

RECEIPT

DATE

3/18/26

No.

932506

RECEIVED FROM

Yoyo, LLC

\$350.00

Three hundred fifty and $\frac{00}{100}$

DOLLARS

 FOR RENT FOR

DE-SW-2125

ACCOUNT

PAYMENT

BAL. DUE

 CASH CHECK MONEY
ORDER CREDIT
CARD

FROM

6999971

TO

BY

M.M.



RECEIVED

MAR 18 2026

DNREC - WHS

STATE OF DELAWARE
DEPARTMENT OF NATURAL RESOURCES
AND ENVIRONMENTAL CONTROL
DIVISION OF WASTE AND HAZARDOUS SUBSTANCES
COMPLIANCE AND PERMITTING SECTION

89 KINGS HIGHWAY
DOVER, DELAWARE 19901

TELEPHONE: (302) 739-9403
FAX: (302) 739-5060

SOLID WASTE TRANSPORTER PERMIT APPLICATION

Language Preference: English

Instructions: You must complete this application in its entirety and attach all applicable documentation. (Note: For applicants renewing an existing permit, this application requires the submission of updated information and documentation. References to material submitted under previous applications are no longer accepted.)

The application must be signed by the company owner or a corporate officer. A check or money order payable to the "State of Delaware" must accompany this application and be sent to:

Delaware Department of Natural Resources and Environmental Control
Compliance and Permitting Section
89 Kings Highway
Dover, DE 19901

1. Type of Permit

- New – **SCRAP TIRES ONLY** Submit a check or money order, payable to the "State of Delaware," in the amount of \$75.00.
- New – **ALL OTHERS** Submit a check or money order, payable to the "State of Delaware" in the amount of \$350.00.
- Renewal: Permit # DE-SW- 2125 Expiration Date June 30 th 2026

Please indicate the term for which you desire your permit to be issued. Submit a check or money order, payable to the "State of Delaware," for the indicated permit fee.

SCRAP TIRES ONLY

ALL OTHERS

- One Year - \$75.00
- Two Years - \$125.00
- Three Years - \$175.00
- Four Years - \$225.00
- Five Years - \$275.00

- One Year - \$350.00
- Two Years - \$650.00
- Three Years - \$950.00
- Four Years - \$1250.00
- Five Years - \$1550.00

2. Release to Public

Do you wish to be included on the list of transporters that is provided to persons requesting a list of Delaware permitted solid waste transporters? Yes No

3. Company Information

Company Name yoyoyo ventures inc

Location Address:	Mailing Address:
1488 Parkers Chapel RD	1151 Walker RD suite 100 #652
Marydel,DE 19964	Dover ,DE 19904

Contact: Charlie O Brien Title: ceo

Business Phone: 3023593299 Fax: n a

E-mail: yoyoyollc.com@yahoo

24 hr Emergency Contact Phone: 302-359-3299

4. Company Ownership Information

(a). Please indicate the company type:

- Proprietorship
- Partnership
- Corporation - If company is a corporation, indicate city, state, and date of incorporation.

City: Dover State: DE Date: 6/12/2025

- Municipality
- Public institution
- Limited Liability Corporation (LLC) State: _____
- Other: (must specify) _____

(b). For each Owner, Partner, or Corporate Officer, attach a list with name, title, mailing address, date of birth, and % ownership. Include all stockholders owning greater than 5% outstanding shares.

Attachment _____

(c). If company is owned by or affiliated with a parent company, attach parent company name, address & mailing address, and % ownership.

- Attachment _____
- No parent company

5. Company locations in Delaware

List name and street address of each company location, including freight terminals, within the State of Delaware.

- Attachment _____
 No Delaware locations

6. Company Affiliates

List name, location and mailing addresses, nature of business relationship of all company Affiliates, which affiliates are engaged in the business of waste transport, treatment, storage, disposal, recovery or reclamation. (Affiliated companies are defined as those companies owned by the same owners, corporate officers, or parent company.)

- Attachment _____
 No affiliates

7. Type of Waste to be Transported

(a). Check all that apply. Refer to Delaware's *Regulations Governing Solid Waste* for definitions of waste categories.

