

CITY OF SANIBEL SPECIAL EVENTS PERMIT APPLICATION

3880 SANIBEL CAPTIVA RD, SANIBEL, FL 33957 Phone (239) 472-0345

Website: www.mysanibel.com

Email: specialevents@mysanibel.com

F	OR CITY USE:
25	1-124
P	ERMIT#
19	of 20

01,	
DATE: 9-16-25 Lee Co. Tax Parcel # 30-	
Application must be submitted no later than 60 calendar deposit (If applicable), and a non-refundable \$50/reside submitted less than 60 calendar days but not less than 60 calendar days but no	416-91-14-00009-0010
deposit (If applicable), and a non-refundable \$50/reside submitted less than 60 calendar days but not less than 14 Applications will not be accepted later than 14	days prior to the event accompanied by a refundab
Applications will 1	days prior to the
Applications will not be accepted later than 14 calendar designed. Applicants may not advertise the event until the special event per designed.	r days prior to the event
designee.	mit is approved by the city council, city manager, or his/hor
NAME OF EVENT: NYE Special Eve	nt Sundial Brook Rocad
EVENT ADDRESS: 1451 Middle Gulf	Dave - Marines
	nja
NAME OF APPLICANT: Bocky Miller	
ADDRESS: 1451 Middle Gulf T	Drive
TELEPHONE: 239 472 4151 CELL:	
EMAIL ADDRESS. TOCCO	WEBSITE:
NAME OF CONTACT PERSON AND PHONE NUMBER AT THE EN	VENT:
	720 -20-
	1010 600
IS THE APPLICANT/ORGANIZATION A 501(C)3, NON-PROFIT?	Yes No
**A Special Event Pormit is investigation	vide a copy of current certificate.
**A Special Event Permit is issued for up to 3 consecutive days. An an additional permit to be issued resulting in additional fees.	event that is longer than 3 consecutive days will require
	and a days will require
DATE(S) OF EVENT:	BEGINNING/ENDING TIME:
*Set-up and tear down must be included as part of event d	lates.
Set-Up Date(s) 12-31-25	30
Event Date(s) 12-31-25	Set-up Time(s)
Tear-Down Date(s): 12-31-25	Event Time(s) 50 - 11:590
Dolle 131. 12 11 2	Tear-Down Time(s) Midnian +
NUMBER OF PARTICIPANTS EXPECTED: 150	~ 5
	ON CHARGE (IF ANY):
TYPE OF EVENT/SPECIFIC ACTIVITIES:	
New Year's Eve	150,00
PIFASE CHECK APPROPRIATE TO THE	
PLEASE CHECK APPROPRIATE BOX: Private Event	Public Event
NOTE - Public events will be listed on the Special Events Cal	endar on the City's website.
1 Page	

A drawing of event layout, parking area, placement of signs and temporary structures must be attached upon application submission.

TEMPORARY SIGN(S) The Sanibel Code permits one (1) on-site sign, that may be double-faced, per special event. Area and height are based on the district and land use. Residential districts – not to exceed 3 SF, 3 ft in height; all other districts, not to exceed 12 SF, 4 feet in height. Two (2) off-site directional signs not to exceed 3 SF, 3 ft in height are permitted. BANNER SIGNS AND BALLOONS ARE STRICTLY PROHIBITED AT ALL TIMES.

