

BEACH VENDOR PERMIT

Walton County Beach Code Compliance

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

Permit #BCHV-21-0104

Expiration Date:
2/1/2022

Issued To:
VacayZen
Destin Holland - Owner
4042 E Co Hwy 30A
Santa Rosa Beach, FL 32459

Permitted Items: Chairs / Umbrellas / Bonfires

Permit Type: Delivery
Vending Type: Delivery
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

Walton County Code Compliance

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

2021 BEACH VENDING APPLICATION

BCHV-21-0104

Beach Vendor Permit Fee: \$1000.00

Miscellaneous Operations Permit Fee: \$150.00

Additional Fees May Apply

NAME/TITLE: Destin Holland

SECONDARY CONTACT: Aubrey Lipscomb III (502) 500-2327

BUSINESS NAME: VacayZen

MAILING ADDRESS: 4042 E. Co. Hwy 30A, Santa Rosa Beach, FL, 32459

TELEPHONE: 850-797-6801

MOBILE: N/A

FAX NUMBER: N/A

EMAIL ADDRESS (REQUIRED): Destin@rentgearhere.com

APPLICATION TYPE: DELIVERY PERMIT

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

Bonfires

PLEASE LIST BUSINESS INVENTORY (BEACH ITEMS) BELOW

QUANTITY	DESCRIPTION
+/- 150	Approximately 150 sets of chairs + umbrellas
	Bonfire Pits
	Tiki torches

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.

[Signature] Applicant's Signature Destin Holland Printed Name 2/25/21 Date of Signature

STATE OF Florida

COUNTY OF Walton

BEFORE ME, the undersigned Notary Public in and for said County and State, appeared

Destin Holland, who is personally known to me or who has produced
Drivers License as identification, and who executed the foregoing instrument.

Given under my hand and seal this 25 day of February, 2021.



[Signature]
Signed Name of Notary Public

Caroline Smith
Printed Name of Notary Public

Commission Number: GG 232739

Expiration Date: 06/27/2022

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

THIS SUBMITTAL WAS CHECKED BY:

[Signature]
Walton County Staff Signature

3/5/21
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) Vacay Zen
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.

Aubrey Lipscomb III
Printed Name
[Signature]
Signature
Vacay Zen
Company
Beach Service Manager
Title
2/25/21
Date



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

06/02/2020

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 have ADDITIONAL INSURED provisions or 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 Fuller Insurance LLC PO Box 1583 Santa Rosa Beach FL 32459	CONTACT NAME: Garrett Fuller
	PHONE (A/C, No, Ext): (850) 622-5283
	FAX (A/C, No): (850) 622-5287
	E-MAIL ADDRESS: chris@fuller.insure
	INSURER(S) AFFORDING COVERAGE
	INSURER A: National Casualty Company
	INSURER B:
	INSURER C:
	INSURER D:
	INSURER E:
	INSURER F:

INSURED (850) 832-8715
 Rent Gear Here LLC dba Bay Baits
 4042 E County Hwy 30A, Unit C
 Santa Rosa Beach FL 32459

COVERAGES **CERTIFICATE NUMBER:** Cert ID 3156 **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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			KKO0000024389000	05/03/2020	05/03/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ EXCLUDED 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"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						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"/> OCCUR <input type="checkbox"/> 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						<input type="checkbox"/> PER STATUTE <input type="checkbox"/> 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)

CERTIFICATE HOLDER Walton County Board of County Commissioners 76 N 6th Street DeFuniak Springs FL 32433	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
--	--

001607

Woodforest National Bank
25231 Grogan's Mill Road
The Woodlands, TX 77380
(832) 375-2009

30A Beach Hospitality Holdings, LLC
5555 San Felipe Suite 2100
Houston, Texas 77056

