

**Walton County Beach Code Compliance**

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

**BEACH VENDOR PERMIT**

**Permit #BCHV-21-0196**

**Expiration Date:**  
**2/1/2022**

**Issued To:**

**La Dolce Vita**

**Don Carlin - Owner**

**196 N Holiday Rd**

**Miramar Beach, FL 32550**

Permitted Items: Chairs / Umbrellas  
**MAX ALLOWED SETS: 70**

**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.**

Permit Type: Site Specific

Vending Type: Chairs / Umbrellas

Vending Location: 3504 & 3508 E Co Hwy 30A

**Amount Paid: \$100.00**



Walton County Authorized Signature  
Beach Code Enforcement

Date

BCHV-21-0196

**2020 BEACH VENDING APPLICATION (ADDITIONAL LOCATIONS)**

**Beach Vendor Permit Fee \$100.00**  
**Additional Fees May Apply**

NAME/TITLE: DONALD P. CARLIN / OWNER

SECONDARY CONTACT: W. HUNTER WOODRUFF / MANAGER

BUSINESS NAME: LA DOLCE VITA, LLC

MAILING ADDRESS: 196 N. HOLIDAY RD, MIRAMAR BCH FL 32550

TELEPHONE: 866 651 1869

MOBILE: DON 450 374 1442 / HUNTER 850 502 7137

FAX NUMBER: \_\_\_\_\_

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

PRIMARY BEACH LOCATION/ADDRESS (SITE-SPECIFIC PERMITS):  
3504 & 3508 E. CO. HWY 30A

APPLICATION TYPE: **SITE SPECIFIC LOCATION**

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

PLEASE LIST BUSINESS INVENTORY (BEACH ITEMS) BELOW

QUANTITY	DESCRIPTION
40	CHAIRS
20	UMBRELLAS
2	BOXES
	MAX 70



Overview



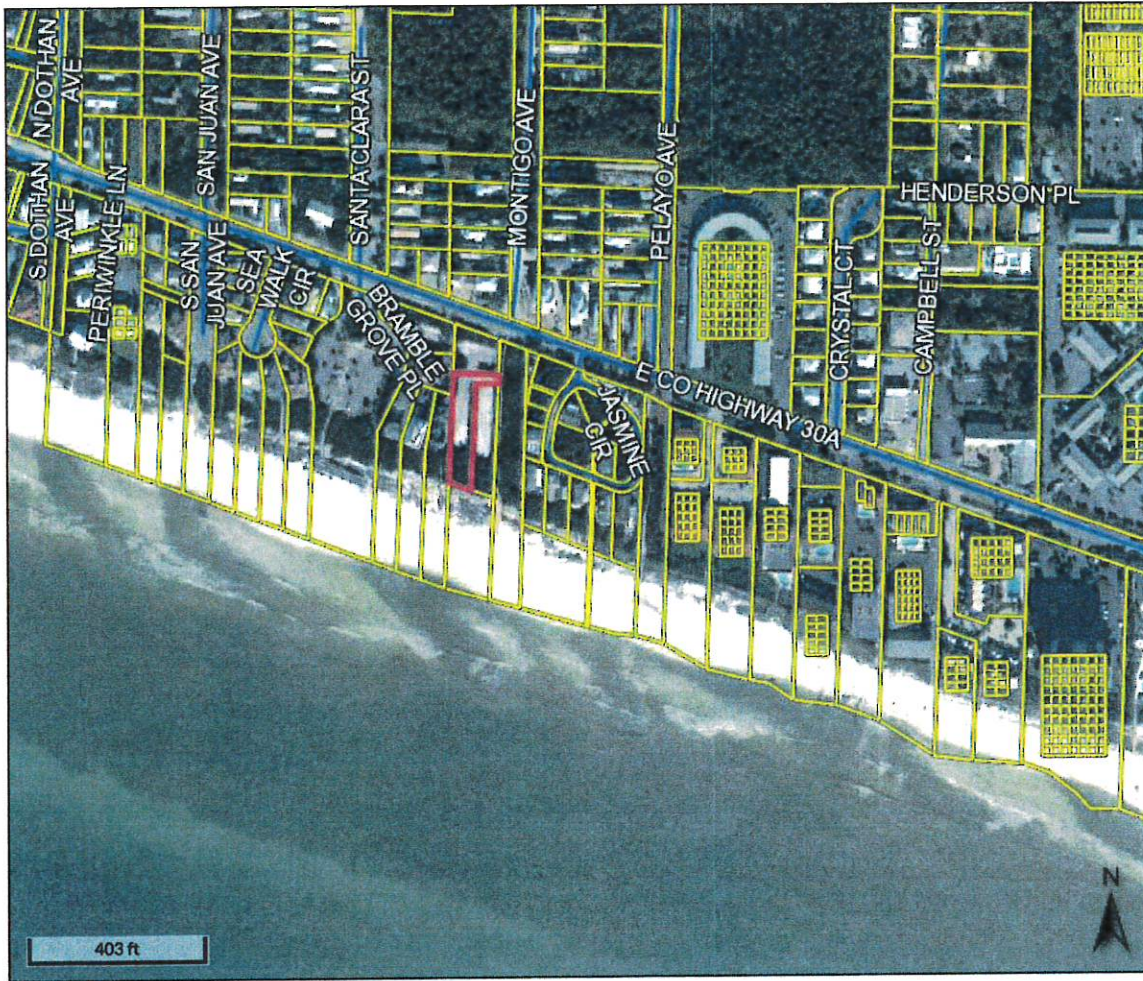
Legend

- Landmarks
- Parcels
- City Labels

Parcel Number	<a href="#">14-3S-19-25041-000-00A0</a>	Physical Address		Building Value	\$0	Just Value	\$100	Last 2 Sales			
Acreage	0.573	Mailing Address	SANCTUARY 3 PARTNERS LLC	Misc Value	\$0	Assessed Value	\$100	Date	Price	Vacant	Qual
Property Usage	VACANT	Address	50 ROSR LN GLENN MILLS, PA 19342	Land Value	\$100	Exempt Value	\$0	8/12/2020	\$200000	Y	Q
				Ag Land Value	\$0	Taxable Value	\$100	8/11/2020	\$100	Y	U
				Ag Market Value	\$0						

