



City of Dania Beach

100 West Dania Beach Blvd., Dania Beach, FL 33004

SPECIAL EVENTS APPLICATION – EVENTS ON PRIVATE / PUBLIC PROPERTY

Please PRINT or TYPE

NOTE: ALL APPLICATIONS MUST BE COMPLETED AND SUBMITTED TO THE CITY FOR APPROVAL 60 DAYS PRIOR TO THE EVENT INCLUDING PAYMENT OF ALL APPLICATION FEES (SEE ATTACHED).

Event Name, Date, and Time:

Blue Ridge Tree Farm 11-20-15 12-24-15 9AM to 10 PM

*Brief Description of the Event:

Selling Christmas trees

Address/Location of Event:

4650 SW 30th Ave Ft-Laud. FL.

Event Coordinator:

AL Blakeman

Telephone #1:

239-821-7663

E-mail Address:

NONE

Telephone #2:

828-264-8965

Fax:

NONE

Additional Contact Person for the Event:

Kevin Blakeman

Telephone #1:

203-444-8540

E-mail Address:

Carmelakevin@Comcast-Net

Telephone #2:

Fax:

Organization or Sponsor of Event:

AL Blakeman

Address:

1359 Friendship church Rd.

City, State, Zip Code:

BOONE, N.C. 28607

Telephone:

Same #2

Fax:

Cell:

Same #1

Is this a Non-Profit Organization? [] Yes

No

Tax ID #:

16-8012097099-0

Corporation Name (As it appears in the Articles of Incorporation):

Date of Incorporation:

State of Incorporation:

Federal ID #:

Authorizing Official for the Organization:

Telephone #1:

E-mail Address:

Telephone #2:

Authorizing Official for the Organization:

Telephone #1: _____ E-mail Address: _____
Telephone #2: _____

*Property Owner: _____

*Please Note - A letter of Consent is required from the property owner for the approval of this application. ★

Is the letter attached? Yes [] No

Will any portion of this event take place on Public or City Property? [] Yes No

Will there be a charge for admission? [] Yes No If yes, how much? _____

Has this event been held in the past? Yes [] No

If so, indicate the city location of last event: same 4650 SW 30 Ave. + Griffen

Is the event to take place: [] Indoors Outdoors [] Both

Number of Expected Daily Attendants: 1 to 40 or 50 (BSO or Fire Details may be required - refer to page 6)

Please indicate the duration of the event:

DAY	DATE	START TIME	END TIME	TOTAL # OF HOURS
7 Day a week	11-20-15	8:00AM	10:00PM	14 hrs a day
	12-24-15			

Anticipated Date and Time to Begin Set-Up: _____ 11-20-15

Anticipated Date and Time for Completion of Break-Down: _____ 12-24-15

*Do you have a site plan for the event to be submitted with this application? Yes [] No

*Please Note - A site plan indicating the following conditions must accompany the application or the application will be rejected, resulting in a significant time delay. The fire department must have easy access to the special event area. The site plan must include the following: entrances and exits, emergency vehicle access routes, parking, general vehicular drive paths, fire hydrant locations, fire department connections, street closure requests, fenced areas, grandstand, bleacher or other seating locations, tent and stage locations, cooking areas, and locations of any pyrotechnical material, fireworks, etc. In addition, the site plan must include the location of any rides (animal or mechanical), petting zoos, exhibits, DJ's, bands, performers, sanitary facilities, recreation vehicles for overnight housing, etc.

Is there a request for any road closures? [] Yes No

Please identify the street name(s) and/or locations for closure requests: NONE

Please Note – These streets must also be identified on the site plan.

***Are you requesting to fence the event area?** Yes No

Please Note – You must identify any fencing area on the site plan.

***Will Canopies (tent structure with no sides) be used for this event?** Yes No

Please Note - All tent structures with canopies in excess of 400 square feet [Per NFPA 1: Table 1.12.19(a)] require building permits and inspections. All canopies must be flame retardant. A certificate of flame retardancy and a sample of the canopy fabric for field testing must be submitted for product approval with this application. This information can be obtained from the canopy manufacturer or the canopy rental company. Please apply for the permit at the Building Department located at 100 W. Dania Beach Blvd. Please allow 8-10 working days for permit approvals.

