

TAB 2



SPECIAL FUNCTION PERMIT APPLICATION

EVENT NAME: FIRST FRIDAYS (ON FIFTH)
APPLICANT: SLICKS GARAGE
ADDRESS: 923 5th ST W Palmetto FL 34221
CONTACT: JANE HUNTER

EVENT DATE: Jan 7th Feb 4th Mar 4th
EVENT TIME: 5:00pm - 10:00pm
PHONE: 941-776-7298
PHONE: 941-286-4753

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

ANTICIPATED ATTENDANCE: 500 ~ 700

CITY SERVICES REQUIRED:

POLICE: Streets Blocked: _____ Traffic Control: _____ Security: _____ Other: _____
PUBLIC WORKS: Barricades: Clean-up: _____ Set-up: _____ Other: _____

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: N/A # 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.

Note: existing insurance on file is valid through ~~03-05-2011~~. 03-05-2011 (JH)
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
Page 2

EVENT: FIRST FRIDAYS ON FIFTH

Event Date: JAN 7th, FEB 4th, MAR 4th

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

[Signature]

Permittee

CITY APPROVAL: [Signature]
Public Works Director [Signature]
Police Department [Signature]
North River Fire [Signature]
APPROVED BY COMMISSION: _____

11/24/10
Date 11-24-10
Date 11/27/10
Date 11/22/10
Date _____

Internal use only
Date Received: _____



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.

FORM NO. / TYPE	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> 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. <input type="checkbox"/> LOC				EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COM/PROP 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 \$ \$ \$ \$ <input type="checkbox"/> WC/STATL <input checked="" type="checkbox"/> OTH-ER
	WORKERS COMPENSATION AND EMPLOYERS LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/OWNER EXCLUDED? (Mandatory in FL) If yes, describe under SPECIAL PROVISIONS below				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

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

RECEIVED

MAR 26 2010

CERTIFICATE HOLDER ADDED AS ADDITIONAL INSURED

CITY HALL

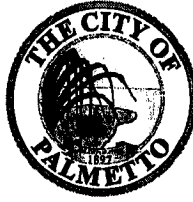
CERTIFICATE HOLDER

CANCELLATION

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

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



SPECIAL FUNCTION PERMIT APPLICATION

EVENT NAME: The Main Event
APPLICANT: The ECCENTRIC Otter
ADDRESS: 421 10th Ave. W Palmetto
CONTACT: STACEY STINTON

EVENT DATE: 1/7/11, 2/4/11
EVENT TIME: 5-9pm 3/4/11
PHONE: 941-920-8388
PHONE: 941-708-7463 WK

DETAILS OF FUNCTION: LOCATION, PARADE ROUTE, ETC.: 10th Ave W - between 410 10th Ave W & 5th St W. STREET FAIR

ANTICIPATED ATTENDANCE: 100+

CITY SERVICES REQUIRED:

POLICE: Streets Blocked: _____ Traffic Control: _____ Security: _____ Other: _____
PUBLIC WORKS: Barricades: X Clean-up: _____ Set-up: _____ Other: _____

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. Insurance may also be obtained by event sponsors through personal or commercial insurance policies. If it is necessary to purchase an insurance policy for an event, please refer to Exhibit B, and follow the directions to obtain a quote or purchase a policy.

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).

Special Function Permit Application

Page 2

EVENT: The Main Event

Event Date: 1/7/11, 2/4/11, 3/4/11

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

Stacy Stinton
Permittee

CITY APPROVAL:

City Clerk

[Signature]

Date 11/27/10

Public Works Director

[Signature]

Date 11-24-10

Police Department

Charles R. Wells

Date 11/24/10

North River Fire

Date _____

APPROVED BY COMMISSION: _____

Date _____

Internal use only
Date Received: _____
By: _____

Special Function Permit Application
Page 2

EVENT: The Main Event

Event Date: 1/7/11, 2/4/11, 3/4/11

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

Stacy Stinton
Permittee

CITY APPROVAL:

City Clerk	_____	Date _____
Public Works Director	_____	Date _____
Police Department	_____	Date _____
North River Fire	_____	Date <u>11/24/10</u>
APPROVED BY COMMISSION:	_____	Date _____

Internal use only
Date Received: _____
By: _____

ACORD

TM.

