

## TEMPORARY USE PERMIT (TUP) APPLICATION

### **TUP CATEGORY**

Administrative (30 days prior to even (Less than 500 attendees)	city Commission (90 days prior to event) (500 or more attendees)					
Subject Froberty Address.	PERTY AS ATTACHED Zip Code ( <b>5-digits ONLY</b> ) 33063 d 7 (event) All other attached folios for parking					
Description of Request:						
	e amusement rides, games of change, live entertainment, a busies expo. It is a family friendly event that will Businesses. Alcohol sales will not included.					
TUP INFORMATION						
Attendees at any time: 500-1500 people	Duration of the Event: 11/10/23 thru 12/10/23					
Start Date: 11/17/23	End Date: 12/3/23					
Start Time: M-F 5PM Sat - Sun 1PM	End Time: M-TH 12AM FRI-SAT 1AM Sun 12AM					
Setup Date(s): 11/10/23-11/16/23	Clean-up Date(s): 12/4/23 thru 12/10/23					
AUTHORIZED AGENT INFORMATION						
Name: Joshua Rydell						
Address: 111 SW 6th Street Fort Lauc						
Phone Number: <u>954-779-1711</u>	Email Address: jr@jrydell.com					

# APPLICANT INFORMATION (IF DIFFERENT THAN THE PROPERTY OWNER)

Name: Joshua Rydell for Hildebrand			
Address: 111 SW 6th Street Fort Laude	s: 111 SW 6th Street Fort Lauderdale		
Phone Number: 954-779-1711	Email Address:	Zip Code ( <b>5-digits ONLY</b> ) 33301 jr@jrydell.com	
PROPERTY (	OWNER INFOR	MATION	
Name: MARGATE CRA			
Address: 5790 Margate Blvd		_Zip Code ( <b>5-digits ONLY</b> ) 33063	
Phone Number: 954-672-6454	Email Address:	rrodi@margatefl.com	

#### The Fair at Margate

#### **Event Description**

The event will be a fair. The fair will feature amusement rides, games of chance, live entertainment, prizes, local charities, food, and a business expo.

The event is a family friendly event that will look to support the local Margate business community and highlight the City of Margate.

We are requesting to use the property for <u>event set</u> up on November 10<sup>th</sup>, 2023 – November 16<sup>th</sup>, 2023.

We are requesting to use the property for <u>event operation</u> on November  $17^{th}$ ,  $2023 - December <math>3^{rd}$ , 2023.

We are requesting to use the property for <u>event take down</u> December 4<sup>th</sup>, 2023 – December 10<sup>th</sup>, 2023.

Hours that the event will operate are:

