

RECEIPT

DATE

6/4/26

No.

932598

RECEIVED FROM

Kohout Animal Removal LLC

\$ 350.00

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

DOLLARS

 FOR RENT FOR

New DE-SW-2223

ACCOUNT	
PAYMENT	
BAL. DUE	

 CASH CHECK MONEY
ORDER CREDIT
CARD

FROM

4157

TO

BY

M.M.



RECEIVED

SOLID WASTE TRANSPORTER PERMIT APPLICATION

JUN 04 2026

Language Preference:

DNREC - WHS

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- _____ Expiration Date _____

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

- | | |
|---|---|
| <input type="checkbox"/> One Year - \$75.00 | <input checked="" type="checkbox"/> One Year - \$350.00 |
| <input type="checkbox"/> Two Years - \$125.00 | <input type="checkbox"/> Two Years - \$650.00 |
| <input type="checkbox"/> Three Years - \$175.00 | <input type="checkbox"/> Three Years - \$950.00 |
| <input type="checkbox"/> Four Years - \$225.00 | <input type="checkbox"/> Four Years - \$1250.00 |
| <input type="checkbox"/> Five Years - \$275.00 | <input type="checkbox"/> 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 Kohout Animal Removal, LLC

Location Address:	Mailing Address:
<u>151 Kohout Drive</u>	<u>683 NARTLY Rd</u>
<u>NARTLY, DE 19953</u>	<u>NARTLY, DE 19953</u>

Contact: John Kohout Title: OWNER

Business Phone: 302-492-3378 Fax: _____

E-mail: Kohout683@outlook.com

24 hr Emergency Contact Phone: 

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.

John Kohout is the owner. I am 100% ownership.

City: _____ State: _____ Date: _____

- 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 - N/A

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

- Attachment _____
 No Delaware locations

6. Company Affiliates - NONE

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) - ANIMAL Removal (Dead)
 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

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

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

N/A (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 Landfill
 - 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 N/A

- (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. N/A
- Attachment _____
 - No transporter permits in other states
- (c). Indicate your Federal DOT number and Motor Carrier number:
- DOT# 444701 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.

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"/>	\$300,000.00 <input type="checkbox"/>
Commercial Waste	\$750,000.00 + MCS-90 <input type="checkbox"/>	\$300,000.00 <input type="checkbox"/>
Industrial Waste	\$750,000.00 + MCS-90 <input type="checkbox"/>	\$300,000.00 <input checked="" type="checkbox"/>
Dry Waste	\$750,000.00 + MCS-90 <input type="checkbox"/>	\$300,000.00 <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"/>	\$300,000.00 <input type="checkbox"/>
Asbestos	\$1,000,000.00 + MCS-90 <input type="checkbox"/> (For Hire & Private)	\$300,000.00 <input type="checkbox"/>
Scrap Tires Only	\$300,000.00 <input type="checkbox"/>	\$300,000.00 <input type="checkbox"/>

11. Spill Control and Safety

List all spill control and safety equipment that 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 _____

Trucks are checked for spill control + safety prior to transporting.

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.

- 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);
- 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;
- Describe how drivers are instructed in the following:
 - Knowledge of proper handling procedures for the type of solid waste being transported.
 - Familiarity with the approved accidental discharge containment plan. (Spill Control Plan)
 - Familiarity with the conditions of the solid waste transporter's permit.

Driver Training, attachment _____

DRIVERS - John Kohout owner - has been driving for 53 years. Driving record is in good standing. [redacted] - has been driving for me for 4 years - driving record is in good standing.

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 - 1040 schedule C
 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 John F. Kobayashi Date 6-7-
Print Name JOHN F. KOBAYASHI Title owner

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



DELAWARE DEPARTMENT OF
NATURAL RESOURCES AND
ENVIRONMENTAL CONTROL

89 Kings Highway
Dover, DE 19901
302-739-9403
dnrec.delaware.gov

May 27, 2026

John F. Kohout
Kohout Animal Removal
683 Hartley Rd
Hartley, DE 19953

Subject: Delaware Solid Waste Transporter Permit

Dear Mr. Kohout:

To transport Solid Waste in the State of Delaware you must possess a Delaware Solid Waste Transporter Permit.

The application for this permit is enclosed for your convenience. Please complete the application and mail it to:

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

If you have any questions regarding the application, please contact DaQuan Davis at 302.739.9403 or daquan.davis@delaware.gov.

Sincerely,

A handwritten signature in blue ink that reads "Daquan Davis". The signature is fluid and cursive.

Daquan L. Davis
Environmental Scientist
Compliance and Permitting Section

Enclosure

DLD:cr
DLD2640.doc

Davis, DaQuan (DNREC)

From: Pardee, Natalie <natalie.pardee@american-national.com>
Sent: Monday, June 1, 2026 1:15 PM
To: Davis, DaQuan (DNREC)
Cc: Rebecca Kohout
Subject: COI for Kohout Animal Removal LLC
Attachments: Kohout Animal Removal LLC COI.pdf

Follow Up Flag: Follow up
Flag Status: Flagged

Good afternoon,

Please see attached the COI for Kohout Animal Removal LLC. If you need anything further, please let me know. Thank you!

