

TAB 3



SPECIAL FUNCTION PERMIT APPLICATION

EVENT NAME: FIRST FRIDAYS ON FIFTH
APPLICANT: SLICKS GARAGE
ADDRESS: 923 5th St W Palmetto
CONTACT: JANE HUNTER

EVENT DATE: July 2nd
Aug 6th
SEPT 3rd
EVENT TIME: 5pm - 10pm
PHONE: 941 776 7298
PHONE: 941 286 4753

DETAILS OF FUNCTION: LOCATION, PARADE ROUTE, ETC.: 900 BLOCK OF 5TH STW
CAR SHOW & BLOCK PARTY.

ANTICIPATED ATTENDANCE: 500 - 800 +.

CITY SERVICES REQUIRED:

POLICE: Streets Blocked: _____ **Traffic Control:** _____ **Security:** _____ **Other:** _____
PUBLIC WORKS: Barricades: **Clean-up:** _____ **Set-up:** _____ **Other:** DUST CONTROL for
CBI PARKING LOT?

If a temporary restroom is utilized for a period greater than five (5) days, a Temporary Use Permit is required. Application is available at City Hall.

TEMPORARY RESTROOM FACILITIES: # of units: _____ # of days: _____
Proposed location(s): _____

INSURANCE REQUIREMENT: Insurance naming the City of Palmetto as an "Additional Insured" must be provided to the City Clerk ten (10) days prior to any event that is part of the Special Function Permit.

Please review Exhibit A for insurance coverage requirements. To purchase insurance policies of appropriate coverage through the City, please complete and submit the Special Events Application Quote Form (Exhibit B).

The Special Function Permit Application must be submitted to City Clerk's office at least 30 days prior to the event.

Sale or consumption of alcoholic beverages on City property is strictly prohibited.

If your event will include the use of loudspeakers, you may be required to apply for a Special Permit Exception to the City's Noise Ordinance (See Chapter 5-Amusements, of the City of Palmetto Code of Ordinances).

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PLEASE CONTINUE TO PAGE 2.**

Special Function Permit Application
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EVENT: FIRST FRIDAYS ON FIFTH

JULY 2ND
AUG 6TH
Event Date: SEPT 3RD.

I HAVE READ AND UNDERSTAND THE ABOVE SPECIAL FUNCTION PERMIT APPLICATION CONDITIONS.

Joe Amato
Permittee

CITY APPROVAL:

Public Works Director	<u>[Signature]</u>	Date	<u>5-28-10</u>
Risk Management	<u>[Signature]</u>	Date	<u>8/27/10</u>
Parks Department	<u>GEORGE SEGUIN (SEE ATTACHMENT)</u>	Date	<u>5/27/10</u>
Police Department	<u>[Signature]</u>	Date	<u>5/28/10</u>
North River Fire	<u>[Signature]</u>	Date	_____
APPROVED BY COMMISSION:	_____	Date	_____

Internal use only
Date Received: _____

Special Function Permit Application
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EVENT: FIRST FRIDAYS ON FIFTH

Event Date: JULY 2ND
AUG 6TH
SEPT 3RD.

I HAVE READ AND UNDERSTAND THE ABOVE SPECIAL FUNCTION PERMIT APPLICATION CONDITIONS.

Jose Amato
Permittee

CITY APPROVAL:

Public Works Director _____

Date _____

Risk Management _____

Date _____

Parks Department _____

Date _____

Police Department _____

Date _____

North River Fire [Signature]

Date 5/26/10

APPROVED BY COMMISSION: _____

Date _____

Internal use only
Date Received: _____

To: City Commission
Thru: Allen Tusing, Public Works Director
From: Geoff Seger, Parks
Subject: First Fridays on Fifth

Slicks has requested for dust control at the CBI parking area for their event.

Parks staff will water down area on Friday during work hours to control the dust, will also set out cones on the corners of 9th & 10th Ave along 5th Street for event, event coordinator will set up safety cones before event starts.

Parks staff will pick up cones on the following Monday morning.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/26/2010

PRODUCER Novak Agency 11690 Seminole Blvd Largo FL 33778 727-393-0640	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
	INSURERS AFFORDING COVERAGE	NAIC #
INSURED SLICK GARAGE LLC 923 5TH STREET WEST PALMETTO FL 34221	INSURER A: CENTURY SURETY INS CO	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTY INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMPIOP AGG \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> NON OWNED AUTOS	GA10082	03/05/10	03/05/11	AUTO ONLY - EA ACCIDENT \$ 1,000,000 OTHER THAN EA ACC \$ 1,000,000 AUTO ONLY: AGG \$ 1,000,000
	EXCESS / UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE \$ RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under SPECIAL PROVISIONS below				<input type="checkbox"/> WC STATL-TORRY LIMITS <input checked="" type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	OTHER Garage Keepers Legal	GA10082	03/05/10	03/05/11	\$200,000

RECEIVED


MAR 26 2010

CITY HALL

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

CERTIFICATE HOLDER ADDED AS ADDITIONAL INSURED
 CERTIFICATE HOLDER

THE CITY OF PALMETTO
 516 8TH AVE W
 P.O. BOX 1209
 PALMETTO, FL 34220

CANCELLATION
 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL ___ DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.
 AUTHORIZED REPRESENTATIVE  <KIM>