Monday - 5:00PM - 12:00AM

Tuesday - 5:00PM - 12:00AM

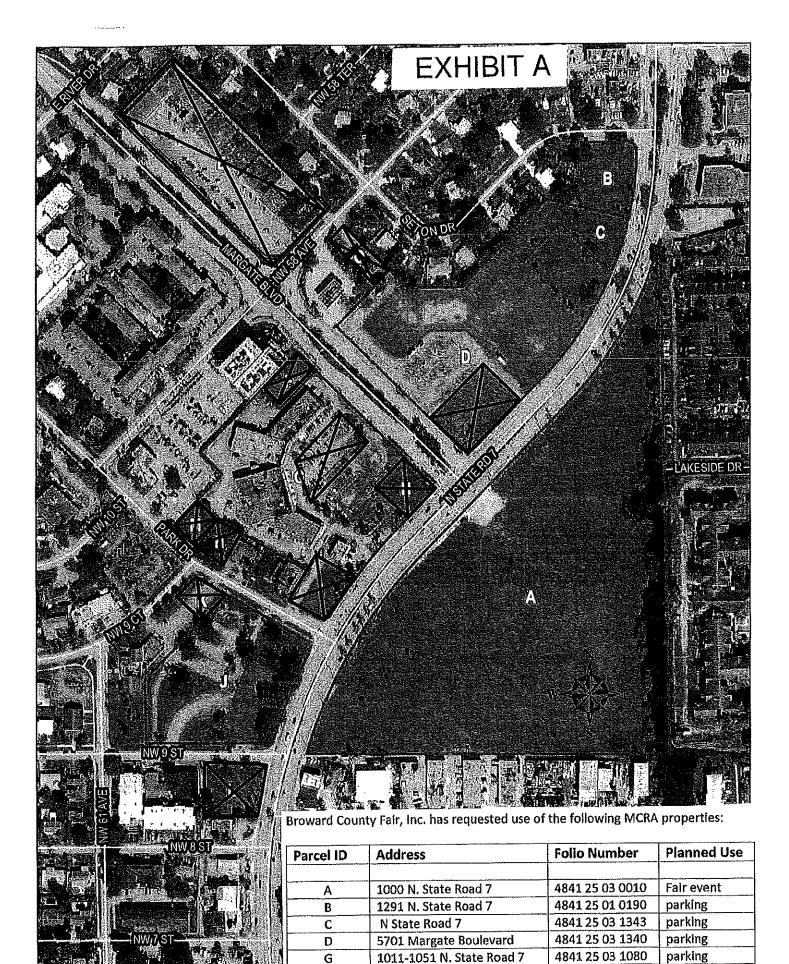
Wednesday - 5:00PM - 12:00AM

Thursday - 5:00PM - 12:00AM

Friday - 5:00PM - 1:00AM

Saturday - 1:00PM - 1:00AM

Sunday - 1:00PM - 12:00AM



J

911 N State Road 7

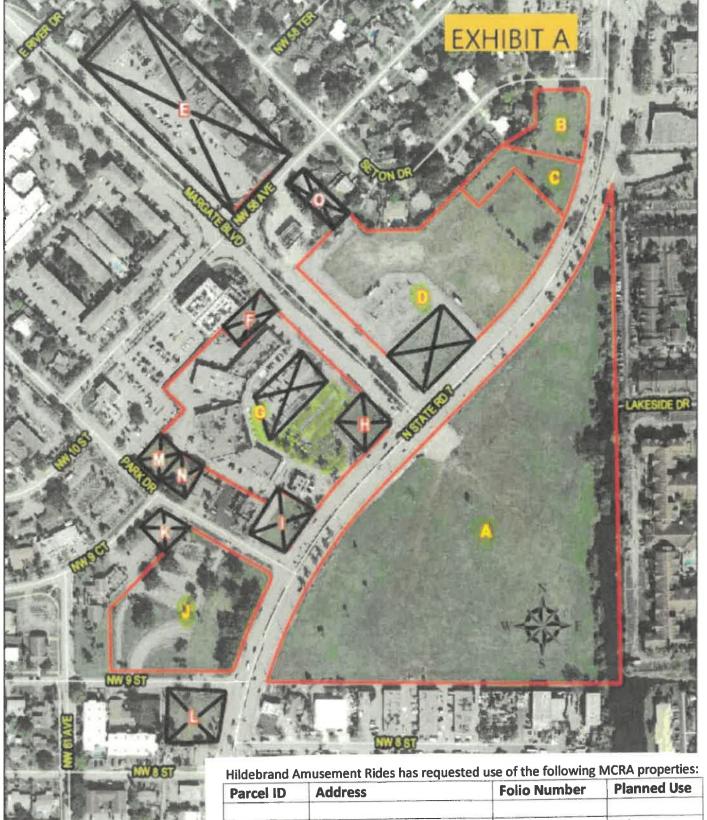
484125030110

parking



I hereby certify that I am the owner or authorized agent of the property located at 1000 N State Road 7; 1291 N State Road 7; N State Road 7 (Folio#484125031343); 5701 Margate Blvd; 1011-1051 N State Road 7\* (\*excludes first two rows closest to the building); 911 N State Road 7. - See attached Exhibit A

