

CITY OF KEY WEST
APPLICATION FOR A SPECIAL EVENT PERMIT

Name of Applicant(s) Key West Songwriters Festival / Bauer Restaurant

Address of Applicant(s) 1723 Jamaica Dr. Key West, FL 33040

Phone Number of Applicant(s) 305-304-0814 Fax: _____ Email kwswf@aol.com

Name of Non-Profit (s) BMI Foundation

Address of Non-Profit(s) 7 World Trade Center, 250 Greenwich St. NY NY

Phone Number of Non-Profit(s) 212-220-3103

Amount or Percentage of Revenue Non-Profit(s) anticipates receiving \$5000 min.

Date/Dates of Event May 13, 2017

Hours of Operation 10am - 12:00am

Estimated/anticipated number of persons per day 3000

Location of Event Duval & Green St

Street Closed 100-200 Duval St / Green St between Fitzpatrick & Ann

Detailed description of event Live Music Concert - free of charge
no liquor or food vendors on streets.

Noise exemption required: Yes _____ No X

Alcoholic beverages sold/served at event: Yes _____ No X

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 liability, 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 thing 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.

[Signature]

2-27-17

Applicants Signature

Date

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

CB

Revised for
Third Reading
11/19/02

ORDINANCE NO. 02-29

AN ORDINANCE OF THE CITY OF KEY WEST, FLORIDA, AMENDING CHAPTER 6 OF THE CODE OF ORDINANCES ENTITLED "AMUSEMENTS AND ENTERTAINMENT" BY AMENDING ARTICLE II PERTAINING TO SPECIAL EVENTS; AMENDING SECTION 6-26 TO REQUIRE A DOWN PAYMENT ON THE COST OF CITY SERVICES, TO ALLOW FOR INTEREST ON LATE PAYMENTS, AND TO INCREASE THE COST WAIVER TO \$1,000.00; ADDING SECTION 6-27 TO RESTRICT PLACEMENT OF FOOD, BEVERAGE AND MERCHANDISE BOOTHS; AMENDING SECTION 6-56 TO REQUIRE THE APPLICATION TO LIST AN EMERGENCY CONTACT PERSON; AMENDING SECTION 6-57 TO ESTABLISH A MINIMUM NON-PROFIT SHARE FOR SPECIAL EVENTS IN WHICH A STREET IS CLOSED; AMENDING SECTION 6-58 TO PROVIDE THAT MAJOR FESTIVAL SPONSORS MAKE APPLICATION SIX MONTHS IN ADVANCE AND APPROVE CERTAIN SALES OF ALCOHOLIC BEVERAGES; ADDING SECTION 6-61 PERTAINING TO HANDICAP-ACCESSIBLE BATHROOM FACILITIES; PROVIDING FOR SEVERABILITY; PROVIDING FOR REPEAL OF INCONSISTENT PROVISIONS; PROVIDING FOR AN EFFECTIVE DATE

WHEREAS, the City Commission finds that a revision to the regulations governing special events and street closures would promote the health, safety and welfare of the citizens of Key West.

NOW, THEREFORE, BE IT ORDAINED BY THE CITY OF KEY WEST, FLORIDA:

CB

Section 1: That section 6-26 of the Code of Ordinances is hereby amended as follows*:

Sec. 6-26. Payment for city services.

(a) The organizer or sponsor of any festival, street fair, fair, carnival, athletic event, contest, competition, parade, fundraiser, rally, boat or car race or other special event which requires city authorization, whether by administrative permit or city commission approval, and which requires the provision of additional or extraordinary support services by police, fire, administrative, or other city departments in order to maintain order or safety or to escort participants shall pay to the city the cost of such services. A down payment of ten percent (10%) 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 (10) days prior to the event.

(b) The city manager shall establish a cost schedule for additional or extraordinary support services for the events referred to in subsection (a) of this section, which schedule shall be subject to approval of the city commission. The city manager is authorized to provide reasonable terms for time and manner of payment. If the event sponsor fails to pay the full costs at the time determined by the city manager or, if no such deadline is

* (Coding: Added language is underlined; deleted language is ~~struck through~~.)

established, then within thirty (30) days after the event the city may impose an interest charge on the amount due at the rate of one and one half percent (1-1/2%) per month.

(c) The city commission may grant special exceptions to this section for cause shown upon the public record.

(d) The first ~~\$500.00~~ \$1,000.00 of costs as specified in subsection (a) of this section may be waived for any organizer or sponsor which has qualified as a tax-exempt nonprofit organization according to state or federal law. Acceptance of this waiver by such sponsor shall render the event a public accommodation subject to the human rights provision of the section 38-225.

(e) Any nonprofit organization accepting the waiver provided for by subsection (d) of this section shall, within 90 days following the special event, submit to the city commission an accounting of expenses and revenues incurred and generated during the event.

Section 2. That section 6-27 is hereby added to the Code of Ordinances as follows:

Sec. 6-27. Food, beverage and merchandise booths.

No booth or stall set up for a special event and serving any amount or type of food and/or beverage, or selling merchandise, shall be placed directly in front of, or within five(5) feet of the property line of, a restaurant or a bar or a retail store (selling

primarily the same or similar merchandise), unless the owner of the restaurant, the bar or the store consents. This section shall not apply to major festivals as defined in section 6-58.

Section 3. That section 6-56 of the Code of Ordinances is hereby amended as follows:

Sec. 6-56. Application.

(a) Except as provided in section 6-58, At least 60 days prior to a proposed special event that will result in the closing of a public street, the sponsor shall submit an application to the city manager. An application may be made either by a tax-exempt nonprofit organization (nonprofit) or jointly by a nonprofit and a private person or business entity.

(b) If the city manager approves the application, he shall then schedule it for consideration by the city commission. However, if the special event proposes to close only one block, is intended to end prior to 9:00 p.m. on any day of the year, and does not seek either a fee cost waiver or a noise exemption, the city manager may give final approval to the application.

(c) Each application shall include the name of a sponsor's contact person and that person's 24-hour telephone number(s), in case of emergency.

Section 4. That section 6-57 of the Code of Ordinances is hereby amended as follows:

**Sec. 6-57. Donation of percentage of revenue
to nonprofit organization.**

~~A percentage of the revenues of a special event that causes the closing of a city street must be donated to the nonprofit organization and, at the sponsor's option, to additional charities. On the application form issued by the city manager, the nonprofit must state the amount or percentage of revenues it anticipates to receive from the special event.~~ 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 twenty-five percent (25%) of the sponsor's gross revenues or \$1,000.00, 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 manager with a letter of assent.

Section 5. That section 6-58 of the Code of Ordinances is hereby amended as follows:

Sec. 6-58. Major festival.

