



## 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: 6350 NW 18th Street - Margate, FL 66063

Subject Folio Number(s): \_\_\_\_\_

Description of Request:

Brazilian Festival June 8 - 9, 2024  
Hours: June 8: 4pm till 11 pm June 9: 11am till 9pm  
Typical Food, Entertainment for Kids, Square Dance for Adults and Kids & Music

### TUP INFORMATION

Attendees at any time: About 3000 people per day Duration of the Event: 2 Days  
Start Date: June 8, 2024 End Date: June 9, 2024  
Start Time: 4pm-11pm End Time: 11am-9pm  
Setup Date(s): June 6-7, 2024 Clean-up Date(s): June 10-11, 2024

### AUTHORIZED AGENT INFORMATION

Name: Fr. Hugo Cardoso  
Address: 6350 NW 18th Street - Margate, FL 33063  
Phone Number: 954-972-0434 Email Address: stvincentcatholicchurch@gmail.com



## TEMPORARY USE HOLD HARMLESS AGREEMENT

Temporary Use Name/Description: Brazilian Festival

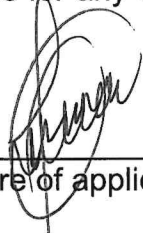
Location: St. Vincent Catholic Church - 6350 NW 18th Street - Margate, FL 33063

Date(s) of the Temporary Use: June 8-9, 2024

Pursuant to the requirements set forth in §40.630 of the Code of the City of Margate, Florida, the applicants(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.

Father Hugo Cardoso

Print applicant's name

  
Signature of applicant

Administrator

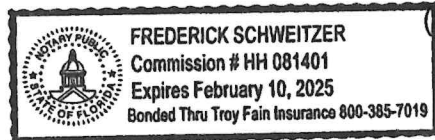
Print applicant's title

St. Vincent Catholic Church

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 30 day of APRIL, 2024 (year), by FR. HUGO CARDOSO (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 \_\_\_\_\_



## OWNER'S AUTHORIZATION AFFIDAVIT

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

6350 NW 18th Street - Margate, FL 33063

being the subject property for this Temporary Use Permit application, and I hereby grant authorization to Fr. Hugo Cardoso to file an application with the City of Margate for approval of the same.

Father Hugo Cardoso

Print owner's or authorized agent's name

[Signature]  
Signature of owner or authorized agent

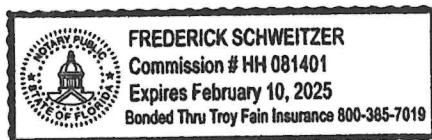
Owner/Agent Phone Number: 954-972-0434

Email Address: stvincentcatholicchurch@gmail.com

Owner/Agent Address: 6350 NW 18th Street - 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 30 day of APRIL, 2024 (year), by FR. HUGO CARDOSO (print name of person making statement).



[Signature]  
(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 \_\_\_\_\_





# MARGATE POLICE DEPARTMENT

## SPECIAL DUTY DETAIL REQUEST



I, Fr. Hugo Cardoso, cs, as the authorized representative of St. Vincent Church, agree and request the following:

1. I understand there shall be a minimum of three (3) hours at FORTY-EIGHT DOLLARS AND No/XX (\$48.00) per hour for law enforcement services rendered by any Margate Police Officer. Any cancellations made with less than twenty-four (24) hours' notice or upon the arrival of detail Officer will result in a minimum charge of three (3) hours billed per Officer.
  - a. SUPERVISOR'S RATES: For instances when detail(s) have four (4) or more officers, supervisor's rates are \$56.00 per hour.
  - b. HOLIDAY/HIGH-DEMAND RATES: \$67.00 per hour for the following holidays or high-demand days: Valentine's Day, Easter, Memorial Day, July 4th, Halloween, Thanksgiving, Black Friday, Christmas Eve, Christmas, New Year's Eve, and New Year's Day, Mother's Day, Father's Day, Super Bowl (starting 3PM), First and Last day of Broward County Schools (until 3 PM). Supervisor Holiday/High-Demand Rate: \$78.00 per hour.
  - c. LAST MINUTE RATES: Any request with less than two (2) days advanced notice is subject to High-Demand Rates.
  - d. SPECIAL CIRCUMSTANCE RATES: Subject to the high-demand rate for requests that occur during/following a state of emergency, natural disasters, or during hours that are routinely difficult to secure coverage, for which notification of the high-demand rate shall be provided prior to execution of the detail agreement.
  - e. LARGE CAPACITY EVENTS: Events when the anticipated attendance may exceed 1000 people (inclusive of event operator) shall be subject to the high-demand rate. In addition, an equipment fee of \$200 shall be applied to the total personnel costs providing for the needed use of the Department all-terrain utility vehicle.
  - f. MINIMUM STAFFING REQUIREMENT: Any event that requires a minimum number of officers, as determined by the Chief of Police or designee, shall be subject to the current overtime rate (plus fringe) for any Officer or Supervisor required to fulfill any minimum staffing requirement that is not fully staffed through the ordinary scheduling process or when it is difficult to secure the required coverage.
2. That I, along with my organization, shall be personally responsible to the City of Margate for the payment of any services rendered by a City of Margate Police Officer.
3. The Margate Police Department is not obligated to provide Special Duty Details. The Chief of Police reserves the right to decline a detail request for any reason. Every reasonable effort will be made to fill the detail request, but there is no guarantee that it will be filled. Members of the Margate Police Department who are authorized to work Special Duty Details do so voluntarily, during their off duty hours.
4. It is understood that, notwithstanding the fact that the applicant will reimburse the Margate Police Department for the services rendered, the assigned Officers remain employees of the Margate Police Department. The applicant is restricted to the general assignment of duties to be performed and has no authority over the Officers.
5. By signing this request, the undersigned authorized representative requesting the Special Duty Detail releases, agrees to indemnify and hold harmless the City of Margate, its officers, agents, and employees from any and all liability relating to any acts or omissions concerning the services requested, including but not limited to any acts of negligence or negligent omissions by the City of Margate, its officers, agents, and employees. Nothing contained herein shall be deemed a waiver by the City of Margate of any of its immunities provided by law, including those set forth in Section 768.28, Florida Statutes.
6. All parties agree that the City of Margate, through its Police Department, may amend the terms and conditions of this Agreement with written notice of the changed terms. The term of this agreement is effective July 1, 2021 thru June 30, 2022.



