



GROWTH MANAGEMENT DEPARTMENT
201 SE 3RD ST (2nd Floor), OCALA, FL 34471
Email: 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 Donald Gulling Date: August 12th, 2024
Print name: Donald Gulling

Notary

State of Florida

County of Marion

Sworn to/affirmed before me this 12th 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 Donald Gulling (SEAL)



Revised 2/12/20

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

R. G. C.
Witness

Witness

Ryan Arellano

Print Witness Name

Print Witness Name
Bob Hoke
Witness

WITNESS

Robert Hipke
Print Witness Name

Print Witness Name

Donald Gulling

Type Owner's Name Here

Corporate Acknowledgment

STATE OF _____
COUNTY OF _____

The foregoing instrument was acknowledged before me this 12th day of August, 2024, by

Donald Gullings

as Managing Member of

Ocala Prime Partners Holding LLC

on behalf of the

Dangled blisters

Notary Public, State of Florida

Name: Tangerine Winters

(Please print or type.)

Commission Number:

Commission Expires:

Notary Public State of Florida
Tangerine S Winters
My Commission HH 107171
Expires 04/27/2025

Notary: Check one of the following:

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

Type of Identification Produced:



OCALPRI-01

GREERA

DATE (MM/DD/YYYY)

8/13/2024

CERTIFICATE OF LIABILITY INSURANCE

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 Insurance Office of America 2201 SE 30th Avenue Suite 101 Ocala, FL 34471	CONTACT Noelle Jones NAME:	
	PHONE (A/C, No. Ext): (362) 867-2873 E-MAIL ADDRESS: Noelle.Jones@ioausa.com	FAX (A/C, No):
INSURED Ocala Prime Partners Holdings LLC dba Mark's Prime Steakhouse 30 Magnolia Ave Ocala, FL 34471-1151	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: FCCI Insurance Company	10178
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
INSURER F:		

COVERS

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			CPP100092411	5/23/2024	5/23/2025	EACH OCCURRENCE	\$ 1,000,000	
							DAMAGE TO RENTED PREMISES (Ex 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	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" 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 (Ex 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 EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTIONS 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 EXCLUDED? <input type="checkbox"/> Y/N <input checked="" type="checkbox"/> N OFFICER/MEMBER EXCLUDED? (Mandatory in NH) 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"/> OTHER 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

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

City of Ocala
 110 SE Watula Avenue
 Ocala, FL 34471