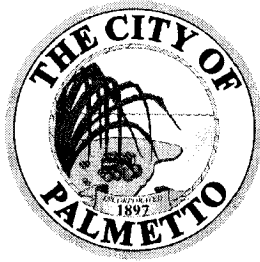


TAB 4



APPLICATION FOR SPECIAL PERMIT EXCEPTION
TO THE CITY'S NOISE ORDINANCE

APPLICATION MUST BE FILED NO LESS THAN THIRTY (30) DAYS PRIOR TO
THE DATE OF EVENT OR OCCURRENCE.

SLICKS GARAGE
Applicant's Name

OCT 1st / Nov 5th / Dec 3rd
Event Date

923 5th St W

Palmetto FL 34221
Address

941 - 776 - 7298
Telephone

Jane Hunter JANE HUNTER
Applicant's Authorized Representative

The Applicant hereby applies for a Special Permit Exception (SPE) to certain provisions of the City of Palmetto's Code regarding the prohibition of and abatement of noise disturbances on private and public properties. The SPE is sought for:

1. DESCRIPTION OF ACTIVITY/EVENT FOR WHICH SPE IS REQUESTED:

CAR SHOW / BLOCK PARTY WITH VENDOR & BANDS
ON OLYMPIA THEATRE BACKSTAGE, LIVE DJ

2. ESTIMATED ATTENDANCE: 400 - 800

3. PROJECTED OR PROPOSED HOURS OF EVENT: From 5pm To 10pm

4. STATEMENT OF GENERAL COMMUNITY IMPORTANCE OR BENEFIT:

COMMUNITY BLOCK PARTY
PROMOTE LOCAL VENDORS
BRINGS PEOPLE TO PALMETTO DOWNTOWN DISTRICT

5. IDENTIFY PROPOSED EFFECTIVE MITIGATION MECHANISMS:

BANDS ON STAGE
ALL ANNOUNCEMENT TIMED TO COMPLETE BY 9:30PM

6. ANY ALTERNATIVE LOCATIONS FOR EVENT/ACTIVITY:

NONE

7. NAME AND NUMBER OF RESPONSIBLE PARTY TO BE CONTACTED DURING EVENT/ACTIVITY:

JANE HUNTER 941-286-4753
SLICK - 941-773-2895

I AM AWARE THAT in determining whether or not an SPE shall be issued, the City Commission shall, at a minimum, consider the nature of the event; its possible adverse effects; its importance to the general community and potential benefit the event may have upon the City and the general public; the number of participants at the event; the time of the event; proposed effective mitigation mechanisms; and the availability of alternative locations. Review of a denial of an SPE shall be to the Circuit Court in and for Manatee County and must be filed within thirty (30) days of the date of the City Commission decision relating to the SPE. Review shall be based solely upon the record generated before the City Commission. The burden is upon the applicant to establish by substantial, competent evidence that the activity for which the SPE is sought has the means to effectively mitigate potential adverse effects and impacts upon surrounding property owners and residents.

Internal Use Only
Date Received:

[Signature]
Applicant

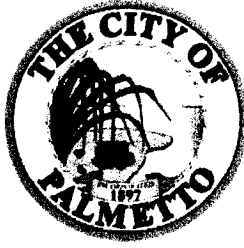
CITY COMMISSION APPROVAL: _____

To City Commission
Thru: Allen Tusing, Public Works Director
From: Geoff Seger, Parks Director
Date: September 30, 2010
Re: First Friday Event

Parks staff will deliver safety cones to block 5th Street at 10th and 11th Ave. on Friday afternoon.

Staff will pick up cones on the following Monday morning.

20 cones total.



