

**OFFICE USE ONLY:**DATE REC'D 6-21-24

FEE REC'D \$ \_\_\_\_\_

INITIALS: P.O.APPROVED ☐DISAPPROVED ☐SENT PARB ☒

PERMIT ISSUED \_\_\_\_\_

**INSTRUCTIONS:***Please print or type all information.*

The application must be filled out accurately and completely. Answer all questions. Do not leave an item blank. If an item does not apply, write N/A (not applicable).

Incomplete applications may delay your request. All statements made on the application are subject to verification.

**City of Flagler Beach**APPLICATION FOR  
OUTDOOR ENTERTAINMENT

105 South 2nd Street,  
Post Office Box 70  
Flagler Beach, Florida 32136  
Phone (386) 517-2000 Fax (386) 517-2008

**Please type or print legibly****Required Information**Business Name: Flagler Sun & SeedContact Person: Truly GilAddress: 105 N Oceanshore Blvd Unit ECity: Flagler Beach State: FL Zip: 32136Work Phone: 3863718388 Home Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

E-Mail Address: flaglersunandseed@gmail.com**What type of permit are you applying for? (check one)**  X   Annual Permit (permit fee = \$150.00)
       Per event that occurs fewer than 12 times a year (permit fee = \$75.00)  
(Please list dates and times for the events on the bottom of page 2)

       One day event on Date \_\_\_\_\_ (permit fee = \$50.00)  
Start time \_\_\_\_\_ am/pm End time \_\_\_\_\_ am/pm
Will you utilize temporary structures at your event?   X   No        Yes

(If yes, attach a sketch of the site showing the location of these structure and see note below)

(Indicate number of each)

       Stages        Scaffolding        Fences        Other       Tents Do any of the tents exceed 200 square feet?        No        Yes

*Note: Special Permits are required for tents exceeding 200 square feet. Special Building permits are required for temporary structures 700 or more square feet in area and those that are four feet above grade.*

Does the establishment have adequate parking?        No   X   Yes

(Attach a sketch of the site showing the location and number of current spaces. If No how do you propose to provide parking? Attach additional statement if necessary.)

PLEASE ATTACH A SITE PLAN REGARDING THE SET UP OF THE OUTDOOR ENTERTAINMENT. PLEASE ATTACH A CURRENT COPY OF YOUR LIABILITY INSURANCE TO THIS APPLICATION.

By signing below I understand:

- This is an application only and does not obligate the City in any fashion to issuing a permit or approve an event.
- I have included my application fee and understand that my application will not be processed without the application fee.
- In no case shall the City's Noise Ordinance be violated.
- The City Commission may reasonably limit the type and number of temporary structures and the duration of the activity including the hours and the number of days of the activity conducted.
- The event(s) may not be held until a permit is received.