(a) A major festival is a special event of regional impact. Major festivals are: ~~Faney~~Fantasy Fest, Hemingway Days, Goombay Festival, Conch Republic Celebration, the Poker Run, the Valentine's Day event for Wesley House, the Red Ribbon event at ~~Mango's~~ Mangoes, and such other special events as may be added or subtracted by resolution of the city commission. Private persons

or business entities who sponsor major festivals are not required to provide funds to a non-profit organization per section 6-57. An application for a major festival must be received in the city manager's office at least six (6) months in advance of the scheduled event. ~~have a non-profit coapplicant or to provide a percentage of revenues to a charitable cause.~~

(b) A business that seeks to sell alcoholic beverages at a major festival pursuant to an APS state license, and which is not a bar or restaurant or other concern that sells alcoholic beverages in the ordinary course of its business, must obtain the written approval of the major festival sponsor and provide such approval to the city of Key West.

Section 6. That section 6-61 is hereby added to the Code of Ordinances as follows:

Sec. 6-61. Temporary bathroom facilities.

Whenever the sponsor of a special event provides temporary bathroom facilities on the public right-of-way, at least five percent (5%) of those facilities or one of those facilities, whichever is the greater number, shall be accessible to persons with physical disability.

Section 7. If any section, provision, clause, phrase, or application of this Ordinance is held invalid or unconstitutional for any reason by any court of competent jurisdiction, the remaining provisions of this Ordinance shall be deemed severable

UB

therefrom and shall be construed as reasonable and necessary to achieve the lawful purposes of this Ordinance.

Section 8. All Ordinances or parts of Ordinances of said City in conflict with the provisions of this Ordinance are hereby superseded to the extent of such conflict.

Section 9. This Ordinance shall go into effect on January 1, 2003.

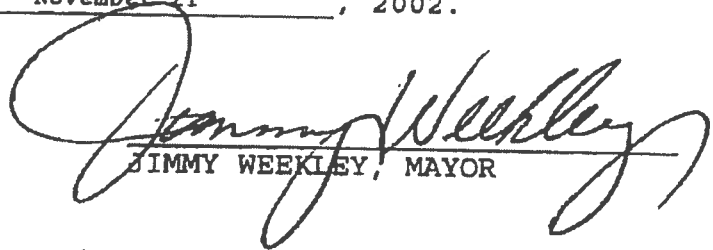
Read and passed on first reading at a regular meeting held this 16th day of October, 2002.

Read and passed on second reading at a regular meeting held this 6th day of November, 2002.

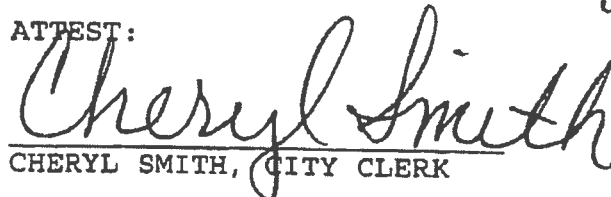
Read and passed on final reading at a regular meeting held this 19th day of November, 2002.

Authenticated by the presiding officer and Clerk of the Commission on 21st day of November, 2002.

Filed with the Clerk November 21, 2002.


JIMMY WEEKLEY, MAYOR

ATTEST:


CHERYL SMITH, CITY CLERK





THE CITY OF KEY WEST
POST OFFICE BOX 1409
KEY WEST, FLORIDA 33041-1409
WWW.KEYWESTCITY.COM

MEMORANDUM

TO: Mayor & Members of the City Commission

FROM: Robert Tischenkel
City Attorney RT

DATE: October 17, 2002

RE: Special Events Ordinance
Second Reading

The following are the changes made to the Special Events Ordinance for second reading:

- Section 6-26. The requirement of certified check or credit card applies only to the down payment.
- Section 6-27. The requirement of payment for parking meters has been removed altogether. In its place is a new section concerning food and beverage booths, and a prohibition against their placement in front of or near restaurants and bars.
- Section 6-56. The contact person's telephone number is now required.
- Section 6-57. Each nonprofit organization named by a sponsor in the application must provide a letter of assent to the City Manager.
- The effective date of the ordinance is January 1, 2003.

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 MB
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 MB
5. 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 MB
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 MB

8. 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 \$50.00.
Sponsor's Signature MB
9. All applications are subject to approval at the discretion of the City Manager and/or City Commission.
Sponsor's Signature CB
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 CB
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 MB
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 MB
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 CB
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 CB
15. Where a person has not applied for a special event permit and an event at its 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 CB

CB

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 CB

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 CB.

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 CB.

Complete Checklist for Event Recycling

City of Key West

- ✓ Identify contact person at the festival responsible for working with recycling.
Name of person: Charlie Bawer Phone number: 305.304.0814
- ✓ Identify the recyclable commodities that will be used by the public and behind-the-scenes.
Aluminum Glass #1 Plastic #2 Plastic Steel
Corrugated Cardboard Other:
- ✓ 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: 12 each
- ✓ 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: Yes w/ M. Lara
- ✓ Capacity of containers on grounds: 32 gallon
Contact person for containers: M. Lara Phone #: 305.434.9136
- ✓ Order signs to inform customers of recycling. Signs are needed for point-of-purchase locations and recycling containers.
- ✓ 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.
- ✓ Arrange for emptying of recycling containers during the event -- from the containers on the grounds to the large container.
Arrangements made: Henry
- ✓ 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: Monday May 15
- ✓ 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.
- ✓ Oversee the delivery of containers and placement of signs.
- ✓ 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.

- ✓ Monitor recycling containers for correct usage during the event and take actions to solve problems.

Problems: none

Actions taken: had volunteers & worked well

- ✓ View trash barrels and note any recyclables in the trash. Take actions to solve problems.

Problems: N/A

Actions taken: _____

- ✓ 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: Memo out 1 week prior & day of

- ✓ Ensure that recyclables are removed and taken to the large container when bins are full and that liner bags are replaced.

- ✓ At the end of the event, remove signs and arrange for their return to owners.

- ✓ Place recycling containers in the pick-up location, as arranged with the providers of the containers.

- 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: _____

- 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



SPECIAL EVENT RECYCLE PLAN

EVENT; KEY WEST SONGWRITERS FESTIVAL MAIN EVENT

DATE; MAY 13, 2017

TIME; 6am – Midnight (concert 7pm-10pm)

Festival Recycle committee will coordinate

With Waste Management:

Number of recycle bins needed (one recycle bin/one trash place side by side)

Drop of and Pick up of recyclables, containers, liners

Placement of Bins throughout event site

Ensure bins are clearly marked "recyclables"

With Event Staff:

Recycling Education and requirements (one recycle/one trash, monitor bins, adequate bins at event entrances, aware of all receptacles surrounding event)

Staff to encourage and promote recycling

Ensure bins are clearly marked to avoid sorting trash from recyclables

Cardboard Collection done behind the scenes

With Private Vendors:

Bins for cans and bottles within 50 ft of all drink/drink sale locations and placed behind each drink location



THE CITY OF KEY WEST

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.

A handwritten signature in black ink, appearing to be "C", is written over a horizontal line.

