

APPLICATION REQUIREMENTS

Enclosed herewith is a copy of the RULES for Courtesy Chair Service and Application for Courtesy Chair Service which must be submitted and approved by the CITY Manager or designee prior to the operation of any Courtesy Chair Service.

Carefully review the documents and familiarize yourself with their contents. Please ensure that:

- 1) All required signatures are obtained and notarized.
- 2) Original certificate(s) of insurance is (are) provided.
- 3) Evacuation Plan is fully completed.
- 4) Proposed Operational Plan is fully completed, including the maximum number of chairs, equipment, etc. which you are requesting to place on the beach.
- 5) Proposed Beachfront Placement Area Layout (drawing) of your operation, including the dimensions of the beachfront area that you are requesting to use, is specific.
- 6) All regulatory approvals and legal requirements in connection with the operation of the Beachfront Concession have been complied with.
- 7) Please submit all applications to:

CITY of Hallandale Beach Parks, Recreation and Open Spaces Department 410 SE 3rd Street Hallandale Beach, Florida 33009

Once your application is reviewed and approved, a permit will be forwarded to you for execution. Once said permit is executed and returned to the CITY, final authorization will be granted, and you may apply for your Business Tax Receipt, if applicable.

Operation of any Courtesy Chair Service with pre-setting and/or storage on the beach without proper authorization and/or permit, including but not limited to contracts, business tax receipt if applicable, insurance, approved evacuation and operation plans, and permits and/or authorizations which may be required, will not be permitted.

ANY COURTESY CHAIR SERVICE FOUND TO BE OPERATING WITHOUT CITY AUTHORIZATION SHALL BE CONSIDERED TO BE TRESPASSING AND WILL BE REMOVED FROM THE BEACH AND ANY EQUIPMENT WILL BE CONFISCATED AT CONCESSIONAIRE'S SOLE EXPENSE.

Each document required by RULES must be attached to application.

- 1) Broward Property Appraiser, Folio Listing
- 2) SOF, Division of Corporations, SUNBIZ
- 3) Certificate of Insurance



APPLICATION FOR COURTESY CHAIR SERVICE OPERATIONS

Type of Permit Requested: □ Level 1 Permit With presetting and/or storage	□ Level 2 Permit No presetting or storage			
LOCATION OF COURTESY CHAIR SERVICE R	EQUESTED			
Upland Property Name:				
Upland Property Address:				
Name of Upland Property Owner:				
UPLAND PROPERTY APPLICANT INFORMATION	ON			
Legal Name of Property Owner: (Corporation, Partners	ship, LLC, etc.)			
Name of Authorized Representative:				
Title of Authorized Representative:				
Principal Business Address:				
Email Address:	ail Address: Office Phone:			
Authorized Representative Mobile Phone:				
Board of Directors, Positions Held, Email Addresses:				
President:(Name)				
Vice President:(Name)	(Email)			
Secretary:(Name)	(Email)			
Treasurer:(Name)	/Email)			
Property Manager:	(Email) (Email)			
(Name)	(E111a11)			



UPLAND PROPERTY OWNER ACKNOWLEDGEMENT AND AUTHORIZATION

I certify that I represent the author contract on behalf of and bind the owner authorizations from the City to operate a he/she has secured all necessary author	s of the named Upland Property for Courtesy Chair Service. The under	signed signatory warrants and repres	ary sents that
The Owner(s) have read and under agree to be bound by the terms and concept for the operation of the Courtesy C the event that a Third-Party Concessional Service. This includes, without limitation, fees, fines, and penalties, and satisfying	ditions contained herein. The Owner hair Service in accordance with the hire is approved by the CITY to ope paying for any financial obligations	terms and conditions of the RULES, rate all or a portion of the Courtesy C s, such as occupational licenses, all p	le to the even in chair
The Owner(s) agree to be responsit the requirements set forth in the RULES Business Tax Receipt, if applicable, and	for Courtesy Chair Service includin	•	
THE PERMIT TO OPERATE A COPUBLIC BEACH AREA AND IS GRANTE MANAGER, AND FOR ITS CONVENIENTIME BY GIVING THIRTY (30) DAYS WITERMINATION OF THE PERMIT, THE CONDITION OF THE PERMIT OF THE P	ED ON A REVOCABLE BASIS. TH ICE AND WITHOUT CAUSE, TERI RITTEN NOTICE OF SUCH TERM CITY SHALL BE DISCHARGED FF	MINATE THIS AUTHORIZATION AT IINATION. FOLLOWING REVOCATION ROM ANY AND ALL LIABILITIES, DU	ANY ON OR
To the fullest extent permitted by HARMLESS the City, including its official costs, including attorney's fees, to the expermit to the Upland Property or the ope employees, agents, and contractors. The issued permit. Nothing herein shall b limitations of liability pursuant to Section	s, employees, contractors and legatent they arise from or are related to ration of any Courtesy Chair Services indemnification shall survive the read or interpreted as a waiver of	o the issuance of a Courtesy Chair S be by the Upland Property, its owners, termination of this agreement or revo	ervice cation of
Under penalties of perjury, I affirm further agree to provide any documentation the Courtesy Chair Service operations were the courtesy Chair Service operations were serviced.	on or other information which may	n I have provided herein is true and couple to the requested by the CITY in connections.	
EXECUTION ON BEHALF OF UPLAND PR Name of Property:	OPERTY:	_	
Authorized Representative:			
Print Name and Title	Signature	Date	
Sworn to and subscribed before me this Personally Known OR Produced Id Type of Identification Produced:	entificationOR Online Notarization	n	
(NOTARY SEAL)	Signature of Notary		

Name of Notary Printed, or Stamped

Subject Upland Property Name and Address:

CITY OF HALLANDALE BEACH RULES AND REGULATIONS FOR BEACHFRONT COURTESY CHAIR SERVICE APPLICATION



THIRD PARTY OPERATOR

Upland Property Name:		
Upland Property Address:		
Name of Upland Property Owner:		
THIRD PARTY OPERATOR APPLICANT	INFORMATION	
Legal Name of Third Party Operator:(0	Corporation, Partnership, LLC, etc.)	
Name of Authorized Representative:		
Title of Authorized Representative:		
Principal Business Address:		
Email Address:	Office Phone:	
Authorized Representative Mobile Phone:		
Website:		



THIRD-PARTY CONCESSIONAIRE ACKNOWLEDGEMENT AND AUTHORIZATION

I certify that I am legally authorized to contract on behalf of and bind the named Third-Party Concessionaire. The undersigned signatory warrants and represents that he/she has secured all necessary authorizations from its board, if applicable, to execute this application and acknowledgement.
I have read and understand the Rules and Regulations for Courtesy Chair Service operations and agree to be bound by the terms and conditions contained herein. I agree to secure a valid CITY Business Tax Receipt, if applicable, and maintain the required insurance. I further agree to provide any documentation or other information which may be requested by the CITY in connection with the Courtesy Chair Service operations. I agree to immediately notify the Upland Property Owner's Representative of any warnings or notices issued by the City.
I understand that the authorization to operate a Courtesy Chair Service applies only to the area designated for the Upland Property permitted for this application. If I intend to provide such services for any other upland property, that property must obtain a separate permit for my services. I understand that permits are not transferable and I agree to notify the CITY thirty (30) days prior to any sale or transfer in the interest of ownership of the business entity.
THE PERMIT TO OPERATE A COURTESY CHAIR SERVICE IS A NON-EXCLUSIVE LICENSE TO UTILIZE A PUBLIC BEACH AREA AND IS GRANTED ON A REVOCABLE BASIS. THE CITY MAY, THROUGH ITS CITY MANAGER, AND FOR ITS CONVENIENCE AND WITHOUT CAUSE, TERMINATE THIS AUTHORIZATION AT ANY TIME BY GIVING THIRTY (30) DAYS WRITTEN NOTICE OF SUCH TERMINATION. FOLLOWING REVOCATION OR TERMINATION OF THE PERMIT, THE CITY SHALL BE DISCHARGED FROM ANY AND ALL LIABILITIES, DUTIES, AND TERMS ARISING OUT OF, OR BY VIRTUE OF, THE AUTHORIZATION, PERMIT OR AGREEMENT.
I understand that the Courtesy Chair Service authorized by way of this application is only to occur in the Designated Area. I further understand that the designated area IS NOT AN EXCLUSIVE OR PRIVATE AREA. I agree that I will train and instruct all employees to respect the public use of the beach and that no employee or representative will attempt to exclude members of the general public from use of any portion of the beach.
To the fullest extent permitted by law, the Third-Party Concessionaire agrees to INDEMNIFY, DEFEND AND HOLD HARMLESS the City, including its officials, employees, contractors and legal agents, from liabilities, damages, losses and costs, including attorney's fees, to the extent they arise from or are related to the issuance of this Courtesy Chair Service Permit or the operation of any Courtesy Chair Service by the Third-Party Concessionaire, its owners, employees, agents, and contractors. This indemnification shall survive the termination of this agreement or revocation of the issued permit. Nothing herein shall be read or interpreted as a waiver of City's sovereign immunity rights or the limitations of liability pursuant to Section 768.28, Florida Statutes.
Under penalties of perjury, I affirm that all the Application information I have provided herein is true and correct. I further agree to comply with the aforementioned acknowledgements and terms and conditions. Furthermore, I affirm that the powers and authority granted to me by my official position empower me to execute this Acknowledgement and Authorization, and will be equally binding on my successors in interest during the term of this permit.
EXECUTION BY THIRD-PARTY OPERATOR/CONCESSIONAIRE: Name of Property: Legal Name of Third-Party Operator:
Print Name and Title Signature Date (If President or Managing Partner does not execute, a Secretary Certificate, Seal or Resolution authorizing signor must be attached)
Sworn to and subscribed before me thisday of, 20, by Personally Known OR Produced IdentificationOR Online Notarization Type of Identification Produced:
(NOTARY SEAL)
Signature of Notary
Name of Notary Printed, or Stamped



OPERATIONAL PLAN

photograph, copy of brochures	Information should also include the type	ment), number of personnel, and hours of
Quantities:		
Lounge Chairs:	Sand Chairs:	Other Equipment:
Umbrellas:		
Number of Personnel:	Hours of Operation:	
Days of Week:		
	SAFETY AND EVACUATION PLAN – L	evel 1 only
Facilities and Furnishings musinours' notice given by the CITY	and/or within eight (8) hours of the issurgency Management. Identify the off-be	private, off-beach location within one (1) ance of a Hurricane Warning by the



Annual Fees

Level 1 Application Fee: \$1,000 Level 2 Application Fee: \$500 Per Chair Fee: \$5

Upland Property Na	me:				
Level Selected:		(1 or 2)	Application Fee:	\$	(Level 1: \$1,000, Level 2: \$500)
Number of Chairs:			Chair Fee:	\$	(\$5 per chair)
			Total Fee:	\$	
Please make check	payable to the	he City of Hallan	dale Beach and n	nail with yo	our completed application to:
	410 SE 3 rd Hallandale		ecreation and Ope	en Spaces	

Or, email your application to HBParksRec@coHB.org and pay online. Once your application is processed, instructions will be sent for paying your fees online. Payment must be made in full before the Permit is issued.