- Residential waste
 Commercial waste (from **non-manufacturing, non-processing** businesses and offices)
 Industrial waste (from a manufacturing or industrial process)
 Dry waste: construction/demolition debris
 trees/stumps
 other (must specify) _____
 Ash: municipal incinerator
 coal ash
 other (must specify) _____
 Infectious waste
 Non-hazardous petroleum-hydrocarbon contaminated soils
 Asbestos-containing waste
 Scrap Tires

(b). Does your company collect and transport residential (household) waste from single family homes, condominiums and apartment complexes in Delaware? Yes No

(c). If you answered "YES" to question 7.b., above, does your company provide recycling services to those customers? Yes No N/A

(d). If you offer recycling services, does your company collect and transport the recyclables separately from the waste generated by your customers? Yes No

(e). If you offer recycling services, are the recyclables ultimately taken to an incinerator (waste-to-energy) or landfill? Yes No

8. Treatment, Storage, and Disposal Facilities

- (a). Do you cross state lines with the waste? Yes No
- (b). Identify in an attachment *all* solid waste Treatment, Storage, Disposal Facilities, Reclamation Facilities and Transfer Stations to which the waste will be transported.

- Delaware Solid Waste Authority locations: (attachment) sandtown
- Clean Earth of New Castle, Inc. (thermal treatment facility for PHC-soils)
- Delaware Recyclable Products, Inc. (dry waste, commercial, industrial, and PHC-soils)
- Other in-state solid waste facilities, including private facilities: (attachment) _____
- Out of state solid waste TSD facilities: (attachment) _____

9. Other Transporter Permits

- (a). Attach a copy of your home state solid waste transporter permit. (N/A if Delaware is your home state.)

- Attachment _____
- Not applicable-No transporter permit required for these solid waste types in our home state.

- (b). List solid waste transporter permits held in other states.

- Attachment _____
- No transporter permits in other states

- (c). Indicate your Federal DOT number and Motor Carrier number:

DOT# _____ MC# _____

- N/A If N/A, please provide an explanation, on the following page, as to why you are not required to have a DOT or MC number.

My vehicle is under required weight.

10. Proof of Financial Responsibility

The transporter must submit proof of financial responsibility as established in section 7.2.4 of Delaware's *Regulations Governing Solid Waste*. This proof may be established by a Certificate of Insurance, with MCS-90 endorsement where applicable, or by other means approved by the Department. (The Certificate of Insurance must identify the **Department of Natural Resources and Environmental Control, Compliance and Permitting Section** as the certificate holder.)

- (a). Are you for-hire in interstate commerce? Yes No (For-Hire means you are in the business of transporting, for compensation or payment, wastes generated by a company other than your own.)
- (b). Do you transport in the State of Delaware Only (Intrastate)? Yes No
- (c). Do you transport Interstate? Yes No

- (d). Certificate of Insurance must be attached and include minimum automobile liability coverage as follows:

	FOR-HIRE INTERSTATE	ALL OTHERS
Residential Waste	\$750,000.00 + MCS-90 <input checked="" type="checkbox"/>	\$350,000.00 <input checked="" type="checkbox"/>
Commercial Waste	\$750,000.00 + MCS-90 <input type="checkbox"/>	\$350,000.00 <input type="checkbox"/>
Industrial Waste	\$750,000.00 + MCS-90 <input type="checkbox"/>	\$350,000.00 <input type="checkbox"/>
Dry Waste	\$750,000.00 + MCS-90 <input type="checkbox"/>	\$350,000.00 <input type="checkbox"/>
Ash	\$750,000.00 + MCS-90 <input type="checkbox"/>	\$350,000.00 <input type="checkbox"/>
Infectious Waste	\$1,000,000.00 + MCS-90 <input type="checkbox"/>	\$750,000.00 + MCS-90 <input type="checkbox"/>
Non-Hazardous Petroleum Contaminated Soils	\$750,000.00 + MCS-90 <input type="checkbox"/>	\$350,000.00 <input type="checkbox"/>
Asbestos	\$1,000,000.00 + MCS-90 <input type="checkbox"/> (For Hire & Private)	\$350,000.00 <input type="checkbox"/>
Scrap Tires Only	\$350,000.00 <input type="checkbox"/>	\$350,000.00 <input type="checkbox"/>

11. Spill Control and Safety

List all spill control and safety equipment which will be carried on each vehicle. (**Note:** Separate lists by type of vehicle and type of waste may be required.) Attach a copy of the Spill Control Plan. The Spill Control Plan **must** contain the following elements: (1) List of safety and spill control equipment carried in the vehicle, (2) Driver preventive measures, (3) Driver immediate corrective actions, (4) Company internal communications, (5) Company external communications including the **Delaware Emergency Reporting Numbers: 1-800-662-8802 and 302-739-9401**, and (6) Cleanup and decontamination measures.

✓ Spill Control Plan: Attachment _____

12. Driver Training

IN SUMMARY OR OUTLINE FORM, describe the procedures that your company takes to ensure that all company drivers are safe and competent drivers. Small owner-operators may describe their years of experience and driving record in lieu of a formal program.