Recycling check

Date: 3/10/2017 3:13:20 PM
Receipt Number: 25715
Amount: \$1,000.00

FOR DEPOSIT ONLY
ACCOUNT 0100903096
Recorded on 3/10/2017 3:13:20 PM

UNUSUAL PAYMENTS - ZZ

Originator Receipt Number:
0

Originator Payment Date:

Payment Type:
ALL CASH RECEIPTS
Transaction Amount:
\$1,000.00
Additional Comments: KEY WEST SONGWRITERS
FESTIVAL

\$1,000.00

Key to the Caribbean - average yearly temperature 77 ° Fahrenheit.

LB

CONTACT INFORMATION

CONTACT TYPE:		CONTACT TYPE:	
CONTACT NAME: Charlie Bauer		CONTACT NAME:	
PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input checked="" type="checkbox"/> CELL	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL
305 304 0814			
PRIMARY E-MAIL ADDRESS:		PRIMARY E-MAIL ADDRESS:	
SECONDARY E-MAIL ADDRESS:		SECONDARY E-MAIL ADDRESS:	

PREMISES INFORMATION (Attach ACORD 823 for Additional Premises)

LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
	See Schedule	<input type="checkbox"/> INSIDE	<input type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY:	<input type="checkbox"/> OUTSIDE	<input type="checkbox"/> TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	STATE:				TOTAL BUILDING AREA: SQ FT
	COUNTY:				ANY AREA LEASED TO OTHERS? Y / N
	ZIP:				
DESCRIPTION OF OPERATIONS:					
LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
		<input type="checkbox"/> INSIDE	<input type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY:	<input type="checkbox"/> OUTSIDE	<input type="checkbox"/> TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	STATE:				TOTAL BUILDING AREA: SQ FT
	COUNTY:				ANY AREA LEASED TO OTHERS? Y / N
	ZIP:				
DESCRIPTION OF OPERATIONS:					
LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
		<input type="checkbox"/> INSIDE	<input type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY:	<input type="checkbox"/> OUTSIDE	<input type="checkbox"/> TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	STATE:				TOTAL BUILDING AREA: SQ FT
	COUNTY:				ANY AREA LEASED TO OTHERS? Y / N
	ZIP:				
DESCRIPTION OF OPERATIONS:					
LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
		<input type="checkbox"/> INSIDE	<input type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY:	<input type="checkbox"/> OUTSIDE	<input type="checkbox"/> TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	STATE:				TOTAL BUILDING AREA: SQ FT
	COUNTY:				ANY AREA LEASED TO OTHERS? Y / N
	ZIP:				
DESCRIPTION OF OPERATIONS:					

NATURE OF BUSINESS

<input type="checkbox"/> APARTMENTS	<input type="checkbox"/> CONTRACTOR	<input type="checkbox"/> MANUFACTURING	<input type="checkbox"/> RESTAURANT	<input type="checkbox"/> SERVICE	<input checked="" type="checkbox"/> Special Event	DATE BUSINESS STARTED (MM/DD/YYYY)
<input type="checkbox"/> CONDOMINIUMS	<input type="checkbox"/> INSTITUTIONAL	<input type="checkbox"/> OFFICE	<input type="checkbox"/> RETAIL	<input type="checkbox"/> WHOLESALE		

DESCRIPTION OF PRIMARY OPERATIONS

Songwriters Festival-
Songwriters perform at various venues around Key West FL

RETAIL STORES OR SERVICE OPERATIONS % OF TOTAL SALES:	INSTALLATION, SERVICE OR REPAIR WORK %	OFF PREMISES INSTALLATION, SERVICE OR REPAIR WORK %
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DESCRIPTION OF OPERATIONS OF OTHER NAMED INSUREDS

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ADDITIONAL INTEREST (Not all fields apply to all scenarios - provide only the necessary data) Attach ACORD 45 for more Additional Interests

INTEREST	NAME AND ADDRESS RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER	
<input checked="" type="checkbox"/> ADDITIONAL INSURED	See Schedule					LOCATION:	BUILDING:
<input type="checkbox"/> BREACH OF WARRANTY						VEHICLE:	BOAT:
<input type="checkbox"/> CO-OWNER						AIRPORT:	AIRCRAFT:
<input type="checkbox"/> EMPLOYEE AS LESSOR						ITEM CLASS:	ITEM:
<input type="checkbox"/> LEASEBACK OWNER						ITEM DESCRIPTION	
<input type="checkbox"/> LIENHOLDER	REFERENCE / LOAN #:	INTEREST END DATE:					
	LIEN AMOUNT:	PHONE (A/C, No, Ext):		FAX (A/C, No):			
REASON FOR INTEREST:				E-MAIL ADDRESS:			

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES				Y / N
1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY ?				n
PARENT COMPANY NAME	RELATIONSHIP DESCRIPTION	% OWNED		
1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?				n
SUBSIDIARY COMPANY NAME	RELATIONSHIP DESCRIPTION	% OWNED		
2. IS A FORMAL SAFETY PROGRAM IN OPERATION?				n
<input type="checkbox"/> SAFETY MANUAL	<input type="checkbox"/> MONTHLY MEETINGS	<input type="checkbox"/>		
<input type="checkbox"/> SAFETY POSITION	<input type="checkbox"/> OSHA			
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?				n
4. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)				n
LINE OF BUSINESS	POLICY NUMBER	LINE OF BUSINESS	POLICY NUMBER	
5. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR THREE (3) YEARS FOR ANY PREMISES OR OPERATIONS? (Missouri Applicants - Do not answer this question)				n
<input type="checkbox"/> NON-PAYMENT	<input type="checkbox"/> AGENT NO LONGER REPRESENTS CARRIER	<input type="checkbox"/>		
<input type="checkbox"/> NON-RENEWAL	<input type="checkbox"/> UNDERWRITING	<input type="checkbox"/> CONDITION CORRECTED (Describe):		
6. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?				n
7. DURING THE LAST FIVE YEARS (TEN IN RI), HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBERY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY? (In RI, this question must be answered by any applicant for property insurance. Failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment).				n
8. ANY UNCORRECTED FIRE AND/OR SAFETY CODE VIOLATIONS?				n
OCCURRENCE DATE	EXPLANATION	RESOLUTION	RESOLUTION DATE	
9. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE LAST FIVE (5) YEARS?				n
OCCURRENCE DATE	EXPLANATION	RESOLUTION	RESOLUTION DATE	
10. HAS APPLICANT HAD A JUDGEMENT OR LIEN DURING THE LAST FIVE (5) YEARS?				n
OCCURRENCE DATE	EXPLANATION	RESOLUTION	RESOLUTION DATE	
11. HAS BUSINESS BEEN PLACED IN A TRUST?				n
NAME OF TRUST				
12. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN USA, OR US PRODUCTS SOLD / DISTRIBUTED IN FOREIGN COUNTRIES? (If "YES", attach ACORD 815 for Liability Exposure and/or ACORD 816 for Property Exposure)				n
13. DOES APPLICANT HAVE OTHER BUSINESS VENTURES FOR WHICH COVERAGE IS NOT REQUESTED?				