N State Road 7* (*excludes first two rows closest to the build	ing); 911 N State Road 7 See attached Exhibit A
being the subject property for this Temporary Use P	
to Hildebrand Amusement Rides, Inc. to file an application	ation 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: 954-935-5300	Email Address: _ccurtis@margatefl.com
Owner/Agent Address: 5790 Margate Blvd., Ma	argate, 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 <u>14</u> day of <u>SEPTEMBER</u> , <u>2023</u>	
name of person making statement).	
	France Chul
FIONA T. CHRISTMAS MY COMMISSION # GG 939184 EXPIRES: December 11, 2023 Bonded Thru Notery Public Underwriters	(Signature of Notary Public - State of Florida)
lease and a second second	FIONA CHRISTMAS
(Print, Type	e, or Stamp Commissioned Name of Notary Public)
☐ Personally Known OR ☐ Produced Identification	
Type of Identification Produced	

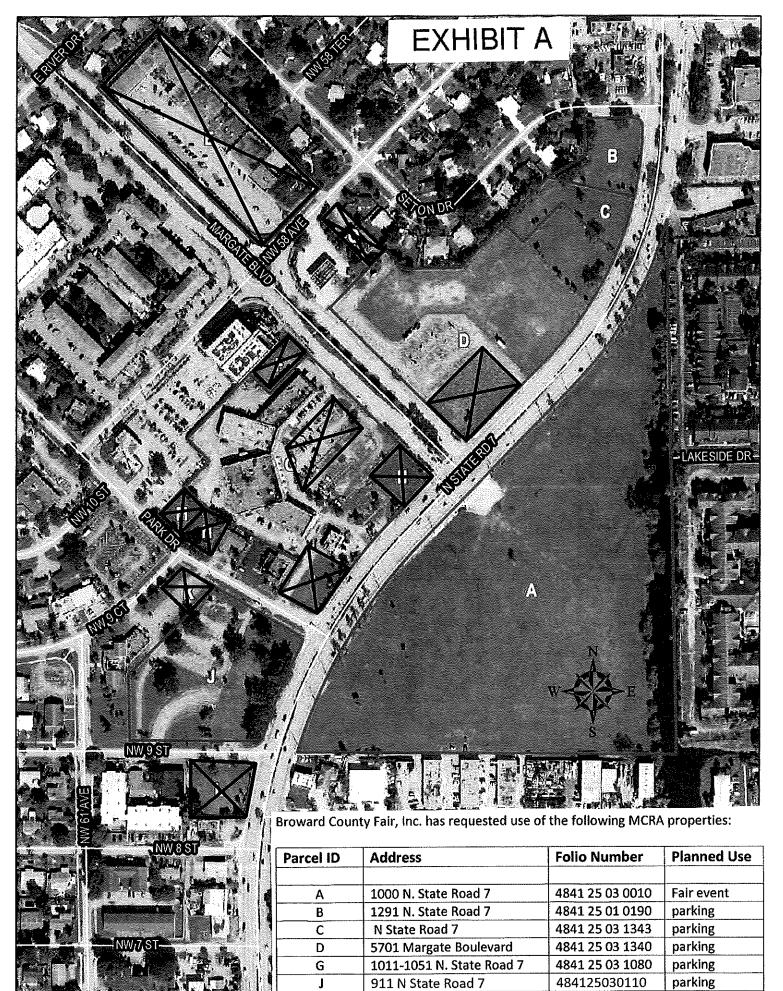


Parcel ID	Address	Folio Number	Planned Use		
A	1000 N. State Road 7	4841 25 03 0010	Fair event		
В	1291 N. State Road 7	4841 25 01 0190 parking			
С	N State Road 7	4841 25 03 1343	parking		
D 5701 Margate Boulevard		4841 25 03 1340	parking		
G 1011-1051 N. State Road 7		4841 25 03 1080	parking		
J	911 N. State Road 7	4841 25 03 0110	parking		