Date created: 2/23/2021  
 Last Data Uploaded: 2/22/2021 8:06:16 PM

Developed by Schneider GEOSPATIAL



Overview

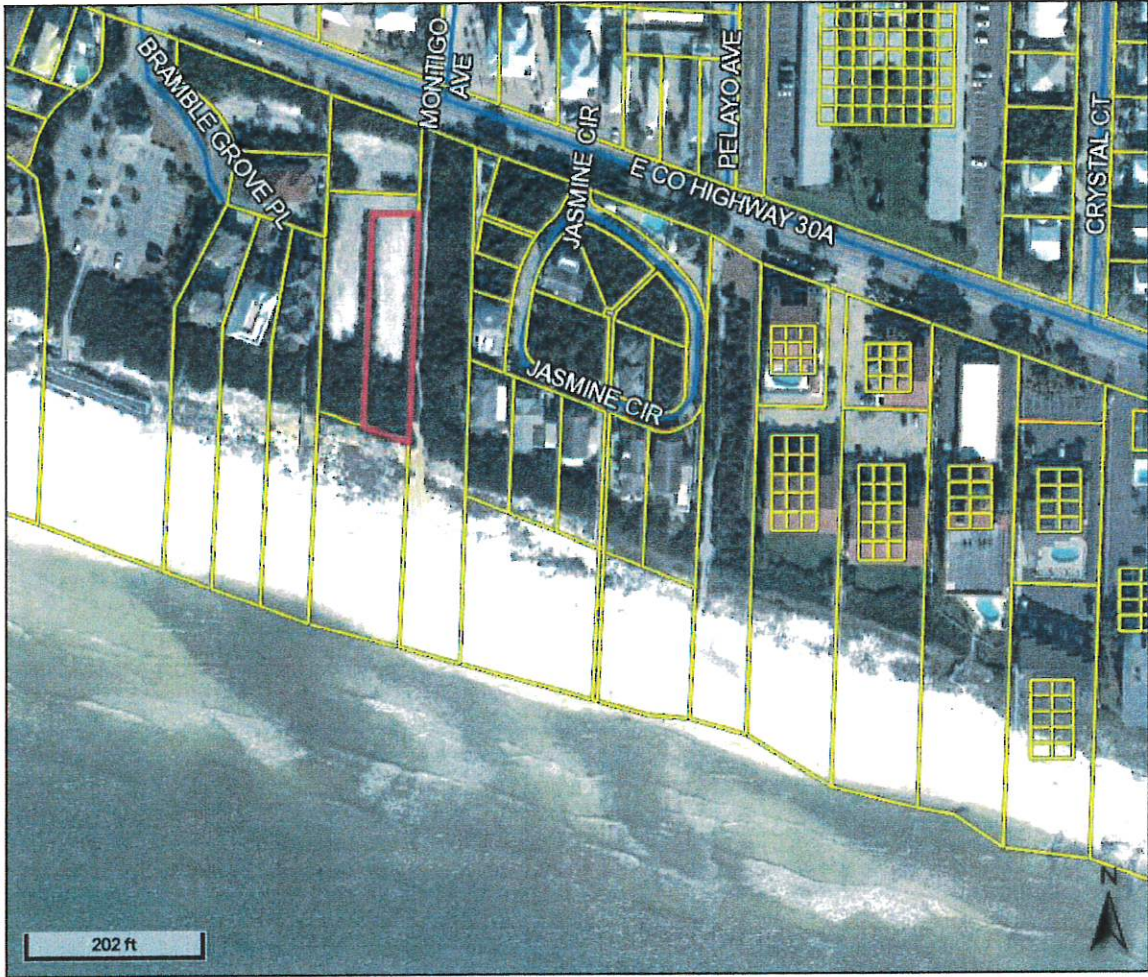
Legend

- Landmarks
- ▭ Parcels
- City Labels

<b>Parcel Number</b>	<a href="#">14-35-19-25041-000-0040</a>	<b>Physical Address</b>	3504 CO HWY 30A E	<b>Building Value</b>	\$0	<b>Just Value</b>	\$2,659,684	<b>Last 2 Sales</b>							
<b>Acreage</b>	0.298	<b>Mailing Address</b>	SANCTUARY 4 PARTNERS LLC	<b>Misc Value</b>	\$0	<b>Assessed Value</b>	\$2,659,680	<b>Date</b>	5/31/2018	<b>Price</b>	\$3605000	<b>Vacant</b>	Y	<b>Qual</b>	Q
<b>Property Usage</b>	VACANT	<b>Address</b>	50 ROSE LN GLEN MILLS, PA 19342	<b>Land Value</b>	\$2,659,680	<b>Exempt Value</b>	\$0	<b>Date</b>	5/22/2018	<b>Price</b>	\$100	<b>Vacant</b>	Y	<b>Qual</b>	U
				<b>Ag Land Value</b>	\$0	<b>Taxable Value</b>	\$2,659,680								
				<b>Ag Value</b>	\$0										
				<b>Market Value</b>											

Date created: 2/21/2021  
 Last Data Uploaded: 2/19/2021 8:01:14 PM

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Overview



Legend

- Landmarks
- ▭ Parcels
- City Labels

Parcel Number	<a href="#">14-35-19-25041-000-0030</a>	Physical Address	3508 CO HWY 30A E	Building Value	\$0	Just Value	\$2,659,684	Last 2 Sales							
Acreage	0.286	Mailing Address	SANCTUARY 3 PARTNERS LLC	Misc Value	\$0	Assessed Value	\$2,659,680	Date	5/31/2018	Price	\$3200000	Vacant	Y	Qual	Q
Property Usage	VACANT	Address	50 ROSE LN GLEN MILLS, PA 19342	Land Value	\$2,659,680	Exempt Value	\$0	Date	5/22/2018	Price	\$100	Vacant	Y	Qual	U
				Ag Land Value	\$0	Taxable Value	\$2,659,680								
				Ag Market Value	\$0										