REMARKS / PROCESSING INSTRUCTIONS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

PRIOR CARRIER INFORMATION

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER:
2015	CARRIER	Western Heritage			
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				

PRIOR CARRIER INFORMATION (continued)

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER:
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				

LOSS HISTORY Check if none (Attach Loss Summary for Additional Loss Information)

ENTER ALL CLAIMS OR LOSSES (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE LAST 5 YEARS						TOTAL LOSSES: \$	SUBROGATION Y/N	CLAIM OPEN Y/N
DATE OF OCCURRENCE	LINE	TYPE / DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED			

SIGNATURE

Copy of the Notice of Information Practices (Privacy) has been given to the applicant. (Not required in all states, contact your agent or broker for your state's requirements.)

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU MAY HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND REQUEST CORRECTION OF ANY INACCURACIES. YOU MAY ALSO HAVE THE RIGHT TO REQUEST IN WRITING THAT WE CONSIDER EXTRAORDINARY LIFE CIRCUMSTANCES IN CONNECTION WITH THE DEVELOPMENT OF YOUR CREDIT SCORE. THESE RIGHTS MAY BE LIMITED IN SOME STATES. PLEASE CONTACT YOUR AGENT OR BROKER TO LEARN HOW THESE RIGHTS MAY APPLY IN YOUR STATE OR FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US FOR A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING PERSONAL INFORMATION. (Not applicable in AZ, CA, DE, KS, MA, MN, ND, NY, OR, VA, or WV. Specific ACORD 38s are available for applicants in these states.) (Applicant's Initials): _____

Applicable in AL, AR, DC, LA, MD, NM, RI and WV: Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in FL and OK: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)*. *Applies in FL Only.

Applicable in KS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA: 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 subjects such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)	STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER



COMMERCIAL GENERAL LIABILITY SECTION

DATE (MM/DD/YYYY)
2/4/2016

AGENCY PHONE (A/C, No, Ext): (305) 292-6060
 FAX (A/C, No): (305) 292-6002
 Diamond Insurance Partners
 3706-H North Roosevelt Blvd.
 Key West FL 33040
 CODE: AGENCY CUSTOMER ID: 0000206
 SUB CODE:

APPLICANT (First Named Insured) Bauer Restaurants Inc, DBA: The Key West Songwriters Fest
 EFFECTIVE DATE 5/10/2017 EXPIRATION DATE 5/15/2017
 DIRECT BILL PAYMENT PLAN AGENCY BILL AUDIT
 FOR COMPANY USE ONLY

COVERAGES

COMMERCIAL GENERAL LIABILITY
 CLAIMS MADE OCCURRENCE
 OWNER'S & CONTRACTOR'S PROTECTIVE
 DEDUCTIBLES
 PROPERTY DAMAGE \$
 BODILY INJURY \$
 PER CLAIM PER OCCURRENCE

LIMITS

GENERAL AGGREGATE \$2,000,000
 PRODUCTS & COMPLETED OPERATIONS AGGREGATE \$2,000,000
 PERSONAL & ADVERTISING INJURY \$1,000,000
 EACH OCCURRENCE \$1,000,000
 DAMAGE TO RENTED PREMISES (each occurrence) \$100,000
 MEDICAL EXPENSE (Any one person) \$5,000
 EMPLOYEE BENEFITS \$

PREMIUMS	
PREMISES/OPERATIONS	
PRODUCTS	
OTHER	
TOTAL	

OTHER COVERAGES, RESTRICTIONS AND/OR ENDORSEMENTS (For hired/non-owned auto coverages attach the applicable state Business Auto Section, ACORD 137)

SCHEDULE OF HAZARDS

LOC #	HAZ #	CLASSIFICATION	CLASS CODE	PREMIUM BASIS	EXPOSURE	TERR	RATE		PREMIUM	
							PREM/OPS	PRODUCTS	PREM/OPS	PRODUCTS
1	1	Music Festival	41222	T	5					
1	2	Additional Insured	49950	T	6					

RATING AND PREMIUM BASIS
 (S) GROSS SALES - PER \$1,000/SALES (P) PAYROLL - PER \$1,000/PAY (C) TOTAL COST - PER \$1,000/COST (U) UNIT - PER UNIT
 (A) AREA - PER 1,000/SQ FT (M) ADMISSIONS - PER 1,000/ADM (T) OTHER

CLAIMS MADE (Explain all "Yes" responses)

EXPLAIN ALL "YES" RESPONSES

1. PROPOSED RETROACTIVE DATE: _____

2. ENTRY DATE INTO UNINTERRUPTED CLAIMS MADE COVERAGE _____

3. HAS ANY PRODUCT, WORK, ACCIDENT, OR LOCATION BEEN EXCLUDED, UNINSURED OR SELF-INSURED FROM ANY PREVIOUS COVERAGE? n

4. WAS TAIL COVERAGE PURCHASED UNDER ANY PREVIOUS POLICY? n

EMPLOYEE BENEFITS LIABILITY

1. DEDUCTIBLE PER CLAIM: \$ _____

2. NUMBER OF EMPLOYEES: _____

3. NUMBER OF EMPLOYEES COVERED BY EMPLOYEE BENEFITS PLANS: _____

4. RETROACTIVE DATE: _____

CONTRACTORS

EXPLAIN ALL "YES" RESPONSES (For past or present operations)

1. DOES APPLICANT DRAW PLANS, DESIGNS, OR SPECIFICATIONS FOR OTHERS?	Y/N
2. DO ANY OPERATIONS INCLUDE BLASTING OR UTILIZE OR STORE EXPLOSIVE MATERIAL?	n
3. DO ANY OPERATIONS INCLUDE EXCAVATION, TUNNELING, UNDERGROUND WORK OR EARTH MOVING?	n
4. DO YOUR SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN YOURS?	n
5. ARE SUBCONTRACTORS ALLOWED TO WORK WITHOUT PROVIDING YOU WITH A CERTIFICATE OF INSURANCE?	n
6. DOES APPLICANT LEASE EQUIPMENT TO OTHERS WITH OR WITHOUT OPERATORS?	n

DESCRIBE THE TYPE OF WORK SUBCONTRACTED: _____ \$ PAID TO SUB-CONTRACTORS: _____ % OF WORK SUBCONTRACTED: _____ # FULL-TIME STAFF: _____ # PART-TIME STAFF: _____

PRODUCTS/COMPLETED OPERATIONS

PRODUCTS	ANNUAL GROSS SALES	# OF UNITS	TIME IN MARKET	EXPECTED LIFE	INTENDED USE	PRINCIPAL COMPONENTS

EXPLAIN ALL "YES" RESPONSES (For any past or present product or operation) PLEASE ATTACH LITERATURE, BROCHURES, LABELS, WARNINGS, ETC.

