8/22/13	Updated vehicles, probable discharge #'s & transfer cap.	KVL
8/12/14	Updated vehicles, probable discharge #'s & transfer cap.	KVL
7/21/15	Updated emergency contacts, vehicles & transfer cap.	KVL
7/20/16	Updated emergency contacts, vehicles & transfer cap.	KVL
7/20/17	Updated emergency contacts, vehicles & transfer cap.	KVL

## 2. Emergency Response Action Plan

### i. Notification Procedures: Emergency Contacts

#### Qualified Individual: (U.S. Citizen)

**Facility Response Personnel**  
Arturo Arias  
(954)978-6600  
(954)326-7526 (Cellular)  
  
24 Hours

#### Designated Alternate: (U.S. Citizen)

**Facility Response Personnel**  
Kristene Lundblad  
(954)978-6600  
(954)214-2265 (Cellular)  
  
24 Hours

#### Oil Spill Management Plan

- Facility Personnel  
Arturo Arias or  
Kristene Lundblad  
(954)978-6600
- Cliff Berry, Inc. - O.S.R.O.  
Oil Spill Response Org.  
1-800-899-7745

#### Federal

NRC  
National Response Ctr.  
1-800-424-8802

#### State

DNR - Dept. of Natural Resources  
& Florida Marine Patrol  
shall be designated the Lead State Agency  
in responding to all discharges of  
pollutants  
as defined by section 376.031(13), F.S.  
**1-800-342-5367**

## **2. Emergency Response Action Plan (Continued)**

### **i. Notification Procedures (Continued)**

#### **Local**

United States Coast Guard  
Ft. Lauderdale (954)927-1611  
Miami (MSO) (305)535-8701  
Broward Sheriff's Office  
954-765-4321  
Metro-Dade Police Dept.  
305-595-6263  
FL Highway Patrol  
1-800-226-3027

COAST GUARD AFTER HOURS 305-732-0160

#### **Information on Discharge Form**

For initial and follow up notifications to Federal, State, and Local agencies and to the National Response Center as required in 33 CFR part 153. See form on following page:

**i. Information on Discharge Form (Continued)**

**INITIAL NOTIFICATIONS ARE NOT TO BE DELAYED PENDING COLLECTION OF INFORMATION FOR THE COMPLETION OF THIS FORM**

**INFORMATION ON DISCHARGE**

**Involved Parties**

(A) Reporting Party

(B) Suspected Responsible Party

Name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Company: \_\_\_\_\_  
Position: \_\_\_\_\_  
City: \_\_\_\_\_  
State/Zip: \_\_\_\_\_

Name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Company: \_\_\_\_\_  
Position: \_\_\_\_\_  
City: \_\_\_\_\_  
State/Zip: \_\_\_\_\_  
Organization Type: (Circle One)  
Local / State / Federal Government  
Private Citizen / Private Enterprise  
Public Utility

Were materials released ( Y / N ) ?  
Calling for Responsible Party ( Y / N ) ?

**Incident Description**

Source and/or Cause of Incident: \_\_\_\_\_  
Date: \_\_\_\_\_ Time: \_\_\_\_\_  
Incident Address/Location: \_\_\_\_\_  
Nearest City: \_\_\_\_\_  
Distance from City: \_\_\_\_\_  
Storage Tank Container Type - Above ground Below ground Unknown ( Circle one)  
Tank Capacity: \_\_\_\_\_ Facility Capacity: \_\_\_\_\_  
Latitude Degrees: \_\_\_\_\_ Longitude Degrees: \_\_\_\_\_  
Mile Post or River Mile: \_\_\_\_\_

**Materials**

Released Quantity: \_\_\_\_\_ Released Material: \_\_\_\_\_  
Quantity in Water: \_\_\_\_\_ Unit of Measure: \_\_\_\_\_

**Remedial Action**

Actions taken to correct or mitigate incident: \_\_\_\_\_

**Impact**

Number of Injuries: \_\_\_\_\_ Type of Injuries: \_\_\_\_\_  
Number of Fatalities: \_\_\_\_\_  
Were there Evacuations? ( Y / N / U ) Number Evacuated: \_\_\_\_\_  
Was there any damage? ( Y / N / U ) Damage in Dollars: \_\_\_\_\_

**Additional Information**

Any information about the incident not recorded elsewhere in the report: \_\_\_\_\_

**Caller Notifications (Circle)**

**National Response Center 1-800-424-8802 or 202-267-2675**

EPA STATE USCG OTHER DESC



## **2. Emergency Response Action Plan (Continued)**

### **ii. Facility Spill Mitigation Procedures**

**A. Average Most Probable Discharge:** An average most probable discharge is the loss of 1% of the volume of the worst case discharge. 1% of our worst case discharge would be 50 gallons, as the capacity of our largest truck totals 5,000 gallons.

Specific procedures to shut down affected operations in the event of a discharge, or emergency involving the following equipment and scenarios:

- 1) Failure of Manifold (The manifold controls outlet lines.) - Shut off emergency belly valve located on outside of cab on drivers' side. Determine any and all damages.
- 2) Transfer System Leak (Controls output lines.) - Shut off emergency belly valve. Determine where leak is. Hoses are tested by Atlantic Pump & Equipment to 225 P.S.I. and inspected by driver on a daily basis.
- 3) Tank Overflow - Trucks are equipped with automatic shut off for overflow protection. Tanks equipped with overflow protection devices.
- 4) Tank Failure - Shut off emergency belly valve. Determine extent of damage. Make decision on how to fix damage. Transfer fuel to another truck if necessary.
- 5) Piping Rupture - Shut off emergency belly valve. Determine extent of damage. Tank leak tightness test is done annually by Everglades Petroleum and inspected by the Department of Agriculture.
- 6) Piping Leak - Shut off emergency belly valve to shut down the belly valve so no fuel can get into any of the piping. Determine extent of damage.
- 7) Explosion, Fire or both - Shut off emergency belly valve and use the fire extinguisher found in the cab of all trucks or the fire extinguisher on vessel to bring the fire under control. Each truck is equipped with a dry chemical portable fire extinguisher rated ABC, which are annually inspected and approved by City Fire. To operate, remove safety pin, point at the base of fire and squeeze the handle.