- (a). Include requirements for special licenses (e.g. CDL, including any special endorsements), any special training received, including dates training was received (e.g. asbestos training), and any ongoing company programs. (e.g. weekly safety meetings or annual refresher courses);
- (b). Include your company procedure for periodic checks of the driver's records for moving violations, and your company policy on progressive counseling/discipline based on points;
- (c). Describe how drivers are instructed in the following:
 - (i) Knowledge of proper handling procedures for the type of solid waste being transported.
 - (ii) Familiarity with the approved accidental discharge containment plan. (Spill Control Plan)
 - (iii) Familiarity with the conditions of the solid waste transporter's permit.

Driver Training, attachment _____

13. Vehicle Identification

On the form provided with this application, list **MAKE, MODEL, YEAR, SERIAL NUMBER, LICENSE PLATE NUMBER, STATE OF REGISTRATION, MANUFACTURER'S GVWR and OWNERSHIP** of all vehicles used for the transportation of solid waste. You must list both motorized and container units. (If you maintain a list of company vehicles in a computer database you may submit a print out of the vehicles provided it contains the information requested herein.)

NOTE: You must notify CAPS in writing of any changes to information contained within this application, such as additions or deletions of vehicles, in accordance with conditions of the issued permit.

Vehicle List Attached

14. Vehicle Operator Information

Is a list of all vehicle operators attached? Yes

What tax form do you submit to the IRS for your vehicle operators?

- Form W-2
- Form 1099-Misc
- Other

15. Environmental Record

List all criminal citations, arrests, convictions, civil or administrative violations, and civil or administrative enforcement actions, and the disposition(s) thereof for the violation or alleged violation of any environmental statute, regulation, permit, license, approval, or order, regardless of the state in which it occurred. Indicate whether it was a local, state, or federal violation or alleged violation. List all such items for the applicant, and if the applicant is other than an individual, for any employee while employed by the applicant, or any partner, officer, or director of the applicant as an individual or for any former business of such partner, officer, or director. For civil or administrative violations or alleged violations, list all such items for the last five (5) years from the date of the application. Information submitted under this section is subject to verification. **Failure to submit complete and accurate information may lead to permit denial or revocation.**

- Attachment _____
- No violations within the specified time period

16. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, upon personal knowledge and information, the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information.

**Signature Charlie O'Brien Date 3-18-26
Print Name Charlie O'Brien Title CEO

****A legal owner or corporate officer must sign the application****

SPILL CONTROL PLAN FOR SOLID WASTE HAULERS

- (1) Spill control and safety equipment carried in each vehicle:
 - 1). Reflectors and/or flares
 - 2). Fire extinguisher
 - 3). First aid kit
 - 4). Heavy-duty gloves, hard hat
 - 5). Flashlight
 - 6).
- (2) All loads will be enclosed, covered, or tarped to prevent accidental discharge of the waste during transport to the disposal facility.
- (3) The driver will perform the following pre-trip inspections:
 - 1). *Walk around Truck & Trailer*
 - 2). *Inspect tires and take Pictures of Dumpster*
- (4) If there is an accident or other emergency which causes a portion of the load to be spilled, the driver, if uninjured, will contact the following designated company coordinator:
Name: *Charles O'Brien* Phone: *502-359-3299*
- (5) The designated coordinator will contact the state and municipal authorities where the accident occurred. If the accident or spill has the potential to cause environmental damage, (either due to the nature of the waste, location of the accident, or additional factors such as leaking oil, gasoline, or hydraulic fluid) the person contacted will notify the state emergency response team, by calling one of the following numbers:
Delaware: 911, (302) 739-9401 or 1-800-662-8802 (*Other numbers may be listed as follows, however, the listed Delaware numbers must be included in the spill control plan.*)
Maryland:
New Jersey:
- (6) The designated coordinator will contract for clean-up services with another company. (*This is optional, however, if another company is to be contracted, please append a list of cleanup companies by either region or state.*)
- (7) This plan will be carried in all vehicles, along with the permit.

Individual Account Truck List
(((TrucksDefaultFields.DefaultName LIKE 'VT%')
AND (Trucks.Inactive = 0)
AND (Trucks.BillAcct LIKE '003209%'))))

BillAcct	BillCompany	Truck	VehYear	VehColor	Make	DefaultValueInb	Tag	State
003209	YoYoYo	3209001	2022	Green	Ford	4 - Pick up	CL51115	DE



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/02/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Progressive Insurance PO Box 94739, Cleveland, OH 44101	CONTACT NAME: Progressive Commercial Lines Customer and Agent Servicing	
	PHONE (A/C, No, Ext): 1-800-444-4487	FAX (A/C, No):
E-MAIL ADDRESS: progressivecommercial@email.progressive.com		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: United Financial Casualty Company		11770
INSURER B:		
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		