Location of Detail: St. Vincent Catholic Church

Date/Time of Detail June 8: 4pm – 11pm / June 9: 11am – 9pm

Number of Officers: 3

Is this an open-ended agreement for various future events/occasions? Yes

Brief Description of Officer's Assignment: Basic Security for the Festival

**BILLING INFORMATION:**

BUSINESS NAME: St. Vincent Catholic Church

NAME: Fr. Hugo Cardoso, cs

MAILING ADDRESS: 6350 NW 18<sup>th</sup> Street

Street Address

PHONE NUMBERS: 954-972-0434

Margate

FL

33063

City

State

Zip Code

EMAIL ADDRESS: stvincentcatholicchurch@gmail.com

  
\_\_\_\_\_  
AUTHORIZED REPRESENTATIVE SIGNATURE

02/20/2024  
DATE

\_\_\_\_\_  
OFFICER ACCEPTING REQUEST

\_\_\_\_\_  
DATE

\_\_\_\_\_  
CHIEF OF POLICE

\_\_\_\_\_  
DATE



# MARGATE POLICE DEPARTMENT

## SPECIAL DUTY DETAIL REQUEST



I, Fr. Hugo Cardoso, cs, as the authorized representative of St. Vincent Church, agree and request the following:

1. I understand there shall be a minimum of three (3) hours at FORTY-EIGHT DOLLARS AND No/XX (\$48.00) per hour for law enforcement services rendered by any Margate Police Officer. Any cancellations made with less than twenty-four (24) hours' notice or upon the arrival of detail Officer will result in a minimum charge of three (3) hours billed per Officer.
  - a. SUPERVISOR'S RATES: For instances when detail(s) have four (4) or more officers, supervisor's rates are \$56.00 per hour.
  - b. HOLIDAY/HIGH-DEMAND RATES: \$67.00 per hour for the following holidays or high-demand days: Valentine's Day, Easter, Memorial Day, July 4th, Halloween, Thanksgiving, Black Friday, Christmas Eve, Christmas, New Year's Eve, and New Year's Day, Mother's Day, Father's Day, Super Bowl (starting 3PM), First and Last day of Broward County Schools (until 3 PM). Supervisor Holiday/High-Demand Rate: \$78.00 per hour.
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  - d. SPECIAL CIRCUMSTANCE RATES: Subject to the high-demand rate for requests that occur during/following a state of emergency, natural disasters, or during hours that are routinely difficult to secure coverage, for which notification of the high-demand rate shall be provided prior to execution of the detail agreement.
  - e. LARGE CAPACITY EVENTS: Events when the anticipated attendance may exceed 1000 people (inclusive of event operator) shall be subject to the high-demand rate. In addition, an equipment fee of \$200 shall be applied to the total personnel costs providing for the needed use of the Department all-terrain utility vehicle.
  - f. MINIMUM STAFFING REQUIREMENT: Any event that requires a minimum number of officers, as determined by the Chief of Police or designee, shall be subject to the current overtime rate (plus fringe) for any Officer or Supervisor required to fulfill any minimum staffing requirement that is not fully staffed through the ordinary scheduling process or when it is difficult to secure the required coverage.
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3. The Margate Police Department is not obligated to provide Special Duty Details. The Chief of Police reserves the right to decline a detail request for any reason. Every reasonable effort will be made to fill the detail request, but there is no guarantee that it will be filled. Members of the Margate Police Department who are authorized to work Special Duty Details do so voluntarily, during their off duty hours.
4. It is understood that, notwithstanding the fact that the applicant will reimburse the Margate Police Department for the services rendered, the assigned Officers remain employees of the Margate Police Department. The applicant is restricted to the general assignment of duties to be performed and has no authority over the Officers.
5. By signing this request, the undersigned authorized representative requesting the Special Duty Detail releases, agrees to indemnify and hold harmless the City of Margate, its officers, agents, and employees from any and all liability relating to any acts or omissions concerning the services requested, including but not limited to any acts of negligence or negligent omissions by the City of Margate, its officers, agents, and employees. Nothing contained herein shall be deemed a waiver by the City of Margate of any of its immunities provided by law, including those set forth in Section 768.28, Florida Statutes.
6. All parties agree that the City of Margate, through its Police Department, may amend the terms and conditions of this Agreement with written notice of the changed terms. The term of this agreement is effective July 1, 2021 thru June 30, 2022.



THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA

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Margate Elementary School  
Thomas J Schroeder, Principal  
6300 NW 18 Street  
Margate, FL 33063  
(754) 322-6900  
thomas.schroeder@browardschools.com  
<http://www.browardschools.com/margateelem>

The School Board of  
Broward County, Florida

Lori Alhadeff, Chair  
Debra Hixon, Vice Chair

Torey Alston  
Sarah Leonardi  
Dr. Jeff Holness  
Brenda Fam, Esq.  
Nora Rupert  
Dr. Allen Zeman

Dr. Peter Licata  
Superintendent of Schools

March 6, 2024

To Whom It May Concern:

This letter is to verify that I give St. Vincent's Catholic Church permission to utilize our front parking lots, we have approximately 52 spots for their festival on June 8<sup>th</sup> and 9<sup>th</sup>. If you need any additional information, please let me know.

Sincerely,

Thomas J. Schroeder, Principal  
Margate Elementary School





# St. Vincent Catholic Church

*Bringing People Together*

Mayor Tommy Ruzzano  
C/o City of Margate  
901 NW 66<sup>th</sup> Avenue  
Margate, FL 33063

February 20, 2024

Dear Mr. Ruzzano

The Brazilian Community of St. Vincent Parish a non-Profit Organization (Tax exempt # 85-8012529997C-1) is holding its Annual Festival on June 8 & 9, 2024. The event on June 8 will be from 4pm until 11pm and June 9, from 9:30am until 9 pm.