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/23/2010

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

MOORE & MOORE INSURANCE AGENCY
 601 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 #

INSURED

STACEY STINTON
 DBA MJ'S TOLEHOUSE / ECCENTRIC OTTER
 1315 6TH STREET WEST
 PALMETTO FL 34221

Agency Lic#: A183018

INSURER 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.

NSR ADD'L LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A YES	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/>	092312-20716866-10	02/25/10	02/25/11	EACH OCCURRENCE \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/>				DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED. EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 1,000,000 PRODUCTS-COMP/OP AGG. \$ 1,000,000
	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC AGG \$
	EXCESS / UMBRELLA LIABILITY OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER:				WC STATU-TORY LIMITS OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE-EA EMPLOYEE \$ E.L. DISEASE-POLICY LIMIT \$


DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/ SPECIAL PROVISIONS
 Certificate holder is listed as additional insured on the General Liability policy.
CERTIFICATE HOLDER
 CITY OF PALMETTO
 516 8TH AVE W
 Palmetto FL 34221

Attention:

CANCELLATION

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, IT'S AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE


 James C. Moore, Jr. Ext. 228



SPECIAL FUNCTION PERMIT APPLICATION

EVENT NAME: Vintage Wheels Car & Truck Show EVENT DATE: 2-6-11
 APPLICANT: Art Engelhard EVENT TIME: 8-3
 ADDRESS: 5-306 7th Ave Dr W, P.O. Box 34209 PHONE: 941-792-1819
 CONTACT: Art Engelhard or Donna Green PHONE: 941-748-2767

DETAILS OF FUNCTION: LOCATION, PARADE ROUTE, ETC.: Car Show at Lamb Park

ANTICIPATED ATTENDANCE: 400+ people

CITY SERVICES REQUIRED: Blocked at 6th & 7th St.
 POLICE: Streets Blocked: Traffic Control: Security: Other:
 PUBLIC WORKS: Barricades: Clean-up: Set-up: Other:

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): park restrooms on both Lamb and Sutton Parks

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
Page 2

EVENT: Vintage Wheels Car & Truck Show

Event Date: 2-6-11

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

Arthur W. Engelhard
Permittee

CITY APPROVAL:

Public Works Director [Signature]

Date 10-25-10

Police Department [Signature]

Date 11/24/10

North River Fire [Signature]

Date 11/22/10

APPROVED BY COMMISSION: _____

Date _____

Internal use only
Date Received: _____



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
11/9/10 1d

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 J.C. Taylor, Inc. 320 S. 69th St. Upper Darby, Pa. 19082	CONTACT NAME: Loretta Dearing	FAX (A/C. No): 610-853-3823
	PHONE (A/C. No. Ext): 1-800-272-6784 340	
	E-MAIL ADDRESS:	
	PRODUCER CUSTOMER ID #:	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Assurance Co. of Amer.	NAIC #
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

INSURED
 Antique Automobile Club of America
 & all its Regions & Chapters
 501 W. Governor Rd.
 Hershey, Pa. 17033

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.

