

Walton County Beach Code Compliance

46 Coastal Centre Blvd
Santa Rosa Beach, Florida 32459
Phone: (850) 622-0000

BEACH VENDOR PERMIT

Permit #BCHV-21-0326

Expiration Date:
2/1/2022

Issued To:

Beach Chairs 4 U
Chip Coble - Owner
243 Amadeus Ave
Freeport FL 32439

Permitted Items: Chairs / Umbrellas / Storage
MAX ALLOWED SETS: 124

Permit Type: Site Specific

Vending Type: Chairs / Umbrellas

Vending Location: Jasmine Dunes

Amount Paid: \$100.00

[Handwritten Signature]

Walton County Authorized Signature
Beach Code Enforcement

Date

During turtle nesting season vendors shall be allowed access to the beach between 7:30 AM (or after the morning nesting survey has been completed) and sunset.

BCHN-21-0326

2020 BEACH VENDING APPLICATION (ADDITIONAL LOCATIONS)

Beach Vendor Permit Fee \$100.00
Additional Fees May Apply

NAME/TITLE: Chip Coble owner/operator

SECONDARY CONTACT: _____

BUSINESS NAME: Beach Chairs 4 U

MAILING ADDRESS: 243 Amadeus Ave 32439

TELEPHONE: 850-231-4448

MOBILE: 850-978-1010

FAX NUMBER: _____

EMAIL ADDRESS (REQUIRED): coblechip@yahoo.com

PRIMARY BEACH LOCATION/ADDRESS (SITE-SPECIFIC PERMITS): _____

APPLICATION TYPE: SITE SPECIFIC LOCATION JASMINE DUNES

VENDING TYPE (I.E. Chairs, Paddleboards, Jet Skis, etc.): _____

PLEASE LIST BUSINESS INVENTORY (BEACH ITEMS) BELOW

QUANTITY	DESCRIPTION
22	chairs
11	umbrella
124	max sets

Walton County Code Compliance
46 Coastal Centre Blvd., Santa Rosa Beach, Florida 32459
Phone 850-622-0000

REQUIRED SIGNATURE

I agree that the Walton County personnel or any assigned agents may inspect for the purpose of verifying the conditions that affect this application and to verify information that I provided as part of this application.

FLORIDA STATUTES 837.06 -- FALSE OFFICIAL STATEMENT

Whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his official duty shall be guilty of a misdemeanor of the second degree.

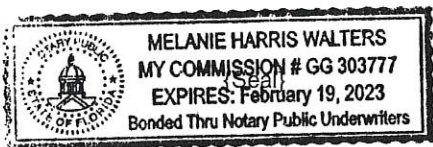
I have read and understand all the information provided in this application, the requirements listed within the application, and agree to provide the necessary information requested by Walton County. The information I have provided on this application is true and correct to the best of my knowledge.

W.H. Coble III William H Coble III 5/6/2021
Applicant's Signature Printed Name Date of Signature

STATE OF FL
COUNTY OF Walton

BEFORE ME, the undersigned Notary Public in and for said County and State, appeared William Coble, who is personally known to me or who has produced _____ as identification, and who executed the foregoing instrument.

Given under my hand and seal this 7 day of May, 2021.
Melanie Walters
Signed Name of Notary Public



Melanie Walters
Printed Name of Notary Public
Commission Number: GG 303777
Expiration Date: 2/19/23

NOTE: This application will not be processed without a Notary Public Witnessed Signature by the Applicant.

THIS SUBMITTAL WAS CHECKED BY:
[Signature] 5-7-21
Walton County Staff Signature Date

Acknowledgment Letter

Acknowledgment of Receipt of, and Acknowledgment to Comply with,

**Walton County Municipal Code, Chapter 22 Walton County
Waterways and Beach Activities Ordinance**

(Referred to as the Walton County Beach Activities Ordinance)

The undersigned, by and for (Company Name) Beach Chairs 4 U,
by execution of this document hereby acknowledges receipt of the current
Walton County Ordinance commonly referred to as the Walton County Beach
Activities Ordinance, and hereby agrees to read said ordinance and *require all
persons working for the above named entity to adhere, abide and comply with
and to the provisions contained therein.*

The undersigned, acting on behalf of and with full authority to commit the entity
identified below, acknowledge receipt of, and agrees to be bound by all terms
contained in, the above-referenced ordinance.

William H. Coble III
Printed Name
W. H. Coble III
Signature
Beach Chairs 4 U
Company
OWNER/OPERATOR
Title
5/6/2021
Date



CERTIFICATE OF LIABILITY INSURANCE

BEACH-3

OP ID: MS

DATE (MM/DD/YYYY)

03/02/2021

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).