It will be an outdoor with various activities, and we are expecting around 4000 people to attend. There will be no cost to enter the festival.

We are going to have food, drinks, games, dancing, entertainment, etc. The guesses can use our eight restrooms, of which four are located in the Community Center, two in the DePaul Center and two in the Church.

Sincerely in Christ Jesus,

A handwritten signature in black ink, appearing to read "Hugo Cardoso", written over a horizontal line.

Rev. Hugo Cardoso, c.s.  
Administrator



# MARGATE FIRE DEPARTMENT

## SPECIAL DUTY DETAIL REQUEST



I, Father Hugo Cardoso, as the authorized representative of St. Vincent Catholic Church, agree and request and agree to the following:

1. I understand there shall be a minimum of three (3) hours at NINETY-FOUR DOLLARS AND No/XX (\$94.00) per hour (unless otherwise defined) for FIREFIGHTER PARAMEDIC (FFP), INSPECTOR/EMS/INSTRUCTOR services rendered by any Margate Firefighter/Paramedic (FFP) under this request ("Request") with a minimum of two personnel. An additional flat fee of \$50.00 for standby rescue service, per City Code Sec. 15-15 (5)g.1 special fees will be assessed. Any cancellations made with less than twenty-four (24) hours' notice or upon the arrival of detail FFP will result in a minimum charge of three (3) hours billed per FFP, INSPECTOR/EMS/INSTRUCTOR. Any changes to the scheduled time of an event, with less than twenty-four (24) hours' notice will result in a minimum charge of three (3) hours billed per FFP, INSPECTOR/EMS/INSTRUCTOR
  - a. SUPERVISOR'S RATES: A supervisor is required for instances when detail(s) request four (4) or more FFP. Supervisor's rates are \$107.00 per hour, unless otherwise defined.
  - b. HOLIDAY/HIGH-DEMAND RATES: A rate of \$107.00 per hour is required for the following holidays or high-demand days: Valentine's Day, Easter, Memorial Day, July 4th, Halloween, Thanksgiving, Black Friday, Christmas Eve, Christmas, New Year's Eve, and New Year's Day, Mother's Day, Father's Day, Super Bowl (starting 3PM), First and Last day of Broward County Schools (until 3 PM). Supervisor Holiday/High-Demand Rate: \$135.00 per hour.
  - c. LAST MINUTE RATES: Any request with less than two (2) days advanced notice is subject to High-Demand Rates.
  - d. SPECIAL CIRCUMSTANCE RATES: Requests that occur during/following a state of emergency, natural disasters, or during hours that are routinely difficult to secure coverage, require the High-Demand Rate. Notification of the applicability of the high-demand rate shall be provided prior to execution of the detail request.
  - e. LARGE CAPACITY EVENTS: Events when the anticipated attendance may exceed 1000 people (inclusive of event operator) shall be subject to the high-demand rate.
  - f. MINIMUM STAFFING REQUIREMENT: Any event that requires a minimum number of FFPs, as determined by the Fire Chief or designee, shall be subject to the current overtime rate (plus fringe) for any Officer or Supervisor required to fulfill any minimum staffing requirement that is not fully staffed through the ordinary scheduling process or when it is difficult to secure the required coverage.
2. That I, along with my organization, shall be personally responsible to the City of Margate for the payment of any services and/or equipment rendered by a City of Margate Fire Department as part of this Special Duty Detail Request.
3. That I, along with my organization, shall be responsible for making a deposit/bond for the estimated cost for a Large Scale Event (See above "e.").
4. The Margate Fire Department is not obligated to provide Special Duty Details. The Fire Chief reserves the right to decline a detail request for any reason. Every reasonable effort will be made to fill the detail request, but there is no guarantee that it will be filled. Members of the Margate Fire Department who are authorized to work Special Duty Details do so voluntarily, during their off duty hours.
5. It is understood that, notwithstanding the fact that the applicant will reimburse the City of Margate for the services rendered, the assigned Fire Department personnel remain employees of the City of Margate, subject to the Department's policies and procedures and Florida law. The applicant authority over the personnel is restricted to the general assignment of duties to be performed under this Request. By signing this Request, the applicant acknowledges and agrees that it has no authority over the assigned personnel beyond the general assignment of duties.



6. By signing this request, the undersigned authorized representative requesting the Special Duty Detail releases, agrees to indemnify and hold harmless the City of Margate, its officers, agents, and employees from any and all liability relating to any acts or omissions concerning the services requested, including but not limited to any acts of negligence or negligent omissions by the City of Margate, its officers, agents, and employees. Nothing contained herein shall be deemed a waiver by the City of Margate of any of its immunities provided by law, including those set forth in Section 768.28, Florida Statutes.

7. All parties agree that the City of Margate, through its Fire Department, may amend the terms and conditions of this Request with written notice of the changed terms. The term of this Request is effective March 1, 2023 thru July 1, 2024.

8. A fire apparatus may be assigned at the discretion of the fire chief along with standby fire and/or rescue service, at a fee of \$250.00 per hour, minimum of three (3) hours, per apparatus City Code Sec. 15-5(5)g.2

9. Standby Fire Watch: Per City Code Sec. 15-15 (5)g.1 When required by code official requires fifty dollars (\$50.00), plus the current special detail hourly rate, minimum three (3) hours, per each firefighter or inspector. Note: A fire apparatus may be assigned at the discretion of the fire chief along with any standby fire and/or rescue service, at a fee of two hundred fifty dollars (\$250.00) per hour, minimum of three (3) hours, per apparatus per City Code Sec. 15-15 (5)g.2

9. Per City Code Sec. 15-19 (a). A fee shall be charged for each health professional or individual who is a member of a for-profit entity who attends cardiopulmonary resuscitation classes. That fee is outlined in section 1 a.b. above. Said fees shall be in an amount which will reimburse the city for all costs, both direct and indirect, for conducting said classes (Ord. No. 91-24, § 2, 10-16-1991). Additional costs may include materials. Cost for materials to be provided prior to execution of contract.