	ocations of Directional	: N/A Signs (Non-Profit Organizations	only):
NUMBER OF VENDORS: VENDOR #1 BUSINESS NAME:	*Vendors must have a San	nibel Business Tax Registration/ReceADDRESS:	
VENDOR #2 BUSINESS NAME:	ndio	ADDRESS:	eipt (BTR), if applicable
VENDOR #3 BUSINESS NAME:)311	ADDRESS:	
TEMPORARY TENTS AND STRUCTURES - tables, bounce houses, dunk tanks, e inspection from the Sanibel Fire District	Including arches, tents (tc. Tents exceeding 120	ADDRESS:(specify number of tents and te) square feet require a tent per	nt size), chairs,
Tent #1 Size:		-1	
Temporary Structure Type:	rem#2 Size:	Tent #3 Size:	
Temporary Structure Type:	No Struct	Quantity:	
Temporary Structure Type:	40-	Quantity;	
TRAFFIC CONTROL PLAN: Please attack pedestrian street crossing.	·	Quantity:	
Sanibel Business Tax Receipt Number of Are Police Services, such as Traffic/Ped NUMBER OF OFFICERS:	destrian Control or Even	t Security requested? Yes	
L	hift, per staff member a	TIME: NA	
he interest of public safety, the Sanibe condition of granting a Special Events lescribed above.	Permit, in which case, a	applicant is responsible for pay	services as a ment of fees as
he interest of public safety, the Sanibe condition of granting a Special Events lescribed above.	Permit, in which case, a	applicant is responsible for pay	Services as a ment of fees as
he interest of public safety, the Sanibe condition of granting a Special Events lescribed above. fill amplified music be played? fill City property, public right-of-way of the same conditions are said to be property.	Permit, in which case, and some some some some some some some some	upplicant is responsible for pay	services as a ment of fees as
the rate is \$185 for a 3-hour minimum so the interest of public safety, the Sanibe condition of granting a Special Events described above. Will amplified music be played? Yell City property, public right-of-way and/yes, please identify right-of-way and/	Permit, in which case, and some some some some some some some some	upplicant is responsible for pay	Services as a ment of fees as

EVENTS HELD ON CITY PROPERTY: Liability Insurance in the amount of \$1,000,000 listing the City of Sanibel as an additionally insured party may be applicable for certain events held on City property. Proof of insurance must be provided before application is approved.

NOTE: If event is held on City property, such as a City Park or City Hall, <u>alcohol is prohibited</u> unless approved by City Council. A rental fee and deposit is applicable for use of certain City Properties. Please contact the Sanibel Recreation Center at (239)472-0345 for information regarding fees and deposits.

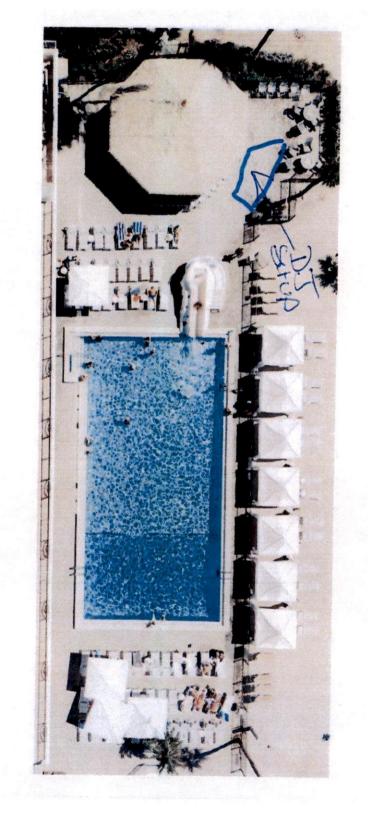
Will alcoholic beverages be served or sold? Yes No If yes, please contact the Division of Alcoholic Beverages an obacco at (239) 344-0885, to determine if you are required to this application for review and approval by the Planning Department.
Will food and/or drink be served or sold? Yes No (Appropriately rated fire extinguishers required) Business and Professional Regulation. To find out if you need a Health Department or a License from the Division of County Health Department at (239) 690-2100 or Division of Business and Professional Regulation.
Will temporary sanitary facilities by the sanita
Will trash receptacles, dumpsters and recycling containers be provided? If yes, indicate location on site plan. Who will provide the receptacles, dumpsters or containers? NOTE: Trash and recycling receptacles must be emptied at the end of each day into a dumpster for multiple day events to deposit, and may constitute a violation of other City Ordinances.
Is this a Sanibel student or Sanibel youth group event? Yes No Sanibel youth group; is a single day event generally not lasting longer than 8 hours; no vendor or related fees are charged temporary and/or permanent structures are not required. (Ord. 24-004)
Is the applicant an organized homeowners association or neighborhood association? Yes No
Does event require Vehicle for Uiro
Does event require Vehicle for Hire or a tour bus for guests & participants? Yes No (Ordinance 13-009) If yes, please list bus/van length seating capacity Name of Company_
A daily power usage fee for electrical connection at any City owned property? Yes
OWNER OF PROPERTY: If the person/group applying for this permit is not the owner of the property, the property owner must sign this application. If the property owner is unavailable to sign the application, a letter of
Property Owner signature Print Name Recky Miller Title
By signature below, it is understood by applicant that this application is subject to review and approval by City staff and may be revoked at any time for non-compliance with rules, local ordinances, state statutes or if the event endangers the health, safety, or welfare of the public. The City reserves the right to cancel the event should any conflicts arise with scheduling, and will give reasonable notice to the applicant for the purpose of rescheduling. During reviews by various City Departments, additional conditions may be imposed. As required by Section 110-83, City services determined necessary for the conduct of the Special Event, such as temporary lighting or police officers to direct or reroute traffic, shall be paid by applicant.
This permit is valid only for the time indicated on this permit. In the event that the applicant fails to fulfill the requirement(s) as set forth in this permit, including Beach Standards, or fails to obtain proper authorization to may be forfeited and the permit may be cancelled.
As applicant, I agree to abide by all conditions and requirements of the City of Sanibel and will comply with *Chapter 110 of the Sanibel Code. Applicant further understands that the use of Fireworks (including sparklers), Explosives, and Upward Lighting are prohibited at all times. *Copy available upon request.
Applicant Signature: Typay Buyke Print Name: Tittany Buyke