INSURED
Yo Yo Ventures INC
1151 Walker Rd Suite 100 PMB 652
Dover, DE 19904

COVERAGES **CERTIFICATE NUMBER:** 453260971829927641D120225T183311 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COM/OP AGG \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY	N	N	866454866	12/02/2025	12/02/2026	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A					PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	See ACORD 101 for additional coverage details.	N	N	866454866	12/02/2025	12/02/2026	\$

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

CERTIFICATE HOLDER

Yo Yo Ventures INC
1151 Walker Rd Suite 100 PMB 652
Dover, DE 19904

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
Mark Pank

AGENCY CUSTOMER ID: _____

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

AGENCY Progressive Insurance		NAMED INSURED Yo Yo Yo Ventures INC 1151 Walker Rd Suite 100 PMB 652 Dover, DE 19904	
POLICY NUMBER 866454866		EFFECTIVE DATE: 12/02/2025	
CARRIER United Financial Casualty Company	NAIC CODE 11770		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
 FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

Additional Coverages

Insurance coverage(s)	Limits
Personal Injury Protection/Property Protection Ins	\$50,000/\$100,000 (\$10,000 PPI included)
Uninsured/Underinsured Motorist	\$100,000 Combined Single Limit

Description of Location/Vehicles/Special Items

Scheduled autos only	
2002 FORD F350 1FTSW31F32EC00792	
Uninsured Motorist Property Damage	\$10,000 w/\$250 Ded
Roadside Assistance	Selected w/\$0 Ded
2023 PJ Trailer 4P53D2325P1385737	

It is critical to have your employees trained, and have a plan and supplies in place to address spills that might occur on or near your property. A spill plan identifies the materials of concern and outlines the steps to be taken when responding to a spill. Plans are customized to each site and can be prepared in-house or by consultants. A template for a sample spill plan follows. There are numerous resources and templates for spill prevention and clean-up plans that can be found online.

The nature of the business, the type and amount of liquid materials transferred and stored on site, and the potential for spills will dictate the scope and detail of a spill plan. It is critical that the plan be kept up to date to reflect personnel and procedural changes and to have a regular, ongoing review of the plan by all affected employees.

Spill plans should include the following elements:

- Identification of materials of concern
- Spill prevention methods (if you don't have a site pollution prevention plan)
- Likely areas for spill or leaks to occur
- Site plan that identifies the locations of liquid material storage and spill control equipment
- Spill control techniques
- Evacuation procedures (if necessary)
- Cleanup procedures
- Designated responsible employees
- Spill reporting protocols
- Emergency contact numbers

Even if unsure whether a spill presents a threat to human health, welfare, or the environment, go ahead and report it. This will ensure that you have complied with state and federal spill reporting laws. The sooner the agencies know about an incident, the quicker they can deploy resources and assistance to reduce damage to the environment and protect natural resources.

SPILL RESPONSE AND CLEANUP PLAN

Company	Date
Site Address	Runoff drains to

FACILITY ACTIVITIES (Check all that apply)

- | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Fueling & fuel transfer
<input type="checkbox"/> Outdoor manufacturing
<input type="checkbox"/> Outside drum or container storage
<input type="checkbox"/> Vehicle, equipment & building washing | <input type="checkbox"/> Loading/unloading of products
<input type="checkbox"/> Landscape construction/maintenance
<input type="checkbox"/> Outside storage of uncovered materials
<input type="checkbox"/> Other: _____ |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

LIQUIDS STORED ONSITE (Check all that apply)

Cleaning Products <input type="checkbox"/> Bleach <input type="checkbox"/> Drain cleaners <input type="checkbox"/> Sanitizers <input type="checkbox"/> Soaps <input type="checkbox"/> Other liquids	Solvents & Paints <input type="checkbox"/> Solvents, Citra Solv, degreasers <input type="checkbox"/> Dry cleaning fluids <input type="checkbox"/> Paint thinner, turpentine <input type="checkbox"/> Paint, coatings, oil based <input type="checkbox"/> Paint latex <input type="checkbox"/> Sealers <input type="checkbox"/> Wood preservatives <input type="checkbox"/> Other liquids	Petrochemicals <input type="checkbox"/> Antifreeze <input type="checkbox"/> Brake fluid, transmission fluid <input type="checkbox"/> Gasoline <input type="checkbox"/> Machine oil, cutting oils <input type="checkbox"/> Motor oil <input type="checkbox"/> Hydraulic fluids <input type="checkbox"/> Other liquids
Food Preparation/Waste <input type="checkbox"/> Cooking Oil <input type="checkbox"/> Grease <input type="checkbox"/> Other liquids	Acids, bases, chemicals <input type="checkbox"/> Acid <input type="checkbox"/> Ammonia <input type="checkbox"/> Caustic, base, lye <input type="checkbox"/> Photographic chemicals	Other <input type="checkbox"/> Fertilizers <input type="checkbox"/> Inks, dyes <input type="checkbox"/> Other liquids <input type="checkbox"/> Pesticides, herbicides