Location of Detail: 6350 NW 18<sup>th</sup> Street, Margate FL 33063

Date/Time of Detail: 06/08/2024 from 4pm to 11pm – 06/09/2024 from 11am to 9pm

Number of Firefighter Paramedic/EMS/Instructor (minimum 2):

**\*2 FFP to be scheduled 30 minutes prior to all open event hours and ending 30 minutes after closed hours. Fire Inspector to be scheduled during all open hours.**

Fire Chief will waive #8 (fire apparatus fee) **YES** or NO Fire Chief initials \_\_\_\_\_

Event will be billed at HIGH-DEMAND RATE as noted below:

Only during designated dates outlined in 1(b) **YES** or NO Fire Chief initials \_\_\_\_\_

For duration of ALL event dates YES or **NO** Fire Chief initials \_\_\_\_\_

Authorized representative is to direct pay in advance and provide proof of payment from vendor for FORTS Equipment for use during event

YES or **NO** Fire Chief initials \_\_\_\_\_

Brief Description of Firefighter/Paramedic/Instructor/FireInspector Assignment: **Required for medical/fire safety for all in attendance.**



**BILLING INFORMATION:**

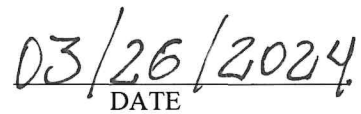
BUSINESS NAME: St. Vincent Catholic Church

NAME: Father Hugo Cardoso

MAILING ADDRESS:	6350 NW 18 <sup>th</sup> Street	Margate	FL	33063
	Street Address	City	State	Zip Code

PHONE NUMBERS: 954-972-0434

EMAIL ADDRESS: stvincentcatholicchurch@gmail.com

\_\_\_\_\_  
FIRE CHIEF\_\_\_\_\_  
AUTHORIZED REPRESENTATIVE SIGNATURE\_\_\_\_\_  
DATE  
DATE\_\_\_\_\_  
CITY MANAGER\_\_\_\_\_  
DATE



## Consumer's Certificate of Exemption

Issued Pursuant to Chapter 212, Florida Statutes

DR-14  
R. 01/18

85-8012529997C-1	07/31/2021	07/31/2026	RELIGIOUS-PHYSICAL PLACE
Certificate Number	Effective Date	Expiration Date	Exemption Category

This certifies that

ST VINCENT CATHOLIC CHURCH  
6350 NW 18TH ST  
MARGATE FL 33063-2320

is exempt from the payment of Florida sales and use tax on real property rented, transient rental property rented, tangible personal property purchased or rented, or services purchased.



## Important Information for Exempt Organizations

DR-14  
R. 01/18

1. You must provide all vendors and suppliers with an exemption certificate before making tax-exempt purchases. See Rule 12A-1.038, Florida Administrative Code (F.A.C.).
2. Your *Consumer's Certificate of Exemption* is to be used solely by your organization for your organization's customary nonprofit activities.
3. Purchases made by an individual on behalf of the organization are taxable, even if the individual will be reimbursed by the organization.
4. This exemption applies only to purchases your organization makes. The sale or lease to others of tangible personal property, sleeping accommodations, or other real property is taxable. Your organization must register, and collect and remit sales and use tax on such taxable transactions. Note: Churches are exempt from this requirement except when they are the lessor of real property (Rule 12A-1.070, F.A.C.).
5. It is a criminal offense to fraudulently present this certificate to evade the payment of sales tax. Under no circumstances should this certificate be used for the personal benefit of any individual. Violators will be liable for payment of the sales tax plus a penalty of 200% of the tax, and may be subject to conviction of a third-degree felony. Any violation will require the revocation of this certificate.
6. If you have questions about your exemption certificate, please call Taxpayer Services at 850-488-6800. The mailing address is PO Box 6480, Tallahassee, FL 32314-6480.



# CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)  
04/24/2024

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> Aon Risk Services, Inc of Florida 701 Brickell Avenue Suite 3200 Miami FL 33131 USA	<b>CONTACT NAME:</b> <b>PHONE</b> (A/C. No. Ext): (866) 283-7122 <b>FAX</b> (A/C. No.): (800) 363-0105 <b>E-MAIL ADDRESS:</b>																					
<b>INSURED</b> St. Vincent Catholic Church 6350 NW 18 St. Margate FL 33063 USA	<table><tr><th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A:</td><td>Lloyd's Syndicate No. 2987</td><td>AA1128987</td></tr><tr><td>INSURER B:</td><td>Safety National Casualty Corp</td><td>15105</td></tr><tr><td>INSURER C:</td><td>Fortegra Specialty Insurance Company</td><td>16823</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:	Lloyd's Syndicate No. 2987	AA1128987	INSURER B:	Safety National Casualty Corp	15105	INSURER C:	Fortegra Specialty Insurance Company	16823	INSURER D:			INSURER E:			INSURER F:		
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INSURER D:																						
INSURER E:																						
INSURER F:																						

**COVERAGES**      **CERTIFICATE NUMBER:** 570105211055      **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.

Limits shown as requested

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 <input checked="" type="checkbox"/> SIR \$250,000 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		PK1027424 SIR applies per policy terms & conditions	04/01/2024	04/01/2025	EACH OCCURRENCE	\$2,250,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$2,250,000
							MED EXP (Any one person)	Excluded
							PERSONAL & ADV INJURY	\$2,250,000
							GENERAL AGGREGATE	\$2,250,000
							PRODUCTS - COMP/OP AGG	\$2,250,000
							Agg. All Coverages	\$2,250,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			PK1027424 SIR applies per policy terms & conditions	04/01/2024	04/01/2025	COMBINED SINGLE LIMIT (Ea accident)	\$2,250,000
							BODILY INJURY (Per person)	
							BODILY INJURY (Per accident)	
							PROPERTY DAMAGE (Per accident)	
							Self-Insured Retention	\$250,000
	<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	
C	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y/N <input checked="" type="checkbox"/> N N/A			ABL100004303 Retention \$300,000 Ea. Oc SIR applies per policy terms & conditions	04/01/2024	04/01/2025	PER STATUTE <input checked="" type="checkbox"/> OTH-ER <input type="checkbox"/>	
							E.L. EACH ACCIDENT	\$450,000
							E.L. DISEASE-EA EMPLOYEE	\$450,000
							E.L. DISEASE-POLICY LIMIT	\$450,000
B	<input checked="" type="checkbox"/> Excess Workers Compensation			SP4066453 Ex WC Statutory Limits SIR applies per policy terms & conditions	04/01/2024	04/01/2025	EL Max. Per Occ. SIR Per Occ.	\$1,000,000 \$750,000

