## CITY OF KEY WEST APPLICATION FOR A SPECIAL EVENT PERMIT

| Name of Applicant(s) KEY West FILM Society, INC., a Fla. non-   |
|---|
| Address of Applicant(s) 416 EATON ST. Alble.  |
| Phone Number of Applicant(s) 295-9493 Fax: Email Cinem  |
| Name of Non-Profit (s) SAME as above  |
| Address of Non-Profit(s) SAME as above  |
| Phone Number of Non-Profit(s) Same as above   |
| Amount or Percentage of Revenue Non-Profit(s) anticipates receiving 100%  |
| Date/Dates of Event April 6, 2014   |
| Hours of Operation 3 pm - 10 p·m.   |
| Estimated/anticipated number of persons per day 300 to 500  |
| Location of Event 400 Block, EATON STREET   |
| Street Closed EATON FROM WHITE HEAD TO DUVAL  |
| Detailed description of event OUTDOOR CELEBRATION OF 10TH   |
| Anniversary OF TROPIC CINEMA; BAND, MUSIC, ONE FILM   |
| Noise exemption required: Yes X No FOOD AND DRINKS SOL  |
| Alcoholic beverages sold/served at event: Yes_X No  |
| The applicant does acknowledge and hereby affirms that any and all information is accurate to the best of his/her knowledge. The applicant(s)/permittee agrees to assume full responsibility and liability for and indemnify and hold the City of Key West harmless from and against all iability, claims for damages, and suits for or by reason of any injury to any person or damages to any property of the parties hereto or of the third persons for any and all cause or causes whatsoever or in any way connected with the holding of said event or any act or omission or hing in any manner related to said event and its operation irrespective of negligence, actual or claimed, upon the part of the city their agents or employees. |
| Applicants Signature Date   |

Financial Statement of the event of the previous year must be submitted with application

## CITY OF KEY WEST APPLICATION FOR A SPECIAL EVENT PERMIT NOISE CONTROL EXEMPTION

\$50.00

| Date  |
|---|
| Applicant Name Key West FILM SOCIETY, INC., a Fla. non-profit   |
| Applicant Address 416 EATON STREET  |
| Applicant Phone Number 305 - 295 - 9493   |
| Event Name 10 TH AMMEVERSARY RELEBRATION OF TROPIC CINEMA   |
| Event Address/Location 400 Block EATON STREET   |
| Date of Event APRIL 6, 2014 3 to 10 pm  |
| Nature of Event OUTDOOR PARTY W/ BAND, MUSIC, ONE FILM,   |
| FOOD & DRINKS   |
| Profit Non Profit 🔽   |
| Time(s) Request for Exemption 3 50  |
| Number of Exemptions at this location this calen  |
| Date of last exemption Na   |
| City of Key West<br>*** CUSTOMER RECEIPT ***<br>Oper: KEYWSJS2 Type: OC Drawer: 1<br>Date: 2/03/14 45 Receipt no: 16563 |
| Description Quantity Amount SS SPECIAL EVENTS PAYMENTS  |
| G/L account number:<br>00100003429300<br>00100001040000   |
| KEY WEST FILM SOCIETY INC<br>NOISE EXEMPTION  |
| Tender detail CK CHECK 3070 \$50.00 Total tendered \$50.00 Total payment \$50.00  |
| Trans date: 1/31/14    Time: 16:02:17   |

## RULES AND REGULATIONS FOR USE OF CITY OF KEY WEST PROPERTY FOR SPECIAL EVENTS

- 1. All Applicant(s) must fill out a City of Key West (City) application form provided to you by the Office of the City Manager.
- 2. Application(s) for special event(s) must be in the Office of the City Manager 60 days prior to the event.
- 3. Application(s) must provide comprehensive liability insurance insuring itself and the City against all claims of damages or injury to persons or property arising for any reason as a result of the activities associated with the special event permitted by the City. The insurance policy shall be written by a solvent insurance company in good standing and shall provide a minimum of \$1 million general liability. The policy shall show the City of Key West as an additional named insured.

  Sponsor's Signature
- 4. The applicant shall indemnify and hold the City harmless from all losses, claims, damages, liabilities, and expenses which may be incurred by the City or which may be claimed against the City by any person, firm to the person or property of any person, firm, corporation, or entity which are consequent or arise from the activities of the permit holder or its equipment, employees, agents, guests, licensees, or invitees for the permit holder activities or which damages/injuries are consequent or arise from permit holders failure to comply with all applicable laws, statutes, ordinances and regulations.

  Sponsor's Signature
- Applicant(s) who are businesses or private persons who wish to close a City street must make an application jointly with a non-profit entity. When a sponsor proposes a special event that will cause the closing of a city street or other public right-of-way, the sponsor must donate at least 25% of the sponsor's gross revenues or \$1000.00, whichever is greater, to at least one nonprofit organization. The sponsor must designate the nonprofit organization(s) on the application for the event. Each named nonprofit organization must provide the city manger with a letter of assent. Applicant(s) must also hire an off-duty police officer(s) for crowd control and safety as determined by the Key West Police Department or the City Manager's Office. Applicant(s) must have neighboring businesses sign a petition of no objection to the street closure.

  Sponsor's Signature
- 6. Within 30 days of the events completion the City Commission will receive a letter from the not for profit organization stating the amount of the monetary donation received from the event.

  Sponsor's Signature
- 7. Applicant(s) wishing to sell/consume alcoholic beverages on City property must have approval by the City Commission via Resolution and must hire an off-duty police officer(s) for crowd control and safety as determined by the Key West Police Department or City Manager's Office. Applicant must provide liquor liability insurance.

Sponsor's Signature

|     | Sponsor's Signature Dung 2 Ct/  |
|-----|---|
| 9.  | All applications are subject to approval at the discretion of the City Manager and/or City Commission.  Sponsor's Signature   |
| 10. | Notice of the city commission's proposed action on an application for a special event permit shall be mailed prior to the meeting at which the matter is to be considered to all property owners and occupants of property located within a 100-foot radius of the proposed special event. Notice of such proposed action also shall be published in a newspaper of general circulation in the city at least five days prior to the date of the city commission decision. The notice shall identify a contact person and phone number for complaints. The applicant shall pay for the newspaper advertisement.  Sponsor's Signature |
| 11. | The organizer or sponsor of any special event, which requires the provision of additional or extraordinary support services by police, fire, administration, or other city departments shall pay to the city the cost of such services. A down payment of 10 percent of the costs, as estimated by the city manager, shall be made to the city either by certified check or credit card at least ten days prior to the special event.  Sponsor's Signature  |
| 12. | The first \$1000.00 of costs as specified in subsection (a) of the ordinance may be waived for any organizer or sponsor, which qualified as a tax-exempt nonprofit organization according to state or federal law. Acceptance of this waiver by such sponsor shall render the special event a public accommodation subject to the human rights provision of the section 38-225.  Sponsor's Signature  |
| 13. | Any nonprofit organization accepting the waiver provided for by subsection (d) of the ordinance shall, within 90 days following the special event, submitted to the city commission an accounting of expenses and revenues incurred and generated during the special event.  Sponsor's Signature  |
| 14. | Whenever the sponsor of a special event provides temporary bathroom facilities on the public right-of-way, at least five percent of those facilities or one of those facilities, whichever is the greater number, shall be accessible to persons with physical disability.  Sponsor's Signature   |
| 15. | Where a person has not applied for a special event permit and an event at it's location spills into a street, causing the police department to close all or a portion of the street, the person sponsoring the event shall pay all such extraordinary service costs incurred by the city. On each anniversary of this occurrence, if the person can reasonably anticipate an overflow of people into the street, a special event permit must be applied for consistent with this division. A violation of this section may be grounds for revocation of an occupation license.  Sponsor's Signature                                 |

Applicant(s) wishing to have an exemption from the noise control ordinance must fill out an application thirty days before the event. Processing fee for the application is

8.

16. Special events may use fog, smoke and bubble machines or any device that emits a mist or spray contingent on Key West Fire Department approval. Approval must be obtained a minimum of 48 hours prior to the event. The use of confetti or confetti machines is strictly forbidden.

Sponsor's Signature

17. Special Events organizers must submit a adequate recycle plan for the size of the event being requested. Helpful hints and recycling requirements for special events can be found on the city's website. This will help you develop your plan.

Sponsor's Signature

18. All special events are required to comply with the Federal Americans with Disability's Act which requires access to all areas and services provided by the special events. Organizers must insure that all aspects of their event meet the requirements.

Sponsor's Signature

# Complete Checklist for Event Recycling City of Key West

| 0 | Name of person: MATHEW Phone number: 923-9259  |
|---|--|
| 0 | Identify the recyclable commodities that will be used by the public and behind-the-scenes.  Aluminum X Glass M #1 Plastic M #2 Plastic Steel Steel Other:  |
| 0 | Define the amount of recycling containers needed for the festival grounds (based on commodities used at the event and where they will be used and discarded. When recyclables are used throughout event, 1 recycling container for every 1 trash barrels will be used).  Amount of recycling and garbage containers needed:/2 (6+6)  |
| 0 | Arrange for recycling containers for the grounds and a large container (roll-off or festival box) and coordinate delivery and removal arrangements. Recycling containers may be ordered from Waste Management. 305 296-2825.  Arrangements made:  |
| 0 | Capacity of containers on grounds:  Contact person for containers:  Phone #:   |
| 0 | Order signs to inform customers of recycling. Signs are needed for point-of-purchase locations and recycling containers.   |
| 0 | Acquire liner bags for the recycling containers to be placed on the grounds. Ensure that the capacity of the bags is equal to or greater than that of the recycling containers on the grounds.   |
| 0 | Arrange for emptying of recycling containers during the event – from the containers on the grounds to the large container.  Arrangements made: Volunteers will do necessary emptying   |
| 0 | Arrange for pick-up of the recyclables. The agency providing containers will often take the materials for recycling. In other cases, arrange for the materials to be taken to a recycling facility.  Arrangements made:   A |
| 0 | Meet with vendors and tell them to ask customers to recycle the appropriate materials. Make sure vendors know what will be recycled. Inform them that signs will be posted in their areas.   |
| 0 | Oversee the delivery of containers and placement of signs.   |
| 0 | Place recycling containers next to trash cans on the grounds and insert liner bags. All recycling  |

|   | containers must be adjacent to trash barrels in order to reduce contamination problems.   |
|---|---|
| 0 | Monitor recycling containers for correct usage during the event and take actions to solve problems<br>Problems:   |
|   | Actions taken:  |
| 0 | View trash barrels and note any recyclables in the trash. Take actions to solve problems.  Problems:  |
|   | Actions taken:  |
| 0 | Take photos of event recycling, record data on volumes of recyclables and trash, and ask vendors and event organizers for comments about the program  Comments:             |
|   |   |
| 0 | Ensure that recyclables are removed and taken to the large container when bins are full and that liner bags are replaced.   |
| 0 | At the end of the event, remove signs and arrange for their return to owners.   |
| 0 | Place recycling containers in the pick-up location, as arranged with the providers of the containers.   |
| 0 | Ask the recycling facility to appraise the amount of material collected for recycling by weight, volume, or counts and report on contamination levels.  Amount of material: |
|   | Contamination:  |
| 0 | Prepare a report on the program including strategies used, amount of material diverted, comments and suggestions from participants and future recommendations.              |
| ) | Share the results with event organizers.  |
| ) | Security deposit of \$1000.00 must be submitted prior to the event.   |
| ) | Security deposit returned:  |
|   | For more information about event recycling and waste reduction, contact Waste Management at   |

