



## TEMPORARY USE PERMIT (TUP) APPLICATION

### TUP CATEGORY

- ☐ Administrative (30 days prior to event)  
(Less than 500 attendees) ☒ City Commission (90 days prior to event)  
(500 or more attendees)

Subject Property Address: 1000 State Road 7, Margate FL

Subject Folio Number(s): 484125030010

Description of Request:

The event is a spring break fair that will have rides, games, entertainment, and novelty cuisine. The rides will be State inspected and approved amusement rides. The entertainment will consist of musical, magic, and thrill acts. There will be no alcohol being served. There will be no animal acts or shows. The event will be encased by a fence with a security team working in conjunction with the Margate Police department for the safety and security of all patrons. Margate Fire Rescue will be utilized for any and all services required.

### TUP INFORMATION

Attendees at any time: 1000 Duration of the Event: March 8th, 2024 thru April 6th, 2024  
Start Date: March 15th 2024 End Date: March 31st 2024  
Start Time: 5PM M-F 1PM SAT SUN End Time: 12Midnight M-SUN  
Setup Date(s): March 8th - March 14th 2024 Clean-up Date(s): April 1st thru April 6th 2024

### AUTHORIZED AGENT INFORMATION

Name: Joshua Rydell

Address: 111 SW 6th Street Fort Lauderdale FL 33301

Phone Number: 954-779-1711

Email Address: jr@jrydell.com



APPLICANT INFORMATION  
(IF DIFFERENT THAN THE PROPERTY OWNER)

Name: Hildebrand Amusement

Address: 111 SW 6th Street Fort Lauderdale FL 33301

Phone Number: 954-779-1711 Email Address: jr@jrydell.com

PROPERTY OWNER INFORMATION

Name: Margate CRA

Address: SEE ATTACHED OWNER AFFADAVIT

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_




## OWNER'S AUTHORIZATION AFFIDAVIT

I hereby certify that I am the owner or authorized agent of the property located at

1000 North State Road 7

being the subject property for this Temporary Use Permit application, and I hereby grant authorization to Hildebrand Amusement Rides, Inc. to file an application with the City of Margate for approval of the same.

Cale Curtis, Executive Director  
Print owner's or authorized agent's name


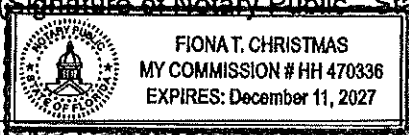
  
Signature of owner or authorized agent

Owner/Agent Phone Number: (954) 935-5320 Email Address: ccurtis@margatefl.com

Owner/Agent Address: 5790 Margate Blvd., Margate, FL 33063

STATE OF FLORIDA COUNTY OF Broward

Sworn to (or affirmed) and subscribed before me by means of ☒ physical presence or ☐ online notarization, this 16 day of January, 2024 (year), by FIONA CHRISTMAS (print name of person making statement).

  
(Signature of Notary Public - State of Florida)  
  
(Print, Type, or Stamp Commissioned Name of Notary Public)

☒ Personally Known OR ☐ Produced Identification

Type of Identification Produced \_\_\_\_\_



## TEMPORARY USE HOLD HARMLESS AGREEMENT

Temporary Use Name/Description: Margate Spring Fair

Location: 1000 State Road 7, Margate FL

Date(s) of the Temporary Use: March 8th, 2024 thru April 6th 2024

Pursuant to the requirements set forth in §40.630 of the Code of the City of Margate, Florida, the applicant(s) for the temporary use described above do(es) hereby agree to indemnify, defend, and hold the City of Margate, its officers, and employees, harmless for any claim or suit arising out of the planning, organizing, or operation of this temporary use.

Joshua Rydell

Print applicant's name

[Signature]  
Signature of applicant

Authorized Agent

Print applicant's title

Hillburt Associates  
Print applicant's organization/company

STATE OF FLORIDA COUNTY OF Broward

Sworn to (or affirmed) and subscribed before me by means of ☒ physical presence or ☐ online notarization, this 24 day of January, 2024 (year), by Joshua Rydell (print name of person making statement).



(Print, Type, or Stamp Commissioned Name of Notary Public)

☒ Personally Known OR ☐ Produced Identification

Type of Identification Produced \_\_\_\_\_



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
1-24-24

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 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> Specialty Insurance, LTD. P.O. Box 16901 West Haven, CT 06516	<b>CONTACT NAME:</b> Thomas Plouffe <b>PHONE (A/C, No. Ext):</b> 203-931-7095 <b>E-MAIL ADDRESS:</b> Certificates@specialtyinsuranceltd.com <b>FAX (A/C, No):</b> 203-931-0682																					
<b>INSURED</b> MB Boardwalk Rides, LLC dba Hildebrand Amusement Rides, Inc & Carolina Beach Amusement Rides, Inc. 7851 US Highway 301 S. Riverview, FL 33578	<table><tr><th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A :</td><td>Admiral Insurance Company</td><td>24856</td></tr><tr><td>INSURER B :</td><td>Progressive Express Insurance Company</td><td>10193</td></tr><tr><td>INSURER C :</td><td>Liberty Mutual</td><td></td></tr><tr><td>INSURER D :</td><td></td><td></td></tr><tr><td>INSURER E :</td><td></td><td></td></tr><tr><td>INSURER F :</td><td></td><td></td></tr></table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A :	Admiral Insurance Company	24856	INSURER B :	Progressive Express Insurance Company	10193	INSURER C :	Liberty Mutual		INSURER D :			INSURER E :			INSURER F :		
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<b>COVERAGES</b>	<b>CERTIFICATE NUMBER:</b>	<b>REVISION NUMBER:</b>
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"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		CA000049336-01	6/2/23	6/2/24	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ Excluded PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
B	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			971881721	7/28/23	1/28/24	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			GX000006961-01	10/17/23	6/2/24	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$
C	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y / N <input type="checkbox"/> N / A			WC5-33S-B24385-013	6/14/23	6/14/24	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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

City of Margate, City of Margate Community Redevelopment Agency, New Urban Communities, LLC, Advanced Asset Management and The Margate Waterfront Foundation are added as an additional insured but only with respects to the operations of the named insured during the policy period.

Event name & location: The Margate Spring Fair, 1000 North State Road 7, Margate, FL 33063  
Event dates: March 8 - April 6, 2024 (Which includes set up, the event itself and take down)

<b>CERTIFICATE HOLDER</b> City of Margate 5790 Margate Boulevard Margate, FL 33063	<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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