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

RE: Annual Brazilian Festival, June 8 - 9, 2024. City of Margate is included as Additional Insured in accordance with the policy provisions of the General Liability policy.

<b>CERTIFICATE HOLDER</b>  City of Margate 5790 Margate Blvd. Margate FL 33063 USA	<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.  <b>AUTHORIZED REPRESENTATIVE</b>  <i>Aon Risk Services Inc. of Florida</i>
--	---

Holder Identifier :

570105211055

Certificate No :







**ADDITIONAL REMARKS SCHEDULE**

AGENCY Aon Risk Services, Inc of Florida		NAMED INSURED St. Vincent Catholic Church	
POLICY NUMBER See Certificate Numbe 570105211055			
CARRIER See Certificate Numbe 570105211055	NAIC CODE	EFFECTIVE DATE:	

**ADDITIONAL REMARKS**

<b>THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,</b>	
<b>FORM NUMBER:</b> ACORD 25	<b>FORM TITLE:</b> Certificate of Liability Insurance
Security Schedule	
Policy: PK1027424 Policy Period: 4/1/2024 - 4/1/2025 Issuing Companies: Certain Underwriters at Lloyd's, London: Syndicate BRT 2987 - 40%; Syndicate ASP 4711 - 20%; Syndicate AXS 1686 - 5%; Endurance Worldwide Insurance Limited - 14 %; United Specialty Insurance Company - 21%	



# CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)  
04/07/2024

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).

PRODUCER Aon Risk Services, Inc of Florida 701 Brickell Avenue Suite 3200 Miami FL 33131 USA	CONTACT NAME: PHONE (A/C. No. Ext): (866) 283-7122 FAX (A/C. No.): (800) 363-0105 E-MAIL ADDRESS:
INSURED St. Vincent Catholic Church 6350 NW 18 St. Margate FL 33063 USA	INSURER(S) AFFORDING COVERAGE INSURER A: Lloyd's Syndicate No. 2987 INSURER B: Safety National Casualty Corp INSURER C: Fortegra Specialty Insurance Company INSURER D: INSURER E: INSURER F:
	NAIC # AA1128987 15105 16823

## COVERAGES

CERTIFICATE NUMBER: 570104990940

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,

Limits shown are as requested

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> SIR \$250,000 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			PK1027424 SIR applies per policy terms & conditions	04/01/2024	04/01/2025	EACH OCCURRENCE \$2,250,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$2,250,000 MED EXP (Any one person) Excluded PERSONAL & ADV INJURY \$2,250,000 GENERAL AGGREGATE \$2,250,000 PRODUCTS - COMP/OP AGG \$2,250,000 Agg. All Coverages \$2,250,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			PK1027424 SIR applies per policy terms & conditions	04/01/2024	04/01/2025	COMBINED SINGLE LIMIT (Ea accident) \$2,250,000 BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) Self-Insured Retention \$250,000
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION						EACH OCCURRENCE AGGREGATE
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	ABL100004303 Retention \$300,000 Ea. Oc SIR applies per policy terms & conditions	04/01/2024	04/01/2025	PER STATUTE <input checked="" type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$450,000 E.L. DISEASE-EA EMPLOYEE \$450,000 E.L. DISEASE-POLICY LIMIT \$450,000
B	Excess Workers Compensation			SP4066453 Ex WC Statutory Limits SIR applies per policy terms & conditions	04/01/2024	04/01/2025	EL Max. Per Occ. \$1,000,000 SIR Per Occ. \$750,000

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

Evidence of insurance. RE: Annual Brazilian Festival June 8 - 9, 2024

## CERTIFICATE HOLDER

## CANCELLATION

St. Vincent Catholic Church 6350 NW 18 St. Margate FL 33063 USA	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 <i>Aon Risk Services Inc. of Florida</i>
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Holder Identifier :

570104990940

Certificate No :





# ADDITIONAL REMARKS SCHEDULE

AGENCY Aon Risk Services, Inc of Florida		NAMED INSURED St. Vincent Catholic Church	
POLICY NUMBER See Certificate Numbe 570104990940			
CARRIER See Certificate Numbe 570104990940	NAIC CODE	EFFECTIVE DATE:	

## ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

### Security Schedule

Policy: PK1027424  
 Policy Period: 4/1/2024 - 4/1/2025  
 Issuing Companies:  
 Certain Underwriters at Lloyd's, London: Syndicate BRT 2987 - 40%; Syndicate ASP 4711 - 20%;  
 Syndicate AXS 1686 - 5%;  
 Endurance Worldwide Insurance Limited - 14 %;  
 United Specialty Insurance Company - 21%





# CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)  
04/07/2024

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).

PRODUCER Aon Risk Services, Inc of Florida 701 Brickell Avenue Suite 3200 Miami FL 33131 USA	CONTACT NAME: PHONE (A/C. No. Ext): (866) 283-7122 FAX (A/C. No.): (800) 363-0105 E-MAIL ADDRESS:
INSURED St. Vincent Catholic Church 6350 NW 18 St. Margate FL 33063 USA	INSURER(S) AFFORDING COVERAGE INSURER A: Lloyd's Syndicate No. 2987 INSURER B: Safety National Casualty Corp INSURER C: Fortegra Specialty Insurance Company INSURER D: INSURER E: INSURER F:
	NAIC # AA1128987 15105 16823

COVERAGES CERTIFICATE NUMBER: 570104990947 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.