305 296-2825

City of Key West
\*\*\* CUSTOMER RECEIPT \*\*\* Oper: KEYWSJS2 Date: 2/03/14 45 Type: OC Drawer: 1 Receipt no:

Description ZZ Quantity Amount

UNUSUAL PAYMENT 1.00

\$1000.00

G/L account number: 00100002200100 KEY WEST FILM SOCIETY INC

RECYCLING DEPOSIT

Tender detail

3068

\$1999.00

CK CHECK Total tendered Total payment

\$1000.00 \$1000.00

Trans date: 1/31/14

Time: 16:05:29

#### CASH ONLY IF ALL CheckLock ™ SECURITY FEATURES LISTED ON BACK INDICATE NO TAMPERING OR COPYING

Key West Film Society, Inc. Tropic Cinema Theatre P. O. Box 1283 Key West, FL., 33041 305-294-5857

1ST STATE BANK OF THE FL KEYS KEY WEST, FL 33041 63-43/670

3068

1/23/2014

PAY TO THE ORDER OF

City of Key West

\$ \*\*1,000.00



City of Key West P. O. Box 1409 Key West, FI, 33041-1409 A TAMPER RESISTANT TONER AREA



MEMO

10th Anniversary Street Party



Letter to City Commission regarding recycling at event scheduled for April 6, 2104

The plan that the Tropic Cinema has established for their anticipated 10th Anniversary Party outdoors on Eaton Street between the hours of 6 pm and 10 pm on April 6, 2014 is as follows: As the Tropic already recycles on a weekly/regular basis, we already possess bins that can be used for overflow of recycled matter from Eaton Street.

We have so far put in an order with Waste Management for 6 trash and 6 recycle bins of adequate size to accommodate the crowd on the street, estimated to be as much as 300 persons at one time, possibly reaching 500 over time. All of the outdoor attendants/volunteers expected to serve the Tropic that evening will be very attentive to possible overflows in any trash or recycling bins and ensure that the overflows are transferred to our usual bins.

Our contract calls for the trash and recycling bins to be picked up by Waste Management, if not that evening, then the following pick-up day. The Tropic has room at the side of the building for temporary storage of the bins.

We request that we be notified if any additional plans are required for this event, and hope for your approval of our plan.

Respectfully submitted,

Matthew Helmerich, Executive Director

Key West Film Society, Inc., dba the Tropic Cinema

ZLMQR.OLL

416 Eaton Street, Key West, FL



P.O. BOX 1409 KEY WEST, FL 33041-1409

RELEASE AND INDEMNIFICATION
Key West Film Society, Inc.

10<sup>th</sup> Anniversary of Tropic Cinema
April 6, 2014

Matthew Helmerich being authorized to act on behalf of and legally bind Key West Film Society, Inc. doing business as the legal entity or association on whose behalf this application is made, do hereby release the City of Key West, its officers, agents and employees from any and all liability for damages arising out of, or related to the activities for which application for leave to use City property has been submitted; and do hereby further agree, on behalf of said entity or association to indemnify, and hold harmless the City of Key West, its officers, agents, and employees from and against any and all damages to personnel or property of the City, and against all claims for damages or injuries to other persons or property of any whatsoever, and for defense costs, including nature attorneys' fees at both trial and appellate levels, arising from the actions or omissions of the person(s) or legal entity(ies) on whose behalf the application is submitted, including, but not limited to, the sale and dispensing of alcoholic beverages, or otherwise arising from the actions of their members, licensees, customers, guests, invitees, or participants in the related activities permitted. The foregoing Release and Indemnification agreement does not apply to those claims for damages or injuries which result from the negligent actions or omissions of the City of Key West, its officers, agents, and employees.

Signature of Witness
WAYNE Kruer
Print Name

Signature of Applicant

Signature of Applicant

Signature of Applicant

Print Name

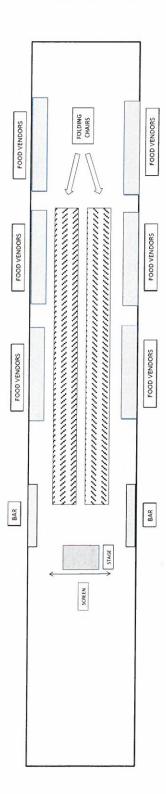
Date

Key to the Caribbean - Average yearly temperature 77° F.



Post Office Box 1409 Key West, FL 33041-1409 (305) 809-3888

Pursuant to my request to conduct a special event requiring authorization by the City Commission, I agree that throughout the event I will keep the premises clear of accumulated recyclables, trash and debris. This includes emptying trash and recycle cans on a regular basis for the duration of the event.





Waste Management Inc of Florida 2700 Wiles Road Pompano Beach, FL, 33073-3018 800-433-2300

WM Agreement # Customer Acct #

S0004190730

Acct. Name

TROPIC CINEMA 10TH ANNIVERSARY STREET PARTY

7832

Margret Lara

#### Service Agreement Non-Hazardous Waste Service Summary

**Billing Information** 

TROPIC CINEMA 10TH

ANNIVERSARY STREET PARTY

Contact

MATTHEW HELMERICH

Effective Date

SIC

Salesperson

4/4/2014

Address City State Zip

Name

416 EATON ST KEY WEST, FL 33040 Telephone # Fax #

(305) 923-9259

Last API Date

County/Parish

MONROE

Email

kruerlaw@bellsouth.net

#### ON DEMAND (see details for amounts & charges)

| Ref# | Quantity | Product/Equipment   | Waste Type             | Frequency          |
|------|----------|---------------------|------------------------|--------------------|
| 1-1  | 6        | 64 Gallon REL Toter | MSW Commercial - Loose | I-10 Loads On Call |
| 1-2  | 6        | 64 Gallon REL Toter | MSW Commercial - Loose | 1-10 Loads On Call |

TOTAL INITIAL FEES

\$ 0.00

This is not a bill

A Fuel Surcharge, Regulatory Cost Recovery Charge and Environmental Charge calculated as a percentage of the Charge(s), will be included on your invoice. Information about these Charges can be found on our website at www.wm.com under billing inquiry. State and Local taxes, if applicable, will also

If applicable to your account, a Recycle Material Offset (RMO) will appear on your invoice and may vary from month to month based on the recyclable material commodity market conditions. Waste Materials not to exceed an average weight of ( lbs/yard).

The individual signing this agreement on behalf of customer acknowledges that he/she has read and accepts the terms and conditions of this agreement which accompany this service summary sheet and that he/she has the authority to sign on behalf of the customer.

Company Signatu

Printed Name

Page 1 of 4





#### Service Agreement **Service Summary Continued**

#### Service Location: 416 EATON ST, KEY WEST, FL 33040

Name

TROPIC CINEMA 10TH ANNIVERSARY STREET

Contact Name

MATTHEW HELMERICH

(305) 923-9259

Email

kruerlaw@bellsouth.net

County/Parish Customer Comments

ANNIVERSARY STREET
PARTY
MONROE
NEW ACCT/LIMIT
\$100/M1/SW/SALES ID
198522/RATE IS (6) 64X
\$20.52 + (6) 64Z \$54.66 =
\$75.18 TOTAL EVENT///
DELIVER (6) 64 GALLON
TOTEDS FOR CABBAGE TOTERS FOR GARBAGE ON

04-04-14/ANYTIME/CALL MATTHEW @ 923-9259 FOR PLACEMENT ISNTRUCTIONS//DNR 04-07-14

Telephone # Fax #

Mobile #

Total Initial Fees For This Location

\$ 0.00

**Total Recurring Charges For This** 

\$ 0.00

Location

#### COMMERCIAL SERVICES

|     | Quantity | Equipment              | Waste Type                | Frequency             | Requested Pickup<br>day | Attributes                               | Base<br>Rate |
|-----|----------|------------------------|---------------------------|-----------------------|-------------------------|--|--------------|
| 1-1 | 6        | 64 Gallon REL<br>Toter | MSW Commercial -<br>Loose | I-10 Loads On<br>Call | Misc                    | WM Owns: 6, Delivery: 6, Lids,<br>Wheels | \$ 20.52     |

|     | Quantity | Equipment              | Waste Type                | Frequency             | Requested Pickup day | Attributes                               | Base<br>Rate |
|-----|----------|------------------------|---------------------------|-----------------------|----------------------|--|--------------|
| 1-2 | 6        | 64 Gallon REL<br>Toter | MSW Commercial -<br>Loose | 1-10 Loads On<br>Call | Misc                 | WM Owns: 6, Delivery: 6, Lids.<br>Wheels | \$ 54.66     |