1. DOES APPLICANT INSTALL, SERVICE OR DEMONSTRATE PRODUCTS?	Y/N
2. FOREIGN PRODUCTS SOLD, DISTRIBUTED, USED AS COMPONENTS? (If "YES", attach ACORD 815)	n
3. RESEARCH AND DEVELOPMENT CONDUCTED OR NEW PRODUCTS PLANNED?	n
4. GUARANTEES, WARRANTIES, HOLD HARMLESS AGREEMENTS?	n
5. PRODUCTS RELATED TO AIRCRAFT/SPACE INDUSTRY?	n
6. PRODUCTS RECALLED, DISCONTINUED, CHANGED?	n
7. PRODUCTS OF OTHERS SOLD OR RE-PACKAGED UNDER APPLICANT LABEL?	n
8. PRODUCTS UNDER LABEL OF OTHERS?	n
9. VENDORS COVERAGE REQUIRED?	n
10. DOES ANY NAMED INSURED SELL TO OTHER NAMED INSURED?	n

ADDITIONAL INTEREST/CERTIFICATE RECIPIENT

ACORD 45 attached for additional names

INTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER	
ADDITIONAL INSURED		See Schedule			LOCATION:	BUILDING:
LOSS PAYEE					VEHICLE:	BOAT:
MORTGAGEE					SCHEDULED ITEM NUMBER:	
LIENHOLDER					OTHER	
EMPLOYEE AS LESSOR						
ITEM DESCRIPTION:						

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)	Y / N
1. ANY MEDICAL FACILITIES PROVIDED OR MEDICAL PROFESSIONALS EMPLOYED OR CONTRACTED?	n
2. ANY EXPOSURE TO RADIOACTIVE/NUCLEAR MATERIALS?	n
3. DO/HAVE PAST, PRESENT OR DISCONTINUED OPERATIONS INVOLVE(D) STORING, TREATING, DISCHARGING, APPLYING, DISPOSING, OR TRANSPORTING OF HAZARDOUS MATERIAL? (e.g. landfills, wastes, fuel tanks, etc)	n
4. ANY OPERATIONS SOLD, ACQUIRED, OR DISCONTINUED IN LAST FIVE (5) YEARS?	n
5. MACHINERY OR EQUIPMENT LOANED OR RENTED TO OTHERS?	n
6. ANY WATERCRAFT, DOCKS, FLOATS OWNED, HIRED OR LEASED?	n
7. ANY PARKING FACILITIES OWNED/RENTED?	n
8. IS A FEE CHARGED FOR PARKING?	n
9. RECREATION FACILITIES PROVIDED?	n
10. IS THERE A SWIMMING POOL ON THE PREMISES?	n
11. SPORTING OR SOCIAL EVENTS SPONSORED?	n
12. ANY STRUCTURAL ALTERATIONS CONTEMPLATED?	n
13. ANY DEMOLITION EXPOSURE CONTEMPLATED?	n
14. HAS APPLICANT BEEN ACTIVE IN OR IS CURRENTLY ACTIVE IN JOINT VENTURES?	n
15. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?	n
16. IS THERE A LABOR INTERCHANGE WITH ANY OTHER BUSINESS OR SUBSIDIARIES?	n

GENERAL INFORMATION (continued)

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)

17. ARE DAY CARE FACILITIES OPERATED OR CONTROLLED?

Y / N
n

18. HAVE ANY CRIMES OCCURRED OR BEEN ATTEMPTED ON YOUR PREMISES WITHIN THE LAST THREE (3) YEARS?

n

19. IS THERE A FORMAL, WRITTEN SAFETY AND SECURITY POLICY IN EFFECT?

n

20. DOES THE BUSINESSES' PROMOTIONAL LITERATURE MAKE ANY REPRESENTATIONS ABOUT THE SAFETY OR SECURITY OF THE PREMISES?

n

REMARKS

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 SUBJECTS THE PERSON TO CRIMINAL AND (NY: SUBSTANTIAL) CIVIL PENALTIES. (Not applicable in CO, FL, HI, MA, NE, OH, OK, OR or VT. In DC, LA, ME, TN, VA and WA insurance benefits may also be denied). IN FLORIDA, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.



IFG Companies

[Empty box for IFG Companies information]

INSURED _____
EFFECTIVE DATE _____

PRODUCER CODE A0674755
STATE CODE FL

SPECIAL EVENTS APPLICATION

1. NAME OF APPLICANT APPLICANT IS: <input type="checkbox"/> INDIVIDUAL <input checked="" type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> OTHER (Specify)			
STREET ADDRESS	CITY	STATE	ZIP CODE
412 White St	Key West	FL	33040

2. ADDRESS OF EVENT: Key West, FL
 DESCRIBE LOCATION OF EVENT: Various establishments will host musical performances

3. DATE OF EVENT	FROM	TO	COVERAGE DATES REQUIRED (IF OTHER THAN EVENT DATES)
	May 10	May 15	
TIME OF EVENT	FROM	TO	
	12PM	12AM	

4. ESTIMATED ATTENDANCE PER DAY: <u>1000</u>	TOTAL ESTIMATED PARTICIPANTS: <u>5,000</u>	GROSS RECEIPTS:	MAXIMUM CAPACITY OF LOCATION OF EVENT:
--	--	-----------------	--

5. DETAILED DESCRIPTION OF EVENT (ATTACH ADVERTISING, BROCHURE, ETC., IF ANY):

Country Music songwriters will appear at various venues around Key West, FL
www.keywestsongwritersfestival.com
 Venues serve alcoholic beverages/food and have their own insurance

6. EVENT WILL BE HELD: <input checked="" type="checkbox"/> INDOORS <input checked="" type="checkbox"/> OUTDOORS	8. CROWD CONTROL	
	TYPE	NUMBER
7. SEATING WILL BE: <input type="checkbox"/> RESERVED SEATING <input checked="" type="checkbox"/> GENERAL ADMISSION	<input type="checkbox"/> USHERS	_____
	<input type="checkbox"/> PRIVATE SECURITY	_____
	<input type="checkbox"/> ARMED <input type="checkbox"/> UNARMED	_____
	<input type="checkbox"/> OFF-DUTY POLICE	_____
	<input type="checkbox"/> ARMED <input type="checkbox"/> UNARMED	_____
	<input type="checkbox"/> POLICE	_____
	<input type="checkbox"/> GUARD DOGS	_____
	<input checked="" type="checkbox"/> OTHER (DESCRIBE) <u>Provided by venues</u>	

9. APPLICANT'S EXPERIENCE IN CONDUCTING EVENTS OF THIS OR SIMILAR NATURE (NUMBER, DATES, ETC.)

22 Years of conducting this event

10. ANY CELEBRITIES TO BE PRESENT? Yes No Country songwriters per schedule
 IF YES, PROVIDE NAME(S):

SPECIAL NOTE:
THIS FORM IS NOT AN INSURANCE POLICY OR AN INSURANCE CONTRACT
 Your agreement to these terms DOES NOT create an insurance contract or an insurance agreement. These terms MUST BE accepted by the insurance company before there is any insurance contract or insurance coverage.