## **2. Emergency Response Action Plan (cont.)**

### **ii. Facility Spill Mitigation Procedures (cont.)**

#### **A. Average Most Probable Discharge (cont.):**

8) Equipment Failure - Shut off emergency valve. Determine extent of damages. Determine appropriate actions to fix equipment.

In case of an average most probable discharge notify the qualified individual and the offices on the notification procedures.

#### **B. Maximum Most Probable Discharge**

The maximum most probable discharge is the loss of 10% of the volume of the worst case discharge. 10% of our worst case discharge would be 500 gallons, as the capacity of our largest truck totals 5,000 gallons.

Specific procedures to shut down affected operations in the event of a discharge, or emergency involving the following equipment and scenarios:

- 1) Failure of Manifold (The manifold controls outlet lines.) - Shut off emergency belly valve located on outside of cab on drivers' side. Determine any and all damages.
- 2) Transfer System Leak (Controls output lines.) - Shut off emergency belly valve. Determine where leak is. Hoses are tested by Atlantic Pump & Equipment to 225 P.S.I. and inspected by driver on a daily basis.
- 3) Tank Overflow - Trucks are equipped with automatic shut off for overflow protection. Tanks equipped with overflow protection devices.
- 4) Tank Failure - Shut off emergency belly valve. Determine extent of damage. Make decision on how to fix damage. Transfer fuel to another truck if necessary.
- 5) Piping Rupture - Shut off emergency belly valve. Determine extent of damage. Tank leak tightness test is done annually by Everglades Petroleum and inspected by the Department of Agriculture.

## **2. Emergency Response Action Plan (cont.)**

### **ii. Facility Spill Mitigation Procedures (cont)**

#### **B. Maximum Most Probable Discharge (cont):**

6) Piping Leak - Shut off emergency belly valve to shut down the belly valve so no fuel can get into any of the piping. Determine extent of damage.

7) Explosion, Fire or both - Shut off emergency belly valve and use the fire extinguisher found in the cab of all trucks or the fire extinguisher on vessel to bring the fire under control. Each truck is equipped with a dry chemical portable fire extinguisher rated ABC, which are annually inspected and approved by City Fire. To operate, remove safety pin, point at the base of fire and squeeze the handle.

8) Equipment Failure - Shut off emergency valve. Determine extent of damages. Determine appropriate actions to fix equipment.

In case of the maximum most probable discharge notify the qualified individual and the offices on the notification procedures.

#### **C. Worst Case Discharge:**

The worst case discharge would be the loss of the entire capacity of the mobile facility. Our worst case discharge would be a total of 5,000 gallons, as the capacity of our largest truck totals 5,000 gallons.

Specific procedures to shut down affected operations in the event of a discharge, or emergency involving the following equipment and scenarios:

1) Failure of Manifold(The manifold controls outlet lines.) - Shut off emergency belly valve located on outside of cab on drivers' side. Determine any and all damages.

2) Transfer System Leak(Controls output lines.) - Shut off emergency belly valve. Determine where leak is. Hoses are tested by Atlantic Pump & Equipment to 225 P.S.I. and inspected by driver on a daily basis.

3) Tank Overflow - Trucks are equipped with automatic shut off for overflow protection. Tanks equipped with overflow protection devices.

## **2. Emergency Response Action Plan (cont.)**

### **ii. Facility Spill Mitigation Procedures (cont):**

#### **C. Worst Case Discharge (cont):**

- 4) Tank Failure - Shut off emergency belly valve. Determine extent of damage. Make decision on how to fix damage. Transfer fuel to another truck if necessary.
  
- 5) Piping Rupture - Shut off emergency belly valve. Determine extent of damage. Tank leak tightness test is done annually by Everglades Petroleum and inspected by the Department of Agriculture.
  
- 6) Piping Leak - Shut off emergency belly valve to shut down the belly valve so no fuel can get into any of the piping. Determine extent of damage.
  
- 7) Explosion, Fire or both - Shut off emergency belly valve and use the fire extinguisher found in the cab of all trucks or the fire extinguisher on vessel to bring the fire under control. Each truck is equipped with a dry chemical portable fire extinguisher rated ABC, which are annually inspected and approved by City Fire. To operate, remove safety pin, point at the base of fire and squeeze the handle.
  
- 8) Equipment Failure - Shut off emergency valve. Determine extent of damages. Determine appropriate actions to fix equipment.

In case of a worst case discharge notify the qualified individual and the offices on the notification procedures.

## **2. Emergency Response Action Plan (cont.)**

### **ii. Facility Spill Mitigation Procedures (cont)**

#### **D. Spill Prevention:**

Prioritized procedures for facility personnel to mitigate or prevent any discharge involving the equipment and scenarios:

- 1) Daily inspections are made of all trucks, hoses and equipment leaving our yard. Anything that does not look right is pointed out and any necessary repairs are made immediately.
- 2) All hoses are inspected annually by Atlantic Pump & Equipment and tested to meet 225 P.S.I.
- 3) Tanks are tested annually for vapor leak tightness by Everglades Petroleum and then inspected by the Department of Agriculture.

#### **Spill Containment Procedures:**

##### **1) Spills on Water**

Call Cliff Berry, Inc. (OSRO Contractor) for materials and equipment to contain the spill. Until help arrives, use available **booms, sweeps, tree branches, extension hoses** or **any object that will float** to contain the oil and prevent the oil from spreading. Determine the direction of the flow of water to dam the oil.

##### **2) Spills on Pavement**

Contain spreading oil by using **sand** or **absorbant** to circle the spill. Call Cliff Berry, Inc. (OSRO Contractor) for appropriate materials and equipment for spill. Remove oil-soaked sand or absorbant onto plastic tarps and cover sand with additional tarps to prevent rain from spreading oil. Steam or power-flush ground to remove residue.

