Doggie Dining Permit

Fee \$100.00 Insurance Coverage \$25,000.00

Restaurant Information:

Business Name: Brew Ha Ha
Address: 2435 N 12+h Ave. Pensawla, FU3250
Phone: (850) 857-9350 Email: Owner, brew haha @gma
Applicant Name: Angela Walker
Are you the Owner Manager Employee?
Times that Doggie Dining is allowed in the outdoor area: Sunday
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.
Deen 2 allo
Signature of Restaurant Owner or Owner Representative
Approved by City Council

Doggie Permit Application Info for Section 12-12-8 (B)

1. Restaurant Info:

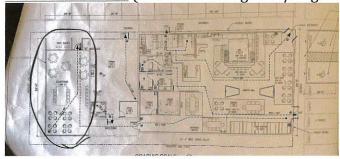
Brew Ha Ha 2435 N 12th Ave. Pensacola, FL 32503 (850) 857-9350

2. Applicant Info:

Angela Walker- owner Residence 1618 E Jackson St. Pensacola, FL 32501 (850) 450-7346

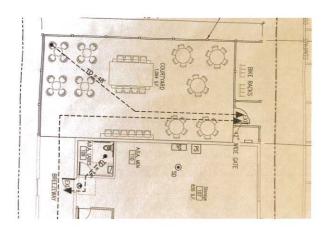
3. Diagrams of Doggie Area

Entire Floor Plane (Outdoor Seating Area/Dog Porch area circled)



Dog Porch Area (Enlarged from Above Drawing)

Description: A 28×52 foot area, seating as drawn includes picnic tables and beach type chairs and tables.



Fencing

We contracted with All American Fencing to complete a fence around the perimeter of our dog porch area. Gates were included. The fence business phone number if needed is (850) 324-2600.

Photo documentation follows-



Perimeter fencing.



Gated Entrance.

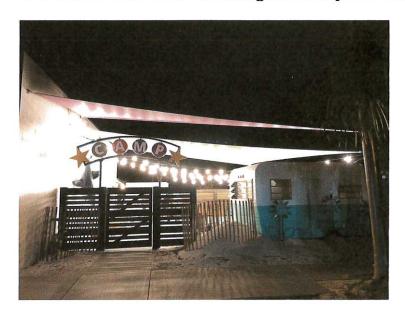
4. Days of Operation:

We will be consistently open Tuesday-Saturday from 11am- 11pm. However, we occasionally may be open on Sundays and Mondays or extended hours during holidays or for private events.

5. Proof of Liability Insurance

We have 1 Million dollars worth of liability insurance and our carrier is aware we will be having dog visitors in the outside eating area. Proof of Liability and Property Insurance coverage- SEE ATTACHED Documentation

6. Proof ofBarrier between eating area and public sidewalk.



7. Notification of Adjacent Establishment of Doggie Permit Application

N/A



NHAYDEN

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 02/20/2018

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.

Fish	DUCER IER Brown Bottrell Insurance, Inc. I West Garden Street		CONTACT Nancy Hayden NAME: PHONE (A/C, No, Ext): (850) 470-2656 FAX (A/C, No):(601)				208-8345			
Pens	sacola, FL 32502				E-MAIL ADDRESS: nhayden@fbbins.com					
					IN	SURER(S) AFFO	RDING COVERAGE			NAIC #
		INS	INSURER A: Wilshire Insurance Company					13234		
INSU	RED			INS	INSURER B:					
Brew Ha Ha					INSURER C:					
	2435 N 12th Ave.			INS	INSURER D :					
	Pensacola, FL 32501			INS	INSURER E :					
				INS	INSURER F:					
CO	VERAGES CEF	RTIFIC	ATE NUMB	ER:	REVISION NUMBER:					
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İ	OWNED SCHEDULED AUTOS						BODILY INJURY (\$	
Ī	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY						PROPERTY DAM/ (Per accident)		\$	
	10,000								\$	
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	EXCESS LIAB CLAIMS-MADE						AGGREGATE		\$	1
	DED RETENTION \$								\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE	OTH- ER		
		N/A					E.L. EACH ACCID	ENT	\$	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	IN/A					E.L. DISEASE - EA	A EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - PO	DLICY LIMIT	\$	
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (AC	ORD 101, Additi	ional Remarks Schedule, ma	y be attached if mor	e space is requir	red)			
										لــــــــــــــــــــــــــــــــــــــ
CER	RTIFICATE HOLDER			CA	CANCELLATION					
CASTEM 2 LLC 2210 McCutchen Place					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
	Pensacola, FL 32503			AUT	AUTHORIZED REPRESENTATIVE					
					11,1					

ACORD,	EVIDENCE OF PERSONAL	PROPERTY	INSURANCE	DATE (MM/DD/YYYY) 02/20/2018
	NCE THAT INSURANCE AS IDENTIFIED BE RIVILEGES AFFORDED UNDER THE POLICY.	LOW HAS BEEN ISS	UED, IS IN FORCE, AND C	ONVEYS ALL THE
AGENCY	PHONE (A/C, No, Ext): (800) 487-2973	COMPANY		
Fisher Brown Bottrell	FAX (A/C, No): (850) 438-4678	Western World Insura	nce Company	
Insurance, Inc. 1701 West Garden Street	E MAII			
Pensacola, FL 32502	ADDRESS: Illaydell's Ibbillo.com			
CODE: AGENCY RDEWI	SUB CODE:	_		
CUSTOMER ID #: DILL VV	1AH-U1	LOAN NUMBER	POLICY NUMBER	
INSURED		LOAN NUMBER	100 6400 (500 1000 000 000 000 000 000 000 000 000	
Brew Ha	Uo.		NPP80404608	
2435 N 1		EFFECTIVE DATE	The state of the s	CONTINUED UNTIL
	la, FL 32501	02/07/2018	020112010	TERMINATED IF CHECKED
		THIS REPLACES PRIOR EVIL	DENCE DATED:	
PROPERTY INFORM	ATION			
LOCATION/DESCRIPTION				
COVERAGE INFORM	MATION			
Loc # 1, Bldg # 1	COVERAGE/PERILS/FORMS		AMOUNT OF INSU	RANCE DEDUCTIBLE
Business Personal Pro Business Personal Pro	ments and Betterments), Special (Including theft), Repoperty, Special (Including theft), Replacement Cost operty, Special (Including theft), Replacement Cost ng theft), Replacement Cost	lacement Cost	\$.100,000 \$1,000 \$68,000 \$1,000 .100,000 \$1,000 \$10,000 \$1,000
REMARKS (Including	g Special Conditions)			
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NAME AND ADDRESS		MORTGAGEE	X ADDITIONAL INSURED	
		LOSS PAYEE		
			The war are recommended to the control of the contr	
CACTE	EM 2 LLC	AUTHORIZED REPRESENTAT	IVE	
2210 N	cola, FL 32503	El Warle		

ACORD 27 (2003/10)