IFG Companies™

11. WILL BLEACHERS OR PLATFORMS BE USED? Yes No IF YES:

A. PERMANENT PORTABLE

B. CONSTRUCTION: WOOD STEEL CONCRETE OTHER (describe)

C. HEIGHT _____ FT.

D. AGE _____ YEARS

E. BACK AND SIDE RAILINGS PROVIDED Yes No

F. OVERALL CONDITION (DESCRIBE):

12. DOES EVENT INVOLVE:	HAZARD	INTEREST OF APPLICANT	
		SPONSOR	OPERATOR
	FIREWORKS	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> <input type="checkbox"/>
	AMUSEMENT RIDES OR DEVICES	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> <input type="checkbox"/>
	FOOD SALES	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> <input type="checkbox"/>
	ALCOHOLIC BEVERAGE SALES	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> <input type="checkbox"/>

A. IF APPLICANT IS SPONSOR, DOES OPERATOR HAVE LIABILITY INSURANCE? Yes No

LIMITS \$ _____ NAME OF COMPANY _____

B. HAVE CERTIFICATES OF INSURANCE BEEN OBTAINED FROM OPERATOR? Yes No

13. HOLD HARMLESS AGREEMENTS:

A. DOES APPLICANT AGREE TO HOLD HARMLESS ANY THIRD PARTY? Yes No

B. IS APPLICANT HELD HARMLESS BY OTHERS Yes No

IF ANSWER TO A. OR B. IS YES, ATTACH COPIES OF CONTRACTS

14. LOSS EXPERIENCE FROM PRIOR EVENTS OF SAME OR SIMILAR NATURE.

DATE	NATURE OF LOSS	AMOUNT PAID OR OUTSTANDING

15. A. LIMITS OF LIABILITY DESIRED \$ 1,000,000 B. PRODUCTS COVERAGE DESIRED? Yes No

SPECIAL NOTE:

THIS FORM IS NOT AN INSURANCE POLICY OR AN INSURANCE CONTRACT

Your agreement to these terms DOES NOT create an insurance contract or an insurance agreement. These terms MUST BE accepted by the insurance company before there is any insurance contract or insurance coverage.

_____ X 
 DATE SIGNATURE OF APPLICANT

_____ _____
 DATE SIGNATURE OF PRODUCER

REQUEST FOR ADDITIONAL INSURED(S): 6 Additional Insureds, will provide list

NAME	ADDRESS
Please see Scedule	



!

2017 Key West Song Writers Festival Additional Insured List

1) Monroe County BOCC Risk Mgmt.: 1100 Simonton St, Key West, FL 33040

★ 2) City of Key West; 1300 White St Key West, FL 33040

3) Pier House Joint Ventures DBA Pier House Resort & Spa: 1 Duval St, Key West, FL 33040

4) San Carlos Institute: 516 Duval St, Key West, FL 33040

5) Smokin Tuna LLC: 4 Charles St, Key West, FL 33040

6) Florida Restaurant & Lodging Assoc: 230 South Adams St, Tallahassee, FL 32301

!

Schedule of Locations

Ocean Key	0 Duval St, Key West, FL 33040
Margaritaville	500 Duval St, Key West, FL 33040
Pier House Resort	1 Duval St, Key West, FL 33040
Conch Republic Seafood Company	631 Greene St, Key West, FL 33040
Smokin' Tuna	4 Charles St, Key West, FL 33040
Southernmost Hotel	508 South St, Key West, FL 33040
Blue Heaven	729 Thomas St, Key West, FL 33040
Wicker Guesthouse	913 Duval St, Key West, FL 33040
Sab Carlos Institute	516 Duval St, Key West, FL 33040
Tropic Cinema	416 Eaton St, Key West, FL 33040
La Concha	430 Duval St, Key West, FL 33040
Southernmost Beach Cafe	1405 Duval St, Key West, FL 33040
Fury Water Adventures	241 Front St, Key West, FL 33040
The Gates Hotel	3824 N Roosevelt Blvd, Key West, FL 33040
Turtlr Kraals	231 Margaret St, Key West, FL 33040
The Marker	200 William St, Key West, FL 33040
Southernmost House	1400 Duval St, Key West, FL 33040
Festival Main Stage	200 Duval St, Key West, FL 33040
Casa Marina	1500 Reynolds St, Key West, FL 33040



SURPLUS LINES LETTER

DATE: March 2, 2017

NAMED INSURED: Bauer Restaurants dba Key West Songwriters Festival
PROPERTY ADDRESS:

NAME OF CARRIER: Burlington Insurance Company

TYPE OF POLICY: Commercial General Liability

The purpose of this letter is to inform you that this coverage is being written through a Surplus Lines Company. Although Surplus Lines Companies are authorized to do business in the State of Florida, they are not protected by the Florida Guarantee Fund in the event the company becomes insolvent.

The insurance company insuring this policy has a rating of A in the A.M. Best Guide, and we are not aware of any financial problems now, or in the past, with this company.

The Florida Guarantee Fund would normally protect your return premium and claim should the company become insolvent. The Florida Guarantee Fund does not cover any company which is a Surplus Lines Company.

Please sign below indicating that you understand that this policy is written with a Surplus Lines Company. Thank you for your consideration in this matter.

X 

Insured's Signature

Date

3706 N. Roosevelt Blvd., #207 Key West, FL 33040
305-292-6060 (phone) admin@kwdiamond.com 305-292-6002 (fax)



POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE

Insured:	Key West Songwriters Fest	Policy No.:	
Address:	VARIOUS LOCALITONS IN KEY WEST	Type of Policy:	COMMERCIAL GENERAL LIABILITY
City, State, Zip:	Key West,FL,33040	Policy Term:	02/26/2017 - 02/26/2018

You are hereby notified that under the Terrorism Risk Insurance Act, as amended, you have a right to purchase insurance coverage for losses resulting from acts of terrorism. As defined in Section 102(1) of the Act: the term "act of terrorism" means any act or acts that are certified by the Secretary of the Treasury - in consultation with the Secretary of Homeland Security, 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 certain air carriers or vessels 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 WHERE COVERAGE IS PROVIDED BY THIS POLICY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM, SUCH LOSSES MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THE FORMULA, THE UNITED STATES GOVERNMENT GENERALLY REIMBURSES 85% THROUGH 2015; 84% BEGINNING ON JANUARY 1, 2016; 83% BEGINNING ON JANUARY 1, 2017; 82% BEGINNING ON JANUARY 1, 2018; 81% BEGINNING ON JANUARY 1, 2019 AND 80% BEGINNING ON JANUARY 1, 2020, OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURANCE COMPANY PROVIDING THE COVERAGE. THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS THAT MAY BE COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE 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 IN ANY ONE CALENDAR YEAR EXCEEDS \$100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED \$100 BILLION, YOUR COVERAGE MAY BE REDUCED.