***Will Tents (With Sides) be used for this event?** Yes No

Please Note – All tents in excess of 200 square feet [Per NFPA 1: Table 1.12.19(a)] require building permits and inspections. All tents must be flame retardant. A certificate of flame retardancy and a sample of the tent fabric for field testing must be submitted for product approval with this application. This information can be obtained from the tent manufacturer or the tent rental company. If the tents have sides, they are treated as buildings. They must have two separate exits remotely located from each other with electrically illuminated exit signs that have a battery back-up. In addition, they must have emergency egress lighting and fire extinguishers. Provide a life safety plan for these tents indicating the location of all Exits, Exit Signs, Emergency Lighting, Aisle Spacing, Fire Extinguisher locations, etc. Permits must be obtained for all tents and electrical work. Please apply for all permits at the Building Department located at 100 W. Dania Beach Blvd. Please allow 8-10 working days for permit approvals.

***Will electricity be required for this event?**

(for lighting, sound, cooking, other power needs, etc.) Yes No

***How will this electricity be supplied?** On-Site Generator Combination of Both

Please Note – The use of generators, temporary wiring, temporary electrical connections, etc. require permits and inspections. Please apply for the permit(s) prior to setting up at the Building Department located at 100 W. Dania Beach Blvd. Events requiring electricity are the responsibility of the applicant and must have a master electrician on site. Please allow 8-10 working days for permit approvals. Any generator less than 5KW does not require a permit.

Will there be live entertainment at this event? Yes No

Please indicate the type (Band, DJ, Live Performers, etc.): NONE

Please specify the hours of entertainment:

DAY	DATE	START TIME	END TIME	TOTAL # OF HOURS
N	0	N	E	

***Will a stage(s) be used in this event?** Yes No

Please note Fire Extinguisher Requirement in the next question.

***Do you have adequate fire extinguishers for this event?** Yes No

Please Note - Fire extinguishers must be supplied for each tent, canopy, cooking appliance and stage. They must be accessible from anywhere in the tent or on the stage without having to travel any further than 75 feet for access. Extinguishers must be easily accessible and not obscured from view. Fire extinguishers must be commercial "ABC Multi-Purpose" (minimum 5lbs.) fire extinguishers that are currently certified and tagged by a licensed company. You

need to demonstrate that this requirement will be met by making a note on the site plan indicating compliance with all of the above requirements or providing a letter to the City fire prevention bureau to that effect.

*Will there be concessions or sales of food at this event? Yes No

Please specify: _____

***Please Note STATE HEALTH INSPECTIONS FOR FOOD:** Pursuant to Florida law (Chapter 509, Florida Statutes) event sponsors are required to contact the State Health Inspector no less than 3 days prior to the event. Advance notification of 7 to 10 days is advisable. Please send a fax with your event plans and contact information to Fax Number (954) 956-5699. The Inspector's office will contact you to discuss food vendors and amounts and types of food you plan to make available to the public, whether it is being given away or sold.

An original Certificate of Liability Insurance and Workers' Compensation Certificate is required from all vendors. You must ensure that the Liability Certificate is for this specific event, has the proper dates, and names the City of Dania Beach as an Additional Insured. No event will be approved without this insurance.

*Will any type of cooking appliances be used by either the Sponsor of the Event or any of its vendors? Yes No

for the owners to eat lunch + dinner, only couple nites

*If so, indicate the type of appliance(s) to be used and the number of each appliance to be used: a week

- N/A
- Electric Grill(s); # _____
- Gas Grill(s); # 1
- Charcoal Grill(s); # _____
- Smoker Grills(s); # _____
- Grease Fryer(s); # _____
- Oven(s); # _____
- Electric Range Burner(s); # _____
- Gas Range Burner(s); # _____

***Please Note** - Grease Fryers are not permitted indoors unless they are protected with an approved Hood and a UL300 Compliant Wet Chemical Automatic Fire Suppression System in accordance with NFPA 96.

*Does each cooking appliance have its own dedicated Fire Extinguisher? Yes No

***Please Note** - Each cooking appliance must have its own dedicated fire extinguisher. Class K fire extinguishers are required for fryers. You need to demonstrate that this requirement will be met by making a note on the site plan indicating compliance with all of the above requirements or providing a letter to the fire prevention bureau.

*Does each cooking area have the proper clearances from all other event areas? Yes No

***Please Note** - Cooking areas can be located no closer than 30 feet from any tent or canopy structure, event rides, stages, grandstands or bleachers, etc. Ensure that this measurement is demonstrated on the site plan.