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 <input checked="" type="checkbox"/> SIR \$250,000 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:			PK1027424 SIR applies per policy terms & conditions	04/01/2024	04/01/2025	EACH OCCURRENCE \$2,250,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$2,250,000 MED EXP (Any one person) Excluded PERSONAL & ADV INJURY \$2,250,000 GENERAL AGGREGATE \$2,250,000 PRODUCTS - COM/POP AGG \$2,250,000 Agg. All Coverages \$2,250,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			PK1027424 SIR applies per policy terms & conditions	04/01/2024	04/01/2025	COMBINED SINGLE LIMIT (Ea accident) \$2,250,000 BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) Self-Insured Retention \$250,000
	<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
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	ABL100004303 Retention \$300,000 Ea. Oc SIR applies per policy terms & conditions	04/01/2024	04/01/2025	PER STATUTE <input checked="" type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$450,000 E.L. DISEASE-EA EMPLOYEE \$450,000 E.L. DISEASE-POLICY LIMIT \$450,000
B	Excess Workers Compensation			SP4066453 Ex WC Statutory Limits SIR applies per policy terms & conditions	04/01/2024	04/01/2025	EL Max. Per Occ. \$1,000,000 SIR Per Occ. \$750,000

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

RE: Annual Brazilian Festival June 8 - 9, 2024.

## CERTIFICATE HOLDER

## CANCELLATION

Margate Elementary School 6300 NW 18th Street Margate FL 33063 USA	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 <i>Aon Risk Services Inc. of Florida</i>
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Holder Identifier :

570104990947

Certificate No :

**ADDITIONAL REMARKS SCHEDULE**

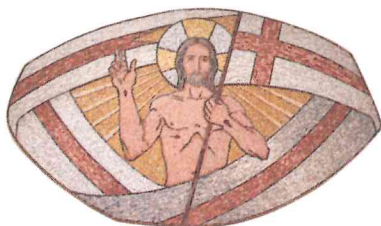
Page \_ of \_

AGENCY Aon Risk Services, Inc of Florida		NAMED INSURED St. Vincent Catholic Church	
POLICY NUMBER See Certificate Numbe 570104990947			
CARRIER See Certificate Numbe 570104990947	NAIC CODE	EFFECTIVE DATE:	

**ADDITIONAL REMARKS****THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,****FORM NUMBER:** ACORD 25 **FORM TITLE:** Certificate of Liability Insurance

Security Schedule

Policy: PK1027424  
Policy Period: 4/1/2024 - 4/1/2025  
Issuing Companies:  
Certain Underwriters at Lloyd's, London: Syndicate BRT 2987 - 40%; Syndicate ASP 4711 - 20%;  
Syndicate AXS 1686 - 5%;  
Endurance Worldwide Insurance Limited - 14 %;  
United Specialty Insurance Company - 21%



# St. Vincent Catholic Church

*Bringing People Together*

Mayor Tommy Ruzzano  
C/o City of Margate  
901 NW 66<sup>th</sup> Avenue  
Margate, FL 33063

February 20, 2024

Dear Mr. Ruzzano

The Brazilian Community of St. Vincent Parish is holding its Annual Festival on June 8 & 9, 2024.

The festival started in 1997 and has been the Brazilian Communities annual and major fund raiser since that date.

The Festival is totally run by St. Vincent Parish and all proceeds will be going to our church.

Therefore, I give my full support and approval.

Sincerely in Christ Jesus,

A handwritten signature in black ink, appearing to read 'Hugo Cardoso', written over a horizontal line.

Rev. Hugo Cardoso, cs  
Administrator

TYPE OF APPLICATION	
<input checked="" type="checkbox"/> Temporary Permit	<input type="checkbox"/> Special Sales License

SECTION 1A: APPLICANT INFORMATION			
<b>Full Name of Applicant(s)</b> The permit will be issued in the name of the applicant as provided on the application.			
ST. VINCENT CATHOLIC CHURCH			
Applicant Mailing Address 6350 NW 18TH STREET			
City MARGATE	County BROWARD	State FL	Zip Code 33063
Applicant Telephone Number 954-972-0434		Applicant E-mail Address	
<b>Corporation or Other Legal Entity</b> If the applicant is a corporation or other legal entity, enter the name and the document number related to the legal entity as registered with the Florida Department of State Division of Corporations.			
FEIN Number 591056123		Florida Department of State Document Number	

SECTION 1B (OPTIONAL): DESIGNATED CONTACT			
A contact person must be designated below if the applicant prefers to designate a person other than the applicant to receive and reply to Division communications regarding this application. The designated contact person will be permitted to make changes to the application paperwork on behalf of the applicant, and the Division will communicate directly with the contact person regarding the application. The applicant will <b>not</b> be copied on communications from the Division to the designated contact. It is the responsibility of the applicant to inform the Division if there is a change of designated contact and/or to the contact information of the designated contact.			
Full Name of Designated Contact FATHER HUGO LAERTE SANTANA CARDOSO			
Designated Contact Mailing Address 6350 NW 18TH STREET			
City MARGATE	County BROWARD	State FL	Zip Code 33063
Designated Contact E-mail Address STVINCENTCATHOLICCHURCH@GMAIL.COM		Designated Contact Telephone Number 954-972-0434 Ext.	



**SECTION 2: DATES AND LOCATION FOR PERMIT OR LICENSE****Dates of Active Use for Temporary Permit or Special Sales License**

Provide the date(s) of the event or sale when the permit or license will be effective. The dates provided may not exceed three days.

