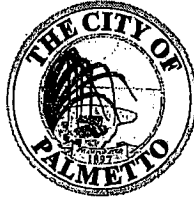


TAB 3



SPECIAL FUNCTION PERMIT APPLICATION

EVENT NAME: Cinco de Mayo Festival
APPLICANT: ALVAREZ MEXICAN RESTAURANT
ADDRESS: 1431- 8th Av. W. Palmetto, Fl.
CONTACT: MARIE ALVAREZ

EVENT DATE: 5-5-11
EVENT TIME: 5-11 P.M
PHONE: 941-722-3259
PHONE: 729-2232

DETAILS OF FUNCTION: LOCATION, PARADE ROUTE, ETC.: Community Festival -
Will have Food Specials - Music - Folkloric Dancers
Close 15th St. between 8th & 9th Avenue

ANTICIPATED ATTENDANCE: 300 - 400

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: 3 # of days: 1
Proposed location(s): 15th St. W. Between 9th Av. & 8th Av W. IN grassy area

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 the City's Noise Ordinance (see Chapter 5-Amusements, of the City of Palmetto Code of Ordinances).

Special Function Permit Application
Page 2

EVENT: Cinco de Mayo Festival

Event Date: 5-5-11

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

Maria Chavez
Permittee

CITY APPROVAL:

| | | |
|-------------------------|--------------------|---------------------|
| City Clerk | <u>[Signature]</u> | Date <u>4/6/11</u> |
| Public Works Director | <u>[Signature]</u> | Date <u>4-6-11</u> |
| Police Department | <u>[Signature]</u> | Date <u>4-6-11</u> |
| North River Fire | <u>[Signature]</u> | Date <u>3/23/11</u> |
| APPROVED BY COMMISSION: | _____ | Date _____ |

Internal use only
Date Received: _____
By: _____



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
4/12/2011

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 Heritage Insurance Services 1009 10th Avenue West Palmetto FL 34221 | | CONTACT NAME: Amanda Harvin PHONE (A/C, No. Ext.): (941) 723-1400 FAX (A/C, No.): (941) 723-1440 E-MAIL ADDRESS: Amanda@heritagefla.com PRODUCER CUSTOMER ID #: 00000565 | |
| INSURED Alvarez Mexican Resturant 1431 8th Ave West Palmetto FL 34221 | | INSURER(S) AFFORDING COVERAGE INSURER A: North Pointe Insurance Co NAIC # 39462 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F: | |

COVERAGES **CERTIFICATE NUMBER: 2011-2012** **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 | ADDITIONAL SUBROGATION | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----------|---|-------------------------------------|---------------|-------------------------|-------------------------|--|
| A | <input checked="" type="checkbox"/> GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR | | BINDER 041211 | 4/14/2011 | 4/14/2012 | EACH OCCURRENCE \$ 500,00 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 500,000 GENERAL AGGREGATE \$ 500,000 PRODUCTS - COMP/OP AGG \$ 500,000 |
| | GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC | | | | | |
| | 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) \$ \$ \$ |
| | UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <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) If yes, 09/25/09 under: DESCRIPTION OF OPERATIONS below | Y/N <input type="checkbox"/> N/A | | | | WC STATUTORY LIMITS OTHER 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)

| | |
|--|--|
| CERTIFICATE HOLDER City of Palmetto 516 8th Ave W Palmetto, FL 34221 | CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE David Clements/AMANDA <i>David Clements</i> |
|--|--|



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
4/12/2011

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 Heritage Insurance Services 1009 10th Avenue West Palmetto FL 34221 | | CONTACT NAME: Amanda Harvin PHONE (A/E, No, Ext): (941) 723-1400 FAX (A/E, No): (941) 723-1440 E-MAIL ADDRESS: Amanda@heritagefla.com PRODUCER CUSTOMER ID #: 00000565 | |
| INSURED Alvarez Mexican Resturant 1431 8th Ave West Palmetto FL 34221 | | INSURER(S) AFFORDING COVERAGE INSURER A: North Pointe Insurance Co 39462 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F: | |

COVERAGES **CERTIFICATE NUMBER: 2011-2012** **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 SUBR INSR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----------|--|-------------------------------------|---------------|-------------------------|-------------------------|--|
| A | GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR | | BINDER 041211 | 4/14/2011 | 4/14/2012 | EACH OCCURRENCE \$ 500,00 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 500,000 GENERAL AGGREGATE \$ 500,000 PRODUCTS - COMP/OP AGG \$ 500,000 |
| | GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | | | | | |
| | 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) \$ \$ \$ |
| | UMBRELLA LIAB EXCESS LIAB DEDUCTIBLE RETENTION \$ | OCCUR CLAIMS-MADE | | | | 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 | Y/N <input type="checkbox"/> N/A | | | | WC STATU-TORY LIMITS OTH-ER 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)

| | |
|--|---|
| CERTIFICATE HOLDER City of Palmetto 516 8th Ave W Palmetto, FL 34221 | 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 David Clements/AMANDA <i>[Signature]</i> |
|--|---|

A. **Workers Compensation Insurance:** Part one of the policy applies to the Workers Compensation Law of the states listed here: FL

B. **Employers Liability Insurance:** Part Two of the policy applies to work in each state listed in Item 3.A. The limits of our liability under Part Two are:

| | | |
|----------------------------------|-----------|----------------------|
| Bodily injury by Accident | \$100,000 | each accident |
| Bodily injury by Disease | \$500,000 | policy limit |
| Bodily injury by Disease | \$100,000 | each employee |

C. **Other States Insurance:** Part Three of the policy applies to the states, if any, listed here:

ALL STATES EXCEPT ND, OH, WA, WY, AND STATES DESIGNATED IN ITEM 3.A. OF THE INFORMATION PAGE.

D. **This policy includes these endorsements and schedule:**

WC 09 04 03A WC 99 03 65 WC 00 04 14 WC 00 04 19 WC 09 03 03
WC 09 06 06

4. **The premium for this policy will be determined by our Manuals of Rules, Classifications, Rates and Rating Plans. All information required below is subject to verification and change by audit.**

| Classifications Code Number and Description | Premium Basis Total Estimated Annual Remuneration | Rates Per \$100 of Remuneration | Estimated Annual Premium |
|---|--|---------------------------------------|--------------------------------|
| 9082 RESTAURANT NOC | 260,000 | 2.20 | 5,720 |
| TOTAL ESTIMATED ANNUAL STANDARD PREMIUM | | | 5,720 |
| EXPENSE CONSTANT (0900) | | | 200 |
| TERRORISM (9740) | 260,000 | .020 | 52 |
| TOTAL ESTIMATED ANNUAL PREMIUM | | | 5,972 |

Total Estimated Annual Premium: \$5,972
Deposit Premium: N/A
Policy Minimum Premium: \$365 FL

Interstate/Intrastate Identification Number:

Labor Contractors Policy Number:

NAICS: 722110
SIC: 5812
UIN:
NO. OF EMP: 000012

*3500176LY97360101 09902