*Will there be sales of alcohol at this event? Yes No

***Please Note** - An original certificate of liquor liability insurance naming the City of Dania Beach as additional insured and a 1/2/3 Day Special Sales License is required to be submitted with this application. The license must be obtained from the State of Florida Department of Business and Professional Regulation.

If Yes, Please Specify Types of Alcohol to be Sold: N/A Beer Wine Liquor
 Mixed Drinks Other: _____

If alcohol is being served, please indicate how the beverages will be served: N/A

Draft Truck Cold Plate Mini-Bar Beer Tub Table Service

Other: _____

Will there be alcohol given away at this event? Yes No

Please Specify Types of Alcohol to be given away: N/A Beer Wine Liquor
 Mixed Drinks Other: _____

Will there be retail sales at this event? Yes No

Please Specify: Selling Christmas trees

*Will there be any carnival rides, mechanical or vehicular rides, or animal rides at this event?
 Yes No

*If yes, please describe: _____

What is the name of the vendor or vendors providing the rides? N/A

***Please Note** - If carnival rides are to be present, the rides must be inspected by a state inspector, city electrical inspector, and fire inspector 48 hours prior to the rides opening.

Are you providing to us a copy of the ride vendor's Certificate of Liability and Workers' Compensation Insurance with this application? Yes No

***Please Note** - An original Certificate of Liability and Workers' Compensation Insurance is required for any and all rides. Ensure that the Certificate is for this specific event, has the proper dates, and names the City of Dania Beach as an Additional Insured. No event will be approved without this insurance.

*Will recreational vehicles be used for temporary overnight housing? Yes No

***Please Note** - Indicate the locations of these on the site plan.

*Will there be any use of pyrotechnics or fireworks displays at this event? Yes No

***Please Note** - Pyrotechnics fireworks displays require special applications, permits and inspections as well as an original Certificate of Liability and Workers' Compensation Insurance. In addition, a Fire Inspector will be required to be present during set-up and displays. This expense will be passed on to the event. (BSO or Fire Details may be required - refer to page 6)

*Will there be use of any Grandstands or Bleachers for seating at this event? Yes No

***Please Note** - Bleachers and Grandstands may have to meet special safety code requirements. Locations must be indicated on the site plan. Plumbing permit is required for portable toilets.

*Are portable, ADA compliant sanitary facilities being provided for this event? Yes No

If so, How many? 1 N/A

***Please Note** - Provide the locations of all sanitary facilities on the site plan. Back Left corner

*Is there a request for any temporary signage for this event? Yes No

***Please Note** - Any questions regarding temporary signage should be directed to City Code Compliance, (954)924-6810.

Are there any services being requested from the City of Dania Beach? Yes No (Permits)?

If yes, please explain: _____

Please list any other conditions, terms or relevant information related to this event that may be of interest to the City: _____

BSO DETAIL REQUIREMENT

Based upon anticipated attendance, site or building size, site location, and ability to assure public safety requirements, a Broward Sheriff's Office Detail may be required.

FIRE WATCH REQUIREMENT

A Fire-Watch may be imposed depending on the type of event, number of persons present and hazards involved. The number of personnel and apparatus required may vary depending on the type of event and hazards involved. Below are the current rates charged for the presence of a fire watch detail, fire inspector or both:

Off-Duty detail assignment services performed by Dania Beach Fire Rescue Personnel will be paid at their current overtime rate of pay with benefits (3 Hour Minimum). In addition, a City administrative fee of 10% will also be charged based on the total cost of personnel and apparatus. Personnel costs are currently estimated to be \$84.42 per hour, per person (3 hour minimum).

The cost of apparatus is as follows:

Rescue Truck - \$32.00 per hour

Engine (1500 gpm) - \$71.00 per hour

Ladder (1500 gpm) - \$80.00 per hour

The City of Dania Beach requires payment 14 days in advance for the detail services and fees are to be made payable to The City of Dania Beach by means of cash advance or a cashier's check. Fees are based on individual employee's overtime rates which vary from person to person. The amount estimated is based on the highest overtime rate currently payable in addition to fees for FICA, Medicare, Worker's Compensation and Administrative fees. In the event that the entire estimated amount is not required for services, the City will refund the money, less the expenses incurred for the service. Should the amount of time required for the fire watch detail exceed that agreed upon before the event, the Event sponsor will be required to pay for any overage based on the actual cost for the Fire Watch. The Event sponsor will be responsible to pay the actual service price incurred.