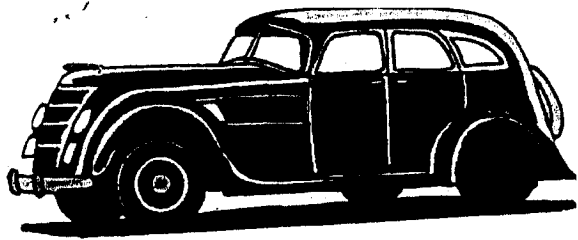
INSR. CTR.	TYPE OF INSURANCE	ADD'L SUBR. INSR. WAIV.	POLICY NUMBER	POLICY EFF. (MM/DD/YYYY)	POLICY EXP. (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO. JECT <input type="checkbox"/> LOC		PPS40543267	7/1/10	7/1/11	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COM/OP AGG \$2,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		PPS40543267	7/1/10	7/1/11	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DEDUCTIBLE \$ RETENTION \$		PPS40543267	7/1/10	7/1/11	EACH OCCURRENCE \$4,000,000 AGGREGATE \$4,000,000 \$ \$
	WORKERS COMPENSATION AND EMPLOYERS LIABILITY Y/N <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A				V.C. STATUTORY LIMITS OTH. FR. E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

Vintage Wheels of Manatee County Region 22nd Annual car Show Feb. 6, 2011 Lamb Park 10th Ave. & 7th St. Palmetto, FL

CERTIFICATE HOLDER City of Palmetto, FL	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 <i>Thomas Meakin</i>

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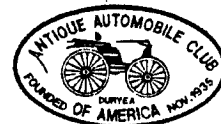
22nd Annual Vintage Wheels

Car & Truck Show

50/50 Proceeds to
Boys and Girls Clubs

Manatee County Region
A.A.C.A

When .. **Sunday, February 6, 2011**
Where .. Lamb Park, 10th Ave & 7th Street, Palmetto, FL.
Time .. 8:00 am to 3:00 pm Judging starts at Noon
Registration closes at 11:30 am.

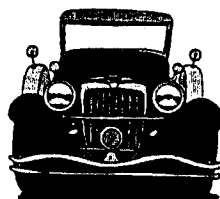


Top 50 Trophies for Cars 20 years & Older 100 Dash Plaques

Please support our sponsors

A&A Auto Recycling	5507 9th St. E. Bradenton	Julian Ortiz	941-751-2690
Baker's Paint Body	903 3rd Ave W Palmetto	Billy Baker	941-722-1692
Bill Lee Race Cars	4706 US Hwy 41 Palmetto	Bill Lee	941-729-6000
J. C. Taylor Auto Insurance	320 S. 69th St. Upper Darby, PA		800-345-8290
Slick's Custom Automotive	923 5th St. W., Palmetto		941-776-7298
USA Fence	1209 44th Ave E Bradenton		941-745-8727
Wilde Lexus of Sarasota	4883 Clark Rd Sarasota		941-924-3040

Vintage Wheels Member Cars will not be judged.
Judges Decisions are final.
"For Sale" signs permitted on show cars.
No Alcoholic Beverages ... No Loud Music
Fire Extinguishers required in show cars



**Food & Parts
Vendors Welcome !**

Pre-Registration Form All A.A.C.A First Junior, Senior, & HPOF have to be Pre-Registered by **January 15, 2011**

INQUIRES: Phone **(941) 748-2767** Email BGreenDonna@aol.com or **(941)749-5799**

Send Completed Form for Pre-Registration to: **Vintage Wheels, P.O. Box 741, Bradenton, Florida 34206-0741**

Name: _____ 1st Vehicle Make: _____ Style: _____ Year: _____

Address: _____ 2nd Vehicle Make _____ Style: _____ Year: _____

City: _____ State: _____ Zip: _____ Phone: _____

Fees: Pre-Registered:	\$10	_____
2nd Car.....	\$10	_____
At the Gate....	\$15	_____
Food Vender....	\$25	_____
Other Vendors..	\$15	_____

I agree to abide by all rules of the show and understand that I am responsible for my car and merchandise. I agree to release from all liability Vintage Wheels of Manatee County Region A.A.C.A. and the City of Palmetto, from any damage, injury, lost or stolen merchandise from this event.

SIGNATURE: _____

(All Vintage Wheel Members must still fill out & sign this form)