Have a great day,
Haley

Proudly Representing Both

x	x	x	x	Natalie Pardee Agent 104 Delaware Ave • Harrington, DE 19952 302-398-8827
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This email message has been delivered safely and archived online by Mimecast. For more information please visit <http://www.mimecast.com>

Confidentiality: This transmission, including any attachments, is solely for the use of the intended recipient(s). This transmission may contain information that is confidential or otherwise protected from disclosure. The use or disclosure of the information contained in this transmission, including any attachments, for any purpose other than that intended by its transmittal is strictly prohibited. Unauthorized interception of this email is a violation of federal criminal law. If you are not an intended recipient of this transmission, please immediately destroy all copies received and notify the sender.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/01/2026

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 Natalie Pardee 104 Delaware Ave Harrington, DE 19952	CONTACT NAME: PHONE (A/C, No, Ext): 302-398-8827 FAX (A/C, No): 302-398-8209 E-MAIL ADDRESS: <table style="width: 100%; border: none;"> <tr> <td style="width: 80%; border: none;">INSURER(S) AFFORDING COVERAGE</td> <td style="width: 20%; border: none;">NAIC #</td> </tr> <tr> <td style="border: none;">INSURER A : United Farm Family Insurance Co.</td> <td style="border: none;">29963</td> </tr> <tr> <td style="border: none;">INSURER B :</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">INSURER C :</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">INSURER D :</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">INSURER E :</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">INSURER F :</td> <td style="border: none;"></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : United Farm Family Insurance Co.	29963	INSURER B :		INSURER C :		INSURER D :		INSURER E :		INSURER F :	
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INSURER C :															
INSURER D :															
INSURER E :															
INSURER F :															
INSURED Kohout Animal Removal LLC 683 Hartly Rd Hartly, DE 19953															

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

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	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 <input type="checkbox"/> 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 checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS <input type="checkbox"/> HIRED AUTOS			0701C1344	06/01/2026	06/01/2027	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? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISFASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

CERTIFICATE HOLDER **CANCELLATION**

Delaware Department of Natural Resources and Environmental Control 89 Kings Highway Dover, DE 19901	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 <i>Natalie M Pardee</i>
---	--

Davis, DaQuan (DNREC)

From: Rebecca Kohout <Kohout683@outlook.com>
Sent: Thursday, June 11, 2026 10:39 AM
To: WHStranporters
Subject: Re: Missing Info-Delaware Solid Waste Transporter Permit Application
Attachments: DREC-signature & Date 6-11-26.bmp

Good morning,

Date on section 16 attached. Sorry for leaving the date off.

Thank you

From: WHStranporters <WHStranporters@delaware.gov>
Sent: Wednesday, June 10, 2026 2:39 PM
To: Rebecca Kohout <Kohout683@outlook.com>
Subject: RE: Missing Info-Delaware Solid Waste Transporter Permit Application

Hello,

Thank for your response, I just need a year on the date in section 16 of the application.



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



From: Rebecca Kohout <Kohout683@outlook.com>
Sent: Wednesday, June 10, 2026 1:08 PM
To: WHStranporters <WHStranporters@delaware.gov>
Subject: Re: Missing Info-Delaware Solid Waste Transporter Permit Application

Good morning,
Attached is the missing information needed.

Thank you,
John

From: WHStranporters <WHStranporters@delaware.gov>
Sent: Monday, June 8, 2026 9:39 AM
To: kohout683@outlook.com <kohout683@outlook.com>
Subject: Missing Info-Delaware Solid Waste Transporter Permit Application

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 updating. Please address the items listed below:

- **Section 11:** Please provide the spill control plan. The spill control plan must have an emergency contact (name and phone number) and pre-trip inspections.
- **Section 15:** Please provide an answer on whether you, Kohout Animal Removal, have any criminal violations. If so, please provide details of any environmental violations.
- **Section 16:** The owner's signature was missing a valid date. Please have the owner re-sign the application and ensure it has a date.

Please provide the information requested above via e-mail within seven (7) days.

Thank you,
DaQuan Davis



DaQuan L. Davis
Environmental Scientist
Division of Waste and Hazardous Substances

☎ 302-739-9403

✉ WHSttransporters@delaware.gov

📍 89 Kings Hwy SW, Dover, DE 19901

🌐 dnrec.delaware.gov



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 - 1040 schedule C
 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 John F. Kohout Date 6-7-26
Print Name John F. Kohout Title owner

A legal owner or corporate officer must sign the application

Control and Safety Spill

We do not haul liquid, we haul carcasses. We will provide for each truck a hazard safety spill kit.

We would provide clean-up if ever needed.

We have never had any spills before.

The emergency contact name is myself (John Kohout) and

my phone number is [REDACTED]

Trucks are inspected before they go on the road.

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.)

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**Signature John F. Kobayashi Date 6-7-
Print Name JOHN F. KOBAYASHI Title owner

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

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**Signature John F. Kohout Date 6-7-26
Print Name John F. Kohout Title owner

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