The information I have provided on this application is true and complete to the best of my knowledge. I understand that approval of this event is contingent upon review and approval of all City Disciplines, the City Attorney's Office and the City Commission.

Allan H. Blakeman
Signature of Applicant

Blue Ridge Tree Farm
Title

ALLAN H. BLAKEMAN
Print name of Applicant

10-15-2015
Date

STATE OF FLORIDA
COUNTY OF BROWARD

The foregoing instrument was acknowledged before me on December 18th, 2014,
by Al Blakeman, who is personally known to me, or, if not, such person produced the
following form of identification: _____



NOTARY PUBLIC Cheryl R Rossetat
My Commission expires: April 13, 2015
My Commission number: EE 084235

SW 30th AVE N

West ←

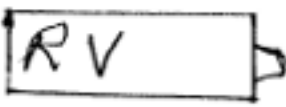
Drive way

Fire Department
1/10 mile on 30th

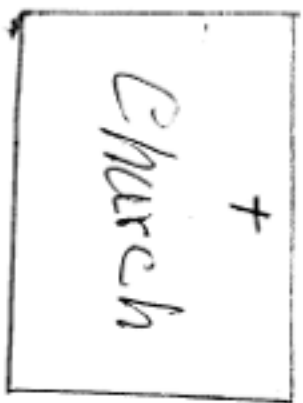
Parking

Open Area

Cooking Area



open space



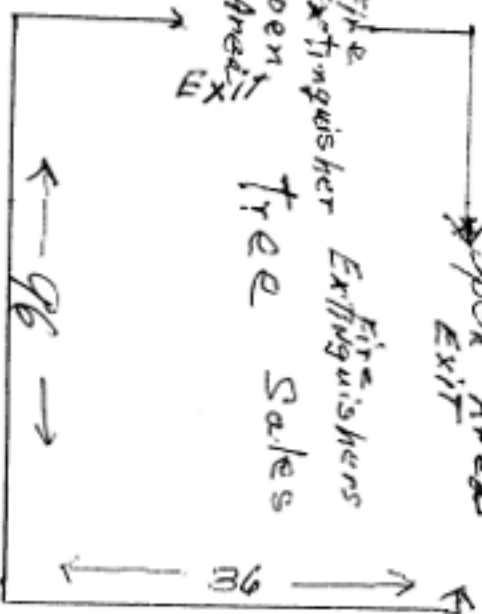
Church

Fire Extinguisher
open Area
EXIT

Open Exit Area

tree Sales

PORTA-TON



Parking

Parking

Side walk

Griffen

Rd.

East →

7-11 Store





Community Bible Church
4650 SW 30th Avenue
Ft. Lauderdale, Fl 33312
954-983-1599

EIN#65-1131101

May 30, 2015

To Whom It May Concern,

Community Bible Church acknowledges and gives permission for Al Blakeman C/O- Blue Ridge Tree Farms to set up and sell Christmas Trees at 4650 SW 30 Avenue Fort Lauderdale, FL 33312 from November 1st, 2015 to January 1st, 2016. Please accept this letter of consent for the approval of the attached Special Events Application for the City of Dania Beach.

Sincerely,

A handwritten signature in cursive script that reads "Cher Rosselot".

Cher Rosselot
Office Manager/ Director

INSURANCE COMPANY
6101 ANACAPRI BLVD., LANSING, MI 48917-3999
AGENCY MEL HIMES & ASSOC INSURANCE AGENCY INC
12-0440-00 MKT TERR 051 386-574-3030

INSURED ALAN BLAKEMAN
DBA BLUE RIDGE TREE FARM

ADDRESS 1359 FRIENDSHIP CHURCH RD
BOONE NC 28607-8474

TAILORED PROTECTION POLICY DECLARATIONS

Renewal Effective 11-06-2015

POLICY NUMBER 092382-72724843-15

Company
Bill

Policy Term

12:01 a.m. to 12:01 a.m.
11-06-2015 to 11-06-2016

In consideration of payment of the premium shown below, this policy is renewed. Please attach this Declarations and attachments to your policy. If you have any questions, please consult with your agent.