Property: Terrorism coverage cannot be rejected under Standard Fire Policy statutes in AZ, CA, CT*, GA*, HI*, IL*, IA*, MA*, ME, MO, NJ*, NY*, NC*, OR, RI*, VA*, WA*, WV*, WI (* Not applicable to Inland Marine). If your policy provides commercial property insurance in these standard fire policy states, the premium we charge for property insurance includes the premium for the statutorily required terrorism coverage. Additional charges will be applicable for perils not statutorily required if you elect to purchase this terrorism coverage option (see amount below).

Acceptance or Rejection Of Terrorism Insurance Coverage: (check all applicable boxes)

You may accept or reject this offer of coverage. If you choose to accept this coverage, the premium for this coverage is payable according to the terms of policy. You may reject this offer by completing and signing this statement and returning it to us. If you send us a signed rejection of coverage, your policy will exclude coverage for certified terrorism losses.

The premium(s) shown below are subject to change. Refer to the binder or policy for final premium(s)

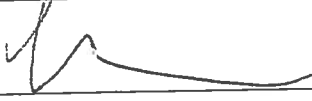
THE BURLINGTON INSURANCE COMPANY
GUILFORD INSURANCE COMPANY



The premium for terrorism coverage will be: Liability/Liquor Liability \$ 105.15
The premium for terrorism coverage will be: Excess Liability / Umbrella _____
The premium for terrorism coverage will be: Property _____ Inland Marine _____
The premium for terrorism coverage will be: Excess Property _____
The premium for terrorism coverage will be: Difference in Conditions _____

I hereby elect to purchase terrorism coverage for Liability/Liquor Liability
 I hereby elect to purchase terrorism coverage for Excess Liability/Umbrella
 I hereby elect to purchase terrorism coverage for Property Inland Marine
 I hereby elect to purchase terrorism coverage for Excess Property
 I hereby elect to purchase terrorism coverage for Difference in Conditions

I hereby decline to purchase terrorism coverage for certified acts of terrorism. I understand that I will have no coverage for losses resulting from certified acts of terrorism for Liability/Liquor Liability Excess Liability/Umbrella Property Excess Property Inland Marine Difference in Conditions

X  _____
Policyholder/Applicant's Signature Date

Print Name

RETURN THIS COMPLETED FORM TO YOUR INSURANCE AGENT



[Department of State](#) / [Division of Corporations](#) / [Search Records](#) / [Detail By Document Number](#) /

Detail by Entity Name

Florida Profit Corporation
BAUER RESTAURANT, INC.

Filing Information

Document Number	P08000074310
FEI/EIN Number	26-3136635
Date Filed	08/07/2008
State	FL
Status	ACTIVE

Principal Address

1723 JAMAICA DRIVE
KEY WEST, FL 33040

Changed: 04/03/2010

Mailing Address

1723 JAMAICA DRIVE
KEY WEST, FL 33040

Changed: 04/03/2010

Registered Agent Name & Address

BAUER, CHARLES
1723 JAMAICA DRIVE
KEY WEST, FL 33040

Name Changed: 04/03/2010

Address Changed: 04/03/2010

Officer/Director Detail

Name & Address

Title D

BAUER, CHARLES
1723 JAMAICA DRIVE
KEY WEST, FL 33040

Annual Reports

Report Year	Filed Date
2015	01/10/2015



7 World Trade Center
250 Greenwich Street
New York, NY 10007
212-220-3103
info@bmifoundation.org

Dedicated to the creation, performance, and study of music.

March 2, 2017

Mr. Charlie Bauer
Key West Songwriters Festival
1723 Jamaica Dr.
Key West, Florida 33040

Dear Charlie,

Thank you for selecting the BMI Foundation as a beneficiary of your 22nd Annual Key West Songwriters Festival. You have permission to use the name "BMI Foundation" in promoting your festival and raising funds to benefit our work on behalf of music students, composers, performers, researchers, and other nonprofit arts organizations nationwide.

The BMI Foundation is a nonprofit organization founded in 1985 to encourage the creation, performance, and study of American music. The Foundation's programs include competitive scholarships for songwriters and composers, operating grants for nonprofit arts presenters, and support for innovative music education initiatives in schools and communities across the country. The final selections for these programs are entrusted to panels composed of some of the world's most distinguished artists and musicians, all of whom volunteer their time and knowledge. Because all members of the Foundation's board and Advisory Panel serve without compensation, over 91% of all donations and investment income is available for charitable grants.

Name as it should appear on website, printed material, and festival merchandise:

BMI Foundation, Inc. (logo font is Gotham Bold)

Hyperlink to website: <http://bmifoundation.org>

Hyperlink to our donation page: <http://bmifoundation.org/donate>

Hyperlink to download our logo: <http://bmifoundation.org/logo>

We will reciprocate on our website with a hyperlink to yours if you will provide us with your logo and URL.

BMI Foundation, Inc.
7 World Trade Center
250 Greenwich Street
New York, NY 10007
212-220-3103
info@bmifoundation.org

Contact: Deirdre Chadwick
BMI Foundation, Inc.
7 World Trade Center
250 Greenwich Street
New York, NY 10007
212.220.3176
dchadwick@bmifoundation.org

Please direct all event-related correspondence to Deirdre Chadwick using the contact information above.

Thank you for supporting the BMI Foundation. We look forward to working with the Key West Songwriters Festival in raising funds for music education and performance in communities across the country.

Sincerely,

A handwritten signature in cursive script that reads "Deirdre".

Deirdre Chadwick
President



**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

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)