CONTACTS

<u>Title</u>	<u>Name</u>	<u>Phone Numbers</u>
Site Manager		
Environmental Officer		
Onsite Spill Cleanup Coordinator		
Backup Spill Cleanup Coordinator		
Business Owner		
Cleanup Contractor		

ACTIONS

Stop, contain, and clean up the chemical spill if:

1. The spilled chemical and its hazardous properties have been identified;
2. The spill is small and easily contained; and
3. The responder is aware of the chemical's hazardous properties.

Spill Clean Up

1. Alert the manager/owner of property where the spill has occurred.
2. Obtain personal protective equipment, as appropriate to the hazards. Refer to the Material Safety Data Sheet or other references for information.
3. Stop the source of the spill (upright container, plug leak, etc.).
4. Seal off storm drains with berms or drain covers and stop any spread of the spill.
5. Protect floor drains or other means for environmental release. Spill socks and absorbents may be placed around drains, as needed.
6. Use pads and/or granular sorbent to clean up spilled material. Loose spill-control material should be distributed over the entire spill area, working from the outside, circling to the inside. When spilled materials have been absorbed, use brush and scoop to place materials in an appropriate container.
7. Let pads sit on spill to absorb spilled material.
8. Remove spent pads and/or sorbent and dispose of properly.

If a spill or release cannot be controlled or injuries have occurred due to the release the following procedures should be implemented:

1. Summon help or alert others of the release;
2. Evacuate the immediate area and provide care to the injured- **Call 911**;
3. If potential fire or explosion hazards exist, initiate evacuation procedures- **Call 911**;
4. Respond defensively to any uncontrolled spills:
5. Use appropriate personal protective equipment when responding to any spill;
6. Attempt to shut off the source of the release (if safe to do so);
7. Eliminate sources of ignition (if safe to do so);
8. Protect drains by use of adsorbent, booms or drain covers (if safe to do so).
9. Notify the onsite emergency contacts;
10. Notify other trained staff and/or emergency response contractors to assist with the spill response and cleanup activities;
11. Be prepared to provide MSDS information to the responders if asked;
12. Notify the appropriate agency if a release has entered the environment. Refer to the Spill Reporting Table for reporting thresholds.

Spill Reporting

Type of Discharge	Who to Notify	Time to Notify
A spill of hazardous material, oil, or other substance, unless there is <u>no</u> chance it will leak out of the building, get into a storm or sewer drain or endanger people.	Ecology Northwest Regional Office: (425) 649-7000	Immediately, but no later than 24-hours after obtaining the knowledge.
A spill or discharge which could constitute a threat to human health, welfare, or the environment.	Ecology Northwest Regional Office: (425) 649-7000 AND 911	Immediately, but no later than 24-hours after obtaining the knowledge.
A spill or discharge of <u>oil or hazardous substances</u> which presents a threat to human or health, welfare, or the environment.	National Response Center: (800) 424-8802 AND Washington Emergency Management Division: 1-800-258-5990 OR 1-800-OILS911 AND Ecology Northwest Regional Office: (425) 649-7000 AND 911	Immediately
A spill or discharge which might cause <u>bacterial contamination of shellfish.</u>	WA State Department of Health: (360) 236-3330 AND Ecology Northwest Regional Office: (425) 649-7000	Immediately
All spills to the storm drain system, including catch basins and drainage ditches, as well as streams, lakes, etc.	King County Stormwater Services: (206) 477-4811	Immediately

To the best of your ability, please be ready with the following information:

- Where is the spill?
- What spilled?
- How much spilled?
- How concentrated is the spilled material?
- Who spilled the material?
- Is anyone cleaning up the spill?
- Are there resource damages (e.g. dead fish or oiled birds)?
- Who is reporting the spill?
- How can we get back to you

Davis, DaQuan (DNREC)

From: CHARLES OBRIEN <yoyoyollc@yahoo.com>
Sent: Wednesday, March 25, 2026 10:43 AM
To: WHStranporters
Subject: Re: Delaware Solid Waste Transporter Permit Application
Attachments: 4023_001.pdf

Hello, DaQuan,

I'm attaching the revised application with the missing information.

Please add:

Section 14 - Vehicle Drivers: Charles O'Brien

The company is owned by YoYoYo Ventures now, so the insurance is in that name.