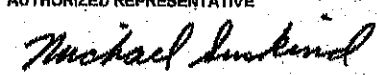
PRODUCER: Logan Insurance Agency, Inc. 3801 North 9th Avenue Pensacola, FL 32503 Michael E Suskind	CONTACT NAME: Michael E Suskind	PHONE (A/C, No, Ext): 850-438-1448	FAX (A/C, No): 850-438-0085
	E-MAIL ADDRESS: mike@loganins.net		
INSURED: Beach Chairs 4 U, Inc. 243 Amadeus Ave. Freeport, FL 32439	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Covington Specialty Ins Co		
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		

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 LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X		21-0007	03/28/2021	03/28/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED RETENTION \$						<input type="checkbox"/> OCCUR <input type="checkbox"/> 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						<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
chairs, umbrellas, kayaks, sups rented to others

CERTIFICATE HOLDER Walton County BOCC 76 N. 6th St. DeFuniak Springs, FL 32435	WALTON2	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 
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Walton County Code Compliance

46 Coastal Centre Blvd., Santa Rosa Beach, Florida 32459

Site-Specific Beach Vending Permit Authorization

Instructions:

Company Owned Property - This authorization must be signed by an officer of the company and notarized OR accompanied by a photo ID containing a signature. In addition, proof that the signer is an officer of the company must be attached, i.e. a copy of a corporation document or copy of Annual Corporation filing with the state of origin.

Individually Owned Property/Property Manager - This authorization must be signed by the owner/property manager and notarized OR accompanied by a copy of a photo ID containing a signature.

Kent WALLACE (President HOA) Laurie Turner Assoc. Mnger
Property Owner(s) (Names as listed on deed) Name/Title (If Company/Property Mgr.)

Kent WALLACE # 615-944-5014
Mailing Address State Zip

334-464-8658 laurie@virtuousmg.com
Contact Phone Number Email Address

50 JASMINE Circle / JASMINE DUNES Neighborhood
Walton County Gulf Front Property Location (Physical Address or Parcel Identification)

As owner/manager of the property listed above, I am authorizing the following person(s) or beach service vendor(s) to conduct **Beach Vending Operations** on said property within the guidelines set forth by Walton County Municipal Code Chapter 22. Owner/manager signature authorizes Beach Code Compliance access to the property to inspect for code compliance. Please contact Walton County Beach Code Compliance for permitting questions.

50 JASMINE Circle
(Name of Authorized Individual or Vendor)

Activities Authorized/Permissible:

- Vend/Solicit - Exclusive Vendor
- Set Up of Equipment Only
- Allow Bonfires
- Allow Storage Box(es)
- Vend Beach Chairs/Umbrellas
- Vend Watersports Operations
- Vend Parasail Operations
- Vend Jet-Ski Operations
- Traverse Beach (Foot Traffic Only)
- Traverse Beach (ATV/Vehicle Only)
- Security Permit
- _____

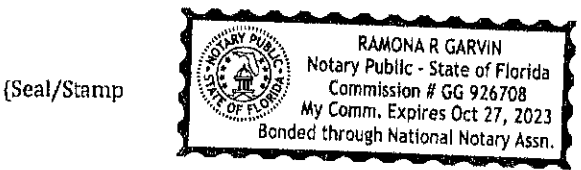
Time duration in which authorization is valid: *[Written annual authorization will be required each vending season]*

(Date From) _____ (Date To) _____
[Signature] Kent H. Wallace
Property Owner/Manager/Company Officer Signature Printed Name of Property Owner/Mgr./Officer

4/7/2021
Date

Given under my hand and seal this 7 day of April, 2021.

Ramona R. Garvin
Signed Name of Notary Public



Ramona R. Garvin
Printed Name of Notary Public

Commission Number: GG 926708

Expiration Date: 10/27/2023

Please mail **originally signed and notarized** form to: 46 Coastal Centre Blvd., Santa Rosa Beach, FL 32459

OR email form with ID copy only to walmelanie@co.walton.fl.us Thank you!

(No subject)

Chip Coble <coblechip@yahoo.com>

Fri 5/7/2021 9:12 AM

To: The UPS Store #4969 <store4969@theupsstore.com>

CAUTION! This email originated from outside of the organization. Please do not open attachments or click links from an unknown or suspicious origin.



Sent from my iPhone

30A

JASMINE
Circle

Pelago St Access

+225ft.

