

TAB 3



SPECIAL FUNCTION PERMIT APPLICATION

EVENT NAME: WEDDING
APPLICANT: Donald Klimbeil
ADDRESS: 1112 riverside Dr
CONTACT: Don 941 730 8451

EVENT DATE: 1-23-11
EVENT TIME: 200 - 500 pm
PHONE: 941 730 8451
PHONE: 941 807 5347

DETAILS OF FUNCTION: LOCATION, PARADE ROUTE, ETC.: Out Door
wedding front yard south side of
property

ANTICIPATED ATTENDANCE: 150 persons

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
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EVENT: wedding Event Date: 1-23-10

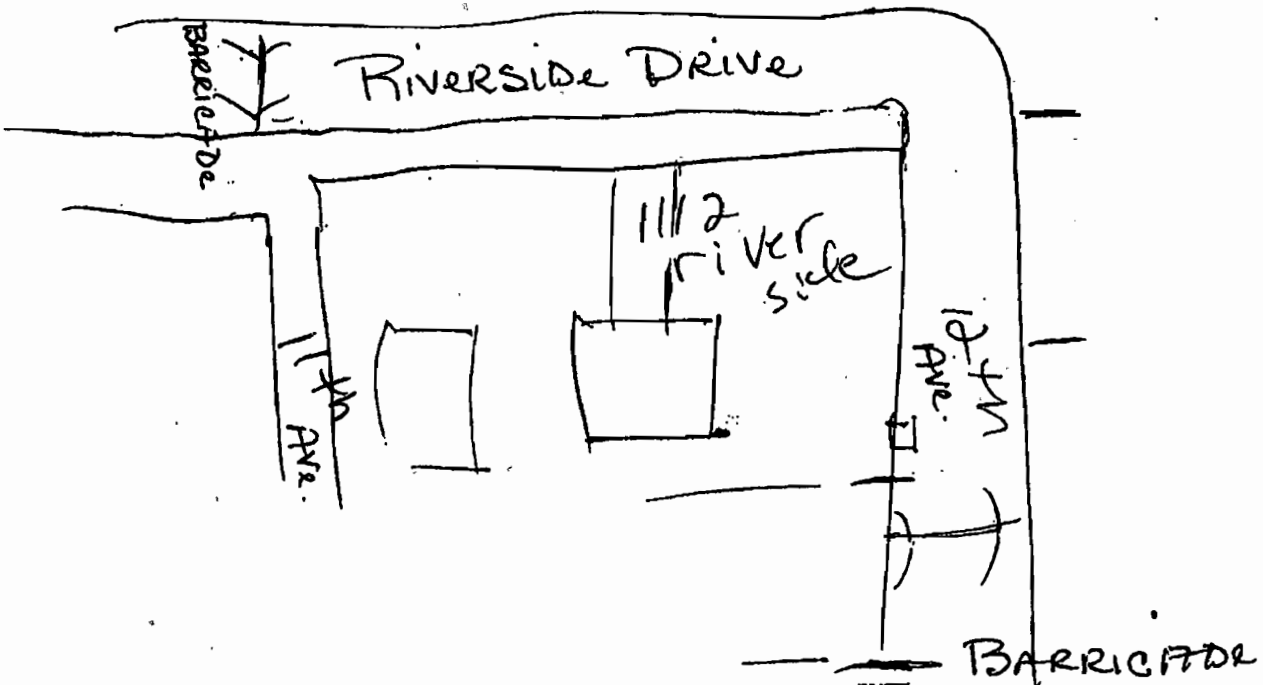
I HAVE READ AND UNDERSTAND THE ABOVE SPECIAL FUNCTION PERMIT APPLICATION CONDITIONS.

Donald Kijlic
Permittee

CITY APPROVAL:

City Clerk	<u>[Signature]</u>	Date	<u>12/29/10</u>
Public Works Director	<u>[Signature]</u>	Date	<u>12/29/10</u>
Police Department	<u>[Signature]</u>	Date	<u>12/29/10</u>
North River Fire	<u>[Signature]</u>	Date	<u>12/28/10</u>
APPROVED BY COMMISSION	<u>[Signature]</u>	Date	<u> </u>

Internal use only
Date Received: 12/27/10
By: D Ponder



December 28, 2010
101 12th Ave West
Palmetto, FL 34221

City of Palmetto
Palmetto, Florida

Sir:

Please be advised that we have no objection to putting barricades on 12th Avenue West during the wedding on January 23, 2010 from 2:00pm to 5:00pm.

Sincerely,

A handwritten signature in cursive script that reads "Susannah F. Wait".

William M. Wait
Susannah F. Wait

ACORD TM. **CERTIFICATE OF LIABILITY INSURANCE** DATE (MM/DD/YYYY)
12/28/2010

PRODUCER Phone: 941-722-3238 Fax: 941-723-1785
MOORE & MOORE INSURANCE AGENCY
 601 8TH AVE. WEST
 PALMETTO FL 34221-5115

Agency Lic#: A183018

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 #
INSURER A: Southern Owners Insurance Co.	10190
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	

INSURED
DONALD KLINGBEIL
 3403 59TH AVENUE DR E
 BRADENTON FL 34203-5403

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	072312-20695336-10	04/10/10	04/10/11	EACH OCCURRENCE \$ 500,000
	<input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000
	<input type="checkbox"/>	CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED. EXP (Any one person) \$ 10,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					PERSONAL & ADV INJURY \$ 500,000
		POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/>				GENERAL AGGREGATE \$ 500,000
		AUTOMOBILE LIABILITY				PRODUCTS-COMP/OP AGG. \$ 500,000
		ANY AUTO				COMBINED SINGLE LIMIT (Ea accident) \$
		ALL OWNED AUTOS				BODILY INJURY (Per person) \$
		SCHEDULED AUTOS				BODILY INJURY (Per accident) \$
		HIRED AUTOS				PROPERTY DAMAGE (Per accident) \$
		NON-OWNED AUTOS				
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
		ANY AUTO				OTHER THAN EA ACC \$
						AUTO ONLY: AGG \$
		EXCESS / UMBRELLA LIABILITY				EACH OCCURRENCE \$
		<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE \$
		DEDUCTIBLE				\$
		RETENTION \$				\$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATUTORY LIMITS
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				OTHER
		If yes, describe under SPECIAL PROVISIONS below				E.L. EACH ACCIDENT \$
						E.L. DISEASE-EA EMPLOYEE \$
						E.L. DISEASE-POLICY LIMIT \$
		OTHER:				

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

CERTIFICATE HOLDER	CANCELLATION
<p>CITY OF PALMETTO 516 8TH AVE W Palmetto FL 34221</p> <p>Attention:</p>	<p>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.</p> <p>AUTHORIZED REPRESENTATIVE</p> <p style="text-align: right;"><i>James C Moore, Jr.</i> James C. Moore, Jr. Ext. 228</p>