## THE FOLLOWING TERMS AND CONDITIONS APPLY TO SOLID WASTE AND NON-REBATE RECYCLING SERVICES (INCLUDING PERMANENT, TEMPORARY, COMMERCIAL AND RESIDENTIAL) AS MAY BE PROVIDED BY AFFILIATES AND SUBSIDIARIES OF WASTE MANAGEMENT, INC. (" COMPANY" )

#### THIS IS A LEGALLY BINDING AGREEMENT.

1. SERVICES RENDERED: WASTE MATERIALS. Customer grants to Company the exclusive right, and Company through itself and its subsidiaries and corporate affiliates, shall furnish equipment and services, to collect and dispase of antifor recycle all of Customer's Waste Materials. Customer represents and warrants that the materials to be collected under this Agreement shall be only "Waste Materials" as defined herein. For purposes of this Agreement, "Waste Materials" means all non-hazardous solid waste, organic waste and Recyclable Materials (as defined in Section 12 below) generated by Customer or at Customer's Service Address. Waste Materials hereids receased special Waste, such as industrial process wastes, abbestos-containing material, petroleum contaminated soils, tracted do-characterial wastes, and demolition debris, for which Customer shall complete a Special Waste Profile sheet to be approved by Company in writing. Waste Materials excludes, and Customer agrees mit to deposit or permit the deposit for collection of, any waste tires, redicactive, volatile, corrosive, flammable, explosive, biomecheal, lifections, biohazardous, regulated medical or hazardous waste, toxic substance or material, as defined by, characterized or listed under applicable feederal, state, or toxic laws or or equal toxics, or Sperious divisions by Company (collectively, "Excluded Materials"). This to and liability for Excluded Materials in the law. defined by, characterized or listed under applicable federal, state, or toeat taws or regulations, or special waste in approved in writing by sompley secrety or collection unless otherwise provided in this Agreement in applicable law.

2. TERM. The Term of this Agreement is set forth on the Service Summary of this Agreement, Unless otherwise specified on the Service Summary, the Term shall automatically renew for the period set forth therein unless either party gives to the other party written rotice (See Section 11(e)) of termination at least sincity (90) days, but not more than one hundred eighty (180) days, prive to the termination of the there-existing term. Notice of termination received at any other time will be considered ineffective and the contract will be considered automatically renewed upon completion of the there-existing term. Notice of termination received at any other time will be considered ineffective and the contract will be considered automatically renewed upon completion of the there-existing term. See Termination that the part of the company fails to perform the services described within five business days of its receipt of a written demand from Clustomer (See Section 11(e)). Customer may terminate this Agreement with the payment of all monies due through the termination date. If Cumpany increases the Charges payable by Customer becaminer of such increase within a fixed of the force and effect if Company withdraws or removes such increase within fixed (List) days after Customer provides timely notification of termination of this Agreement, such termination shall be of no force and effect if Company withdraws or removes such increase within fixed (List) days after Customer provides timely notification of termination. Alsent such termination alsent finding and enforceable against Customer movies table in the composition of the company in accordance with the Charges on the Service Summary. On the contract of the company is a customer as provided and the contract of the contract of the contrac recover any equipment and all amounts owed hereunder, including liquidated damages under Section 7.

5. CHANGES. Changes in the frequency of collection service, schedule, number, capacity and/or type of equipment, may be agreed to orally, in writing, by payment of the invoice or by the actions and practices of the parties. If Customer changes its Service Address during the Term, this Agreement shall remain valid and enforceable with respect to services rendered at Customer's new service location if such location is within Company's service area. such location is within Company's service area.

6. EQUIPMENT, ACCESS. All equipment furnished by Company shall remain its property; however, Customer shall have care, custody and control of the equipment and shall be liable for all loss or damage to the equipment and for its contents while at Customer's location. Customer shall not overload, move or after the equipment and shall use it only for its intended purpose. At the termination of this Agreement, Customer shall return the equipment to Company in the condition in which it was provided, normal wear and tear excepted. Customer shall provide safe and unobstructed access to the equipment on the scheduled collection day. Company may suspend services or terminate this Agreement in the event Customer violates any of the requirements of this provision. Customer shall pay, if charged by Company, an adultional fee for any service medifications caused by or resulting from Customer's failure to provide access. Customer warrants that Customer's roperty is sufficient to bear the weight of Company's equipment and vehicles and that Cumpany shall not be responsible for any damage to the Customer's pavement or any other surface resulting from the equipment or Company's services.

7. LIQUIDATED DAMAGES. In the event Customer terminates this Agreement prior to the expiritor to the expiritor of the Term for any reason other than as set forth in Section 3, or in the event Company terminates this Agreement for Customer's default, Customer's default, Customer's default, Customer's default, Customer shall pay the average of its six most recent monthly Charges's multiplied by six (or, if the Effective Due is within six months of WM's last invoice date, the average of all monthly Charges's or (b) if the remaining Term under this Agreement is kess than six months; Ottomer shall pay the average of its six most recent monthly Charges multiplied by the number of months remaining in the Term.

Customer shall pay liquidated damages of 5100 for every Customer waste tire that is found at difficult to fix or prove, and the foregoing liquidated damages amount is reasonable and commensurate with the anticipated last to Company resulting from such termination and is an agreed upon fee and is not imposed as a penalty.

B. INDEMINTY. The Company agrees to indemnify, defend and save Customer, its parent, subsidiaries, and corporate alliliates, hammless from and against any and all liability which Customer may be responsible for on pay out as a result of bedily injuries (including death), property damage, or any violation or alleged violation of law, to the extent caused by any negligent act or omission or willful misconduct of the Company or its employees, which occurs (o) during the collection or transportation of Lowtoner's Waste Materials, or (b) as a result of bedily injuries (including death), property damage, or any violation or alleged violation of law to the extent caused by any negligent act or omission or willful misconduct of the Company is parent, subsidiaries, corporate affiliates and theres, harmless from and against any and all liability which the Company may be responsible for up pay out as a result of bedily injuries (including death), property damage, or any violation or alleged violation of law to the extent caused by Customer's breach of this Agreement to the year of the particular and the property of the particular and the property of the particular party shall be liable to the whore for consequential, incidental or punitive damages arising out of the performance or breach of this Agreement.

9. RGITLO FIRST REFUSAL. Customer greats to Company at right of first refusal to match any offer relation and reasonable opportunity to respond to it.

10. NO CLASS ACTION, WITH RESPECT TO NAY MATTER PERTAINING TO THIS SERVICE AGREEMENT, ISHIPER CUSTOMER NOR COMPANY SHALL [SIN OR CONSOLIDATE CLAIMS BY, OR AGAINST, OTHER CUSTOMERS, OR PURSUE ANY CLAIM AS a REPRESENTATIVE OF OR IN A CLASS ACTION OR IN A PRIVATE ATTORNEY GENERAL CAPACITY.

11. MISCELLANEOUS, 6) Except for the obligation to make

#### IN ADDITION TO THE ABOVE, THE FOLLOWING TERMS AND CONDITIONS APPLY TO

1. Aerosol, Bullast, Buttery, Dental Muterial, Electronics, Fluorescent Lumps, Medical Waste, and Mercury Recycling/Disposal Services, and Mult-Buck Ink Curtridge, Toner, Bottle, Curs, and

1. Aerosol, Bullast, Buttery, Dental practions, Encircular, Electronics, Francescus, and processes and the Paper Recycling Services.

SPECIALITY SERVICES. Capitalized terms used herein shall have the meaning ascribed above, unless otherwise indicated. "Specialty Services", as used herein, include the following Company products/services: acrosol, halfast, battery, dental insterial, electronics, fluorescent lamps, medical waste, and mercury recycling and/or disposal Services, and mail back recycling Services and the container applicable to each of the Specialty Services (the "Container"). Subject to these Terms, and the limitations herein, Company will (a) treat, process, recycle and/or dispose of the Customer's Acceptable Waste in accordance with federal, state and local laws and regulations; and (b) prepare and process legally required papersons. The Container may only be used for those meterials as indicated on the Container (the "Acceptable Waste"). For any questions regarding or complying with these Terms, or a detailed list of Acceptable Waste eligible for shipping in each Container, please visit www.vent.com or call 1800.000 and 1800.000 a

2. RETURNS, if Customer does not accept these Terms, Customer may not use the Container or the Services. However, Customer may return a Container within ten (10) days (the "Return Period") from the day Customer received the Container by doing one of the following during the Return Period: (a) return the Container to the place of purchase; or (b) contact Company at the phone number noted above and complete all return instructions.

3. LIMIT ON AVAILABILITY. Specialty Services are only available as shown and certain of the Specialty Services are not available for use in certain States as follows: ("Deablitted States")

| This Recycling/Disposal Service:  | is prohibited for use in Puerto Rico, and in the States of Alaska and Hawaii, and such Service is further prohibited or restricted for use in the following additional States (collectively, "Prohibited States"): |  |  |  |
|---|--|--|--|--|
| Acrosol Containers Arkunsus, Connecticut, Maine, Mussuchusetts, Minnesota, New Humpshire, New York, Pennsylvania, Rhod and Virginia |  |  |  |  |
| Bullasts  | Maine  |  |  |  |
| Hatteries   | Maine  |  |  |  |
| Dental Material   | Arkansas, Connecticut, Maine, Minnesota, New Mexico, New Hampshire, Rhode Island, Virginia and Vermont   |  |  |  |
| Electronics   | Maine  |  |  |  |
| Bottle, Cans and Paper  | None   |  |  |  |
| Lamps   | Maine  |  |  |  |
| Medical Waste   | None   |  |  |  |
| Meicury   | Malne  |  |  |  |
| Cartridges and Toner  | None   |  |  |  |

It is a violation of law to ship the Container to, from or through any of the Prohibited States. Company reserves the right to modify the list of Prohibited States at any time.

4. TITLE TO, AND RISK OF LOSS FOR, CONTAINER AND CONTENTS. Unless and until Company receives and accepts the Container: (a) title to and risk of loss of the Container and its contents shall remain with Customer; and (b) Customer is solely responsible for the contents of the Container.