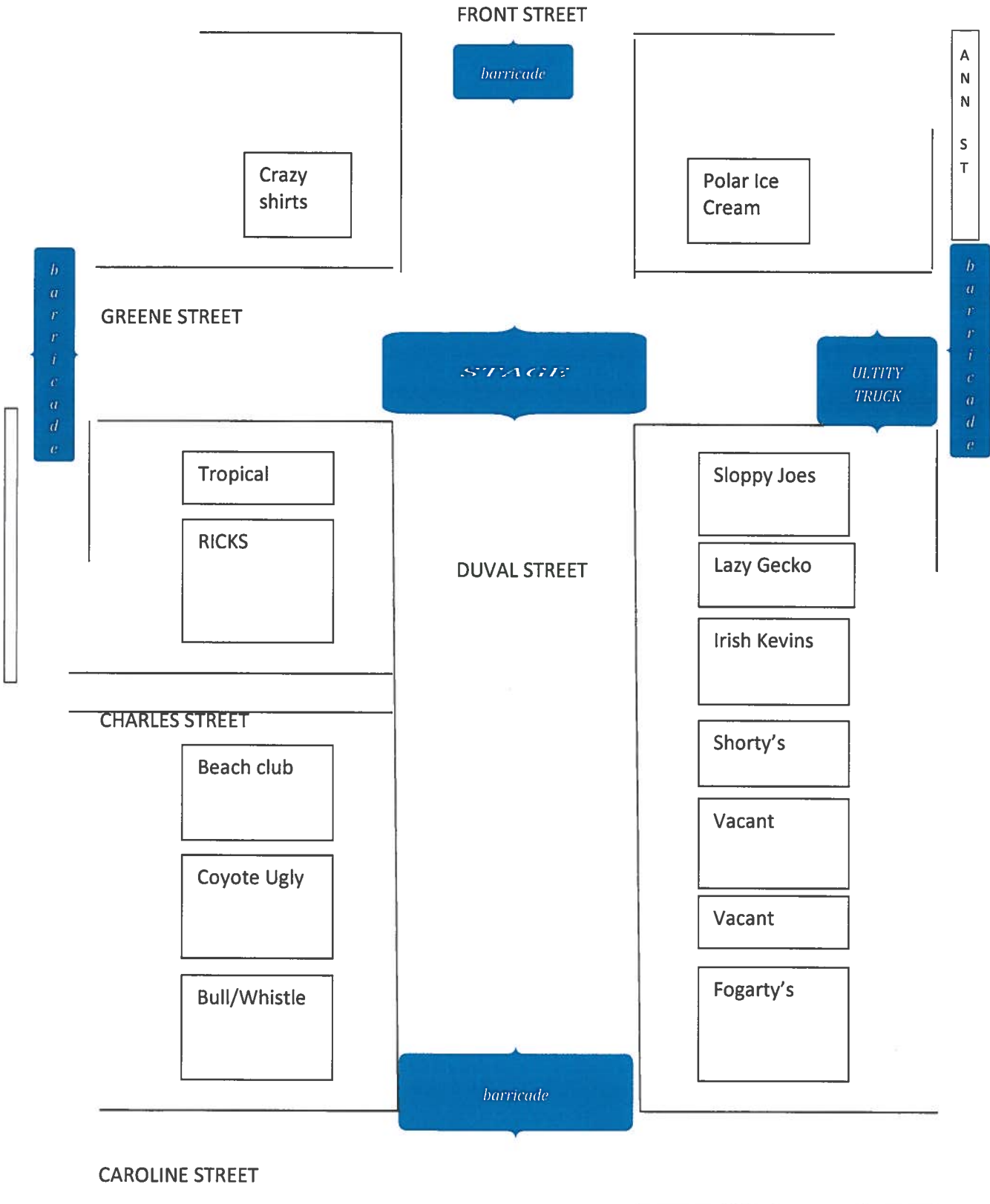
Food Booths

- Food Booths – Total # _____
- Vendor Booths – Total # _____
- Total Number of Booths - _____

Parade

- Floats – Total # _____

60



Event Name: Key West Songwriters Festival

Special Event Checklist
Everything must be checked off before
submitting the special event application

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



CITY OF KEY WEST SPECIAL EVENTS DEPARTMENT APPROVALS

EVENT: Key West Songwriters
 DATES: May 13, 2017

DEPARTMENTS

COMMENTS

EVENTS (INITIAL SIGNOFF)

Maria Patenoff 3/7/17
 SIGNATURE DATE

COMMUNITY SERVICES

SIGNATURE DATE

POLICE DEPARTMENT Steven
Torrence

Digitally signed by Steven Torrence
 DN: cn=Steven Torrence, o=KWPD, ou=KWPD, email=storrence@cityofkeywest-fl.gov, c=US
 Date: 2017.03.14 10:49:24 -0400

Requires Noise Exemption
 Requires Extra Duty Officers

SIGNATURE DATE

FIRE DEPARTMENT

SIGNATURE DATE

KWDOT

SIGNATURE DATE

PORT AND MARINE SERVICES

SIGNATURE DATE

CODE COMPLIANCE

SIGNATURE DATE

ENGINEERING

SIGNATURE DATE

UTILITIES

SIGNATURE DATE

SPECIAL EVENT PERMIT HAS BEEN APPROVED DENIED



CITY OF KEY WEST SPECIAL EVENTS DEPARTMENT APPROVALS

EVENT: Key West Songwriters
DATES: May 13, 2017

DEPARTMENTS

COMMENTS

EVENTS (INITIAL SIGNOFF)

Maria Pateuff 3/7/17

SIGNATURE

DATE

COMMUNITY SERVICES

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POLICE DEPARTMENT

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DATE

CODE COMPLIANCE

SIGNATURE

DATE

ENGINEERING

SIGNATURE

DATE

UTILITIES

[Signature] 3/14/2017

SIGNATURE

DATE

SPECIAL EVENT PERMIT HAS BEEN APPROVED DENIED



CITY OF KEY WEST SPECIAL EVENTS DEPARTMENT APPROVALS

EVENT: <u>Key West Songwriters</u>
DATES: <u>May 13, 2017</u>

DEPARTMENTS

COMMENTS

EVENTS (INITIAL SIGNOFF)

Maria Pateuff 3/7/17

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DATE

COMMUNITY SERVICES

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DATE

POLICE DEPARTMENT

SIGNATURE

DATE

FIRE DEPARTMENT

Rogelio Hernandez 3-14-17

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DATE

No Impact

KWDOT

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DATE

PORT AND MARINE SERVICES

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CODE COMPLIANCE

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DATE

ENGINEERING

SIGNATURE

DATE

UTILITIES

SIGNATURE

DATE

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CITY OF KEY WEST SPECIAL EVENTS DEPARTMENT APPROVALS

EVENT: Key West Songwriters
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COMMENTS

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POLICE DEPARTMENT

SIGNATURE DATE

FIRE DEPARTMENT

SIGNATURE DATE

KWDOT

SIGNATURE DATE

PORT AND MARINE SERVICES

SIGNATURE DATE

CODE COMPLIANCE

Jim Young 14 Mar 17
 SIGNATURE DATE

ENGINEERING

SIGNATURE DATE

UTILITIES

SIGNATURE DATE

SPECIAL EVENT PERMIT HAS BEEN APPROVED DENIED



CITY OF KEY WEST SPECIAL EVENTS DEPARTMENT APPROVALS

EVENT: Key West Songwriters
DATES: May 13, 2017

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COMMENTS

EVENTS (INITIAL SIGNOFF)

Maria Pateuff 3/7/17
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COMMUNITY SERVICES

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POLICE DEPARTMENT

SIGNATURE DATE

FIRE DEPARTMENT

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KWDOT

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SIGNATURE DATE

✓ POLICE DEPARTMENT

SIGNATURE DATE

FIRE DEPARTMENT

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✓ KWDOT

SIGNATURE DATE

PORT AND MARINE SERVICES

SIGNATURE DATE

✓ CODE COMPLIANCE

SIGNATURE DATE

ENGINEERING

SIGNATURE DATE

✓ UTILITIES

SIGNATURE DATE

SPECIAL EVENT PERMIT HAS BEEN ___ APPROVED ___ DENIED