## **2. Emergency Response Action Plan (cont.)**

### **ii. Facility Spill Mitigation Procedures (cont)**

#### **Spill Containment Procedure (cont):**

#### **3) Spills on Soil**

Around spill, contain oil with **sand or absorbant** berm. Call Cliff Berry, Inc. (OSRO Contractor) for materials and equipment to mitigate spill. Determine direction of oil flow, and excavate an area for the oil to flow into. Prepare a plastic tarp and sand berm on an area of clean ground. Remove oil-soaked soil to tarp while making sure that soil is contained on tarp by berm

#### **4) Removing Oil-Soaked Absorbent Material**

Place all used absorbent material in double, heavy-gauge plastic bags. The OSRO will legally dispose of at an appropriate facility. Do not make bags heavier than approximately 40 pounds each.

#### **List of Equipment to Mitigate any Probable Discharge:**

(See attached Equipment List - Appendix iii)

## **2. Emergency Response Action Plan (cont.)**

### **iii. Facilities Response Activities**

#### **1. Command & Control / Public Information**

##### **Safety / Planning & Logistics Support:**

The qualified individual of Lank Oil is Arturo Arias, who can be reached 24 hours daily. The alternate qualified individual of Lank Oil is Kristene Lundblad, who can also be reached 24 hours daily. Arturo Arias and Kristene Lundblad are both United States citizens and they reside in West Palm Beach and Plantation, Florida, respectively. The means of contacting the qualified and alternate qualified individual is at (954)978-6600. They can also be reached at the following alternate phone numbers: Arturo Arias cellular phone (954)326-7526. Kristene Lundblad cellular phone (954)214-2265.

#### **2. Liaison With Government Agencies and Finance:**

Arturo Arias or Kristene Lundblad have the authority to implement the response plan and contact Cliff Berry, Inc. (The OSRO -- Oil Spill Response Organization) at 1-800-899-7745 and to act as liaison with the predesignated Federal On Scene Coordinator. Arturo Arias or Kristene Lundblad can obligate funds directly or indirectly through prearranged contracts with Cliff Berry, Inc. (OSRO Contractor) and through insurance policies with Gulfshore Insurance Company.

#### **3. Spill Operations and Planning:**

The facility has a contingency plan for petroleum spills with Cliff Berry, Inc., PO Box 13079, Port Everglades Station, Fort Lauderdale, Florida, telephone (954)763-3390. Cliff Berry, Inc. maintains the necessary materials and equipment for spill clean-up. It will take approximately one (1) hour for the equipment and materials to be deployed. Also see attached copy of Equipment list from Cliff Berry, Inc., Appendix iii.

## **2. Emergency Response Action Plan (cont.)**

### **iv. Fish & Wildlife and Sensitive Environment** (See Appendix vii)

Our areas of **economic** and **environmental** importance would be the Intercoastal Waterway and canals that run behind and/or near homes and marinas that we take fuel to and also the ports in Broward, Palm Beach and Dade counties, such as Port Everglades, Port Lau Dania, Port of Palm Beach and the Port of Miami. All of these areas are environmentally sensitive due to endangered species such as manatees, coral reefs and mangroves.

The **Response Action** to protect these **Sensitive Areas** would be the appropriate **Response Action** outlined above for a **Spill on Water, Spill on Pavement or Spill on Soil**. The following are additional protections:

#### **A. Drip & Discharge Collection**

The facility uses a five gallon bucket as a container for small discharges during the connecting and disconnecting of fuel hoses to protect the ground from minor spills.

#### **B. Emergency Shutdown**

Each fuel truck has an emergency shut-off valve. The emergency shut-off valve is located on the driver's side between the cab and the tank and it is identified with a red and white arrow designating same.

#### **C. Containment Equipment**

The facility has a contingency plan for petroleum spills with Cliff Berry, Inc., PO Box 13079, Port Everglades Station, Fort Lauderdale, Florida, telephone 954-763-3390. Cliff Berry, Inc. (OSRO Contractor) maintains the necessary materials and equipment for spill clean-up. It will take approximately one (1) hour for the equipment and material to be accessed and deployed.



## **2. Emergency Response Action Plan (cont.)**

### **v. Disposal Plan**

Place all used absorbent material in double, heavy-gauge plastic bags. Management will have these picked up and legally disposed of at an appropriate facility. Do not make bags heavier than approximately 40 pounds each.

Cliff Berry, Inc., our Oil Spill Response Organization, is under contract to dispose of any hazardous waste in accordance with any Federal, State or Local requirements.

### **3. Training & Drills**

#### **i. Training Procedures**

Cliff Berry, Inc. is the company's Oil Spill Response Organization contractor. Cliff Berry, Inc. provides periodic training of company personnel which meets requirements for sufficient documented training (Private Response Personnel Training - OSHA). (See **Appendix viii** for information regarding the training of Cliff Berry, Inc's. employees.)

No casual labor or volunteer personnel will be deployed during a response. Only technically trained personnel will be deployed during a spill. Cliff Berry, Inc. is the OSRO contractor and will deploy the trained personnel required for the response.

#### **ii. Exercise Procedures for MTR Facilities**

Annually self certify and self evaluate the spill management team as established in the response plan. Exercise the spill management team's organization, communication, and decision-making in managing a spill response. Quarterly notification drills will be performed. One annual spill management team exercise will be performed unannounced.

Exercise the spill management team in a review of:

- > Knowledge of the response plan;
- > Proper notifications;
- > Communications system;
- > Ability to access the OSRO;
- > Coordination of internal organization personnel with responsibility for spill response;
- > An annual review of the transition from a local team to a regional, national, and international team, as appropriate.
- > Ability to effectively coordinate spill response activity with the ORSO and the National Response System (NRS) infrastructure. (If personnel from the NRS are not participating in the exercise, the spill management team should demonstrate knowledge of response coordination with the NRS);

At least one spill management team tabletop exercise in a triennial cycle would involve simulation of a worst case discharge scenario.

Retain all records for 3 years.

