

BEACH VENDOR PERMIT

Walton County Beach Code Compliance

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

Permit #BCHV-21-0126

Expiration Date:
2/1/2022

Issued To:

La Dolce Vita LLC
Donald Carlin - Owner
196 N Holiday Rd
Miramar Beach, FL 32550

Permitted Items: Chairs / Umbrellas / Bonfires

Permit Type: Delivery

Vending Type: Chairs / Umbrellas / Bonfires

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

3/15/21

Date

Walton County Code Compliance

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

2021 BEACH VENDING APPLICATION

BCHN-21-0126

Beach Vendor Permit Fee: \$1000.00
Miscellaneous Operations Permit Fee: \$150.00
Additional Fees May Apply

NAME/TITLE: DONALD P. CARLIN / OWNER

SECONDARY CONTACT: W. HUNTER WOODRUFF / MANAGER

BUSINESS NAME: LA DOLEE VITA, LLC

MAILING ADDRESS: 196 N. HOLIDAY RD. MIAMI BEACH FL 32550

TELEPHONE: 866 651 1869

MOBILE: DON 850 374 1442 / HUNTER 850 502 7137

FAX NUMBER: _____

EMAIL ADDRESS (REQUIRED): DON@LDVBEACH.COM / HUNTER.WOODRUFF@LDVBEACH.COM

APPLICATION TYPE: DELIVERY PERMIT

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

PLEASE LIST BUSINESS INVENTORY (BEACH ITEMS) BELOW

QUANTITY	DESCRIPTION
100	CHAIRS
50	UMBRELLAS
10	PADDLEBOARDS
10	KAYAKS
	Bonfire Pits
	Tiki torches

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 Ross Higginbotham Printed Name 3.2.2021 Date of Signature

STATE OF FL
COUNTY OF Walton

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

Ross Higginbotham, who is personally known to me or who has produced H 251 73492 1290 as identification, and who executed the foregoing instrument.

Given under my hand and seal this 2 day of March, 2021.



[Signature]
Signed Name of Notary Public

Melanie Walters
Printed Name of Notary Public

Commission Number: GG 303777

Expiration Date: 2/19/21

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 3/3/21 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) LA DOLCE VITA, LLC.
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.

DONALD P. CARLIN

Printed Name



Signature

LA DOLCE VITA, LLC.

Company

OWNER

Title

2/26/2021

Date



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
3/11/2020

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).

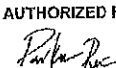
PRODUCER Fisher Brown Bottrell Insurance, Inc. 6550 Carothers Parkway, Suite 100 Franklin, TN 37067	CONTACT NAME: Bailey E. Marshall, CIC, CISR PHONE (A/C, No, Ext): (850) 654-8300 FAX (A/C, No): (601) 208-8306 E-MAIL ADDRESS: bmarshall@fbins.com																				
	<table border="1"> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A: AXIS Insurance Company</td> <td></td> <td>37273</td> </tr> <tr> <td>INSURER B:</td> <td></td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A: AXIS Insurance Company		37273	INSURER B:			INSURER C:			INSURER D:			INSURER E:			INSURER F:	
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INSURED La Dolce Vita, LLC, La Dolce Vita Watersports, LLC & LDV Golf Cart & Bike Rentals, LLC St. Thomas Building Ste 206 15400 Emerald Coast Pkwy Destin, FL 32541																					

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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			P00100002037003	3/8/2020	3/8/2021	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 OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <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 <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						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)
Excludes Parasailing Operations
Excess Liability- Excludes Jet Skis & Inflatable Operations
 Certificate Holder is Additional Insured as it applies to the General Liability where required by written contract.

CERTIFICATE HOLDER Walton County Board of County Commissioners 76 N. 6th St. De Funiak 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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LADOLCE-03

MANDERSON

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
2/15/2021

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PRODUCER Fisher Brown Bottrell Insurance, Inc. 6550 Carothers Parkway, Suite 100 Franklin, TN 37067	CONTACT NAME: Bailey E. Marshall, CIC, CISR PHONE (A/C, No, Ext): (850) 654-8300 E-MAIL ADDRESS: bmarshall@fbbins.com	FAX (A/C, No): (601) 208-8306
	INSURER(S) AFFORDING COVERAGE	
INSURED La Dolce Vita, LLC, La Dolce Vita Watersports, LLC & LDV Golf Cart & Bike Rentals, LLC 15400 Emerald Coast Pkwy Suite 206 Destin, FL 32541	INSURER A: AXIS Insurance Company	NAIC # 37273
	INSURER B: QBE Insurance Corporation	NAIC # 39217
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

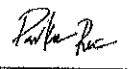
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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Owner's & Contractor GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			P00100002037003	3/8/2020	3/8/2021	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 OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			MQSX0000701600	6/18/2020	3/8/2021	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000 WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N If yes, describe under DESCRIPTION OF OPERATIONS below
							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)
General Liability-Excluded Rental or operation of parasailing, paragliding or ultralight aircraft and any similar equipment or activity.
\$2,500 per Occurrence Deductible Applies

Certificate Holder is an Additional Insured in regard to General Liability (excluding Ongoing Operations), when required by written contract.
Waiver of Subrogation applies in favor of Certificate Holder and others when required by written contract for General Liability,
SEE ATTACHED ACORD 101

CERTIFICATE HOLDER 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:

CPR / AED / First-Aid

(Adult / Child / Infant / Choking)

AED / Injury & Universal Precautions

THIS CERTIFICATE IS PROUDLY PRESENTED TO:

William Hunter Woodruff

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#: **C8BA5F2**

Completion: **February 22, 2021**

Instructor: **Paul J. Scruton**

Signature:



COURSE PROVIDED BY:
National CPR Foundation