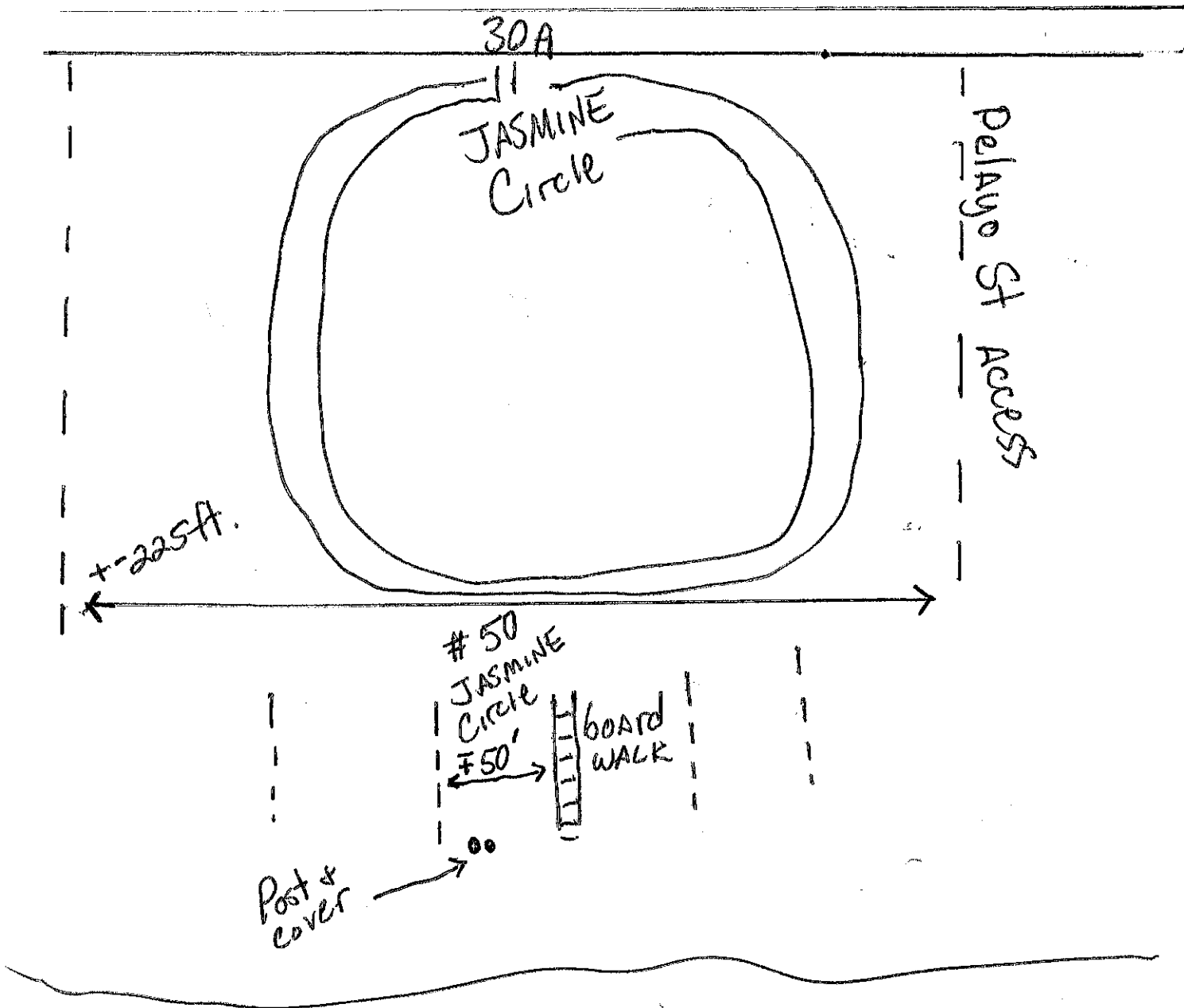
#50
JASMINE
Circle

BOARD
WALK

750'

Post &
cover


Gulf.



2021 BEACH VENDOR CHECK LIST

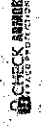
BEACH VENDING – ADDITIONAL LOCATION

VENDOR/BUSINESS NAME: Beach Chairs 4 U

1. Acknowledgment Letter _____
2. Completed Application _____
 - a. Inventory list per site
 - b. Notarized affidavit
3. Area identified w/site plan (Site Specific Permits Only) _____
4. Liability Insurance – Two (2) Certificate Holders Required
(1) Walton County Board of County Commissioners
Address: 76 N 6th Street, Defuniak Springs, FL 32433

5. Phone Numbers _____
(Marine radio or cell phone/proof For Watersports)
6. Permission/consent letter (Site Specific Permits Only) _____
7. Lifesaving Training Certification/CPR Certification
Mandatory for ALL Watersports per 22-60 (e) (4) _____
8. Check payable to: Walton County BCC (~~due~~ when approved) _____

BEACH CHAIRS 4 U INC
243 Amadeus Ave
Freeport, FL 32439
Ph: 850-231-4448

3027
65-468637



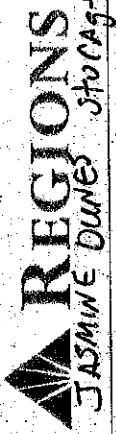
DATE 5/7/2021

PAY TO THE ORDER OF W.C.B.C.C.

\$ 100

One hundred dollars

DOLLARS



FOR Chip Co Me

⑆00003027⑆ ⑆063104668⑆ 5509038299⑆