[Yahoo Mail: Search, Organize, Conquer](#)

On Mon, Mar 23, 2026 at 4:00 PM, WHStranporters
<WHStranporters@delaware.gov> wrote:

Hello,

Thank you for submitting your application for your Delaware solid waste transporter permit. Upon review, I have found that some information is missing or needs to be updated. Please address the items listed below:

- **Section 4(b)**- The ownership/corporate officer information that was submitted is missing the dates of birth, ownership percentages, titles, and the owner's /corporate officers' mailing address. Please update your ownership information and send it back.
- **Section 5**- Do you only have one company location in Delaware? Please provide your Delaware company locations.
- **Section 10**-You did not submit a certificate of insurance for YoYoyo LLC but for Yoyoyoyo Ventures Inc.. Please provide this form and ensure you have the correct amount of automobile liability insurance, and add the Department of Natural Resources and Environmental Control address in the Certificate Holder section. The address is 89 Kings Highway, Dover, DE 19901.

-Provide an updated Certificate of Insurance and add the Department of Natural Resources and Environmental Control address in the Certificate Holder section the address is 89 Kings HWY, Dover, DE 19901.

- **Section 12**- Please provide driver training. Requirements include:

(a). Special licenses (e.g. CDL, including any special endorsements), any special training received, including dates training was received (e.g. asbestos training), and any ongoing company programs. (e.g. weekly safety meetings or annual refresher courses);

(b). Include your company procedure for periodic checks of the driver's records for moving violations, and your company policy on progressive counseling/discipline based on points.

(c). Describe how drivers are instructed in the following:

(i) Knowledge of proper handling procedures for the type of solid waste being transported.

(ii) Familiarity with the approved accidental discharge containment plan. (Spill Control Plan)

(iii) Familiarity with the conditions of the solid waste transporter's permit.

- **Section 13**-The vehicle list submitted was missing the following: **VEHICLE IDENTIFICATION NUMBER (VIN), manufacturer's Gross vehicle weight rating (GVWR), and OWNERSHIP.**
- **Section 14**-You did not provide a list of vehicle operators.

Please provide the information requested above via e-mail within five (5) days.

Thank you,

DaQuan Davis



DaQuan L. Davis

Environmental Scientist

**Division of Waste and Hazardous
Substances**

302-739-9403

 WHStranporters@delaware.gov

 89 Kings Hwy SW, Dover, DE 19901

 dnrec.delaware.gov



2. Release to Public

Do you wish to be included on the list of transporters that is provided to persons requesting a list of Delaware permitted solid waste transporters? Yes No

3. Company Information

Company Name YOYOYO VENTURES, INC

Location Address:	Mailing Address:
1488 Parkers Chapel Rd, Marydel, DE 19964	1151 Walker Rd, Suite 100 PMB 652, Dover, DE

Contact: CHARLES O'BRIEN Title: PRESIDENT

Business Phone: 302-359-3299 Fax: _____

E-mail: YOYOYOLLC@YAHOO.COM

24 hr Emergency Contact Phone: 302-359-3299

4. Company Ownership Information

(a) Please indicate the company type:

- Proprietorship
- Partnership
- Corporation - If company is a corporation, indicate city, state, and date of incorporation.

City: DOVER State: DE Date: 06/18/2025

- Municipality
- Public institution
- Limited Liability Corporation (LLC) State: _____
- Other: (must specify) _____

(b) For each Owner, Partner, or Corporate Officer, attach a list with name, title, mailing address, date of birth, and % ownership. Include all stockholders owning greater than 5% outstanding shares.

Attachment 1

(c) If company is owned by or affiliated with a parent company, attach parent company name, address & mailing address, and % ownership.

- Attachment _____
- No parent company

5. Company locations in Delaware

List name and street address of each company location, including freight terminals, within the State of Delaware.

- Attachment 1
 No Delaware locations

6. Company Affiliates

List name, location and mailing addresses, nature of business relationship of all company Affiliates, which affiliates are engaged in the business of waste transport, treatment, storage, disposal, recovery or reclamation. (Affiliated companies are defined as those companies owned by the same owners, corporate officers, or parent company.)

- Attachment _____
 No affiliates

7. Type of Waste to be Transported

(a). Check all that apply. Refer to Delaware's *Regulations Governing Solid Waste* for definitions of waste categories.