APPLICATION FOR SPECIAL PERMIT EXCEPTION
TO THE CITY'S NOISE ORDINANCE

**APPLICATION MUST BE FILED NO LESS THAN THIRTY (30) DAYS PRIOR TO
THE DATE OF EVENT OR OCCURRENCE.**

dab WEAR, Inc.
Applicant's Name
c/o JAMIE WILSON

9/25/2010
Event Date

421 10th Ave W
Address Palmetto, FL

941-301-6507
Telephone

JAMIE WILSON
Applicant's Authorized Representative

The Applicant hereby applies for a Special Permit Exception (SPE) to certain provisions of the City of Palmetto's Code regarding the prohibition of and abatement of noise disturbances on private and public properties. The SPE is sought for:

1. DESCRIPTION OF ACTIVITY/EVENT FOR WHICH SPE IS REQUESTED:

FASHION SHOW

2. ESTIMATED ATTENDANCE: 40-50 ppl

3. PROPOSED HOURS FOR NOISE EXCEPTION PERMIT:

From 7²⁰ pm To 8³⁰ pm

4. STATEMENT OF GENERAL COMMUNITY IMPORTANCE OR BENEFIT:

This Event Will Bring People of All
Ages Together For An Elegant
Show of Fashion, Style, and Uniqueness;
Displaying The Arts of Fashion & Design.

5. IDENTIFY PROPOSED EFFECTIVE MITIGATION MECHANISMS:

Noise From Proposed Microphone Introducing
Models Will Be Early Evening And
Limited To loudness.

6. ANY ALTERNATIVE LOCATIONS FOR EVENT/ACTIVITY:

NIA

7. NAME AND NUMBER OF RESPONSIBLE PARTY TO BE CONTACTED DURING EVENT/ACTIVITY:

JAMIE WILSON 941-301-6507

I AM AWARE THAT in determining whether or not an SPE shall be issued, the City Commission shall, at a minimum, consider the nature of the event; its possible adverse effects; its importance to the general community and potential benefit the event may have upon the City and the general public; the number of participants at the event; the time of the event; proposed effective mitigation mechanisms; and the availability of alternative locations. Review of a denial of an SPE shall be to the Circuit Court in and for Manatee County and must be filed within thirty (30) days of the date of the City Commission decision relating to the SPE. Review shall be based solely upon the record generated before the City Commission. The burden is upon the applicant to establish by substantial, competent evidence that the activity for which the SPE is sought has the means to effectively mitigate potential adverse effects and impacts upon surrounding property owners and residents.

Internal Use Only
Date Received:

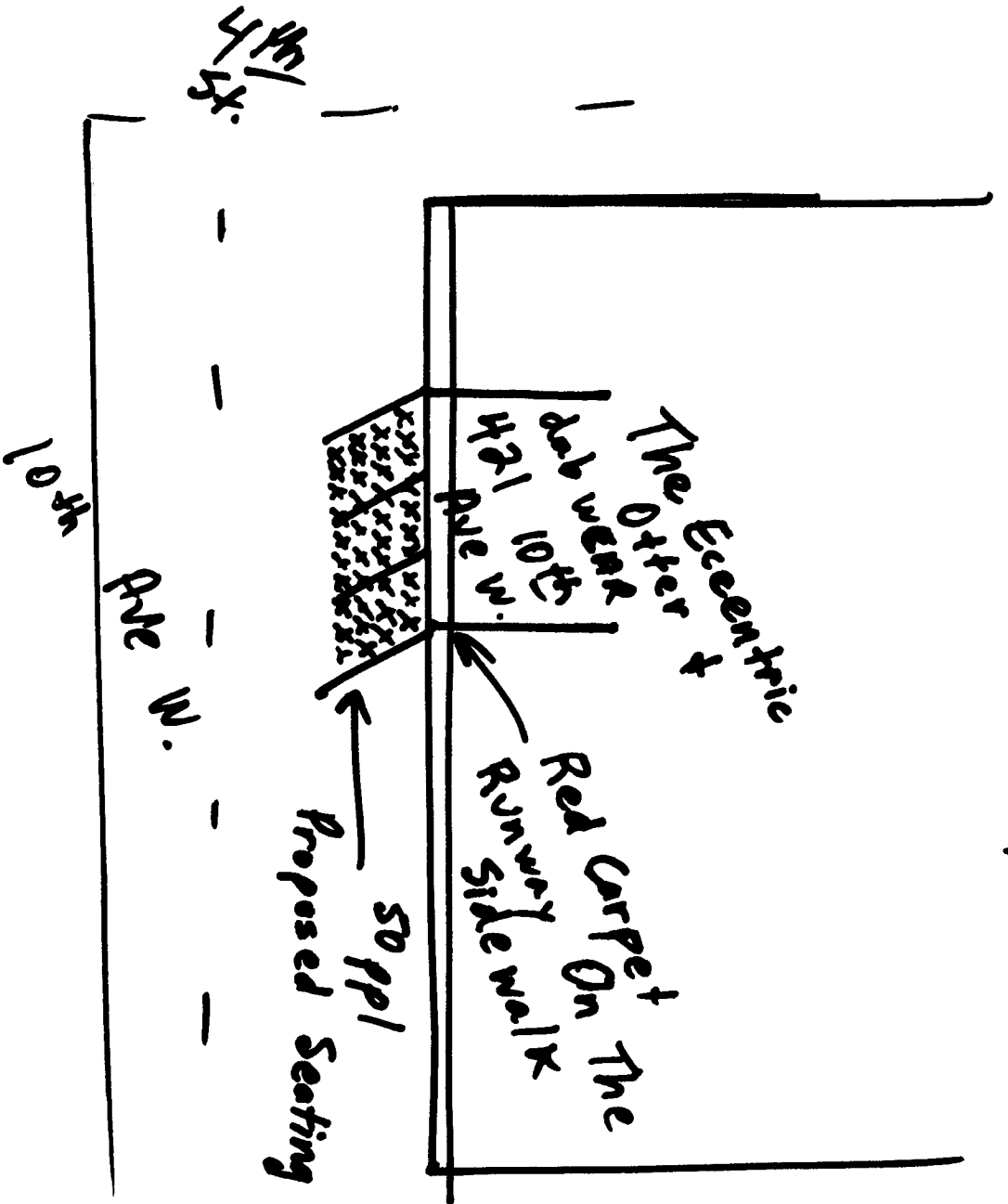

Applicant

CITY COMMISSION APPROVAL: _____

Palmetto, Fl

Runway Fashion Show 9/25/10

7:30pm - 8:30pm



5th St.

ACORD

TM.

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

08/31/2010

PRODUCER Phone: 941-722-3238 Fax: 941-723-1785

MOORE & MOORE INSURANCE AGENCY601 8TH AVE. WEST
PALMETTO FL 34221-5115

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 #

Agency Lic#: A183018

INSURED

DABWEAR INC
C/O JAMIE WILSON
421 10TH AVENUE WEST
PALMETTO FL 34221INSURER A: **Southern Owners Insurance Co.**

10190

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 LTR	ADD'L INSR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS			
A		GENERAL LIABILITY	102312-20731334-10	05/28/10	05/28/11	EACH OCCURRENCE	\$ 500,000		
	<input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 50,000		
	<input type="checkbox"/>	CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED. EXP (Any one person)	\$ 5,000		
	<input type="checkbox"/>					PERSONAL & ADV INJURY	\$ 500,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$ 500,000		
	<input type="checkbox"/>	POLICY				<input type="checkbox"/> PRO-JECT	<input type="checkbox"/> LOC	PRODUCTS-COMP/OP AGG.	\$ 500,000
						AUTOMOBILE LIABILITY			
		<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$		
		<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$		
		<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident)	\$		
		<input type="checkbox"/> HIRED AUTOS							
		<input type="checkbox"/> NON-OWNED AUTOS							
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$		
		<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC AGG	\$		
		EXCESS / UMBRELLA LIABILITY				EACH OCCURRENCE	\$		
		<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE	\$		
		<input type="checkbox"/> DEDUCTIBLE					\$		
		<input type="checkbox"/> RETENTION \$					\$		
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATUTORY LIMITS	OTHER		
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT	\$		
		If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE-EA EMPLOYEE	\$		
		OTHER:				E.L. DISEASE-POLICY LIMIT	\$		

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

CERTIFICATE HOLDER**CANCELLATION**CITY OF PALMETTO
516 8TH AVE W
Palmetto FL 34221

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 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


 James C. Moore, Jr. Ext. 228

Attention:

ACORD 25 (2001/08)

Certificate # 17778

© ACORD CORPORATION 1988

IMPORTANT

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

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).

DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.