5. EXPIRATION OF CONTAINER; UNUSED CONTAINERS. Each Container must be received by Company by the expiration date printed on the Container ("Expiration Date") if an Expiration Date is indicated. Company has no obligation after the Expiration Date even where the carrier identified on a Prepaid Label fails or refuses to ship the Container. Company shall not be obligated to provide Customer a refund for expired, unused Containers.

6. PACKAGING. Customer shall pack and seal the Container in accordance with the instructions included with the Container and any additional instructions that Company may send to the Customer or post on the Company Web Site prior to shipment of the Container by Customer (the "Instructions"), Customer shall pack in the Container only Acceptable Waste, and shall exclude any and all Non-Conforming Waste, as defined below.

In the Continuer and any additional instructions that Company (and seat the Customer or post of the Continuer of the Continue

Container

II. WARRANTY. Company warrants, except where Tracker Services are used in Prohibited States, as follows: (a) the Container has passed, and meets or exceeds the applicable performance standards of federal, state and local regulations; and (b) if the Container is packed, scaled and shipped strictly in accordance with the Instructions, it is adequate to transport Acceptable Waste to the processing facility from authorized points under ordinary commercial shipping conditions. Other than as expressly warranted herein, the Specially Services are provided "as is," and Company disclaims any and all warrantee express or implied, including, but not limited to, implied warrantes of merchantability and fitness for a particular purpose. Customer warrants that it will not ship any Non-Conforming Waste in the Container and that Customer will otherwise comply with these Terms and all Instructions.

#### EXHIBIT A - Examples of Aerosol Services Non-Conforming Wastes

(1) Aemsols that are not in good condition (e.g., damaged, corroded, punctured, leaking, or erushed); (2) Aerosols with labels that are missing, covered, illegible, or obscured; (3) Aemsols with a capacity of greater than 1 liter (1000 ml); (4) Products that are not true aerosols (i.e., non-refillable cylinders containing a gas under pressure, used solely to expel a liquid, paste, or powder from the cylinder through a solf-closing release device). Examples of probletine gases of probletine don-aerosols include: Pump sprays; Oxygen canisters; Signal horns; Non-pressurized self-defense sprays; Liquefied petroleum gas (\*LPC\*) cylinders; Gas for powering to yelelt guine; Other cylinders containing gases only; (3) Aerosols that are specially guised or not authorized for receipt, including: CPC-containing products (e.g., assulation foam); PCB-containing products (e.g., certain paints, psyclicides, or adhesives that are greater than 25 years old); Pepper sprays; Pesticides/herbicides that are not intended for household use or that have boles which do not authorize recycling of used intended for household use or that have boles which do not authorize recycling of used intended for household use or that have boles which do not authorize recycling of used intended for household use or that have boles which do not authorize recycling of used intended for household use or that have boles which do not authorize recycling of used intended for household use or that have boles which do not authorize recycling of used intended for household use or that have boles which do not authorize recycling of used intended for household use or that have boles which do not authorize recycling of used intended for household use or that have boles which do not authorize recycling of used intended for household used to the product of th



Waste Management Inc of Florida 2700 Wiles Road Pompano Beach, PL, 33073-3018 800-433-2300

WM Agreement # Customer Acci # Acct. Name

S0004190993

TROPIC CINEMA 10TH ANNIVERSARY STREET PARTY

7832 Margret Lara

### Service Agreement Non-Hazardous Waste

**Service Summary** 

Billing Information

TROPIC CINEMA 10TH

ANNIVERSARY STREET PARTY

Contact

MATTHEW HELMERICH

Effective Date

SIC

Salesperson

4/4/2014

Address

Name

416 EATON ST KEY WEST, FL 33040 Telephone # Fax # Email

(305) 923-9259

Last API Date

City State Zip County/Parish MONROE

kruerlaw@bellsouth.net

#### ON DEMAND (see details for amounts & charges)

| Ref# | Quantity | Product/Equipment             | Waste Type              | Frequency          |
|------|----------|-------------------------------|-------------------------|--------------------|
| 1-1  | 6        | 64 Gallon REL Recycling Toter | Single Stream Recycling | 1-10 Loads On Call |

TOTAL INITIAL FEES

\$ 0.00

This is not a bill

A Fuel Surcharge, Regulatory Cost Recovery Charge and Environmental Charge calculated as a percentage of the Charge(s), will be included on your invoice. Information about these Charges can be found on our website at www.wm.com under billing inquiry. State and Local taxes, if applicable, will also be added to the Charges.

If applicable to your account, a Recycle Material Offset (RMO) will appear on your invoice and may vary from month to month based on the recyclable material commodity market conditions. Waste Materials not to exceed an average weight of ( lbs/yard).

The individual signing this agreement on behalf of customer acknowledges that he/she has read and accepts the terms and conditions of this agreement which accompany this service summary sheet and that he/she has the authority to sign on behalf of the customer.

Printed Name



S0004190993



#### Service Agreement Service Summary Continued

Service Location: 416 EATON ST, KEY WEST, FL 33040

Name

TROPIC CINEMA 10TH ANNIVERSARY STREET

Contact Name

MATTHEW HELMERICH Email

kruerlaw@bellsouth.net

County/Parish

PARTY MONROE

MONROE NEW ACCT/LIMIT Telephone # Fax # (305) 923-9259

Mobile #

Customer Comments

\$100/M1/RECYCLE/SALES ID 198522/RATE IS (6) YRT \$20.52 TOTAL EVENT/// DELIVER (6) 64 GALLON TOTERS FOR

GALLON TOTERS FOR RECYCLE ON 04-04-14/ANYTIME/CALL

MATTHEW @ 923-9259 FOR PLACEMENT ISNTRUCTIONS//DNR

04-07-14

Total Initial Fees For This Location

\$ 0.00

**Total Recurring Charges For This** 

\$ 0.00

Location

#### COMMERCIAL SERVICES

|     | Quantity | Equipment                        | Waste Type                 | Frequency             | Requested Pickup | Attributes                               | Base<br>Rate |
|-----|----------|----------------------------------|----------------------------|-----------------------|------------------|--|--------------|
| 1-1 | 6        | 64 Gallon REL Recycling<br>Toter | Single Stream<br>Recycling | 1-10 Loads On<br>Call | Misc             | WM Owns: 6, Delivery: 6, Lids,<br>Wheels | \$ 20.52     |

## THE FOLLOWING TERMS AND CONDITIONS APPLY TO SOLID WASTE AND NON-REBATE RECYCLING SERVICES (INCLUDING PERMANENT, TEMPORARY, COMMERCIAL AND RESIDENTIAL) AS MAY BE PROVIDED BY AFFILIATES AND SUBSIDIARIES OF WASTE MANAGEMENT, INC. ("COMPANY")

#### THIS IS A LEGALLY BINDING AGREEMENT.

I. SERVICES RENDERED; WASTE MATERIALS. Customer grouts to Company the exclusive right, and Company through itself and its subsidiaries and corporate affiliates, shall furnish equipment and services, to collect and dispose of and/or recycle all of Customer's Waste Materials. Customer represents and warrants that the materials to be collected under this Agreement shall be only "Waste Materials" as defined herein. For purposes of this Agreement, "Waste Materials" means all non-hazardous solid waste, organic waste and Recyclable Materials fas defined in Section 12 below) generated by Customer of demolition debris, for which Customer shall be only "Waste Materials" includes Special Waste, such as industrial process wastes, asbestos-containing material, petroleum contaminated soits, treated/de-characterized wastes, and deposit for collection of, any waste times, adioactive, volatile, corrosive, flammable, explosive, biomedical, infectious, biohazardous, regulated medical or hazardous waste, outs substance or material, as tellined by, characterized or listed under applicable federal, state, or local laws or regulations, or Special Waste not approved in writing by Company (collectively, "Excluded Materials"). Title to and liability for Excluded Material shall remain with Customer at all times. Title to Customer's Waste Materials is transferred to Company upon Company's receipt or collection unless otherwise provided in this

deposit for collection of any waste time, reliciously, which is corrective, fluramable, explosive, biomedical, infectious, biohizardous, regulated medical or hazardous waste, tonce sunsance or materina, as defined lay, characterized in Black and and prediction fleders, desired to the Earl of Marcial State and the Customer at all limes. This to Counter's Mass Marcial State of Countering Marcial State and the Part of the Earl of Marcial State and the Part of the Earl of Marcial State and Part of the Earl of Marcial State and Earl of the Earl of Marcial State and Earl of the Earl of Marcial State and Earl of the Earl of Earl Office State and Earl of Earl Office State and Earl

Customer shall pay liquidated damages of \$100 for every Customer waste tire that is found at the disposal facility. Customer acknowledges that the actual damage to Company in the event of termination is difficult to fix or prove, and the foregoing fliquidated damages amount is easonable and commensurate with the anticipated loss to Company resulting from such termination and is an agreed upon fee and is and imposted as a possible. The Company agrees to indomnify, defend and save Customer, its parent, subsidiaries, and corporate affiliates, hamiless from and against any and all liability which Customer may be responsible for or pay out as a result of bodily injuries (including death), property damage, or any violation or alleged violation of law, to the extent caused by any negligent act or omission or willful misconduct of the Company or a Waste Management company, provided that the Company's indomnification of payly to occurrences involving Esculed Materials in a facility owney on the waste of the death of the payle of the company or any bar esponsible for or pay out as a result of bodily injuries (including death), property damage, or any violation or alleged violation of law to the extent estated by the Company and the company is parent, subsidiaries, corporate affiliates and their joint venture partners, harmless from and against any and all liability which the Company may be responsible for or pay out as a result of bodily injuries (including death), property damage, or any violation of law to the extent estated by Customer's Waste Materials, or the company and the liabile to the death of the subsidiaries, corporate affiliates and their joint venture partners, harmless from and against any and all liability which the Company may be responsible for or pay out as a result of bodily injuries (including death), property damage, or any violation of properties and any and all liability which the Company and all liability of the death of the properties with the law of the subsidiaries, or properties and any and a

#### IN ADDITION TO THE ABOVE, THE FOLLOWING TERMS AND CONDITIONS APPLY TO

1. Aerosol, Ballast, Battery, Dental Material, Electronics, Fluorescent Lamps, Medical Waste, and Mercury Recycling/Disposal Services, and Mail-Back Ink Cartridge, Toner, Bottle, Cans, and