Day 1

JUNE 8, 2024

Day 2

JUNE 9, 2024

Day 3

**Address for Physical Location of Temporary Event or Special Sales Event**

6350 NW 18TH STREET

City

MARGATE

County

BROWARD

State

FL

Zip Code

33063

Is the event location currently licensed for sales of alcoholic beverages under a permanent license issued by the Division? Yes ☐ No ☐ If yes, obtain attestation of permanent license holder in Section 8.**SECTION 3: SALES TAX CERTIFICATION**

TO BE COMPLETED BY THE FLORIDA DEPARTMENT OF REVENUE

**Full Name of Applicant(s)**

ST. VINCENT CATHOLIC CHURCH

**Florida Department of Revenue Verification of Registration**

The named applicant(s) for a temporary permit or special sales license has complied with Florida Statutes concerning registration for Sales and Use Tax and has paid or agreed to pay any applicable taxes due.

Authorized Agency Signature

Printed Name

Title

Date

**DEPARTMENT OF REVENUE**2024 MAR - 1 PM 3:33  
TAXPAYER SERVICE CENTER  
CORAL SPRINGS

<b>SECTION 4: LOCAL ZONING APPROVAL</b> TO BE COMPLETED BY THE ZONING AUTHORITY GOVERNING THE TEMPORARY EVENT LOCATION			
<b>Location of Temporary Event</b> Street Address  6350 NW 18TH STREET			
City	County	State	Zip Code
MARGATE	BROWARD	FL	33063
<b>Local Zoning Approval</b> The location of the temporary event complies with local ordinances for the temporary sale of alcoholic beverages based on the information supplied by the applicant in this application.			
Authorized Agency Signature _____			
Printed Name _____			
Title _____			
Date _____			

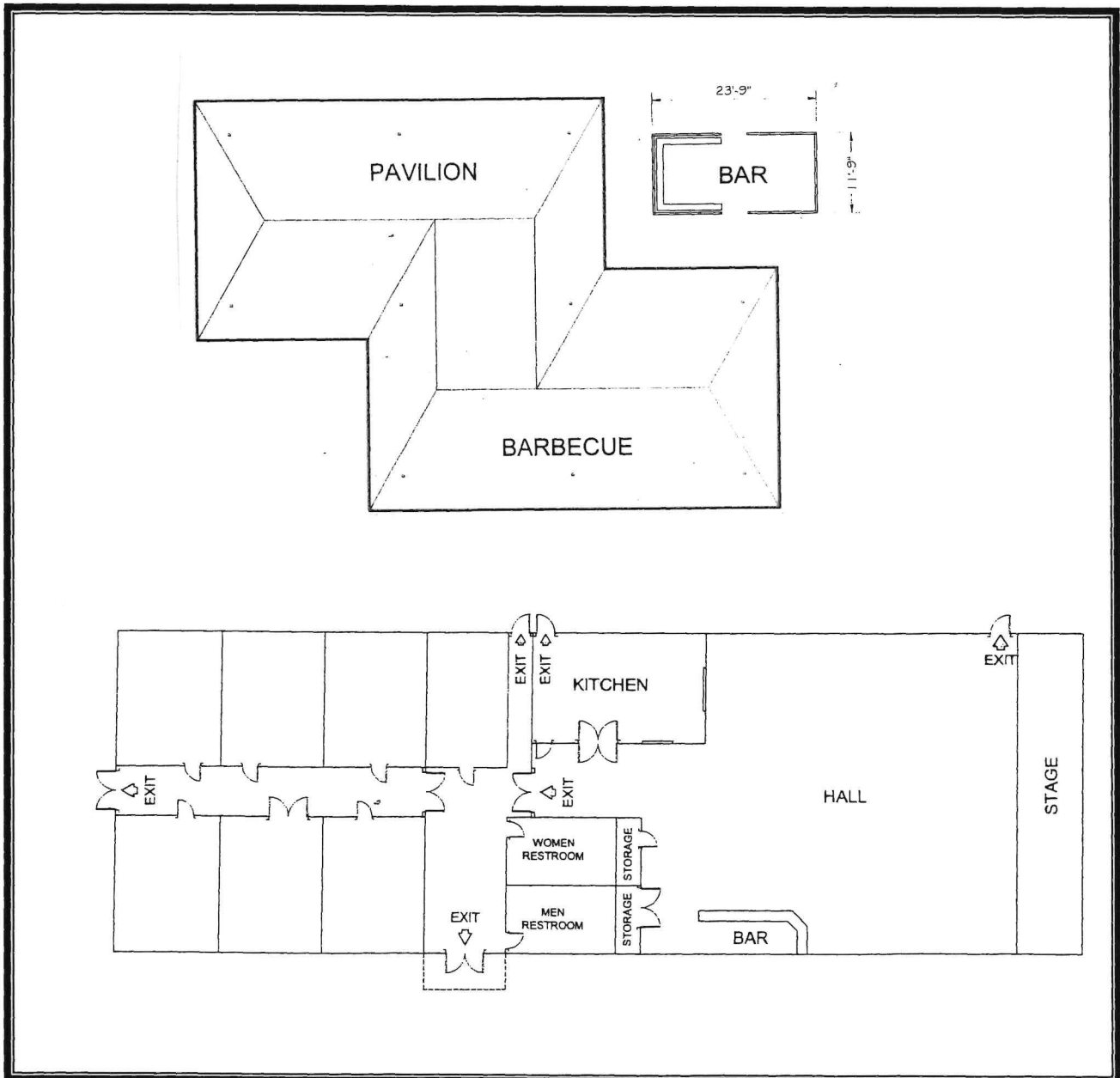
**SECTION 5: DESCRIPTION OF PREMISES OF TEMPORARY EVENT****Full Name of Applicant(s)**

ST. VINCENT CATHOLIC CHURCH

**Name or Title of Temporary Event**

BRAZILIAN FESTIVAL

Neatly draw a floor plan of the premises in ink, including: sidewalks and other outside areas which are contiguous to the premises, walls, doors, counters, points of sale of alcoholic beverages, storage areas, restrooms, bar locations, and any other specific areas which are part of the premises where the event will be held. A multi-story building where the entire building is to be licensed must show the details of each floor.