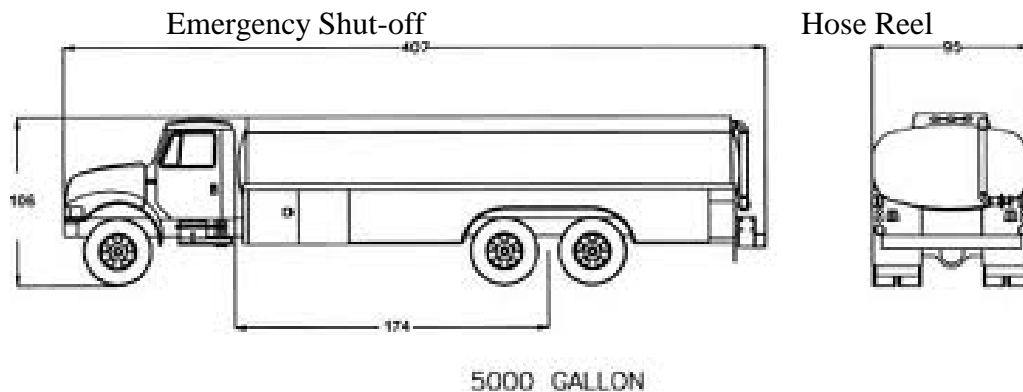
#### **4. Plan Review & Update Procedures**

The facility will review the response plan annually and make any changes deemed necessary by the U.S. Coast Guard in order to stay in Compliance with all rules and regulations. Persons in Charge will also review the response plan in its entirety so they will be familiar with these rules and regulations and any changes. All changes will be recorded and submitted to the COTP.

## 5. Appendices

### i. Facility-Specific Information Appendix

A. The facility is our mobile truck fleet. Our trucks range in capacity from 2800 gallons to 5000 gallons. We strictly deliver fuel to storage tanks, generators, vessels, construction sites and fleets.



### B. Transfer Capacity / First Valve Information

Our trucks can deliver fuel to any vessel that has made arrangements to dock at a mooring facility.

The first valve is the emergency shut-off valve. It is located on the driver's side of the cab between the cab and tank and it is marked with a red and white arrow designating Emergency Shut Off. Our delivery trucks have fuel capacities as follows:

TRUCK #	YEAR MAKE	VIN#	TAG#	GALLONS
73	2005 Peterbilt	2NPLLZ0X25M848440	D1TD27	4000
74	2005 Peterbilt	2NPLLZ0XX5M877913	N3385V	5000
75	2006 Peterbilt	2NPLLZ9X86M893600	N3383V	4400
76	2006 Peterbilt	2NPLLZ9XX6M893601	N8174J	4400
80	2015 Peterbilt	2NP2HJ7X8FM266204	N6571V	2800
81	2014 Peterbilt	2NP3LJOX2FM274666	N1160W	4200
82	2016 Peterbilt	2NP3LJOX6HM415791	N0281Y	4400
83	2017 Peterbilt	2NPZHM7X6JM461762	N45012	2800
84	2017 Freightliner	3ALACXFG0JDJP0993	N83592	2800

**Total gallons combined: 34,800 gallons**

**5. Appendices (cont.)**

**i. Facility-Specific Information Appendix (cont.)**

**C. MSDS Information**

See Section 7

**5. Appendices (cont.)**

**ii. List of Contacts**

24 Hour Contact List

<u>Title</u>	<u>Name</u>	<u>Number</u>
1) Qualified Individual	Arturo Arias	(954)978-6600 Office (954)326-7526 Cell
2) Alternate Qualified Individual	Kristene Lundblad	(954)978-6600 Office (954)214-2265 Cell
3) Alternate Qualified Individual	Kristene Lundblad	(954)978-6600 Office (954)214-2265 Cell
4) Oil Spill Removal Organization and Spill Mgmt. Team	Cliff Berry, Inc. (petroleum spills)	(800)899-7745 and (954)763-3390
5) Federal, State and Local Agencies	Federal - National Response Center	(800)424-8802 (24 Hours)
6) U.S. Coast Guard Safety Office	Main Office-Miami Petroleum Spills Ft. Lauderdale Sta.	(305)535-8701 (305)535-8701 (954)927-1611
7) Dept. of Natural Resources Florida Marine Patrol		(800)342-5367 (24 Hours)
8) Other Local Agencies	Broward Sherrif's Office Metro-Dade Police Dept. Fl. Highway Patrol	(954)765-4321 (305)595-6263 (800)226-3027

## 5. Appendices (cont.)

### iii. List of Major Equipment

As per contract with Cliff Berry, Inc. (OSRO contractor). (See **Section 6** for list and records). Cliff Berry, Inc. maintains all of the appropriate classifications with the USCG.

### iv. Communication Plan

The facility utilizes visual eye contact and pre-determined hand signals to maintain communication between the person in charge of the facility and the person delivering the fuel to the vessel or customer. Verbal Communications will be our backup.

### v. Site Specific Safety & Health Plan:

#### CARGO INFORMATION CARD

Fuel oil : No. 2 diesel

COLOR: LIGHT PALE

ODOR: PERMEATING

CARGO TRANSFER: USE AUTHORIZED PERSONNEL ONLY,

PROPERLY PROTECTED

#### HAZARDS

**FIRE** Combustible. Keep away from heat/flame. Use adequate ventilation. CarbonMonoxide and Carbon may be formed on burning in limited air supply.

**EXPOSURE** Slightly irritating. Can cause redness, edema, drying of skin. Prolonged or repeated contact may cause dermatitis. Inhalation of high vapor concentrations may cause drowsiness or narcosis. Can cause minor eye irritation.

## 5. Appendices (cont.)

IN CASE OF ACCIDENT	
---------------------	--

	IF THIS HAPPENS	DO THIS:
<b>SPILL OR LEAK</b>	Stop flow of product. Contain Spill. Ventilate area. Avoid breathing vapor. Use self-contained breathing apparatus or supplied air mask for large spills in confined area. Wipe up or absorb on suitable material and shovel up.	
<b>FIRE</b>	Call Fire Dept on 911  Extinguish fire by water spray, dry chemical, foam or carbon dioxide. Use water to keep fire exposed containers cool.	
<b>EXPOSURE</b>	Skin: Wash with soap and water.  Eyes: Flush with water.  Ingestion: Do not induce vomiting. May cause chemical pneumonia.  Inhalation: Remove to fresh air. If unconscious, apply artificial respiration.	

### vi. Acronyms / Definitions

#### Oils

Non-Persistent Oil (Group 1 Oil) - Petroleum based oil that at time of shipment consists of Hydro Carbon fractions.

Persistent Oil (Groups II - V) - Petroleum based oil that does not meet the distillation criteria for non-persistent oil.