1. Aerosol, Bathast, Battery, Bentas Fraterias, Executions, Francescent Campa, 1992 (1992) (1

2. RETURNS. If Customer does not accept these Terms. Customer may not use the Container or the Services. However, Customer may return a Container within ten (10) days (the "Return Period") from the day Customer received the Container by doing one of the following during the Return Period; (a) return the Container to the place of purchase; or (b) contact Company at the phone number noted above and

3. LIMIT ON AVAILABILITY. Specialty Services are only available as shown and certain of the Specialty Services are not available for

| This Recycling/Dispusal Service:  | [Is prohibited for use in Puerto Ricu, and in the States of Alaska and Hawaii, and such Service is further prohibited or restricted for use in the following additional States (collectively, "Prohibited States"): |  |  |  |
|---|---|--|--|--|
| Acrosal Containers  Arkansus, Connecticut, Maine, Mussachusetts, Minnesola, New Hampshire, New York, Pennsylvania, Early and Virginia |   |  |  |  |
| Balfasts  | Muine   |  |  |  |
| Batteries   | Muine   |  |  |  |
| Dental Material   | Arkansas, Connecticus, Maine, Minnesots, New Mexico, New Hampshire, Rhode Island, Virginia and Vermont  |  |  |  |
| Electronics   | Maine   |  |  |  |
| Bottle, Cans and Paper  | None  |  |  |  |
| Lamps   | Maine   |  |  |  |
| Medical Waste   | None  |  |  |  |
| Mercury   | Maine   |  |  |  |
| Cartridges and Toner  | None  |  |  |  |

It is a violation of law to ship the Container to, from or through any of the Prohibited States. Company reserves the right to modify the list of Prohibited States at any time.

4. TITLE TO, AND RISK OF LOSS FOR, CONTAINER AND CONTENTS. Unless and until Company receives and accepts the Container; (a) title to and risk of loss of the Container and its contents shall remain with Customer; and (b) Customer is solely responsible for the contents of the Container.

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a return for express, unused Constances.

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7. SHIPPING. Customer shall comply with all instructions related to shipping. Customer will have received a prepaid return shipping labed (the "Pepaid Label") with the Container. As the shipped from any Probibited State. Both the Instructions and Prepaid Label Container.

8. ADDITIONAL SHIPPING CHARCES, Old Customer shall mean are reporsible for all Charges of shipping the Container. Support of the Container, and the shipped from the Pepaid Label of the Pepaid Label will not ship the Container, Company's sole obligation will be to refund to Customer the Shipped and Container. Support of the Container, Company's sole obligation will be to refund to Customer the earth of the Shipped and Container. Support of the Container, Company's sole obligation will be to refund to Customer the earth of the Shipped and Container. Support of the Shipped Shi

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#### EXHIBIT A - Examples of Aerosol Services Non-Conforming Wastes

(1) Aerosols that are not in good condition (e.g., damaged, corroded, punctured, leaking, or crushed); (2) Aerosols with labels that are missing, covered, illegible, or obscured; (3) Aerosols with a capacity of greater than 1 liter (1000 ml); (4) Products that are not true aerosols (i.e., non-refillable cylinders containing a gas under pressure, used solely to expet a liquid, paste, or powder from the cylinder shrough a self-closing release device). Examples of prohibited non-gerosols include: Pump sprays; Oxygen canisters; Signal horns; Non-pressurized self-defense sprays; Liquefied petroleum gas ("LPC") cylinders; Gas refrigerants); Expanding fourm products (e.g., cortain inhalers and refrigerants); expanding fourm products (e.g., cortain inh

The Key West Film Society (Tropic Cinema) is applying for a City of Key West Street Closure and Sound Exemption Permit to conduct a "block party" celebrating the Tropic Cinema Tenth (10th) Anniversary on April 6, 2014 from 6:00 p.m. to 10:00 p.m.

The event will require street closure from 2:00 p.m. to 11:00 p.m. to allow set up and take down of the event. Pedestrian and fire/police/public safety access will be available at all times.

The City of Key West requires that all property and business owners located on the 400 block of Eaton Street be notified and give consent to allow the closure. It is requested that you acknowledge that you have been informed of the event and proposed street closure and that you have no objection to this request.

If you have any questions or concerns, please contact Ginny Stones, Tropic Cinema Board Member, at (305) 294-0252.

SUBWAY #47474

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GLAZED DONUTS LLC, a Florida

limited liability company

By: Jonathan W. Pidgeon, Manager

Megan M. Pidgeon, Manager

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L'HABITATION GUESTHOUSE

Helene Gironet, Owner

also owns 421 Eaton Greet

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COLONIAL SUITES, INC., a Florida corporation, d/b/a Southern Cross Hotel

By: Joseph Cohen, President

Broberter Edde -

Hoping this won't become an annual event but if so, we will accome date -

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SIPPIN' COFFEE HOUSE LLC, a Florida limited liability company

Michael E. Kineer, Member

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By:\_

Paul Mitchell

412=414 Eaton

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If you have any questions or concerns, please contact Ginny Stones, Tropic Cinema Board Member, at (305) 294-0252.

Edward B. Knight
Prudential-Knight Realty
336 Dwol St.



## Parking Requests for Special Events

Please describe any Special Event Parking requests below:

| Per John Wilkins, we will pay \$16 per<br>day per space taken, the number<br>expected to be, unless the commission<br>waives The said fee or reduces it.                  |
|---|
| Mallory Square Rates: \$4.00 per hour or \$32.00 per day per space  |
| Key West Bight Rates: \$2.00 per hour or \$16.25 per day per space  On-Street Meter Rates: \$1.50 per hour or \$20.00 per day per space.                                  |
| Vendors and Event Organizers must pay for metered parking used outside of Event Zone.  Modification of rates or parking waivers can only be approved by City Commission.  |
| If you have any questions, please contact John Wilkins, Parking Manager at (305) 809-3855 or email <a href="mailto:jwilkins@keywestcity.com">jwilkins@keywestcity.com</a> |

AC# 48 47876

# STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION DIV OF ALCOHOLIC BEVERAGES & TOBACCO

SEQ# L10030202569

SERIES 2COP Under the provisions of Chapter 564 FS. Expiration date: MAR 31, 2011 The RETAILER OF ALCOHOLIC BEVERAGES BATCH NUMBER LICENSE NBR BEV5402958 03/0 2/2010 090351818

FL 33040 KEY WEST FILM SOCIETY INC 416 EATON STREET FL 51.

CHARLIE CRIST GOVERNOR

CHARLIE LIEM INTERIM SECRETARY

DISPLAY AS REQUIRED BY LAW



## KEY WEST FIRE DEPARTMENT FIRE MARSHAL'S OFFICE

## Please Check All That Apply To This Event

| Cooking   |
|---|
| Deep Frying/Open Flame  |
| Charcoal Grill  |
| ☐ Gas Grill   |
| ☑ Food Warming Only   |
| 🗵 Catered Food  |
| ☐ Plan for Cooking Oil Disposal   |
| ☐ No Cooking on Site  |
| Electrical Power  |
| ☐ Generator   |
| ☑ 110 AC with Extension Cords   |
| ☐ DC Power  |
| Pond Closura  |
| Road Closure  Map of Closed Road with Fire Lane & Vendor Booth(s) Locations     |
| Tents (More Than 200 SqFt.)   |
| ☐ Flame Resistance Certificate  |
| ☐ Size, Type, Location of Tent(s)   |
| Food Pooths   |
| Food Booths  T Food Booths — Total #  |
| Vendor Rooths - Total # 2   |
| ✓ Food Booths – Total # ∠ Vendor Booths – Total # ∠  Total Number of Booths – ≶ |
|   |
| <u>Parade</u>   |
| ☐ Floats – Total #  |
|   |

## Event Name: Key West Film Society, Inc

## **Special Event Checklist**

Everything must be checked off before submitting the special event application

| X  | TITLE   | COMMENTS    |
|----|---|-------------|
| X  | Special Event Application   |             |
| X  | Noise Exemption (If applicable)                                     |             |
| X  | \$50.00 for Noise   |             |
| X  | Ordinance initialed   |             |
| X  | Recycling checklist completed                                       |             |
| X  | Recycling deposit \$1,000.00  |             |
| X  | Recycling Plan  |             |
| K  | Authorization Letter for continuous cleaning of recycled area       |             |
| X  | Signatures of No Objection of Street closure (If applicable)        |             |
| X  | Insurance naming the City as additional insured                     | Forthcoming |
| NA | Financial of previous event (If applicable)                         |             |
| X  | Release & Idemnification Form                                       |             |
| X  | Site Map ( where barricades, stages, etc are to go)                 |             |
| X  | Letter from non profit that states they will be receiving the funds |             |

# Keyllust Film Society, Inc april 6th

#### CITY OF KEY WEST SPECIAL EVENTS DEPARTMENT APPROVALS

| EVENT (INITIAL SIGNOFF):              | CONDITIONS/RESTRICTIONS: |
|---------------------------------------|--------------------------|
| Mura Rately 1/30/14<br>SIGNATURE DATE |                          |
| / PUBLIC WORKS                        |                          |
| SIGNATURE DATE                        | -                        |
| POLICE DEPARTMENT  SIGNATURE DATE     | They will need an eltra  |
| FIRE DEPARTMENT                       |                          |
| SIGNATURE DATE                        |                          |
| KEY WEST DOT                          |                          |
| SIGNATURE DATE                        |                          |
| SIGNATURE DATE                        |                          |
| DOUG BRADSHAW/PORT                    |                          |
| SIGNATURE DATE                        |                          |
| PARKING DEPARTMENT                    |                          |
| SIGNATURE DATE                        |                          |

