

BEACH VENDOR PERMIT

Walton County Beach Code Compliance

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

Permit #BCHV-21-0080

Expiration Date:
2/1/2022

Issued To:

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

Permitted Items: Chairs / Umbrellas

Permit Type: Delivery

Vending Type: Chairs / Umbrellas

Vending Location: Delivery

Amount Paid: \$1000.00

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.



Walton County Authorized Signature
Beach Code Enforcement

Date

3/1/21

Walton County Code Compliance

46 Coastal Centre Blvd., Santa Rosa Beach, Florida 32459
Phone 850-822-0000

2021 BEACH VENDING APPLICATION

Beach Vendor Permit Fee: \$1000.00

Miscellaneous Operations Permit Fee: \$150.00

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

APPLICATION TYPE: DELIVERY PERMIT

VENDING TYPE (I.E. Chairs, Paddleboards, Bonfires, Event Planners etc.): Chairs + umbrella

PLEASE LIST BUSINESS INVENTORY (BEACH ITEMS) BELOW

QUANTITY	DESCRIPTION
100	CHAIRS
50	umbrella

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 2/24/2021
Applicant's Signature Printed Name Date of Signature

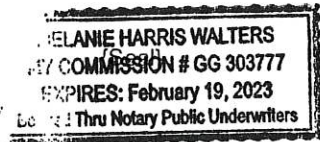
STATE OF FL

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 25 day of Feb, 2021.
Melanie Walters
Signed Name of Notary Public



Melanie Walters
Printed Name of Notary Public

Commission Number: GG303777

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] 2-25-21
Walton County Staff Signature Date



Walton County Code Compliance
46 Coastal Centre Blvd., Santa Rosa Beach, Florida 32459
Phone 850-822-0000

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 Walton
County Beach Activities commonly referred to as the current 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
William H Coble III
Signature
BEACH CHAIRS 4 U
Company
President
Title
2/24/2021
Date



CERTIFICATE OF LIABILITY INSURANCE

BEACH-3 OP. ID: MS

DATE (MM/DD/YYYY)

02/23/2021

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).

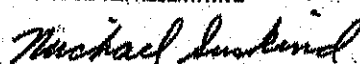
PRODUCER Logan Insurance Agency, Inc. 3801 North 9th Avenue Pensacola, FL 32503 Michael E Suskind	CONTACT NAME: Michael E Suskind PHONE (A/C, No, Ext): 850-438-1448 E-MAIL ADDRESS: mike@loganins.net	FAX (A/C, No): 850-438-0085
	INSURER(S) AFFORDING COVERAGE	
INSURED Beach Chairs 4 U, Inc. 243 Amadeus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

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		20-0005	03/28/2020	03/28/2021	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
							MED EXP (Any one person)	\$ 5,000
							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 <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE	OTHER
							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 WALTON2 Walton County BOCC 76 N. 6th St. DeFuniak Springs, FL 32435	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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

02/23/2021

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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: mike@loganins.net ADDRESS:
INSURER(S) AFFORDING COVERAGE	
INSURED	INSURER A: Covington Specialty Ins Co
Beach Chairs 4 U, Inc. 243 Amadeus Ave. Freeport, FL 32439	INSURER B:
	INSURER C:
	INSURER D:
	INSURER E:
	INSURER F:

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADDITIONAL SUBROGATION	INSURED	WARRANTY	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"/> PROJECT <input type="checkbox"/> LOC OTHER:	X			20-0005	03/28/2020	03/28/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 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"/> 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 DED RETENTION \$							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		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 WALTON3 Walton County Beach Code Enforcement 924 S. Co. Hwy 83 Santa Rosa Beach, FL 32459	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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Certificate

OF COMPLETION

IN RECOGNITION OF SUCCESSFUL COMPLETION IN:

Standard - CPR / AED

(Adult / Child / Infant)

Automated External Defibrillator (AED)

THIS CERTIFICATE IS PROUDLY PRESENTED TO:

Chip Coble

The above mentioned Student is now certified in the above mentioned course by demonstrating proficiency in the subject by passing the examination in accordance with the Terms & Conditions of National CPR Foundation - Valid for 2 years. Course administered in accordance with the **2020** ECC/ILCOR and AHA® guidelines. ID#: **23CF72**

Completion: **February 24, 2021**

Instructor: **Paul J. Scruton**

Signature:



COURSE PROVIDED BY:

National CPR Foundation

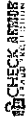
BEACH CHAIRS 4 U INC
243 Amadeus Ave
Freeport, FL 32439
Ph: 850-231-4448

2995

63-4667631

DATE

3/8/2021



PAY TO THE ORDER OF

W.L. B.C.C.

\$ 2,300-

Twenty three hundred dollars

DOLLARS



REGIONS

FOR 2021 beach permits

Chup Cobb

⑆00002995⑆ ⑆063104668⑆ 5509038299⑆

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

2021 BEACH VENDOR CHECK LIST

DELIVERY PERMIT

VENDOR/BUSINESS NAME: Chip Coble / Beach Chairs 4 U

1. Acknowledgment Letter

2. Completed Application

- a. Notarized affidavit
- b. Inventory list

3. Liability Insurance – Two (2) Certificate Holders Required

(1) Walton County Board of County Commissioners
Address: 76 N 6th Street, Defuniak Springs, FL 32433

(2) Walton County Beach Code Compliance
Address: 46 Coastal Centre Blvd., Santa Rosa Beach, FL 32459

4. Phone Numbers
(Marine radio or cell phone/proof For Watersports)

NIA

5. Lifesaving Training Certification/CPR Certification
Mandatory for **ALL** Watersports per 22-60 (e) (4)

NIA

6. Check payable to: Walton County BCC (due when approved)