These oils are based on gravity:

Group II - Specific Gravity less than .85

Group III - Specific Gravity between .85 & less than .95

Group IV - Specific Gravity of .95 to and including 1.0

Group V - Specific Gravity greater than 1.0

Note: High Sulfur - .8453

Low Sulfur - .8660

Each report of analysis is based on a specific load from a supplier. The specific gravity average has been .85. This has put our product into the Group III persistent oil category.



## 5. Appendices (cont.)

### vi. Acronyms / Definitions (cont)

#### Abbreviations

##### 1. Agencies

- a. DNR - Department of Natural Resources
- b. DER - Department of Environmental Regulation
- c. DCA - Department of Community Affairs
- d. DOC - Department of Commerce
- e. DOT - Department of Transportation
- f. DMA - Department of Military Affairs
- g. DLE - Department of Law Enforcement
- h. DHSMV - Department of Highway Safety & Motor Vehicles
- i. AG - Department of Legal Affairs
- j. GFWFC - Game and Fresh Water Fish Commission
- k. USCG - United States Coast Guard
- l. EPA - Environmental Protection Agency
- m. HRS - Department of Health & Rehabilitative Services

##### 2. Organizational Titles and Functions

- a. OSC - Federal On-Scene Coordinator
- b. RRT - Regional Response Team
- c. SRT - State Response Team
- d. SAC - State Agency Coordinator
- e. TOC - Tallahassee Operations Center
- f. HMTF - Hazardous Materials Task Force
- g. MSDS - Material Safety Data Sheet
- h. COTP - Captain of the Port

#### Definitions

1. **Pollution incident:** A major coastal discharge of either oil in any form, or gasoline, pesticides, ammonia, chlorine, and derivatives thereof, excluding liquified petroleum gas. It shall be of such magnitude or significance that it poses a substantial threat to the environment, to include living resources, and/or to the economy of the State.

2. **Discharge:** Any coastal spilling, leaking, seeping, pouring, emitting, or dumping of a pollutant which occurs within the territorial limits of the State, or outside of the territorial limits of the State that affects the lands or waters within the territorial limits of the State.

## 5. **Appendices (cont.)**

### vi. **Acronyms / Definitions (cont)**

3. **Pollutants:** Any form of oil, gasoline, pesticide, ammonia, chlorine, and derivatives thereof, excluding liquefied petroleum gas.
4. **Funds:** The Florida Coastal Protection Trust Fund.
5. **Pollution:** The presence in the coastal outdoor atmosphere, land, or waters of the State of any substance, in quantities which are or may be potentially harmful or injurious to human health or welfare, animal or plant life or property, or which may unreasonably interfere with the enjoyment of life or property, including outdoor recreation.
6. **On-Scene Coordinator (OSC):** The predesignated federal official responsible for the coordination and direction of federal discharge removal efforts at the scene of a pollution incident. The OSC for major discharges in coastal areas is assigned by the USCG, usually a “Captain of the Port”. The EPA is responsible for providing the OSC for most inland discharges. By mutual agreement, the USCG and EPA have established boundary lines regarding OSC responsibilities. A detailed description of these boundaries within Region IV is contained in Annex III of the Coastal Region IV Contingency Plan.
7. **Minor Discharge:** A discharge of pollutant of less than 1,000 gallons into inland waters, or less than 10,000 gallons in coastal waters. Discharges that meet the above criteria but: 1) occur in or endanger critical areas; 2) generate critical public concern; 3) become a focus of an enforcement action; or 4) pose a threat to public health or welfare, should be classified as moderate or major discharges depending on their degree of impact.
8. **Moderate Discharge:** A discharge of pollutant of 1,000 gallons to 10,000 gallons into inland waters or 10,000 to 100,000 gallons in coastal waters, or a discharge of any volume that poses a threat to the public’s health or welfare.
9. **Major Discharge:** A discharge of pollutant of more than 10,000 gallons into inland waters or more than 100,000 gallons in coastal waters or a discharge of any quantity that substantially threatens the public’s health or welfare, or generates wide public interest.
10. **Potential Discharge:** Any accident or other circumstance which threatens to result in the discharge of a pollutant. A potential spill shall be classified as to its severity based on the definitions of minor, moderate and major discharges.

## **5. Appendices (cont.)**

### **vi. Acronyms / Definitions (cont)**

11. **Discharge Cleanup Organization:** Any group, incorporated or unincorporated, organized for the purpose of containing and cleaning up discharges. This organization may either be a private company, an industry sponsored company/cooperative or a local government unit.

12. **Lead State Agency:** The predesignated State agency responsible for the effective coordination and administration of the State's response efforts to coastal discharges or pollution incidents. The Department of Natural Resources is designated the Lead State Agency for discharges or pollutants specified in Section 376.031(13),F.S., occurring in the coastal waters within the area delineated in Appendix A of this plan.

## **5. Appendices (cont)**

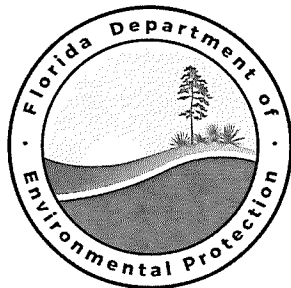
**vii. Geographic-Specific Zone: Refer to Section 8**

**viii. Training and Qualification Program: 33CFR 154.310 (a) (21)**

All Drivers for Lank Oil have valid CDL drivers licenses with HazMat endorsement and are subject to random drug and alcohol testing per Federal and State regulations.

All personnel acting on behalf of Lank Oil as a “Person in Charge”, undergo a comprehensive training program consisting of the following:

1. Safety training, including first aid and procedures for notification in case of an accident, procedures in the usage and maintenance of personal protective gear; includes proper methods of handling hazardous materials.
2. Fire extinguishing procedures
3. Portable radio communication procedures
4. Hose connections and maintenance procedures
5. Site safety procedures; including policy on health and safety
6. Vehicle maintenance procedures and records
7. Federal and State transportation requirements
8. Emergency response and spill containment procedures
9. Notification procedures in case of a spill



**FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION  
SOUTHEAST DISTRICT  
3301 Gun Club Rd., MSC 7210-1  
West Palm Beach, FL 33406**

**TERMINAL FACILITY  
DISCHARGE PREVENTION AND RESPONSE CERTIFICATE**

---

Issue to: **Lank Oil Company**

County: Broward County

Address: 2203 W. McNabb Road,  
Pompano Beach, FL 33069

Date: 2/27/2018

This Discharge Prevention and Response Certifies that the holder has demonstrated to the department satisfactory pollutant discharge containment and cleanup capabilities to Section 376.065, Florida Statutes.