Date created: 2/21/2021  
 Last Data Uploaded: 2/19/2021 8:01:14 PM

Developed by Schneider GEOSPATIAL

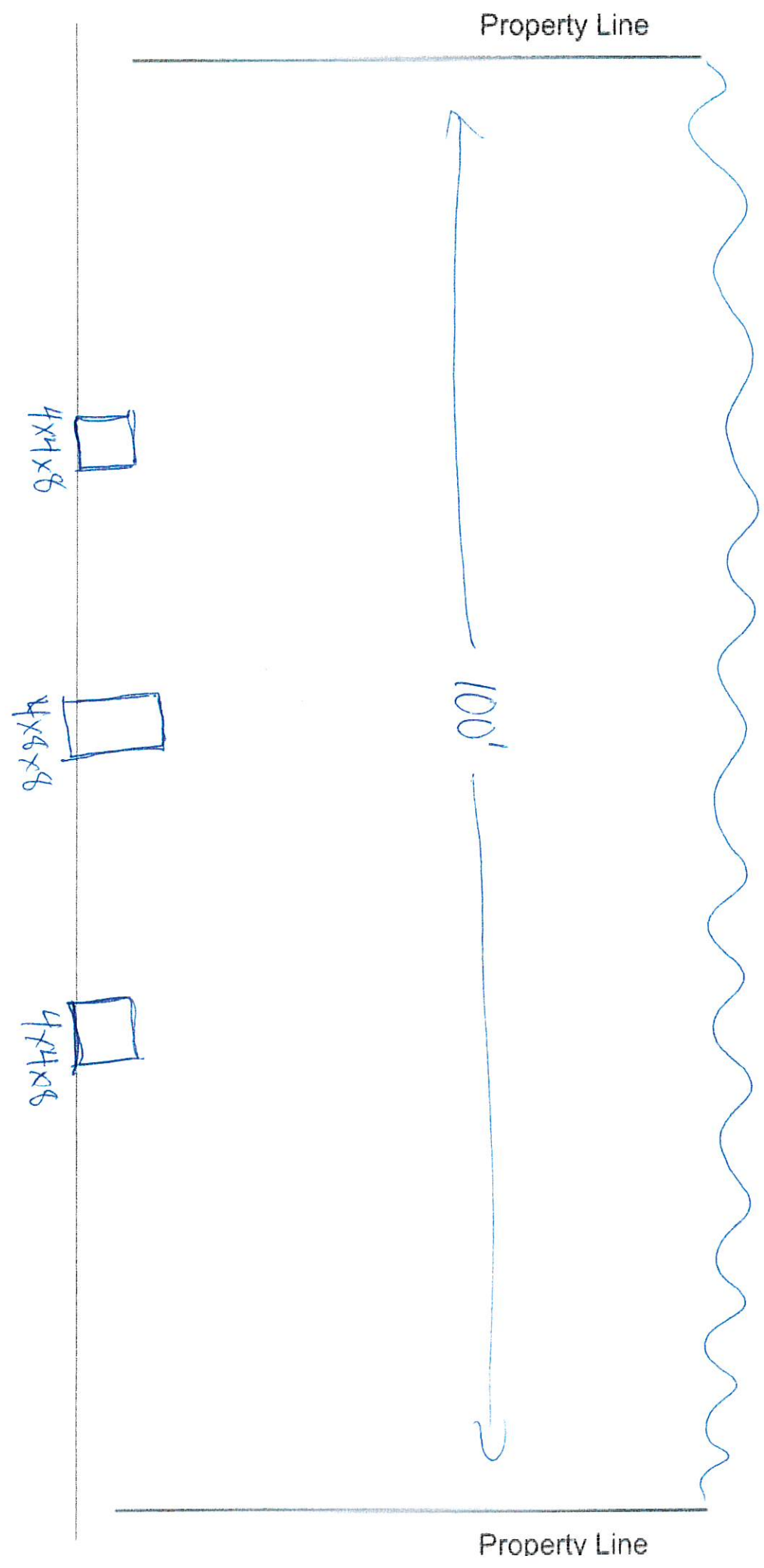
1. La Dolce Vita, LLC

2. = 4x4x8 Storage Box

3. = 4x8x8 Watersport Rack (Kayak/Paddle Board)

Property Name and Address

3504 1/2 3508 EAST CO. 36K





LADOLCE-03

MANDERSON

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/15/2021

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 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).

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

**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.

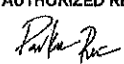
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Owner's & Contractor			P00100002037003	3/8/2020	3/8/2021	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						MED EXP (Any one person)	\$ 5,000
	<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						PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
								\$
	<b>AUTOMOBILE LIABILITY</b>						COMBINED SINGLE LIMIT (Ea accident)	\$
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE			MQSX0000701600	6/18/2020	3/8/2021	EACH OCCURRENCE	\$ 2,000,000
							AGGREGATE	\$ 2,000,000
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$							\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> <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	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

<b>CERTIFICATE HOLDER</b>  Walton County Beach Code Enforcement 924 S Co Hwy 83 Santa Rosa Beach, FL 32459	<b>CANCELLATION</b>  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)  
3/11/2020

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**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).

