



GROWTH MANAGEMENT DEPARTMENT  
201 SE 3<sup>RD</sup> ST (2nd Floor), OCALA, FL 34471  
Email: [building@ocalafl.org](mailto:building@ocalafl.org); Phone: (352) 629-8421

**VALET PARKING ANNUAL RENEWAL APPLICATION  
FEE \$150.00**

Applicant Name: Ocala Prime Partners Holdings, LLC Phone No.: 352-209-8477  
Mailing Address: 30 S Magnolia Ave, Ocala, FL 34471 Email: dgulling@verteks.com  
Franchise Operator: Mark's Prime Steakhouse of Ocala Phone No.: 352-402-0097  
Mailing Address: 30 S Magnolia Ave, Ocala, FL 34471 Email: dgulling@verteks.com  
Business Address/Valet location: Valet lot address: 11 SW 2nd Ave, Ocala, FL 34471

Name of partnership/corporation: Ocala Prime Partners Holdings, LLC  
Mailing address: 30 S Magnolia Ave, Ocala, FL 34471 Phone No.: 352-402-0097  
List officers/partners: Donald Gulling, Managing Member; Nathan Stockman, Debra Cone,  
Azim Saju, Navroz Saju

Insurance Company: FCCI Insurance Group Certificate attached: Yes ☒ No ☐

Provide workers comprehensive and employers liability insurance in the minimum amount of \$1,000,000 per person/occurrence. General liability insurance in the minimum amount of \$1,000,000 per person/occurrence covering bodily injury and property damage resulting from the valet parking operator's ramping and storing of vehicles on public property. Garage keepers legal liability insurance in the minimum amount of \$250,000 per location/occurrence with maximum deductible of \$1,000 to provide collision and comprehensive coverage for vehicles under the control of the valet parking operator.

**Please confirm there have been no changes to the following:**

Operation plan:	No changes <input checked="" type="checkbox"/>	Changes <input type="checkbox"/>
Traffic plan	No changes <input checked="" type="checkbox"/>	Changes <input type="checkbox"/>
Partnership or corporation	No changes <input checked="" type="checkbox"/>	Changes <input type="checkbox"/>
Insurance company	No changes <input type="checkbox"/>	Changes <input checked="" type="checkbox"/>
Amount of required insurance	No changes <input checked="" type="checkbox"/>	Changes <input type="checkbox"/>

*Any changes require approval by the Ocala City Council.*

## Acknowledgement

All valet drivers/employees (excluding the owners/partners/officers) shall provide a FDLE Criminal History Information Report prior to the renewal valet parking franchise renewal and issuance of the business tax certificate. In addition, please complete the Ocala Police Department background check and social security collection forms for each driver.

I swear/affirm that all written statements made by me on this application are true and complete. I understand that any omitted, false, or incorrect statements made in connection with my application may stop the processing of this application or result in the revocation of an existing franchise, and have read and understand the regulations pertaining to this franchise. I further understand that the franchise is required to abide by all regulations contained in Article II of Chapter 22, Code of Ordinances, City of Ocala, Florida, and that failure to do so could result in revocation of said franchise.

Applicant's signature  Date: August 12th, 2024

Print name: Donald Gulling

## Notary

State of Florida

County of Marion

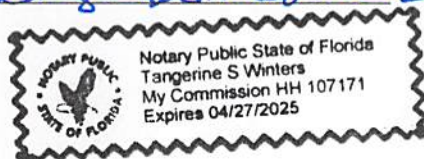
Sworn to/affirmed before me this 12<sup>th</sup> day of August, 2024, by

Donald Gulling, as Managing Member of Ocala Prime Partners Holdings LLC  
(Name) (Title) (partnership/corporation)

who is personally known to me or who has produced the following as identification

\_\_\_\_\_.

Notary public  (SEAL)



## **VALET PARKING SERVICE INDEMNIFICATION AGREEMENT**

**THIS AGREEMENT**, is entered into the 12th day of August, 2024, by and between the City of Ocala, a Florida municipal corporation ("City") and Ocala Prime Partners Holdings, LLC a Florida corporation ("Applicant").

### **WHEREAS:**

- A. Pursuant to Ordinance Section 22-433 any valet parking operator (company), as that term is defined in Ordinance Section, 22-422 shall indemnify and hold harmless against any and all liability, loss, costs, damages or expenses which may accrue to the city by reason of the negligence, default or misconduct of the company in connection with the rights granted to such company under this the City of Ocala's Valet Parking Ordinance.
- B. Pursuant to Ordinance Section 22-433 a written indemnity and hold harmless agreement in a form satisfactory to the city, in its sole discretion, shall be required as a pre-condition to granting of a franchise to any company.
- C. Pursuant to Ordinance Section 22-424 Applicant has applied for a franchise to operate a Valet Parking Service in the City of Ocala.