55039 (11-87)

COMMON POLICY INFORMATION

Business Description: Christmas Tree Lot

Entity: Individual

THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PART(S):

COMMERCIAL GENERAL LIABILITY COVERAGE
MINIMUM PREMIUM ADJUSTMENT (GL)

PREMIUM

\$80.00

\$247.00

TOTAL

\$327.00

THIS PREMIUM MAY BE SUBJECT TO ADJUSTMENT.

Premium shown above for commercial general liability coverage is an advanced premium deposit and may be subject to audit.

Forms that apply to all coverage part(s) shown above (except garage liability, dealer's blanket, commercial automobile, if applicable):
55156 (07-12)

A merit rating plan factor of 0.95 applies.

Countersigned By: MEL HIMES & ASSOC INSURANCE AGENCY INC



SOUTHERN-OWNERS INS. CO.

Issued 08-12-2015

AGENCY MEL HIMES & ASSOC INSURANCE AGENCY INC
12-0440-00 MKT TERR 051Company POLICY NUMBER 092382-72724843-15
Bill

INSURED ALAN BLAKEMAN

Term 11-06-2015 to 11-06-2016

55040 (11-87)

COMMERCIAL GENERAL LIABILITY COVERAGE

COVERAGE	LIMITS OF INSURANCE
Bodily Injury General Aggregate	\$2,000,000
Property Damage General Aggregate	\$2,000,000
Bodily Injury Products/Completed Operations Aggregate	\$2,000,000
Property Damage Products/Completed Operations Aggregate	\$2,000,000
Personal Injury And Advertising Injury	\$1,000,000
Bodily Injury	\$1,000,000 Each Occurrence
Property Damage	\$1,000,000 Each Occurrence
COMMERCIAL GENERAL LIABILITY PLUS ENDORSEMENT	
Damage to Premises Rented to You (Fire, Lightning, Explosion, Smoke or Water Damage)	\$300,000 Any One Premises
Medical Payments	\$10,000 Any One Person
Bodily Injury Hired Auto & Non-Owned Auto	\$1,000,000 Each Occurrence
Property Damage Hired Auto & Non-Owned Auto	\$1,000,000 Each Occurrence
Expanded Coverage Details See Form:	
Extended Watercraft	
Personal Injury Extension	
Broadened Supplementary Payments	
Broadened Knowledge Of Occurrence	
Additional Products-Completed Operations Aggregate	
Blanket Additional Insured - Lessor of Leased Equipment	
Blanket Additional Insured - Managers or Lessors of Premises	
Newly Formed or Acquired Organizations Extension	
Blanket Waiver of Subrogation	

Twice the "General Aggregate Limit", shown above, is provided at no additional charge for each 12 month period in accordance with form 55300.

AUDIT TYPE: Annual Audit

Forms that apply to this coverage:

59350 (01-15)	55146 (06-04)	55300 (07-05)	IL0017 (11-85)	55051 (12-04)
55189 (09-04)	55238 (06-04)	55371 (01-07)	55205 (12-04)	55296 (09-09)
55091 (10-08)	55531 (06-11)	CG0220 (03-12)	55513 (11-11)	IL0021 (07-02)

SOUTHERN-OWNERS INS. CO.

Issued 08-12-2015

AGENCY MEL HIMES & ASSOC INSURANCE AGENCY INC
12-0440-00 MKT TERR 051Company POLICY NUMBER 092382-72724843-15
Bill

INSURED ALAN BLAKEMAN

Term 11-06-2015 to 11-06-2016

LOCATION 0001 - BUILDING 0001

Location: 4650 Sw 30Th Ave Ft Lauderdale, FL 33312-5621

Territory: 002

County: Broward

CLASSIFICATION	CODE	SUBLINE	PREMIUM BASIS	RATE	PREMIUM
Commercial General Liability Plus Endorsement Included At 7.5% Of The Premises Operation Premium	00501	Prem/Op	Prem/Op Prem Included	Included	Included
Nursery - Garden	15699	Prem/Op Prod/Comp Op	Gross Sales \$15.000 \$15.000	Each 1000 1.501 .014	\$23.00 \$1.00
Contractors - Subcontracted Work - In Connection With Construction, Reconstruction, Repair Or Erection Of Buildings	91585	Prem/Op Prod/Comp Op	Total Costs If Any If Any	Each 1000 1.660 3.758	Included Included
Additional Interests 55205 Add'L Insured - O/L/C 1. Community Bible Chur	49950	Prod/Comp Op	Flat Charge		\$55.00

COMMERCIAL GENERAL LIABILITY COVERAGE - LOCATION 0001 SUMMARY

	PREMIUM
TERRORISM - CERTIFIED ACTS SEE FORM: 59350	\$1.00
LOCATION 0001	\$80.00



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
08/12/2015

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).