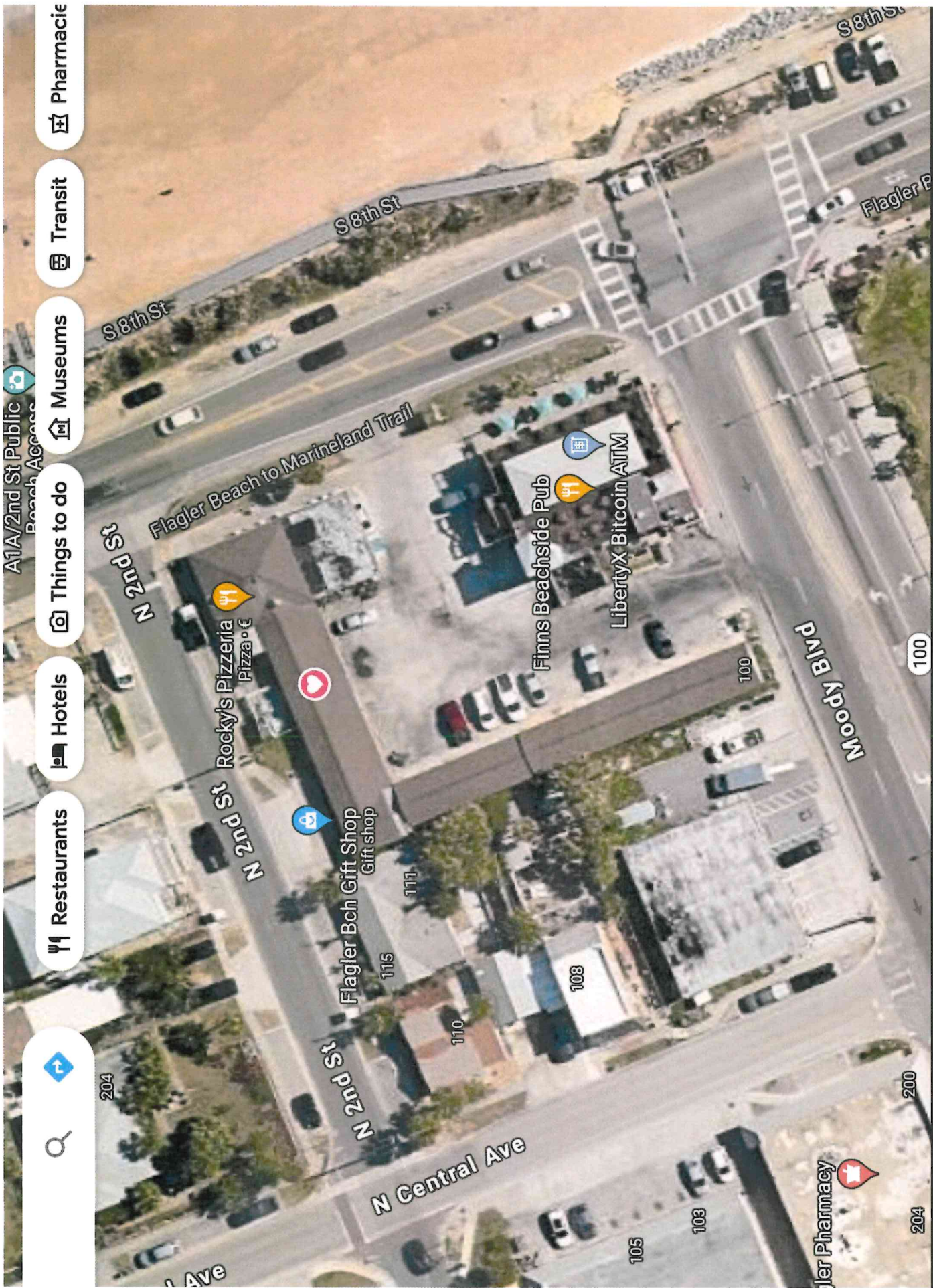
Signature of Applicant Truly Gil Date 6/18/2024

Title of Applicant MGR

Affiliation Owner

1. Date	Start time	am\pm	End time	am\pm
2. Date	Start time	am\pm	End time	am\pm
3. Date	Start time	am\pm	End time	am\pm
4. Date	Start time	am\pm	End time	am\pm
5. Date	Start time	am\pm	End time	am\pm
6. Date	Start time	am\pm	End time	am\pm
7. Date	Start time	am\pm	End time	am\pm
8. Date	Start time	am\pm	End time	am\pm
9. Date	Start time	am\pm	End time	am\pm
10. Date	Start time	am\pm	End time	am\pm
11. Date	Start time	am\pm	End time	am\pm
12. Date	Start time	am\pm	End time	am\pm