- Residential waste
 Commercial waste (from **non-manufacturing, non-processing** businesses and offices)
 Industrial waste (from a manufacturing or industrial process)
 Dry waste: construction/demolition debris
 trees/stumps
 other (must specify) _____
 Ash: municipal incinerator
 coal ash
 other (must specify) _____
 Infectious waste
 Non-hazardous petroleum-hydrocarbon contaminated soils
 Asbestos-containing waste
 Scrap Tires

(b). Does your company collect and transport residential (household) waste from single family homes, condominiums and apartment complexes in Delaware? Yes No

(c). If you answered "YES" to question 7.b., above, does your company provide recycling services to those customers? Yes No N/A

(d). If you offer recycling services, does your company collect and transport the recyclables separately from the waste generated by your customers? Yes No

(e). If you offer recycling services, are the recyclables ultimately taken to an incinerator (waste-to-energy) or landfill? Yes No

8. Treatment, Storage, and Disposal Facilities

- (a). Do you cross state lines with the waste? Yes No
- (b). Identify in an attachment *all* solid waste Treatment, Storage, Disposal Facilities, Reclamation Facilities and Transfer Stations to which the waste will be transported.

- Delaware Solid Waste Authority locations: (attachment) 1
- Clean Earth of New Castle, Inc. (thermal treatment facility for PHC-soils)
- Delaware Recyclable Products, Inc. (dry waste, commercial, industrial, and PHC-soils)
- Other in-state solid waste facilities, including private facilities: (attachment) _____
- Out of state solid waste TSD facilities: (attachment) _____

9. Other Transporter Permits

- (a). Attach a copy of your home state solid waste transporter permit. (N/A if Delaware is your home state.)
- Attachment _____
- Not applicable-No transporter permit required for these solid waste types in our home state.

- (b). List solid waste transporter permits held in other states.

- Attachment _____
- No transporter permits in other states

- (c). Indicate your Federal DOT number and Motor Carrier number:

DOT# _____ MC# _____

- N/A If N/A, please provide an explanation, on the following page, as to why you are not required to have a DOT or MC number.

GVWR is under 10,000 pounds

10. Proof of Financial Responsibility

The transporter must submit proof of financial responsibility as established in section 7.2.4 of Delaware's *Regulations Governing Solid Waste*. This proof may be established by a Certificate of Insurance, with MCS-90 endorsement where applicable, or by other means approved by the Department. (The Certificate of Insurance must identify the **Department of Natural Resources and Environmental Control, Compliance and Permitting Section** as the certificate holder.)

- (a). Are you for-hire in interstate commerce? Yes No (For-Hire means you are in the business of transporting, for compensation or payment, wastes generated by a company other than your own.)
- (b). Do you transport in the State of Delaware Only (Intrastate)? Yes No
- (c). Do you transport Interstate? Yes No

- (d). Certificate of Insurance must be attached and include minimum automobile liability coverage as follows:

	FOR-HIRE INTERSTATE	ALL OTHERS
Residential Waste	\$750,000.00 + MCS-90 <input type="checkbox"/>	\$350,000.00 <input type="checkbox"/>
Commercial Waste	\$750,000.00 + MCS-90 <input type="checkbox"/>	\$350,000.00 <input checked="" type="checkbox"/>
Industrial Waste	\$750,000.00 + MCS-90 <input type="checkbox"/>	\$350,000.00 <input type="checkbox"/>
Dry Waste	\$750,000.00 + MCS-90 <input type="checkbox"/>	\$350,000.00 <input checked="" type="checkbox"/>
Ash	\$750,000.00 + MCS-90 <input type="checkbox"/>	\$350,000.00 <input type="checkbox"/>
Infectious Waste	\$1,000,000.00 + MCS-90 <input type="checkbox"/>	\$750,000.00 + MCS-90 <input type="checkbox"/>
Non-Hazardous Petroleum Contaminated Soils	\$750,000.00 + MCS-90 <input type="checkbox"/>	\$350,000.00 <input type="checkbox"/>
Asbestos	\$1,000,000.00 + MCS-90 <input type="checkbox"/> (For Hire & Private)	\$350,000.00 <input type="checkbox"/>
Scrap Tires Only	\$350,000.00 <input type="checkbox"/>	\$350,000.00 <input type="checkbox"/>

11. Spill Control and Safety

List all spill control and safety equipment which will be carried on each vehicle. (Note: Separate lists by type of vehicle and type of waste may be required.) Attach a copy of the Spill Control Plan. The Spill Control Plan **must** contain the following elements: (1) List of safety and spill control equipment carried in the vehicle, (2) Driver preventive measures, (3) Driver immediate corrective actions, (4) Company internal communications, (5) Company external communications including the **Delaware Emergency Reporting Numbers: 1-800-662-8802 and 302-739-9401**, and (6) Cleanup and decontamination measures.

✓ Spill Control Plan: Attachment 2

12. Driver Training

IN SUMMARY OR OUTLINE FORM, describe the procedures that your company takes to ensure that all company drivers are safe and competent drivers. Small owner-operators may describe their years of experience and driving record in lieu of a formal program.