<b>PRODUCER</b> Fisher Brown Bottrell Insurance, Inc. 6550 Carothers Parkway, Suite 100 Franklin, TN 37067	<b>CONTACT NAME:</b> Bailey E. Marshall, CIC, CISR	
	<b>PHONE (A/C, No, Ext):</b> (850) 654-8300	<b>FAX (A/C, No):</b> (601) 208-8306
<b>E-MAIL ADDRESS:</b> bmarshall@fbbins.com		
<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
<b>INSURER A:</b> AXIS Insurance Company		<b>37273</b>
<b>INSURER B:</b>		
<b>INSURER C:</b>		
<b>INSURER D:</b>		
<b>INSURER E:</b>		
<b>INSURER F:</b>		


**INSURED**  
 La Dolce Vita, LLC, La Dolce Vita Watersports, LLC & LDV  
 Golf Cart & Bike Rentals, LLC  
 St. Thomas Building Ste 206  
 16400 Emerald Coast Pkwy  
 Destin, FL 32641

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

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INSR LTR	TYPE OF INSURANCE	ADDL INSP	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	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:	X		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
								\$
							COMBINED SINGLE LIMIT (Ea accident)	\$
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
	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						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)  
**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.

<b>CERTIFICATE HOLDER</b>  Walton County Board of County Commissioners 76 N. 6th St. De Funiak Springs, FL 32433	<b>CANCELLATION</b>  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 



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 QR 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 QR accompanied by a copy of a photo ID containing a signature.

Ben Giles Ben Giles
Property Owner(s) (Names as listed on deed) Name/Title (If Company/Property Mgr.)
Sanctuary 3 partners LLC
Mailing Address State Zip
1159 Troon Dr Miramar Beach, FL 32550 mindspring.com
Contact Phone Number Email Address
678-410-9102

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.

(Name of Authorized Individual or Vendor)

Activities Authorized/Permissible:

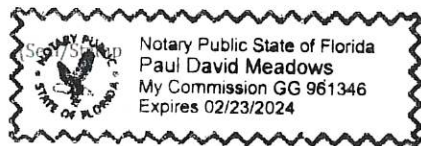
- Vend/Solicit - Exclusive Vendor
Set Up of Equipment Only
Allow Bonfires
Allow Storage Box(es)
Vend Beach Chairs/Umbrellas
Vend Watersports Operations
Vend Parasail Operations
Vend Jet-Ski Operations
Traverse Beach (Foot Traffic Only)
Traverse Beach (ATV/Vehicle Only)
Security Permit

Time duration in which authorization is valid: [Written annual authorization will be required each vending season]
1/1/21 12/31/21

(Date From) (Date To)
DocuSigned by: Ben Giles
Printed Name of Property Owner/Mgr./Officer
Ben Giles

Date

Given under my hand and seal this 30 day of MARCH, 20 21.



Signed Name of Notary Public
Paul David Meadows
Printed Name of Notary Public
Commission Number: GG 961346
Expiration Date: 02/23/2024

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!

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

2/21/21

Date

**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.

Ross Higginbotham                      Ross Higginbotham                      3.2.2021  
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

Ross Higginbotham, who is personally known to me or who has produced [redacted] as identification, and who executed the foregoing instrument.

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



Melanie Walters  
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                      Date 3/3/21

3504 1/2 3508 E. CO. Hwy  
30th  
All

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**2021 BEACH VENDOR CHECK LIST**

**BEACH VENDING – ADDITIONAL LOCATION**

VENDOR/BUSINESS NAME: \_\_\_\_\_

- 1. Acknowledgment Letter \_\_\_\_\_ X
- 2. Completed Application \_\_\_\_\_ X
  - a. Inventory list per site
  - b. Notarized affidavit
- 3. Area identified w/site plan (Site Specific Permits Only) \_\_\_\_\_ X
- 4. Liability Insurance – Two (2) Certificate Holders Required \_\_\_\_\_ X
  - (1) Walton County Board of County Commissioners  
Address: 76 N 6<sup>th</sup> Street, Defuniak Springs, FL 32433
  - (2) Walton County Beach Code Compliance  
Address: 46 Coastal Centre Blvd., Santa Rosa Beach, FL 32459
- 5. Phone Numbers \_\_\_\_\_ X  
(Marine radio or cell phone/proof For Watersports)
- 6. Permission/consent letter (Site Specific Permits Only) \_\_\_\_\_ X
- 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**) \_\_\_\_\_