**NOW THEREFORE**, in consideration of the matters set forth above (which are incorporated herein by reference), the grant of a franchise to Applicant herein, and other good and valuable consideration, the parties hereto agree as follows:

- 1. **Indemnity.** Applicant shall indemnify City and its elected officials, employees and volunteers against, and hold City and its elected officials, employees and volunteers harmless from, all damages, claims, losses, costs, and expenses, including attorneys' fees, which City or its elected officials, employees or volunteers may sustain, or which may be asserted against City or its elected official, employees or volunteers, arising out of the activities contemplated by the Agreement and a grant of the Valet Parking Service franchise to Applicant, including, without limitation, harm or personal injury to third persons during the term of this Agreement or the Applicant's franchise.
- 2. **Term.** The term of this Agreement shall commence on date set forth above and continue so long as Applicant is franchised by the City of Ocala to operate a Valet Parking Service in the City of Ocala.
- 3. **Relationship of parties.** Neither this Agreement, nor any term, provision, payment or right hereunder shall in any way or for any purpose constitute or cause City to become or be deemed a partner of Applicant in the conduct of its business, or otherwise, or to cause City to become or be deemed a joint adventurer or a member of a joint enterprise with Applicant by reason of the Agreement or the City's Ordinance regulating Valet Parking Services.

IN WITNESS WHEREOF, the parties have executed this Agreement on the date set forth above.

OWNER

[Signature]  
Witness

Ryan Arellano  
Print Witness Name

[Signature]  
Witness

Robert Hipke  
Print Witness Name

[Signature]

Donald Gulling  
Type Owner's Name Here

**Corporate Acknowledgment**

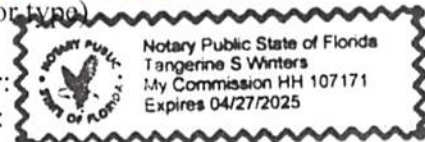
STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged before me this 12<sup>th</sup> day of  
August, 2024, by  
Donald Gulling as Managing Member of

Ocala Prime Partners Holding LLC  
\_\_\_\_\_ on behalf of the

[Signature]  
Notary Public, State of Florida  
Name: Tangerine Swinters  
(Please print or type)

Commission Number:  
Commission Expires:



Notary: Check one of the following:

☒ Personally known OR ☐ Produced Identification (if this box is checked, fill in  
blanks below).

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

THE STATE OF TEXAS, COUNTY OF DALLAS, ss. I, the undersigned, a Notary Public in and for said State, do hereby certify that the foregoing is a true and correct copy of the original of the same as the same appears from the records of said County.

*[Signature]*  
Notary Public

*[Signature]*  
Notary Public

Witness my hand and seal this 1st day of May, 1907.

*[Signature]*  
Notary Public

*[Signature]*  
Notary Public

My Comm. Expires May 1, 1908

My Comm. Expires May 1, 1908

Subscribed and sworn to before me this 1st day of May, 1907.

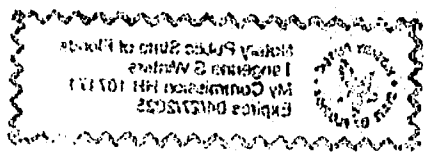
*[Signature]*  
Notary Public

*[Signature]*  
Notary Public

My Comm. Expires May 1, 1908

*[Signature]*  
Notary Public

My Comm. Expires May 1, 1908



Witness my hand and seal this 1st day of May, 1907.

*[Signature]*  
Notary Public

My Comm. Expires May 1, 1908





OCALPRI-01

GREERA

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/13/2024

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> Insurance Office of America 2201 SE 30th Avenue Suite 101 Ocala, FL 34471	<b>CONTACT NAME:</b> Noelle Jones		
	<b>PHONE (A/C, No, Ext):</b> (352) 867-2873	<b>FAX (A/C, No):</b>	
	<b>E-MAIL ADDRESS:</b> Noelle.Jones@ioausa.com		
<b>INSURED</b>  Ocala Prime Partners Holdings LLC dba Mark's Prime Steakhouse 30 Magnolia Ave Ocala, FL 34471-1151	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
	INSURER A: FCCI Insurance Company		10178
	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 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"/> LIQUOR LIABILITY  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			CPP100092411	5/23/2024	5/23/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Liquor \$ 100,000
A	<input type="checkbox"/> AUTOMOBILE LIABILITY  ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			CA100092409	5/23/2024	5/23/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			UMB100092412	5/23/2024	5/23/2025	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000 \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N <input checked="" type="checkbox"/> N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	WC100092410	5/23/2024	5/23/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
Physical Damage Comprehensive Deductible \$100  
Physical Damage Collision Deductible \$1,000

Garagekeepers Limit \$600,000 - Comprehensive & Collision Deductible for Each Customer Auto \$500

## CERTIFICATE HOLDER

## CANCELLATION

City of Ocala 110 SE Watula Avenue Ocala, FL 34471	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 