PRODUCER MEL HIMES & ASSOCIATES INS 321 STRATFORD COMMONS CT DELTONA, FL 32725 MARY ANN PIENKA	CONTACT NAME: MARY ANN PIENKA X204 PHONE (A/C, No, Ext): 386-574-3030 FAX (A/C, No): 386-574-9209 E-MAIL ADDRESS: MPIENKA@MHAIA.COM PRODUCER CUSTOMER ID #: BLUER-2	
	INSURER(S) AFFORDING COVERAGE	
INSURED BLUE RIDGE TREE FARM ALAN BLAKEMAN 1359 FRIENDSHIP CHURCH RD. BOONE, NC 28607	INSURER A: SOUTHERN OWNERS INS CO NAIC # 10190	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER 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.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			72724843	11/06/2014	11/06/2015	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000
	GENL AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			72724843	11/06/2013	11/06/2014	PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (PER ACCIDENT) \$ \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DEDUCTIBLE RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N	N/A			WC STATU-TORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 CHRISTMAS TREE LOT SALES INCLUDING PRODUCTS AND/OR COMPLETED OPERATIONS.

CERTIFICATE HOLDER CITYDAN CITY OF DANIA BEACH LICENSE & PERMIT DEPT 100 W. DANIA BEACH BLVD DANIA BEACH, FL 33004	CANCELLATION 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 MARY ANN PIENKA 
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SCHNEIDER TEXTILE FINISHING, INC.,

P.O. Box 851711
Richardson TX 75085

(214) 638-6511

Invoice #: 00155244

Bill To:

Allan Blakem
1359 Friendship Church Rd
Boon, NC 28607

Ship To:

Allan Blakem
Same

Customer PO #
Verbal

Ship Via

Ship Date
10/8/2015

Terms
Net 10

Date
10/8/2015

Yards	Description	Unit	TOTAL
1	NFPA 701 Test and Certification of Black Shade Fabric	\$100.00	\$100.00

Subtotal	\$100.00
Freight	\$0.00
Tax	\$0.00
Total	\$100.00
Applied	\$0.00
Balance	\$100.00

Schneider Textile Finishing
2424 Converse Street
Dallas, TX 75207
(214) 638-6511

Customer: ALLAN BLAKEM
Pattern: SHADE FABRIC
Color: BLACK

NFPA 701 2010 Test 1

	Before	After	Weight Loss	After Flame
Specimen #1	<u>16g</u>	<u>11.2g</u>	<u>30%</u>	<u>0.0</u>
Specimen #2	<u>16g</u>	<u>11.3g</u>	<u>30%</u>	<u>0.0</u>
Specimen #3	<u>15g</u>	<u>11.0g</u>	<u>27%</u>	<u>0.0</u>
Specimen #4	<u>16g</u>	<u>11.2g</u>	<u>30%</u>	<u>0.0</u>
Specimen #5	<u>16g</u>	<u>11.0g</u>	<u>33%</u>	<u>0.0</u>
Specimen #6	<u>15g</u>	<u>10.4g</u>	<u>31%</u>	<u>0.0</u>
Specimen #7	<u>15g</u>	<u>10.5g</u>	<u>31%</u>	<u>0.0</u>
Specimen #8	<u>17g</u>	<u>11.5g</u>	<u>33%</u>	<u>0.0</u>
Specimen #9	<u>16g</u>	<u>11.2g</u>	<u>30%</u>	<u>0.0</u>
Specimen #10	<u>16g</u>	<u>11.3g</u>	<u>30%</u>	<u>0.0</u>
Average weight loss			<u>30.5%</u>	

Pass X Fail _____

Date 10-7-15

Signature Steve Schneider

Certificate Of Flame Retardancy

This is to certify the following fabric(s) have
been treated with flame retardant chemicals.

pattern
Shade Material

color
Black

yardage

Meets: NFPA 701 Specifications
S/M: Christmas Tree Shade

Customer Allan Blaken

SCHNEIDER
TEXTILE FINISHING

date 10/8/15

number 155244

2424 Converse
Dallas, TX 75207
(214) 638-6511

signed 