

# Doggie Dining Permit

Fee \$100.00

Insurance Coverage \$25,000.00

## Restaurant Information:

Business Name: Beef O Bradys

Address: 22 S. Palatka St. Unit B Pensacola FL 32502

Phone: 850-607-6776 Email: beef 0 bradys@yahoo.com

Applicant Name: Shawn Lowery ↑  
Number zero

Are you the                      Owner                      Manager                      Employee?

Times that Doggie Dining is allowed in the outdoor area:

Sunday 11 Am - 11 pm

Monday 11 Am - 11 pm

Tuesday 11 Am - 11 pm

Wednesday 11 Am - 11 pm

Thursday 11 Am - 11 pm

Friday 11 Am - 11 pm

Saturday 11 Am - 11 pm

I, the undersigned applicant, understand that submittal of this application does not entitle me to approval of this permit. I have reviewed a copy of the application regulations and supplied all required drawings, and proof of insurance.

Shawn Lowery  
Signature of Restaurant Owner or Owner Representative

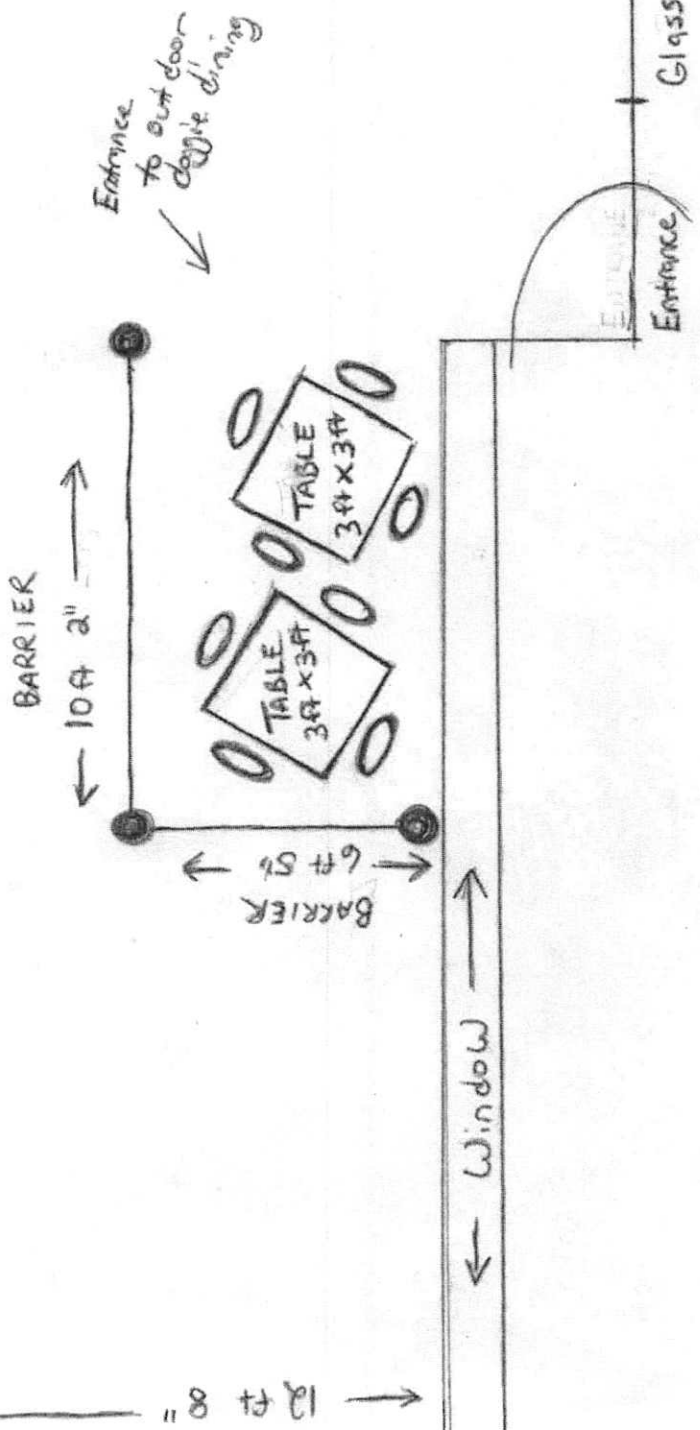
Approved by City Council \_\_\_\_\_

Office check sheet

- ✓ Scale drawing of outside area, showing all tables & chairs, diminutions of area, entry & exits
- ✓ Proof of insurance
- ✓ Outdoor seating is on a public sidewalk, proof that the restaurant has erected a physical barrier to separate sidewalk pedestrians from doggie diners.
- ✓ If Outdoor seating is adjacent to another restaurant or licensed doggie diner establishment, proof that the applicant has notified the neighboring establishment's intent to seek a doggie dining permit.

---ROAD---

SIDE WALK



REF O BRAOYS



GOODLLC-01

LGUSTMAN

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
04/13/2017

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Fisher Brown Bottrell Insurance, Inc. 1701 West Garden Street Pensacola, FL 32502	<b>CONTACT NAME:</b> Lindsey Gustman <b>PHONE (A/C, No, Ext):</b> (850) 654-6307 <b>FAX (A/C, No):</b> (601) 208-8313 <b>E-MAIL ADDRESS:</b>													
	<table border="1"> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A: Depositors Insurance Company</td> <td>42587</td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Depositors Insurance Company	42587	INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:
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<b>INSURED</b> Goodcoop LLC dba Beef O'Bradys Tracy Goodson 3553 Don Janeal Road Pensacola, FL 32526														

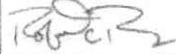
**COVERAGES**                      **CERTIFICATE NUMBER:**                      **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			ACP5945964297	01/25/2017	01/25/2018	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPOP AGG \$ 2,000,000
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE    OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
RE: Beef O'Bradys - 22 S Palafox Street, Pensacola, FL 32502

Certificate holder is an additional insured as respects to general liability if required by written contract.

<b>CERTIFICATE HOLDER</b>  City of Pensacola Risk Management PO Box 12910 Pensacola, FL 32521	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
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Date: 4-13-17

R.E.: Doggie Dining Permit

To: Whom It May Concern

From: Beef O Brady's "Palafox St"

This letter is to inform our neighboring establishments of our "Beef O Brady's" intent to seek a doggie dining permit. Please be advised that this is a requirement that we provide each Restaurant/Business adjacent to us with this notice.

Thanks,  
Shawn Lowery  
"General Manager"  
Beef O Brady's

The Wine Bar on Palafox  
Paul Myano Manager 4/13/17  
Jewelers Trade Shop  
Corbett Davis III 4/13/17  
Dog House Deli Jim Holch 4/13/17  
Edwin Banacia "Play" 4/13/17

City of Pensacola  
Planning Services Dept.  
PO Box 12910  
Pensacola, FL 32521

<b>RECEIPT</b>		DATE <u>4/13/2017</u>	No. <u>047292</u>
RECEIVED FROM <u>Shawn Lowery</u>		\$ <u>100.00</u>	
<u>One Hundred &amp; XX/100</u>		DOLLARS	
FOR RENT <input type="checkbox"/> <u>Beef O Brady's Doggie Dining Permit</u>			
ACCOUNT		<input type="radio"/> CASH	FROM _____ TO _____
PAYMENT		<input type="radio"/> CHECK	
BAL. DUE		<input type="radio"/> MONEY ORDER	
		<input checked="" type="radio"/> CREDIT CARD	BY <u>[Signature]</u>