3/5/2021

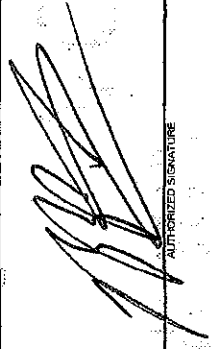
**2,300.00

Walton County BCC

PAY TO THE ORDER OF

Two Thousand Three Hundred and 00/100*****

DOLLARS



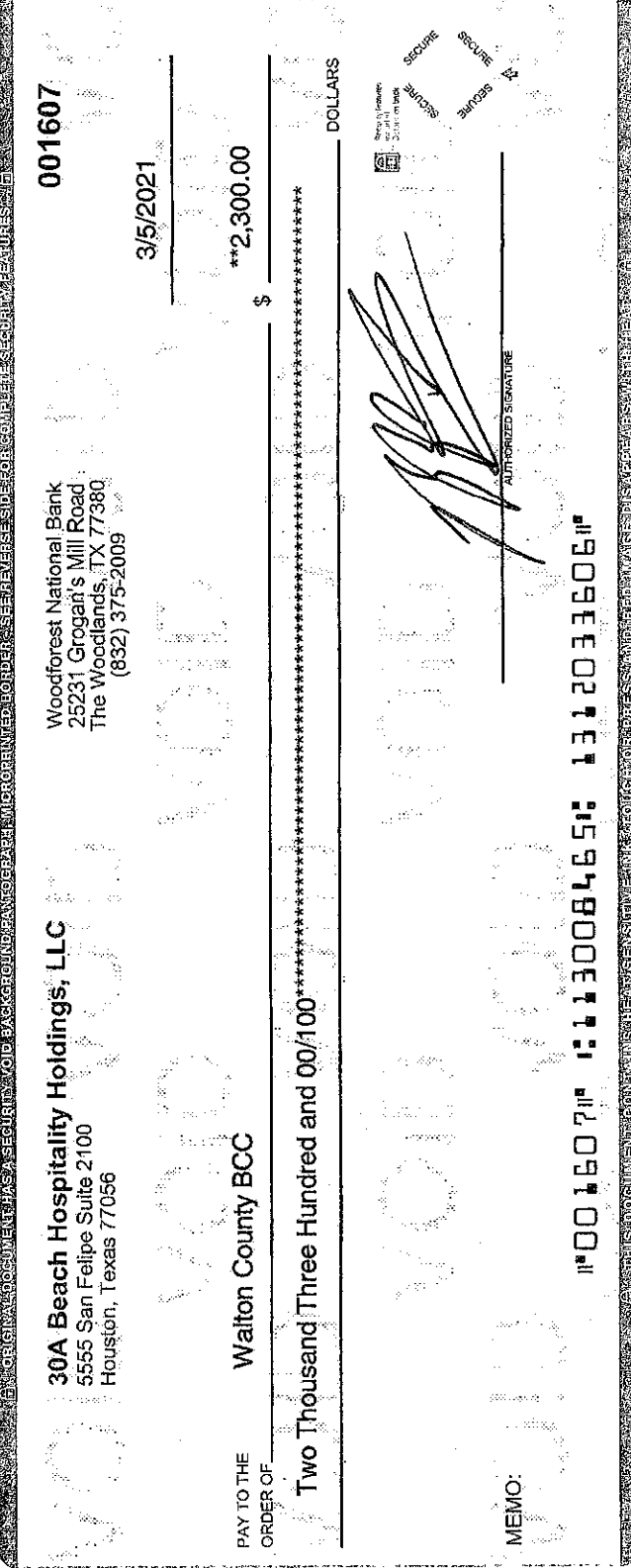
MEMO:

⑆001607⑆ ⑆13008465⑆ 1312033606⑆

SECURE SIGNATURE
SECURE SIGNATURE
SECURE SIGNATURE



AUTHORIZED SIGNATURE



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: Vacay Zen

- 1. Acknowledgment Letter ✓ X
- 2. Completed Application ✓ X
 - a. Notarized affidavit
 - b. Inventory list
- 3. Liability Insurance – Two (2) Certificate Holders Required ✓ X EXP 5/3/21
 - (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 X
(Marine radio or cell phone/proof For Watersports)
- 5. Lifesaving Training Certification/CPR Certification
Mandatory for **ALL** Watersports per 22-60 (e) (4)
- 6. Check payable to: Walton County BCC (due when approved)



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/08/2021

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PRODUCER Ironwood, a Marsh & McLennan Agency, LLC Co 4401 Northside Parkway NW Suite 800 Atlanta GA 30327	CONTACT NAME: Amy O'Neal PHONE (A/C, No, Ext): (404) 503-9100 E-MAIL ADDRESS: aoneal@ironwoodins.com FAX (A/C, No): (404) 503-9101	
	INSURER(S) AFFORDING COVERAGE	
INSURED Sandestin Beach Hotel Ltd 4000 Sandestin Blvd. S. Miramar Beach FL 32550	INSURER A: Fireman's Fund Insurance Company INSURER B: American Automobile Insurance Company INSURER C: ACE Property & Casualty Insurance Co INSURER D: Zenith Insurance Company INSURER E: Travelers Casualty & Surety Company of America INSURER F:	NAIC # 21873, 21849, 20699, 13289, 31194

COVERAGES **CERTIFICATE NUMBER:** CL213832723 **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.

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B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> AUTOS ONLY			SCV0093192101	03/01/2021	03/01/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			PUMB20-A-G27655093	02/27/2021	02/27/2022	EACH OCCURRENCE \$ 130,000,000 AGGREGATE \$ 130,000,000 \$
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N <input type="checkbox"/> Y <input checked="" type="checkbox"/> N/A ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			M1018712	01/01/2021	01/01/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A/E	A. Liquor Liability D. Employee Dishonesty			USC013543210 / 105572410	03/01/2021	03/01/2022	Per Occ/Agg \$1M/\$2M Per Occ/Agg \$1,500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Walton County Board of County Commissioners is included as additional insured with respects to General Liability Coverage when required by written contract.

CERTIFICATE HOLDER Walton County Board of County Commissioners 76 N 6th Street Defuniak Springs FL 32433	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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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Certificate Holder is included as an additional insured on the General Liability policy with respect to the liability resulting from the operations of the Named Insured as required by written contract.

CERTIFICATE HOLDER		CANCELLATION	
Walton County Beach Code Enforcement 46 Coastal Centre Blvd. Santa Rosa Beach FL 32459		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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