Issued by: Calvin Williams

Calvin Williams, Environmental Specialist  
Florida Department of Environmental Protection  
Southeast District Office  
3301 Gun Club Rd., MSC 7210-1  
West Palm Beach, FL 33406

Expires: Twelve (12) months after the date of issuance.



**Florida Department of Environmental Protection**  
Twin Towers Office Bldg. • 2600 Blair Stone Road • Tallahassee, Florida 32399-2400

**Division of Waste Management**  
**Discharge Prevention and Response Certificate Inspection**

<b>A. FACILITY INFORMATION</b>	
DEP Facility ID: <u>8501750</u>	Inspection Date: <u>2/28/18</u>
County: <u>Broward</u> DEP District: <u>SED</u>	Submerged Land Lease #: <u>N/A</u>
Facility Name: <u>Lank Oil Company</u>	
Location Address: <u>2203 W. McNabb Road</u>	Mailing Address: <u>P.O. Box 100909</u>
City: <u>Pompano Bch</u> Zip: <u>33069</u>	City: <u>Fl. Lauderdale</u> Zip: <u>33310</u>
Business Phone: <u>(954) 978-6600</u>	Emergency Phone: <u>(954) 978-6600</u>
Owner Name: <u>William Lank Jr.</u>	Emergency Phone: <u>(954) 448-9860</u>
Manager Name: <u>Kristene Lundblom</u>	Emergency Phone: <u>(954) 214-2265</u>

1. Type of Terminal Facility:  
 Bulk Product Storage     Marine Fueling     Inland Waterfront Fueling     Other Commercial     Bunkering

2. Facility has stationary storage tanks on site regulated by Chapter 62-761 or 62-762 F.A.C.     YES     NO

Number of tanks	Pollutant Type	Diesel Gallons	Heavy Oil Gallons	Lube Oil Gallons	Waste Oil Gallons	Other Gallons	All Pollutants Total Gallons
/	Aboveground tanks						
	Underground tanks						
	Non DEP regulated						
	Total Capacity						

3. Type of bunkering operation(s) conducted by facility:  
 Vessel to Vessel     Truck to Vessel     Other     Not Applicable

*See Attached List*

Vehicle/Vessel	Description	License/DOC #	Capacity - gallons	Pollutant type
<input type="checkbox"/> Vehicle	<i>See List</i>	<input type="checkbox"/> License: _____		
<input type="checkbox"/> Vessel		<input type="checkbox"/> DOC: _____		
<input type="checkbox"/> Vehicle		<input type="checkbox"/> License: _____		
<input type="checkbox"/> Vessel		<input type="checkbox"/> DOC: _____		
<input type="checkbox"/> Vehicle		<input type="checkbox"/> License: _____		
<input type="checkbox"/> Vessel		<input type="checkbox"/> DOC: _____		
Total capacity of all vehicles/vessels:				
Total capacity for facility, including all tanks, vehicles, and vessels:				

**B. TRANSFER EQUIPMENT**

	YES	NO	N/A
4. Transfer hoses are maintained in good condition.	<input checked="" type="checkbox"/>		
5. Hose/nozzle connections are maintained in good condition and do not leak.	<input checked="" type="checkbox"/>		
6. Fittings, clamps, and bands are maintained in good condition and securely attached to hose.	<input checked="" type="checkbox"/>		
7. Delivery connections and nozzles are maintained properly.	<input checked="" type="checkbox"/>		
8. Emergency shut down devices are present.	<input checked="" type="checkbox"/>		

continued

Discharge Prevention and Response Certificate Inspection, page 2

**B. TRANSFER EQUIPMENT - continued**

		YES	NO	N/A
9	The person in charge of transfer, or the designee, remains in the proximity of, and has immediate access to the emergency shutdown device during all transfers.	✓		
10	All product dispensing equipment is properly installed with safety impact valves, and maintained properly.	✓		
11	When product being transferred is "heavy oil", pre-booming is accomplished prior to transfer.	✓		

**C. DISCHARGE CONTINGENCY PLAN**

12	Facility has a discharge contingency plan that is site-specific for reporting discharges and detailing the methods, means, and equipment to be used in the removal of pollutants in the event of a discharge which enters or threatens to enter waters of the state.
	<input checked="" type="checkbox"/> The discharge contingency plan is written in compliance with the Federal Oil Pollution Act of 1990, Section 4202 requirements, and documented by letter from the Florida Coast Guard.
	<input checked="" type="checkbox"/> The discharge contingency plan details the requirements for facilities that store a minimum of 10,000 gallons of pollutants, or that service vessels that store (as fuel or cargo) a minimum of 10,000 gallons of pollutants.
	<input type="checkbox"/> The discharge contingency plan details the requirements for facilities that store less than 10,000 gallons of pollutants, or that service vessels that store (as fuel or cargo) less than 10,000 gallons of pollutants.
	<input type="checkbox"/> None

6/15/17 - signed agreement w/ CBI

		YES	NO	N/A
13	The DCP was made available to the inspector upon request.			
14	The DCP was revised within 30 days of the last significant change affecting the facility's discharge response preparedness or capability.			
15	The facility owner/operator has provided for annual spill response training for all personnel identified in the discharge contingency plan.			
16	The facility owner/operator has provided for annual review, or upon revision, of the discharge contingency plan by all personnel identified in the plan.			
17	Records of the annual spill response training and the annual contingency plan review are kept at the facility, and are available to the inspector upon request.			

**D. CONTAINMENT**

18 Source of containment equipment is:

Ownership  Contract  Membership in Approved Discharge Cleanup Organization  None

Contractor and/or DCO Name & Address: Cliff Bury - Port Everglades FL 33464

Date of contract commencement: 6/15/17 Date of contract expiration: 6/15/18

		YES	NO	N/A
19	Facility personnel are familiar with notification procedures in the event of a discharge.	✓		
20	Facility personnel are trained in proper boom deployment.	✓		
21	A current written agreement/contract with a third party contractor was available for inspector's review upon request.	✓		

22 Attach or list all prevention, containment, and removal equipment - including location - to which the facility has access within one hour after discovery of discharge.