<sup>\*</sup>excludes first two rows closest to the building

## TEMPORARY USE HOLD HARMLESS AGREEMENT

Temporary Use Name/Description: The Fa	ir at Margate
Location: SU GHTa. Ched	Zip Code (5-digits ONLY)
Date(s) of the Temporary Use: MVIMbly 10	2023 - bleember 10, 2027
Florida, the applicants(s) for the temporary use d	of Appendix A, of the Code of the City of Margate, escribed above do(es) hereby agree to indemnify, and employees, harmless for any claim or suit arising temporary use.
Havin Rast	
HWI LA BAST Print applicant's name	Signature of applicant
President	Hill brand Am Winner Rides, inc. Print applicant's organization/company
Print applicant's title	Print applicant's organization/company
STATE OF FLORIDA COUNTY OF BYIW WA	· · · · · · · · · · · · · · · · · · ·
Sworn to (or affirmed) and subscribed before m notarization, this <u>U</u> day of <u>UUWW</u> , <u>WU</u> name of person making statement).	e by means of physical presence or online  (Signature of Notary Public - State of Florida)  Notary Public State of Florida  Kaitlyn Ann Weber
	My Commission Hid 055701 Expires 11/22/2024
(Print, Typ	e, or Stamp Commissioned Name of Notary Public)
\ ☐ Personally Known OR ☐ Produced Identification	1
/ Type of Identification Produced	





#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 9-22-23

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).

	CONTACT Thomas Plouffe					
Specialty Insurance, LTD.	PHONE 203-931-7095 FAX (A/C, No): 203-931-0682					
P.O. Box 16901	-MAIL Certificates@specialtyinsuranceltd.com					
West Haven, CT 06516	INSURER(S) AFFORDING COVERAGE NAIC #					
INS	NSURER A: Admiral Insurance Company 24856					
INSURED INS	INSURER B: Progressive Northern Insurance Co.					
MB Boardwalk Rides, LLC dba Hildebrand Amusement Rides, Inc & INS	nsurer c : Liberty Mutual					
	NSURER D:					
	NSURER E :					
Riverview, FL 33578	NSURER F:					

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.

	EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.									
INSR LTR			ADDL :		POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	Х	COMMERCIAL GENERAL LIABILITY	Υ		CA000049336-01	6/2/23	6/2/24	EACH OCCURRENCE	\$	1,000,000
` `		CLAIMS-MADE X OCCUR			<b>3</b> .10000 10000 0.1	0,2,20	0,2,2 :	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000
								MED EXP (Any one person)	\$	Excluded
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN'	L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
	X	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:							\$	
В	AUT	OMOBILE LIABILITY			970738858	6/15/23	6/15/24	COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
		ANY AUTO			0.0.00000	0/10/20	0/10/21	BODILY INJURY (Per person)	\$	
		ALL OWNED X SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
		HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
									\$	
		UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$	
		EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$	
		DED RETENTION\$							\$	
С		KERS COMPENSATION EMPLOYERS' LIABILITY			WC5-33S-B24385-013	6/14/23	6/14/24	X PER OTH- STATUTE ER		
ਁ	ANY F	PROPRIETOR/PARTNER/EXECUTIVE TIME	N/A			0,11,20	0,11,21	E.L. EACH ACCIDENT	\$	1,000,000
	(Mano	datory in NH)	, ^					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes, DESC	describe under CRIPTION OF OPERATIONS below						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, and The Fair at Margate added as an additional insured but only with respects to the operations of the named insured during the policy period.

Name of Event: The Fair at Margate

Dates of Event: November 8 - December 6, 2023 (includes set up and tear down) Event dates: November 17-December 3, 2023

CERTIFICATE HOLDER	CANCELLATION
City of Margate 5790 Margate Boulevard Margate, FL 33063	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
1	AUTHORIZED REPRESENTATIVE    Martin   M
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