# Key West Film Society, Inc

#### CITY OF KEY WEST SPECIAL EVENTS DEPARTMENT APPROVALS

| EVENT (INITIAL SI   | GNOFF):    | CONDITIONS/RESTRICTIONS |  |
|---------------------|------------|-------------------------|--|
| Maria Rately        | 1- 1/30/14 |                         |  |
| SIGNATURE 1         | DATE       |                         |  |
|                     |            |                         |  |
| PUBOIC WORKS        |            |                         |  |
|                     |            |                         |  |
| SIGNATURE D         | ATE        |                         |  |
| / DIGITATIONE E     | AIL        |                         |  |
| POLICE DEPARTME     | NT         |                         |  |
|                     |            |                         |  |
| SIGNATURE D         | ATE        |                         |  |
|                     |            |                         |  |
| FIRE DEPARTMENT     |            |                         |  |
| THE DELAKTMENT      |            |                         |  |
|                     |            |                         |  |
| SIGNATURE DA        | TE         |                         |  |
|                     |            |                         |  |
| KEY WEST DOT        |            |                         |  |
|                     |            |                         |  |
| SIGNATURE DA        | TE         | -                       |  |
| CODE COMPLIANCE     |            |                         |  |
| CODE COMPLIANCE     |            |                         |  |
|                     |            |                         |  |
| SIGNATURE DA'       | TE .       |                         |  |
| DOUG BRADSHAW/PO    | рт         |                         |  |
| DOCO DICIDONA W/1 O | K1         |                         |  |
|                     |            |                         |  |
| SIGNATURE DAT       | E          |                         |  |
|                     |            |                         |  |
| PARKING DEPARTMEN   | T          |                         |  |
|                     |            |                         |  |
| SIGNATURE DAT       | E          |                         |  |
|                     |            |                         |  |
| Engineering         |            |                         |  |
| crycittering        |            |                         |  |

#### Key West Film Society - Tropic Cinema

#### CITY OF KEY WEST SPECIAL EVENTS DEPARTMENT APPROVALS

| EVENT (INITIA)                              | L SIGNOFF):               | CONDITIONS/RESTRUCTIONS |
|---|---------------------------|-------------------------|
| SIGNATURE                                   | DATE                      |                         |
| PUBLIC WORKS                                |                           |                         |
| SIGNATURE                                   | DATE                      |                         |
| POLICE                                      |                           |                         |
| SIGNATURE                                   | DATE                      |                         |
| FIRE DEPARTME<br>Daniel Blanco<br>SIGNATURE | ENT<br>02/04/2014<br>DATE | SEE ATTACHED MEMO       |
| PORT/KEY WEST                               | T DOT                     |                         |
| SIGNATURE                                   | DATE                      |                         |
| CODE COMPLIA                                | NCE                       |                         |
| SIGNATURE                                   | DATE                      |                         |
| KEY WEST PROP<br>MANAGE                     |                           |                         |
| SIGNATURE                                   | DATE                      |                         |
| PARKING DEPAR                               | RTMENT                    |                         |
| SIGNATURE                                   | DATE                      |                         |







## THE CITY OF KEY WEST

Post Office Box 1409 Key West, FL 33041-1409 (305) 809-3933

To: Matthew Helmerich (<u>matthew@tropiccinema.com</u>)

From: Fire Marshal/Division Chief Danny Blanco

Date: 2/4/2014

Reference:

This office reviewed the special event application for the Key West Film Society to be held on the 400 block of Eaton St., Sunday, April 6, 2014.

The following conditions apply:

- Any cooking that takes place on city property needs to have a Life Safety Inspection.
- Attached are the vendor regulations for special events.
- A Fire Inspector will be required to be present during the event hours to conduct a fire safety watch.
- Event coordinator is responsible for scheduling the inspection with this office.

Costs of Fire Inspector during the event are the responsibility of the event organizers at a rate of \$40.00 per hr. - Minimum four hours.

If I can be of any further assistance please contact me.

Danny Blanco, Fire Marshal/Division Chief Key West Fire Department 1600 N. Roosevelt Boulevard Key West, Florida 33040 305-809-3931 Office 305-292-8284 Fax dblanco@keywestcity.com Serving the Southernmost City

326£ LS3m 113:



Maria Ratcliff < mratclif@keywestcity.com>

## Key West Film Society, Inc Tropic Cinema April 6, 2014

**Steve Torrence** < storrenc@keywestcity.com>
To: Maria Ratcliff <mratclif@keywestcity.com>

Sat, Feb 1, 2014 at 7:27 AM

On my way to brave the high seas for a week -- They need an extra duty officer.

Thank you

Steve

[Quoted text hidden]

# Key West Film Society, Inc.

## CITY OF KEY WEST SPECIAL EVENTS DEPARTMENT APPROVALS

| EVENT (INITIAL SIGNOFF):              | CONDITIONS/RESTRICTIONS   |
|---------------------------------------|---|
| maria Rately 1/30/14                  |   |
| SIGNATURE DATE                        |   |
| PUBLIC WORKS                          |   |
| SIGNATURE DATE                        |   |
| POLICE DEPARTMENT                     |   |
| SIGNATURE DATE                        |   |
| FIRE DEPARTMENT                       |   |
| SIGNATURE DATE                        |   |
| Regulie France 2/10/14 SIGNATURE DATE | Laure Keys Shottle Partes<br>Will have To be Deformed<br>OFF OF Enton shreet. |
| CODE COMPLIANCE                       |   |
| SIGNATURE DATE                        |   |
| DOUG BRADSHAW/PORT                    |   |
| SIGNATURE DATE                        |   |
| PARKING DEPARTMENT                    |   |
| SIGNATURE DATE                        |   |
| EN/h to do a ch                       |   |

officer

## Keyllust Film Society, Inc

## CITY OF KEY WEST SPECIAL EVENTS DEPARTMENT APPROVALS

| EVENT (INIT              | IAL SIGNOFF):            | 5. | CONDITIONS/RESTRICTIONS: |
|--------------------------|--------------------------|----|--------------------------|
| MAYOR RO<br>SIGNATURE    | Ulluff_ 1/30<br>DATE     | 14 |                          |
| PUBLIC WOR               | KS                       |    |                          |
| SIGNATURE                | DATE                     |    |                          |
| POLICE DEPA<br>SIGNATURE | rtment<br>10 feb<br>Date |    | - Requir Exected to      |
| FIRE DEPARTM             | MENT                     |    |                          |
| SIGNATURE                | DATE                     |    |                          |
| KEY WEST DOT             | Γ                        |    |                          |
| SIGNATURE                | DATE                     |    |                          |
| CODE COMPLIA             | NCE                      |    |                          |
| SIGNATURE                | DATE                     |    |                          |
| DOUG BRADSHA             | W/PORT                   |    |                          |
| SIGNATURE                | DATE                     |    |                          |
| PARKING DEPAR            | TMENT                    |    |                          |
| SIGNATURE                | DATE                     | 3  |                          |
| Engineering              |                          | _  |                          |

The Porter-Allen Company 513 Southard Street Key West, FL 33040 Phone:(305) 294-2542 Fax: (305) 296-7985

## **BINDER REQUEST**

To:

Atlantic

Marianne Correa

From:

Frank McPherson

Insured

Key West Film Society, Inc.

Subject:

**Bind Quote** 

Date:

February 10, 2014

Please bind coverage for GL and LL Special Event with Mount Vernon Insurance Co excluding terrorism coverage per quote for \$463.18, effective 04/06/2014. Forms are attached.

Thank you,

Frank McPherson

The Porter-Allen Company Inc.

| MSEO  | 14J3144  |   |
|-------|--|---|
| Quote | is valid until 4/6/2014                          | Please bind effective: Apr. 1 06, 2014  |
| Quote | 10 Yana ana 410/2014                             |   |
| То:   | THE KEY WEST FILM SOCIETY INC DBA: TROPIC CINEMA | Confirm optional coverages: Do not include any optional coverages. Include the following optional coverages from Section IV (Taxes & Fees may apply to optional premium if purchased) |
|       |  | Option 1 - Set-up and/or Take-down Coverage Option 2 - Rain Date Coverage Option 3 - Banner Coverage Option 4 - (add: *\$100.00) - Terrorism Coverage                                 |
|       |  | *See Terrorism Section for Exact Pricing and Terms  Signature:  |
| From: | Frank McPherson                                  | 3   |
|       | frank@porterallencompany.com                     |   |

### I. PREMIUM AND UNDERWRITING NOTES/REQUIREMENTS

| WIGENERAU BABIUMY                                     | LIQUORILIAB                         | LUTY SPECIALIES                | VENITIPO LIOY INFOR | MATIONI              |          |
|---|-------------------------------------|--------------------------------|---------------------|----------------------|----------|
| Carrier:  | Mount Vernon Fire Insurance Company |                                |                     |                      |          |
| Status:   |                                     |                                | Non-admitted        |                      |          |
| A.M. Best Rating:                                     |                                     |                                | A++ (Superior) - I  | X                    |          |
| LIMITS OF LIABILITY<br>OCCURRENCE/<br>AGGREGATE       | GENERAL<br>LIABILITY<br>PREMILIM    | LICUOR<br>LIABILITY<br>PREMIUM | ADDITIONAL<br>COSTS | WHOLESA<br>BROKER FE |          |
| \$100,000/\$200,000                                   | \$190                               | \$75                           | \$19.42             | \$35.00              | \$319.42 |
| \$300,000/\$300,000                                   | \$229                               | \$78                           | \$22.14             | \$35.00              | \$364.14 |
| \$300,000/\$600,000                                   | \$235                               | \$80                           | \$22.66             | \$35.00              | \$372.66 |
| \$500,000/\$500,000                                   | \$260                               | \$87                           | \$24.74             | \$35.00              | \$406.74 |
| \$500,000/\$1,000,000                                 | \$265                               | \$90                           | \$25.26             | \$35.00              | \$415.26 |
| \$1,000,000/\$1,000,000                               | \$295                               | \$94                           | \$27.46             | \$35.00              | \$451.46 |
| \$1,000,000/\$2,000,000                               | \$300                               | \$100                          | \$28.18             | \$35.00              | \$463.18 |
| ADDITIONALIQUOTE                                      | INFORMATIO                          |                                |                     |                      |          |
| Policy Minimum Premiur                                | m: \$220                            |                                |                     |                      |          |
| Personal & Advertising Inj                            | ury: Same as th                     | e Occurrence Limit             |                     |                      |          |
| Products Aggregate: Included in the General Aggregate |                                     |                                |                     |                      |          |
| Damages to Premises Rented: \$100,000                 |                                     |                                |                     |                      |          |
| Medical Payments: \$1,00                              | 0                                   |                                |                     | -                    |          |
| Refer to Covered Events s                             | section for event                   | dates covered                  |                     |                      |          |
| Policy Period is 4/6/2014 t                           | 0 4/8/2014                          |                                |                     |                      |          |
| Pricing is contingent upon                            | both GL & Liquo                     | or coverage being cho          | osen                |                      |          |

Please contact us with any questions regarding the terminology used or the coverages provided.