- (a). Include requirements for special licenses (e.g. CDL, including any special endorsements), any special training received, including dates training was received (e.g. asbestos training), and any ongoing company programs. (e.g. weekly safety meetings or annual refresher courses);
- (b). Include your company procedure for periodic checks of the driver's records for moving violations, and your company policy on progressive counseling/discipline based on points;
- (c). Describe how drivers are instructed in the following:
 - (i) Knowledge of proper handling procedures for the type of solid waste being transported.
 - (ii) Familiarity with the approved accidental discharge containment plan. (Spill Control Plan)
 - (iii) Familiarity with the conditions of the solid waste transporter's permit.

✓ Driver Training, attachment 1

13. Vehicle Identification

On the form provided with this application, list **MAKE, MODEL, YEAR, SERIAL NUMBER, LICENSE PLATE NUMBER, STATE OF REGISTRATION, MANUFACTURER'S GVWR and OWNERSHIP** of all vehicles used for the transportation of solid waste. You must list both motorized and container units. (If you maintain a list of company vehicles in a computer database you may submit a print out of the vehicles provided it contains the information requested herein.)

NOTE: You must notify CAPS in writing of any changes to information contained within this application, such as additions or deletions of vehicles, in accordance with conditions of the issued permit.

Vehicle List Attached

14. Vehicle Operator Information

Is a list of all vehicle operators attached? Yes

What tax form do you submit to the IRS for your vehicle operators?

- Form W-2
 Form 1099-Misc
 Other

15. Environmental Record

List all criminal citations, arrests, convictions, civil or administrative violations, and civil or administrative enforcement actions, and the disposition(s) thereof for the violation or alleged violation of any environmental statute, regulation, permit, license, approval, or order, regardless of the state in which it occurred. Indicate whether it was a local, state, or federal violation or alleged violation. List all such items for the applicant, and if the applicant is other than an individual, for any employee while employed by the applicant, or any partner, officer, or director of the applicant as an individual or for any former business of such partner, officer, or director. For civil or administrative violations or alleged violations, list all such items for the last five (5) years from the date of the application. Information submitted under this section is subject to verification. **Failure to submit complete and accurate information may lead to permit denial or revocation.**

- Attachment _____
 No violations within the specified time period

16. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, upon personal knowledge and information, the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information.

**Signature Charles O'Brien Date 3-22-2020
Print Name CHARLES O'BRIEN Title PRESIDENT

****A legal owner or corporate officer must sign the application****

ATTACHMENT 1

Section 4 (b)

Owner Name, Title, Mailing Address, Date of Birth, and % Ownership

CHARLES O'BRIEN, PRESIDENT, 1488 PARKERS CHAPEL ROAD, MARYDEL, DE 19964,
[REDACTED]

Section 5

Company Locations in Delaware

1488 PARKERS CHAPEL ROAD, MARYDEL, DE 19964

Section 8 (b)

Delaware Solid Waste Authority Locations

SANDTOWN LANDFILL

1107 Willow Grove Rd, Felton, DE 19943

MILFORD TRANSFER STATION

1170 S. DuPont Blvd, Milford, DE 19963

Section 12

Driver Training

Small owner-operator - the only driver, 34 years driving experience with zero points on license.

Attachment 2

SPILL CONTROL PLAN FOR SOLID WASTE HAULERS

- (1) Spill control and safety equipment carried in each vehicle:
 - 1). Reflectors and/or flares
 - 2). Fire extinguisher
 - 3). First aid kit
 - 4). Heavy-duty gloves, hard hat
 - 5). Flashlight
 - 6).
- (2) All loads will be enclosed, covered, or tarped to prevent accidental discharge of the waste during transport to the disposal facility.
- (3) The driver will perform the following pre-trip inspections:
 - 1). Walk around the vehicle to spot violations
 - 2). Record videos & take pictures of each load
- (4) If there is an accident or other emergency which causes a portion of the load to be spilled, the driver, if uninjured, will contact the following designated company coordinator:
Name: Debbie O'Brien Phone: 302-670-7198
- (5) The designated coordinator will contact the state and municipal authorities where the accident occurred. If the accident or spill has the potential to cause environmental damage, (either due to the nature of the waste, location of the accident, or additional factors such as leaking oil, gasoline, or hydraulic fluid) the person contacted will notify the state emergency response team, by calling one of the following numbers:
Delaware: 911, (302) 739-9401 or 1-800-662-8802 (Other numbers may be listed as follows, however, the listed Delaware numbers **must** be included in the spill control plan.)
Maryland:
New Jersey:
- (6) The designated coordinator will contract for clean-up services with another company. (This is optional, however, if another company is to be contracted, please append a list of cleanup companies by either region or state.) N/A
- (7) This plan will be carried in all vehicles, along with the permit.