# SECTION 6: AFFIDAVIT OF APPLICANT FOR TEMPORARY PERMIT NOTARIZATION REQUIRED

**Full Name of Applicant(s)**

ST. VINCENT CATHOLIC CHURCH

"The applicant requesting the permit in the above and foregoing application is a nonprofit civic organization, charitable organization, municipality or county, and the permit, if used, will be used only by the applicant organization on the date(s) requested and at the location stated. By acceptance of this permit, the applicant agrees that, as a nonprofit or civic organization, all net profits from sales of alcoholic beverages during the permitted period will be retained by it, or, as a municipality or county, all net profits from sales of alcoholic beverages during the permit period will be donated to a nonprofit civic or charitable organization within 90 days after the permitted event. As a municipality or county, the applicant attempted to solicit a qualified nonprofit civic or charitable organization to conduct such sales for the permitted event but has been unable to find such a qualifying nonprofit civic or charitable organization in a reasonable and practicable manner and timeframe. The applicant organization has not received more than twelve (12) permits within the calendar year, unless otherwise authorized by law, and the applicant agrees that the location may be inspected and searched during the time that the permit is issued and business is being conducted without a search warrant by authorized agents or employees of the Division of Alcoholic Beverages and Tobacco, the Sheriff, Deputies, and Police Officers for purposes of determining compliance with the Florida Beverage Law.

I, the undersigned individual, or if a corporation, for itself, its officers and directors, hereby swear or affirm that I am duly authorized to make the above and foregoing application and, as such, I swear under oath or affirmation under penalty of perjury as provided for in sections 559.791, 562.45, and 837.06, Florida Statutes, that the foregoing information is true and correct."

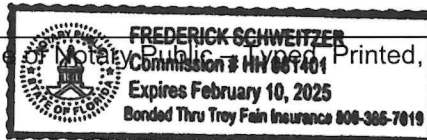
Signature of Applicant/Affiant

STATE OF FLORIDACOUNTY OF BROWARDSworn to (or affirmed) and subscribed before me this 18 day of February, 2024.by FR. HUGO LAERTE SANTANA CARDOSO (print affiant name).☒ Personally Known☐ Produced Identification

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

Signature of Notary Public, State of Florida

Name of Notary Public, Typed, Printed, or Stamped



(NOTARY SEAL)

Commission Expires: \_\_\_\_\_

**FOR DIVISION USE ONLY**

DATE ACCEPTED BY DISTRICT OFFICE:

**SECTION 7: AFFIDAVIT OF APPLICANT FOR SPECIAL SALES LICENSE  
NOTARIZATION REQUIRED****Full Name of Applicant(s)**

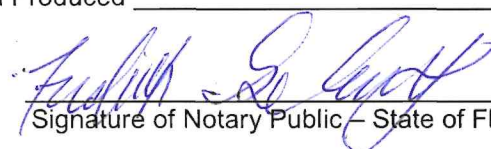
ST. VINCENT CATHOLIC CHURCH

"As the applicant requesting the special sales license in the above and foregoing application, I understand that this license allows package sales in sealed containers for a period of up to three days, and does not permit the sale of alcoholic beverages for consumption on the premises. I agree that the location may be inspected and searched during the hours that the special sale is being conducted without a search warrant by authorized agents or employees of the Division of Alcoholic Beverages and Tobacco, the Sheriff, Deputies, and Police Officers for purposes of determining compliance with the Florida Beverage Law.

I, the undersigned individual, or if a corporation, for itself, its officers and directors, hereby swear or affirm that I am duly authorized to make the above and foregoing application and, as such, I swear under oath or affirmation under penalty of perjury as provided for in sections 559.791, 562.45, and 837.06, Florida Statutes, that the foregoing information is true and correct."

  
Signature of Applicant/AffiantSTATE OF FloridaCOUNTY OF BrowardSworn to (or affirmed) and subscribed before me this 28 day of February, 20 24.by FR. HUGO LAERTE SANTANA CARDOSO (print affiant name).☒ Personally Known☐ Produced Identification

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

  
Signature of Notary Public – State of Florida

(NOTARY SEAL)

Name of Notary FREDERICK SCHWARTZ Printed or Stamped  
Commission Expires \_\_\_\_\_**FOR DIVISION USE ONLY**

DATE ACCEPTED BY DISTRICT OFFICE:



**SECTION 8: ATTESTATION BY PERMANENT LICENSE HOLDER  
FOR USE OF LICENSED PREMISES AS A PERMITTED TEMPORARY EVENT**

An attestation is to be obtained from the current, permanent alcoholic beverage license holder when the temporary event of the applicant nonprofit civic organization, charitable organization, municipality, or county is hosted at a location that is permanently licensed by the Division of Alcoholic Beverages & Tobacco for the sale of alcoholic beverages.

NOTE: The attestation must have the original signature of the alcoholic beverage license holder (only persons on file with the Division may sign) and must be submitted by the nonprofit civic organization, charitable organization, municipality, or county as part of the application for the Temporary Permit.

**Full Name of Permanent License Holder at Temporary Event Location**

ST. VINCENT CATHOLIC CHURCH

Business Name (D/B/A)

ST. VINCENT CATHOLIC CHURCH

**License Number**

**Series of Permanent License**

Series                      Type:

**Contact Person for Permanent License Holder**

**Contact Person Telephone Number**

FATHER HUGO LAERTE SANTANA CARDOSO

954-972-04                      **Ext.**

**Contact Person E-mail Address**

STVINCENTCATHOLICCHURCH@GMAIL.COM

**Name of Applicant for Temporary Permit**

ST. VINCENT CATHOLIC CHURCH

**Date(s) of Temporary Event**

Day 1

Day 2

Day 3

JUNE 8, 2024

JUNE 9, 2024

A temporary permit is being requested for an event to be held on your licensed premises. During the permitted dates and times of the event, no sales or service of alcoholic beverages may be made under your permanent alcoholic beverage license in the area identified for use by the temporary permit applicant in Section 5 of this application. Failure to comply may result in administrative charges being filed against your license.

Signature of Permanent License Holder at Temporary Event Location

Date 02/28/24

Printed Name of Permanent License Holder at Temporary Event Location