<sup>\*\*</sup>Read the quote carefully, it may not match the coverages requested\*\*

#### MSE014J3144

## IV. OFFER OF OPTIONAL COVERAGE(S)

Based on the information provided, the following additional coverages are available to this applicant but are not currently included in the quotation. The additional premium may be subject to taxes & fees. For a firm final amount please contact us and we will revise the quote.

| PROPERTY OF STREET |  | initial amount please contact us and we will revise the quote. |
|--------------------|--|--|
|                    | COVETAGE IN THE PROPERTY OF TH | Raté   |
|                    |  |  |
| Option 1           | Set-up and/or Take-down Coverage   |  |
|                    |  | 0.100  |

#### Important Information

- If this coverage is purchased, add L-563 Set-Up and/or Take-Down Coverage for Special Events
- Set-up and take-down coverage is available. If you wish to purchase, please submit the following with your bind request: dates requested, confirm no heavy machinery used during set-up and take-down (bulldozers, backhoes, excavators and any type of industrial machinery). Note: 10% of the first day rate for each day of set-up and/or take-down will apply.

|          | Coverage           |         |
|----------|--------------------|---------|
| Option 2 | Rain Date Coverage | \$50.00 |
| Impo     | rtant Information  |         |

If this coverage is purchased, add L-562 Rain Date Coverage for Special Events

| wastiidal         | Coverage IIII      | Premium 2 1 1 2    |
|-------------------|--------------------|--------------------|
| Option 3          | Banner Coverage    | \$100.00           |
| TER SEPTEMBERS IN |                    |                    |
|                   | Coverage           | Additional Premium |
| Option 4          | Terrorism Coverage | \$100.00           |

#### Important Information

- If this coverage is purchased, add L-541 Extension of Terrorism Coverage
- Terrorism coverage, per the Terrorism Risk Insurance Program Reauthorization Act of 2007, is available for an additional premium of \$100 or 5% of the total policy premium (10% if insured location is in Miami or Orlando), whichever is greater. When making your decision to purchase Terrorism Coverage, please be aware that coverage for "insured losses" as defined by the Act is subject to the coverage terms, conditions, amount, and limits in this policy applicable to losses arising from events other than acts of terrorism. If purchased add L-541 Extension of Terrorism Coverage. If not desired attach TRIADN Disclosure Notice of Terrorism Insurance Coverage or add form NTE Notice of Terrorism Exclusion.
- The Terrorism premium shown above has been calculated as a percentage of the quoted coverages. If any
  coverages are added or removed at binding, the additional premium show above is subject to change.
- This coverage cannot be added mid-term.



ATLANTIC SPECIALTY LINES OF FLORIDA, INC. 380 Park Place Boulevard, Suite 175, Clearwater, FL 33759

Phone: (727)540-9100

## **Special Events Application**

MSE014J3144

You or your agent provided the information used to complete the questions below. Please answer all remaining questions in the space provided. By signing this application you are warranting that all information on this application is true and correct.

### **General Information**

| THE KEY MEST SHAROSISTVING DRA  | TROPIC CINEMA   |
|---|---|
| Applicant's Name: THE KEY WEST FILM SOCIETY INC DBA: Form Of Business: Individual Corporation Partnersh                               | ip ☐LLC ☑Other: Special Event Host                            |
| Mailing Address: P.O. Box 1283  |   |
| city: Key West  | State:FLZip: _3304/   |
| Phone Number: (877)761 3456 Web Address:  | Fax Number: / E-mail Address:                                 |
| Coverage Desired:   | or Liability  |
| Please advise all entities requesting to be added as Additional   | Insured on this policy: Not Applicable                        |
| Complete Name Add   |   |
| City of Key West P.O. Box 1409,   | KeyWest FL Landlord City                                      |
| Brief Narrative of Event(s)   | 3304 Street   |
| Outdoor party to celebrate 10th anniversary of corporation.  City of Key West, Fygo Blog  Duval Street and Whitehead                  | Celebration will be held in ck of Eaton Street between street |
|   |   |
| For this event, is the applicant acting in the capacity of a hired ca   | iterer of bartender?  |
| ☐ No<br>☑ Yes   |   |
| Is the applicant an individual or business that regularly sells, sending the property of the self-self-self-self-self-self-self-self- | business. Beer and Wine lobby to theatre customers            |
|   | ~   |

| Location #1<br>Address   | Ci                    | ity                 | State   | e Zip              |                 |
|--|-----------------------|---------------------|---|--------------------|-----------------|
| 416 Eaton Street   | Κe                    | ey West             | FL  | 330                | 40              |
| Years At Current Location:   |                       |                     |   |                    |                 |
|  |                       | Start Date          | End Date  | # of Attendees:    | # of Consumers: |
| Event  |                       |                     |   |                    |                 |
| Party / Social Event - Anniversary / I<br>(applicant is the host of the event) | Birthday Party        | 4/6/2014            | 4/6/2014  | 500                | 300             |
| Event will not run past 3AM daily  |                       |                     |   |                    |                 |
| True   |                       |                     |   |                    |                 |
| ☐ False  |                       |                     |   |                    |                 |
| Event will not feature water hazards   | (e.g., swimming, bo   | ating or fishing)   | *   |                    |                 |
| True   |                       |                     |   | 190                |                 |
| False  |                       |                     |   |                    |                 |
| T  |                       |                     |   |                    |                 |
|  |                       |                     |   |                    |                 |
| II. Limit of Insurance   |                       |                     |   |                    |                 |
| Please select a limit:   |                       |                     |   |                    |                 |
| General Liability Occurrence/  | Aggregate             | Liquor Liability    |   | se/Aggregate       |                 |
| \$500,000/\$500,000  |                       | \$500,000/\$        | CONTRACTOR |                    |                 |
| \$500,000/\$1,000,000  |                       | \$500,000/\$        |   |                    |                 |
| \$1,000,000/\$1,000,000  |                       | <b>\$1,000,000</b>  |   |                    |                 |
| \$1,000,000/\$2,000,000  |                       | \$1,000,000         | /\$2,000,000  |                    |                 |
| Additional Quote Information   | n<br>Will match the O | courrence Limit     |   |                    |                 |
| Personal & Advertising Injury Products Aggregate                               | Included in the G     |                     |   |                    |                 |
| Froducts Aggregate   | Aggregate             | zenerar             |   |                    |                 |
| Damages to Premises Rented   | \$100,000.00          |                     |   |                    |                 |
| Medical Payments   | \$1,000.00            |                     |   |                    |                 |
| General Liability Limits must be   | equal to or greate    | er than Liquor Lia  | bility Limits.  |                    |                 |
|  |                       |                     |   |                    |                 |
| Classification   |                       |                     |   |                    |                 |
| Party / Social Event - Anniversary / Birt                                      |                       |                     |   |                    |                 |
| If multiple liquor vendors, all particip<br>greater limits than our applicant  | ating liquor vendors  | are required to car | ry liquor liability   | insurance at equal | or True F       |
|  |                       |                     |   |                    |                 |
| Classification   | <del>••••••</del>     |                     | ***************************************   |                    |                 |

Additional Insured - Designated Person - Liquor Liability

Florida Fraud Statement: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or anapplication containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Fraud Statement: Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and may subject such person to criminal and/or civil penalties and other sanctions.

Applicant's Warranty Statement: I warrant that the information provided in this Application, and any amendments or modifications to this Application are true and correct. I acknowledge that the information provided in this Application is material to acceptance of the risk and the issuance of the requested policy by Company. I agree that any claim, incident, occurrence, event or material change in the Applicant's operation taking place between the date this application was signed and the effective date of the insurance policy applied for which would render inaccurate, untrue or incomplete, any information provided in this Application, will immediately be reported in writing to the Company and the Company may withdraw or modify any outstanding quotations and/or void any authorization or agreement to bind the insurance. Company may, but is not required, to make investigation of the information provided in this Application. A decision by the Company not to make or to limit such investigation does not constitute a waiver or estoppel of Company's rights.

I acknowledge that this Application is deemed incorporated by reference in any policy issued by Company in reliance thereon whether or not the Application is attached to the policy.

I acknowledge and agree that a breach of this WARRANTY STATEMENT is grounds for Company to declare void any policy or policies issued in reliance thereon and/or deny any claim(s) for coverage thereunder.

Florida Statement: You are agreeing to place coverage in the surplus lines market. Superior coverage may be available in the admitted market and at a lesser cost. Persons insured by surplus lines carriers are not protected under the Florida Insurance Guaranty Act with respect to any right of recovery for the obligation of an insolvent unlicensed insurer.

Applicants Signature\*:

Brokers Signature:

If your state requires that we have the name and address of your (insured's) authorized Agent or Broker.

Name of Authorized Agent or Broker:

Address: 573 Southard St. Key Walst Fl. 33040

SUBMITTING THIS APPLICATION DOES NOT BIND THE APPLICANT TO PURCHASE INSURANCE.

SUBMITTING THIS APPLICATION DOÉS NOT BIND THE APPLICANT TO PURCHASE INSURANCE.

ACCEPTANCE OF THIS APPLICATION DOES NOT BIND THE COMPANY TO ISSUE INSURANCE.

## DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE

You are hereby notified that under the Terrorism Risk Insurance Program Reauthorization Act of 2007 ("the Act"), effective December 26th, 2007, you now have a right to purchase insurance coverage for losses arising out of acts of terrorism, as defined in Section 102(1) of the Act. The term "act of terrorism" means any act that is certified by the Secretary of the Treasury, in concurrence with the Secretary of State, and the Attorney General of the United States, to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of an air carrier or vessel or the premises of a United States mission; and to have been committed by an individual or individuals, as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

You should know that any coverage for losses caused by certified acts of terrorism is partially reimbursed by the United States under a formula established by federal law. Under this formula, the United States pays 85% of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage for each Program Year (January 1 through December 31). The premium charged for this coverage is provided below and does not include any charges for the portion of loss covered by the federal government under the Act.

Coverage for "insured losses", as defined in the Act, is subject to the coverage terms, conditions, amounts and limits in this policy applicable to losses arising from events other than acts of terrorism.

You should know that the Act, as amended, contains a \$100 billion cap that limits U.S. Government reimbursement, as well as insurers' liability, for losses resulting from certified acts of terrorism. When the amount of such losses for all insurers exceeds \$100 billion, your coverage may be reduced.

You should also know that, under federal law, you are not required to purchase coverage for losses caused by certified acts of terrorism.

## REJECTION OR SELECTION OF TERRORISM INSURANCE COVERAGE

Please "X" one of the boxes below and return this notice to the Company.

| X | I decline to purchase Terrorism Coverage. I understand that I will have no coverage for losses arising from acts of Terrorism. |
|---|--|
|   | I elect to purchase coverage for certified acts of Terrorism for a premium of \$   |

Note: if you do not respond to our offer and do not return this notice to the Company, you will have no Terrorism Coverage under this policy.

Applicant Name (Print)

Named Insured

Named Insured

Date

## SURPLUS LINES DISCLOSURE AND ACKNOWLEGEMENT

At my direction, *The Porter Allen Company, Inc.* has placed my coverage in the surplus lines market. As required by Florida Statute 626.916, I have agreed to this placement. I understand that superior coverage may be available in the admitted market and at a lesser cost and that persons insured by surplus lines carriers are not protected by the Florida Insurance Guaranty Association with respect to any right of recovery for the obligation of an insolvent unlicensed insurer.

I further understand the policy forms, conditions, premiums and deductibles used by surplus lines insurers may be different from those found in policies used in the admitted market. I have been advised to carefully read the entire policy.

There is no liability on the part of, and I have no cause of action against, my agent for placing coverage in the surplus lines market.

| Key West Film Society, Inc.                                       |                  |
|---|------------------|
| Named Insured:  Signature of Insured's Authorized Representative: | 2.10.14<br>Date: |
| Mount Vernon Insurance Company                                    |                  |
|   |                  |
| Name of Excess and Surplus Lines Carrier:                         |                  |
| General Liability and Liguor Liability                            |                  |
| Type of Insurance:  |                  |
| 04/06/2014  |                  |
| Effective Date of Coverage:                                       |                  |

Fropic Cinema Theatre F. O. Box 4283 Key West FL 33041 305-294-5857

IST STATE BANK OF THE PLIKEYS KEY WEST FLOSOGT AS-48/670

PAY TO THE ORDER OF

Porter Allen Agency

\*\*463.18

Four Hundred Sixty-Three and 18/100\*\*\*

DOLLARS

Porter Allen Agency 513 Southard Street Key West Ft 83040

10th Anniversary Street Party Liability

"003116" "067000438" 0100773956"

Key West Film Society, Inc.

3116

Date 2/10/2014

Porter Allen Agency Type Reference Bill Street Fair Liabilit

Original Amt. 463.18 Balance Due 463.18 2/10/2014 Discount

**Payment** 463.18

Check Amount

463.18

First State Bank-Oper 10th Anniversary Street Party Liability

463.18



ATLANTIC SPECIALTY LINES OF FLORIDA, INC. 380 Park Place Boulevard, Suite 175

Clearwater, FL 33759

Phone: (727) 540-9100 Fax: (727) 540-9600

The Porter Allen Company Inc.

Surplus Lines Agent's Name: Robert M. Bryant License #D068392/12/2014 Surplus Lines Agent's Address: 380 Park Place Blvd., Suite 175, Clearwater, FL

33759

frank@porterallencompany.com/(727) 540-9100

Producing Agent's Name: David Freeman A089729 Address: 513 Southard Street Key West, FL 33040

Renewal Of: NEW

Marianne Correa From:

Frank McPherson

To:

Attn:

mariannec@atlanticspecial.com

THIS INSURANCE IS ISSUED PURSUANT TO THE FLORIDA SURPLUS LINES. LAW. PERSONS INSURED BY SURPLUS LINES CARRIERS DO NOT HAVE

Insured: THE KEY WEST FILM SOCIETY INC

THE PROTECTION OF THE FLORIDA INSURANCE GUARANTEE ACT TO THE EXTENT OF ANY RIGHT OF RECOVERY FOR THE OBLIGATION OF AN

INSOLVENT UNLICENSED INSURER. (F.S.A. §626.924).

**DBA: TROPIC CINEMA** 

This policy is set up to be Agency Billed.

Thank you for your order to bind. We appreciate your business! We have bound the below coverage. Policy to Follow Shortly

#### POLICY INFORMATION

| COMMERCIAL LIABILITY POLICY                                       |                 |                          |  |
|---|-----------------|--------------------------|--|
| Policy Number:  | CL 2654950      |                          |  |
| Policy Period:  | 04/06/2014 to 0 | 04/06/2014 to 04/08/2014 |  |
| Carrier:  | Mount Vernon I  | Fire Insurance Company   |  |
| Status:   | Non-Admitted    |                          |  |
| A.M. Best Rating:   | A++ (Superior)  | - IX                     |  |
| COVERAGE PART   |                 | PREMIUM                  |  |
| Commercial Liability  |                 | \$300.00                 |  |
| Each Occurrence Limit   | \$1,000,000     |                          |  |
| Personal & Advertising Injury Limit (Any One Person/Organization) | \$1,000,000     |                          |  |
| Medical Expense Limit (Any One Person)                            | \$1,000         |                          |  |
| Damages To Premises Rented To You (Any One Premises)              | \$100,000       |                          |  |
| Products/Completed Operations Aggregate Limit                     | Included        |                          |  |
| General Aggregate Limit   | \$2,000,000     |                          |  |
| Liquor Liability  |                 | \$100.00                 |  |
| Each Common Cause Limit   | \$1,000,000     |                          |  |
| Aggregate Limit   | \$2,000,000     |                          |  |
| POLICY PREMIUM  |                 | \$400.00                 |  |
| ADDITIONAL COSTS SURPLUS LINES INSU                               | JRFRS'          |                          |  |
| Wholesaler Broker Fee POLICY RATES AND                            |                 | \$35.00                  |  |
| Surplus Lines Tax   |                 | \$21.75                  |  |
| FL CAT Fund Assess ARE NOT APPROVED                               | BY ANY          | \$5.66                   |  |
| Service Fee FLORIDA REGULATO                                      | RY AGENCY.      | \$0.76                   |  |
| TOTAL   |                 | \$463.17                 |  |

### Location of All Covered Special Event(s)

1 - 416 Eaton Street, Key West, FL 33040

#### APPLICABLE FORMS & ENDORSEMENTS

LQ-352 09/08

LQ-354 10/09

The following forms apply to multiple coverage parts 2110 09/10 Service Of Suit IL0017 11/98 Common Policy Conditions IL0021 09/08 Nudear Energy Liability Exclusion Endorsement L-206 02/11 Fully Earned Premium Endorsement L-224 07/08 Punitive Or Exemplary Damages Exclusion L-381 09/08 Warranty Endorsement - Equal Or Greater Genera Liability Limit L-535 09/02 Exclusion - Products- Completed Operations L-607 02/11 Exclusion For Climbing, Rebounding And Interactive Games And Devices L-608 02/11 Exclusion For Firearms, Fireworks And Other L-609 02/11 Animal Exclusion Pyrotechnic Devices L-610 11/04 Expanded Definition Of Bodily Injury L-616 11/09 Host/Special Event Coverage Form Change Endorsement L-656 02/06 Extension Of Coverage - Committee Members L-657 01/11 Absolute Pollution Exclusion - Liability L-729 08/09 Exclusion - Violation Of Statutes That Govern LLQ100 07/06 Amendatory Endorsement E-Mails, Fax, Phone Calls Or Other Methods Of Sending Material Or Information LLQ101 08/06 Expanded Definition Of Employee LLQ102 08/06 Event Vendor/Exhibitor & Contractor- Exclusion LLQ368 08/10 Separation Of Insureds Clarification Endorsement SPE 300 05/09 Special Events Property Damage Amendment **TRIADN 01/08** Disclosure Notice Of Terrorism Insurance Coverage ME Jacket 09/10 The Main Event Special Event Commercial Liability Policy Jacket The following forms apply to the Commercial Liability coverage part CG0001 12/07 Commercial General Liability Coverage Form CG2026 04/13 Additional Insured-Designated Person or Organization CG2136 03/05 Exclusion - New Entities CG2139 10/93 Contractual Liability Limitation CG2144 07/98 Limitation Of Coverage To Designated Premises Or CG2147 12/07 Employment-Related Practices Exclusion L-387 03/06 Exclusion - Mechanical Rides L-423 02/11 Exclusion For Structure Collapse L-472 07/08 Exclusion - Injury To Performers Or Entertainers L-526 06/06 Absolute War Or Terrorism Exclusion L-536 09/09 Absolute Exclusion for Pollution, Organic Exclusion - Participation In Athletic Activity, Physical L-599 10/12 Activity Or Sports Pathogen, Silica, Asbestos and Lead with a Hostile Fire Exception L-657 01/11 Absolute Pollution Exclusion - Liability L-686 10/12 Absolute Exclusion for Liquor and Other Related Liability L-729 08/09 Exclusion - Violation Of Statutes That Govern SPE 300 05/09 Special Events Property Damage Amendment E-Mails, Fax, Phone Calls Or Other Methods Of Sending Material Or Information The following forms apply to the Liquor Liability coverage part CG0033 12/07 Liquor Liability Coverage Form L-560 11/10 Additional Insured - Designated Person Or

Event Vendor - Other Insurance

Limitation Of Coverage To Insured Premises

Organization

Punitive Or Exemplary Damages Exclusion

LQ-353 01/09