55 gal drum - PMS.

Absorbent Pads

Oil dry

All on tanks.

continued

Discharge Prevention and Response Certificate Inspection, page 3

D. CONTAINMENT - continued

23 Length of the largest vessel docking at, or providing service from this facility is 50 feet.  
 a. Length of largest vessel X 5 = 250 feet.

24 The approximate pollutant capacity (fuel and cargo) of the largest vessel docking at, or providing service from this facility is (check one)  greater than  less than 10,000 gallons

	YES	NO	N/A
25 Does facility have containment equipment measuring a minimum of this length?	✓		
26 Can this facility begin deployment of required containment equipment on the water within one hour after discovery of discharge?	✓		

E. CLEANUP

	YES	NO	N/A
27 Does this facility have access to additional equipment to clean up a minimum 10,000 gallon pollutant discharge, within a reasonable time of four hours, established by Rule 16N-16.032(3), F. A. C.?	✓		
28 Does the additional equipment meet all minimum requirements as established by Rule 16N-16.034, F.A.C.?	✓		

29 Source of cleanup equipment is:  
 Ownership  Contract  Membership in Approved Discharge Cleanup Organization

30 Cleanup equipment is located at Cliff Bays and on the trucks  
CBJ - Port Everglades, Ft Lauderdale, FL 33316

F. FACILITY COMPLIANCE REVIEW COMMENTS

Detail equipment condition, discharge contingency plan deficiencies, evidence of product spillage or leakage, and/or visual signs that indicate seepage of product into the water from the area.

None

Discharge Prevention and Response Certificate Number: N/A Issued: 2/28/18

Time expended for facility inspection, including travel: 2 hours

**THIS DISCHARGE PREVENTION AND RESPONSE INSPECTION IS CONDUCTED UNDER THE AUTHORITY OF FLORIDA STATUTE 376.07**

The undersigned Terminal Facility Representative acknowledges receipt of a copy of this inspection, including all discrepancies requiring correction. The representative further acknowledges that any significant change in facility equipment inventory levels or availability, or contractual discharge response arrangements must be reported to the Florida Department of Environmental Protection. Operation of a terminal facility without a valid discharge prevention and response certificate, or the subsequent violation of the terms or requirements of such certification, is a noncriminal infraction. The penalty for each infraction is \$500.00.

<p><u>Kristine Lundblad</u> Terminal Facility Representative Name</p> <p><u>Kristine V. Lundblad</u> Signature</p> <p><u>2/28/18</u> Date</p>	<p><u>Calvin Williams</u> DEP Inspector Name</p> <p><u>[Signature]</u> Signature</p> <p><u>2/28/18</u> Date</p>
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Rick Scott  
Governor

Carlos Lopez-Cantera  
Lt. Governor

Noah Valenstein  
Secretary



## Florida Department of Environmental Protection

Marjory Stoneman Douglas Building  
3900 Commonwealth Boulevard  
Tallahassee, Florida 32399-3000

6/27/2017

Cliff Berry, Inc.  
Mr. Cliff Berry Sr.  
851 Eller Drive  
Fort Lauderdale, FL 33316

RE: Renewal of Certificate for Discharge Cleanup Organization

Dear Mr. Berry:

You are currently listed as an Approved Discharge Cleanup Organization (DCO) for the State of Florida. We are extending the expiration date of your DCO Certificate to **June 30, 2018**. Please notify this office of any significant changes in your capabilities as a DCO, as well as, changes in addresses, phone numbers, or contacts.

Retain a copy of this letter with your most current DCO certificate as evidence of your certification status. If you have any questions, or wish to provide updates, please contact Mr. Shane Gibbs at (850) 245-2872 or via email at [Shane.Gibbs@dep.state.fl.us](mailto:Shane.Gibbs@dep.state.fl.us). You may also contact your District Emergency Response Manager to address any questions or issues regarding this program.

Sincerely,

A handwritten signature in black ink, appearing to read "John Johnson", is written over a light gray rectangular background.

John Johnson, Director  
Office of Emergency Response



Cliff Berry, Incorporated  
Environmental Services

## **EMERGENCY RESPONSE AGREEMENT**

**24 HOUR EMERGENCY NUMBER  
800.899.7745**

By and Between



**CLIFF BERRY, INCORPORATED**  
P.O. Box 13079  
Port Everglades Station  
Fort Lauderdale, FL 33316  
Office: 954.763.3390  
Fax: 954.764.0415

And

**LANK OIL COMPANY**  
2203 West McNab Road  
Pompano Beach, FL 33069

**CUSTOMER NUMBER #: 11295**

**CLIFF BERRY, INCORPORATED  
EMERGENCY RESPONSE SERVICES**

This agreement for Emergency Response Services (the "Agreement") is made this 30th day of June, 2017 between CLIFF BERRY, INC. with its principal offices located at 851 Eller Drive, Fort Lauderdale, FL 33316 and LANK OIL COMPANY (hereafter referred as the "Client") with its principal offices located at 2203 West McNab Road, Pompano Beach, FL 33069.

**RECITALS**

WHEREAS Cliff Berry, Inc. has been awarded a contract to perform Emergency Response Services on an as-called basis for certain companies (hereinafter referred to as the "Client"); and whereas Cliff Berry, Inc. shall be hereinafter referred to as CBI; and

WHEREAS CBI represents that it is capable of providing additional Emergency Response resources to Client which services include, but may not be limited to, Emergency Response Services reasonably required to mitigate oil, chemical and other hazardous or non-hazardous substances released into the environment on an as-called basis, twenty-four (24) hours per day, seven (7) days per week; and

WHEREAS CBI wishes to establish in advance the terms and procedures whereby the Client may, from time to time, contract Emergency Response Services under the Prime Agreement.

