Doggie Dining Permit

Fee \$100.00 Insurance Coverage \$25,000.00

Restaurant Information:

| Business Name: Nick's Boathouse | | | | | |
|---|--|--|--|--|--|
| Address: 455 W. Main st. | | | | | |
| Phone: 850-912-8775 Email: nbhpcola@gmail.com | | | | | |
| Applicant Name: Charles Slayton | | | | | |
| Are you the Owner Manager Employee? | | | | | |
| Times that Doggie Dining is allowed in the outdoor area: Sunday 10-9 Monday 11-9 Wednesday 11-9 Thursday 11-9 Friday 11-9 Saturday 10-9 | | | | | |
| 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. | | | | | |
| | | | | | |
| 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.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/15/2017

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 e

| such endorsement(s). | sement. A statement on | | | |
|---|---|--|--|--|
| CONTACT NAME: | | | | |
| | AX A/C, No): (850) 650-9288 | | | |
| E-MAIL ADDRESS: | | | | |
| INSURER(S) AFFORDING COVERAGE | NAIC# | | | |
| INSURER A : Rockhill Insurance Company | 28053 | | | |
| INSURER B: | | | | |
| INSURER C: | | | | |
| INSURER D: | | | | |
| INSURER E: | | | | |
| INSURER F: | | | | |
| REVISION NUME | BER: | | | |
| V HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE ON OF ANY CONTRACT OR OTHER DOCUMENT WITH RDED BY THE POLICIES DESCRIBED HEREIN IS SUE /E BEEN REDUCED BY PAID CLAIMS. | RESPECT TO WHICH THIS | | | |
| | CONTACT NAME: PHONE (A/C, No, Ext): (850) 650-1950 E-MAIL ADDRESS: INSURER(S) AFFORDING COVERAGE INSURER A: ROCKHIll Insurance Company INSURER B: INSURER C: INSURER C: INSURER C: INSURER F: REVISION NUME V HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE ON OF ANY CONTRACT OR OTHER DOCUMENT WITH RDED BY THE POLICIES DESCRIBED HEREIN IS SUE | | | |

ADDL SUBR INSD WVD TYPE OF INSURANCE POLICY NUMBER LIMITS

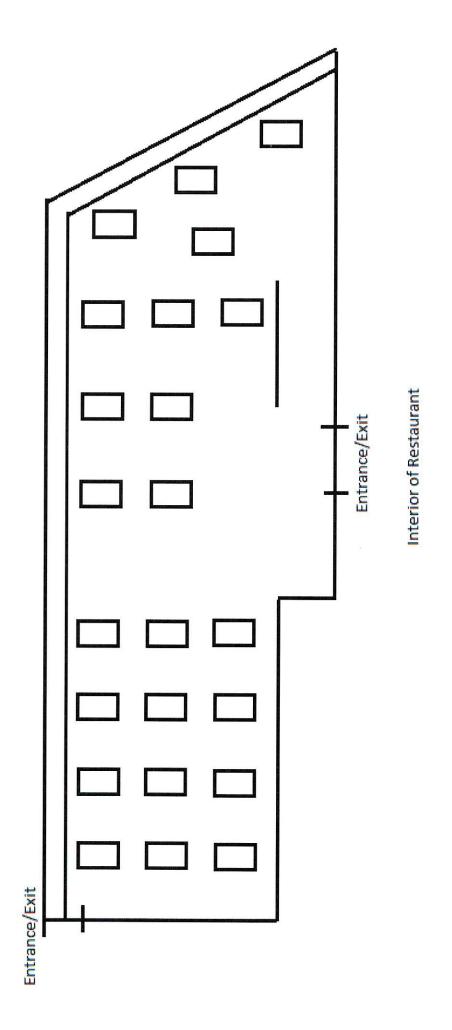
| Α | X | COMMERCIAL G | ENER | AL LIABILITY | | | | EACH OCCURRENCE | s | 1,000,000 | |
|---|---|---|-------|--------------------|--|------------------------|--------------------------------|-----------------|--|-----------|-----------|
| | CLAIMS-MADE X OCCUR | | | | | GENL01541001 | 06/01/2017 | 06/01/2018 | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ | 100,000 |
| | χ Liquor Liability | | | | | | MED EXP (Any one person) | | \$ | 5,000 | |
| | | | | | | | PERSONAL & ADV INJURY | \$ | 1,000,000 | | |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | | | GENERAL AGGREGATE | \$ | 2,000,000 |
| | POLICY PRO- JECT X LOC | | | X LOC | | | | | PRODUCTS - COMP/OP AGG | S | 2,000,000 |
| | OTHER: | | | | | | | | LIQUOR LIABILIT | s | 1,000,000 |
| A | AUT | AUTOMOBILE LIABILITY ANY AUTO | | | | | | | COMBINED SINGLE LIMIT (Ea accident) | \$ | 1,000,000 |
| | | | | | | GENL01541001 | 06/01/2017 | 06/01/2018 | BODILY INJURY (Per person) | \$ | |
| | | OWNED AUTOS ONLY | | SCHEDULED AUTOS | | | | | BODILY INJURY (Per accident) | \$ | |
| | X | X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY | | | | | PROPERTY DAMAGE (Per accident) | \$ | | | |
| | | | | | | | | \$ | | | |
| | | UMBRELLA LIAB | | OCCUR | | | | | EACH OCCURRENCE | \$ | |
| | | EXCESS LIAB CLAIMS-MADE | | | | | AGGREGATE | \$ | | | |
| | | DED RET | ENTIO | N \$ | | | | | | \$ | |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | | | PER OTH- STATUTE ER | | | | | |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | | N/A | | | | E.L. EACH ACCIDENT | \$ | | | |
| | | | | | | | E.L. DISEASE - EA EMPLOYEE | \$ | | | |
| | | | | 16. | | | E.L. DISEASE - POLICY LIMIT | \$ | | | |
| 1 | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

| CERTIFICATE HOLDER | CANCELLATION | | | |
|--|--|--|--|--|
| City of Pensacola 2222 W Main Street Pensacola, FL 32502 | 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 | | | |

ACORD 25 (2016/03)

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APPROVAL PROOF



25279

U

81

71/11/10

CUSTOMER.

Nick's Boathouse

DESCRIPTION:

Dog rules signage

12 in

THAT WE POST THE FOLLOWING RULES: THE CITY OF PENSACOLA REQUIRES

ALL EMPLOYEES must wash their hands promptly after touching, petting, or otherwise handling dogs. Employees are prohibited from touching, petting, or otherwise handling dogs while serving food or beverages, handling tableware or before entering other parts of the establishment.

PATRONS should wash hands before eating.

dishes, utensils, tableware, linens, paper products, or any other items involved in food DOGS may not come into contact with serving service operations. Dogs must be on a leash at all times, kept under reasonable control by owner, and are not allowed on chairs, tables, or other furnishings.





Printed & laminated 3mm ACM sign x1 single sided

Corrugated 4mm coroplast sign x1 single sided

Printed premium paper print x1 single sided