A1A/2nd St Public Beach Access

204

S 8th St

N 2nd St

N Ave

N 2nd St Rocky's Pizzeria  
Pizza • €

N 2nd St

Flagler Bch Gift Shop  
Gift shop

S 8th St

Flagler Beach to Marineland Trail

N Central Ave

Finns Beachside Pub

LibertyX Bitcoin ATM

105

103

110

115

111

108

100

Moody Blvd

204

200

100

Flagler P

S 8th St

ler Pharmacy



W

Possible location  
of Outdoor Music



Possible location  
of Outdoor Music

Flagler Sun & Seed

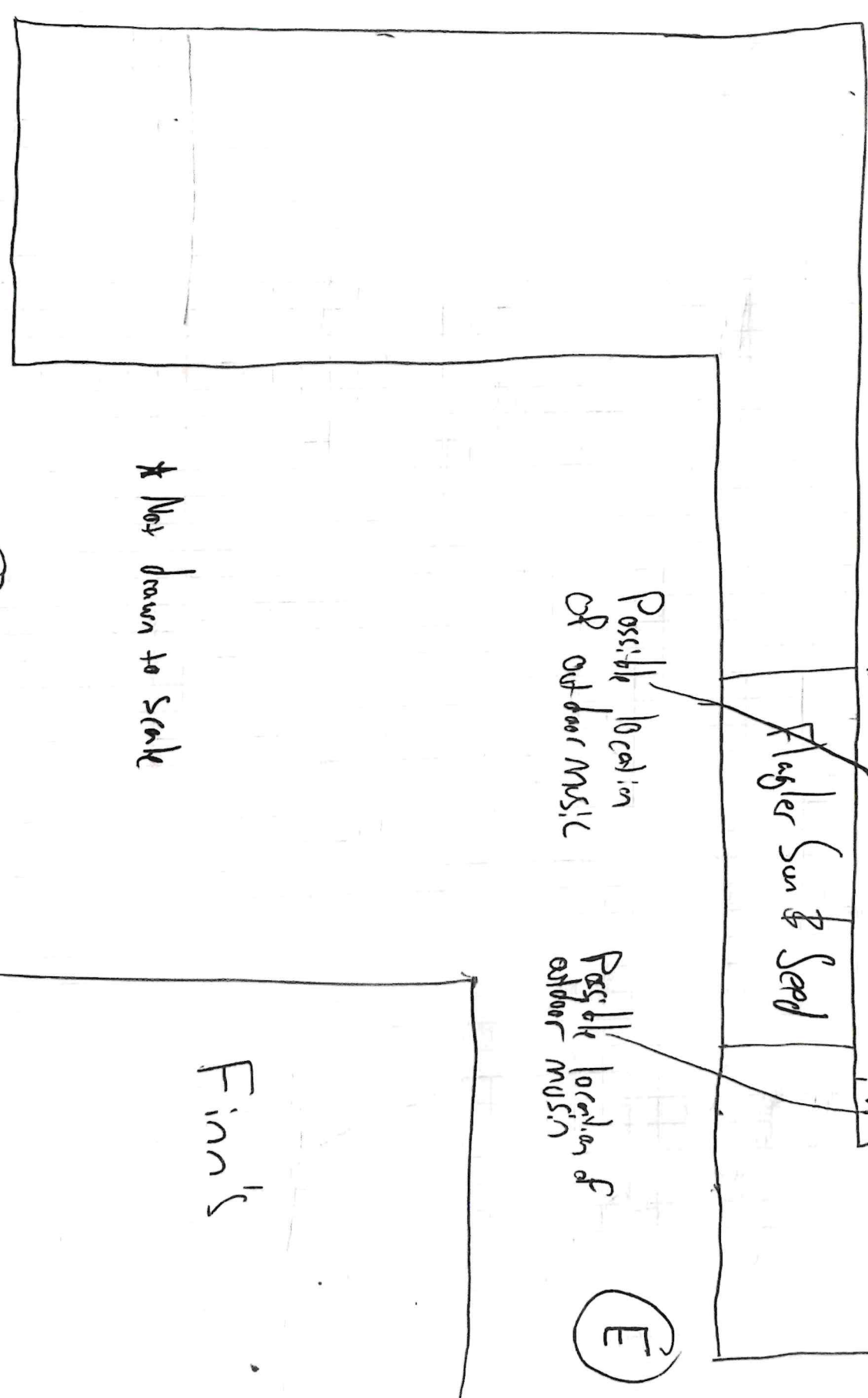
Possible location of  
outdoor music

E

\* Not drawn to scale

Finn's

S







# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
09/07/2023

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> Next First Insurance Agency, Inc. PO Box 60787 Palo Alto, CA 94306		<b>CONTACT NAME:</b> <b>PHONE (A/C, No, Ext):</b> (855) 222-5919 <b>FAX (A/C, No):</b> <b>E-MAIL ADDRESS:</b> support@nextinsurance.com	
		<b>INSURER(S) AFFORDING COVERAGE</b>	
		<b>INSURER A:</b> Next Insurance US Company	
		<b>INSURER B:</b>	
		<b>INSURER C:</b>	
		<b>INSURER D:</b>	
		<b>INSURER E:</b>	
		<b>INSURER F:</b>	

**COVERAGES** **CERTIFICATE NUMBER:** 406266813 **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"/> <b>COMMERCIAL GENERAL LIABILITY</b> <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:			NXT3KDQXL-00-GL	09/07/2023	09/07/2024	EACH OCCURRENCE \$1,000,000.00
			DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000.00				
			MED EXP (Any one person) \$15,000.00				
			PERSONAL & ADV INJURY \$1,000,000.00				
							GENERAL AGGREGATE \$2,000,000.00
							PRODUCTS - COMP/OP AGG \$2,000,000.00
							\$
	<b>AUTOMOBILE LIABILITY</b> <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) \$
							\$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$
							AGGREGATE \$
							\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> 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 <input type="checkbox"/> OTH-ER <input type="checkbox"/>
							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)

Proof of Insurance.

## CERTIFICATE HOLDER

WeAllSucc, LLC DBA Flagler Sun & Seed  
105 N Ocean Shore Blvd # E  
Flagler Beach, FL 32136

## LIVE CERTIFICATE



Click or scan to view

## 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

*Ann Ryan*