NOW THEREFORE, in consideration of the mutual covenants contained herein and for other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the Parties, intending to be legally bound, do hereby agree as follows:

**SCOPE OF WORK**

The scope of work to be performed by CBI shall be determined by the Parties at the time the Client requests the services and as authorized by the Client's authorized representative. A request from the Client for CBI to perform services under this agreement constitutes an "ORDER" placed for these services. The Client acknowledges and agrees that CBI may, at its sole discretion, expand, modify, and/or discontinue the services with appropriate notice to the Client. If such changes result in an increase or decrease in costs, these costs adjustments shall be documented in a written change order, signed by the Parties.

Should the Client discontinue the request for services once the "ORDER" has been placed and authorization to proceed has been given, the Client concedes that CBI has deployed equipment, personnel and managerial staff in support of the service order. Accordingly, the Client agrees to mobilization charges equivalent to a four hour minimum that will be applied to the service order. In the event that CBI cannot respond due to uncontrollable circumstances, CBI shall notify the Client in a judicious manner.

The services to be provided by CBI include, but are not limited to:

- Site evaluation, decontamination and restoration
- Containment, recovery, repackaging and removal of Hazardous & Non-Hazardous substances
- Transportation, storage, treatment or disposal of recovered wastes
- Technical services, including sampling, laboratory analysis, and other related services
- Training and mock spill drill deployments

**EMERGENCY NOTIFICATION**

The Client may request the services of CBI by telephone - 24 hours/day - 7 days/week - by calling its emergency number 800.899.7745. When the Client requests CBI take action in an Emergency Response, such a request shall constitute an "ORDER" which may be accepted or rejected by CBI.

When the "ORDER" has been placed, CBI shall provide the Client with a written "JOB AUTHORIZATION, ACCEPTANCE OF TERMS AND CONDITIONS FORM" either in person or via fax to be signed by an authorized agent of the Client empowering CBI to perform the scope of work.

When placing an "ORDER", the Client shall identify the location and preliminary scope of services requested. Initial information may include, to the extent practicable:

- ✓ The surface impacted (soil, concrete, pavement, storm drains, etc.)
- ✓ The substance released
- ✓ The products chemical name and trade name
- ✓ Amount of release
- ✓ Name of Party's on-scene representative

*\*Client is responsible for advising all Federal, state, local, and any other governing authorities of the spill event occurrence. (See Emergency Response Spill - Reporting & Notification Requirements)*

#### CHANGE ORDER

CBI may, at any time, by verbal order followed by a written change order make specific changes in the scope of work under any "ORDER" accepted by CBI. Should such changes involve additional services on the part of CBI, then CBI shall submit an estimate of the amounts of additional personnel and equipment it expects to be utilized for such changes. CBI will not proceed with the changes until it has received written authorization from the Client unless the "ORDER" is issued under emergency conditions, whereby a verbal "ORDER" followed by a written fax to CBI's corporate office (954-763-8376) shall control.

In an emergency where the safety of persons or property is threatened, CBI shall act, at its sole discretion, to prevent threatened damage, injury or loss to persons or property. Any such actions must be prudent, cost effective and justifiable. Such actions will be compensated in accordance with this agreement.

#### SITE ACCESS

The Client shall be responsible for securing all necessary approvals, judicial and/or administrative orders necessary to ensure CBI legal access to the site.

#### RETAINER

CBI shall charge a yearly retainer fee of \$ 450.00 which shall be prepaid before any services, equipment, or materials are made available to the Client. The retainer is required to offset the cost of storage, maintenance, training and administrative fees. If CBI is called upon to respond to a spill, the annual fee shall be credited to the cleanup charge.

#### LICENSING

CBI warrants that it is properly licensed and has the requisite skills and related expertise to provide the services described or reasonably implied in this agreement.

#### SUPPLEMENTARY TERMS AND CONDITIONS

##### **MANIFEST AND PRODUCT PROFILING:**

CBI will provide the Client a manifest for all waste removed from the spill site. CBI reserves the right to determine the exact amount of waste transported and disposed thereof. Costs are determined based on the generator's waste material profile sheet and certification of the representative sample submitted. Should the waste be different from the sample submitted, the Client will be responsible for any additional disposal surcharges assessed by the disposal facility or incurred during subsequent transportation.

**PERSONNEL:**

All personnel sent on-site from CBI are technical personnel with the capacity of performing the entire operation on a given job. If, for any reason, due to the Client's collective bargaining agreements, or if the Client deems it necessary to utilize other personnel in the performance of the work, such personnel shall be furnished by and at the sole expense of the Client. Such additional personnel shall work under the direction and supervision of the Client and shall not be employees of CBI.

**INSURANCE:**

CBI shall observe and comply with all applicable laws in the state where such work is performed relating to Worker's Compensation and Longshoreman's and Harbor Worker's Insurance coverage for its employees and shall carry public liability insurance.

**TAXES:**

Unless otherwise indicated, all applicable federal, state, local taxes and tariffs are to be added to the quoted price(s).

**RENTAL:**

The Client assumes and agrees to be liable for all risks of physical loss or damage (other than ordinary wear and tear due to use) to the equipment after delivery to the Client's work site until returned to CBI's possession at point of origin. If such equipment is lost or damaged so as to be unrepairable, the Client shall pay CBI its replacement cost.

**TERMS OF PAYMENT:**

Unless otherwise stated, terms are NET UPON RECEIPT OF INVOICE. The parties further acknowledge making payment for all services provided by CBI as outlined under the terms set forth in this agreement. Failure to make timely payment will result in a 1.5% monthly interest penalty which is to be added to the outstanding balance, as well as any cost incurred during the process of securing payment, including but not limited to attorney's fees and the cost of collection.

**PROPOSAL ACCEPTANCE**

By my signature below I acknowledge that I have read the proposal and agree to its terms, including all those set forth above. In addition, I concede receiving a copy of the CBI Price List and that I have read all provisions set forth and agree to all terms and conditions thereof.

COMPANY NAME: LANK OIL COMPANY  
 CLIENT SIGNATURE: [Signature]  
 CLIENT PRINTED: Terence Linne  
 TITLE: President  
 DATE: 6-15-17

Witnessed: CLIFF BERRY, INCORPORATED  
 Authorized Signature: [Signature]  
 Signature Printed: Tom Hines  
 Title: AREA MANAGER - SOUTH FLORIDA