Revised 03/20/2024

3 | Page

-- FOR CITY USE ONLY--

DEPARTMENT COMMENTS FEES BY DEPARTMENT: PUBLIC WORKS Public Works PLANNING Planning DIVISION BUILDING If checked "YES" applicant must comply with attached Tent Standards. DIVISION Building res No POLICE Police FINANCE Finance Business Tax Receipt Verified? Yes NATURAL RESOURCES Natural Resources If checked "YES" applicant must comply with attached Beach Standards. RECREATION Recreation **ADMINISTRATION** Administration City Council Approval Date:___ Minutes Attached: ☐ Yes ☐ No Comments/Permit Conditions: City Manager Approval Date





City of Sanibel Attn: City Council 800 Dunlap Road Sanibel, FL 33957

September 19, 2025

Waiver/Extension on Noise Standards, Sanibel Code Chapter 30, Article III for Sundial Beach Resort & Spa, 12-31-25

Dear Sanibel City Council,

This letter is to request a waiver/extension on Noise Standards, Sanibel Code Chapter 30, Article III for the Sundial Beach Resort & Spa on New Year's Eve 2025 (12/31/25.)

The Sundial is planning a New Year's Eve celebration like what was held prior to Hurricane Ian. We have invited DJ Company: SWFL Media LLC dba Complete SW Florida (who is licensed with the City of Sanibel) to MC the event from 8:00p-Midnight.

Their equipment set up is:

4' DJ Table

2 speaker stands with 2 speakers

1 stand with 1 lightbar

Complete Weddings to come and DJ the event.

We respectfully request the City Council please put us on the agenda for the October 7th Council meeting to consider this request. If a Sundial representative is needed to make and process this request in person, just let us know!

Thank you for your help and consideration.

Kindly,

Tiffany Beyke

Director of Sales and Catering

CITY OF SANIBEL

RESOLUTION 14-034

A RESOLUTION DETERMINING THE REQUEST FOR AN ENTERTAINMENT LICENSE BY RLR INVESTMENTS, LLC D/B/A SUNDIAL BEACH RESORT AT SUNDIAL BEACH RESORT, 1451 MIDDLE GULF DRIVE; AND PROVIDING AN EFFECTIVE DATE

WHEREAS, the applicant, RLR Investments, LLC d/b/a Sundial Beach Resort, has filed an application requesting an entertainment Business Tax Receipt for musical entertainment described in Section 1 below; and

WHEREAS, applicant filed such request on December 16, 2013; and

WHEREAS, this Council has duly heard and considered this request;

NOW, THEREFORE, BE IT RESOLVED by the City Council of the City of Sanibel, Florida:

Section 1. The application of RLR Investments, LLC d/b/a Sundial Beach Resort, for an entertainment Business Tax Receipt at 1451 Middle Gulf Drive, Sanibel, is hereby APPROVED with the following conditions:

- a. Indoor performances will take place in the meeting space located in the second and third floors of the resort, lobby, lounge and dining rooms;
- b. Outdoor performances will take place by the pool bar, pool deck, and wedding ceremony site;
- c. Entertainment sources will include solo or duo live bands, DJs, Karaoke, piped music, etc.;
- d. Music types will mostly be Caribbean, Soft Rock, Jazz, Reggae, Country music and other;
- e. Hours, pool deck from 11AM to 10PM Monday through Saturday and 12PM to 10PM on Sundays;
- f. The annual Business Tax Receipt is \$262.50 per year.
- g. Unless the City Manager refers the matter to Council due to noise or other problems related to the Business Tax Receipt, the Business Tax Receipt may be renewed annually, at the time other Business Tax Receipts are issued without further Council action.

Section 2. Effective Date.

This resolution shall take effect immediately upon adoption.

DULY PASSED AND ENACTED by the Council of the City of Sanibel, Florida this 1st day of April, 2014.

Date filed with City Clerk:



March 20, 2014

City Manager and City Council City of Sanibel 800 Dunlop Road Sanibel, FL 33957

RE: Entertainment License

Dear Sirs and Madams,

Please accept this letter as our application for an Entertainment License for RLR Investments, LLC at the Sundial Beach Resort, 1451 Middle Gulf Drive, Sanibel, Florida 33957.

Respectful of the laws and ordinances of the City of Sanibel, we intend to comply. We seek to provide a "casual and relaxed quality of life" for our guests and local patrons. Live music is a large part of that experience, whether it's a solo band on the pool deck or a classical duo at a beach wedding. Entertainment is an integral part of the many affairs that people celebrate at our resort. Birthdays, weddings, anniversaries, and award dinners are more enjoyable, more memorable, with the music that accompanies these events.

At this time we are offering limited entertainment in our outlets and wish to continue. We will ensure no disturbance of the peace of our environment or the sleep of our owners, visitors, and local residents.

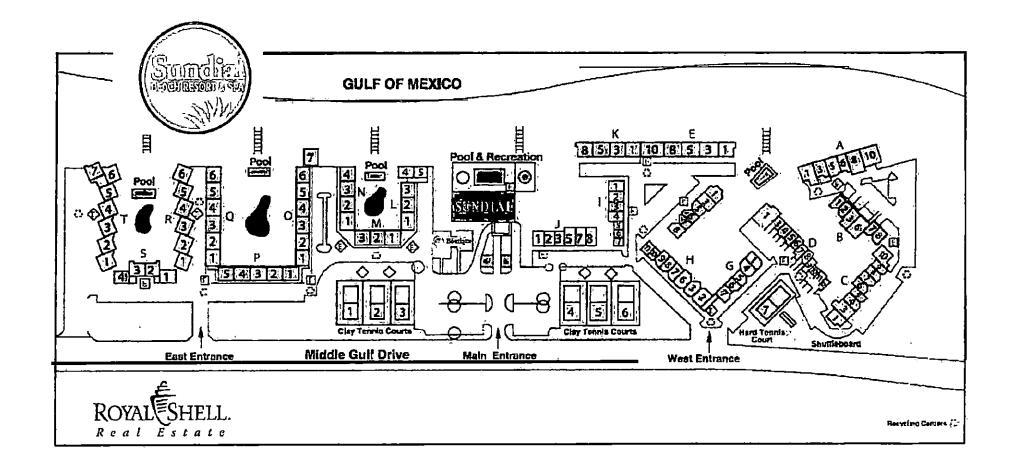
The entertainment license will cover the following areas and conditions:

- a. Indoor performances will take place in the meeting space located in the second and third floors of the Resort, Lobby, Lounge and Dining Rooms
- b. Outdoor performances will take place by the Pool Bar, Pool Deck, and Wedding Ceremony site.
- c. Entertainment sources will include solo or duo live bands, DJs, Karaoke, piped music, etc.
- Music types will mostly be Caribbean, Soft Rock, Jazz, reggae, Country music and other.
- e. Hours, pool deck from 11 AM to 10 PM Monday through Saturday and 12 PM to 10 PM on Sundays.
- f. Diagrams included

Thank you for your consideration.

Respectfully,

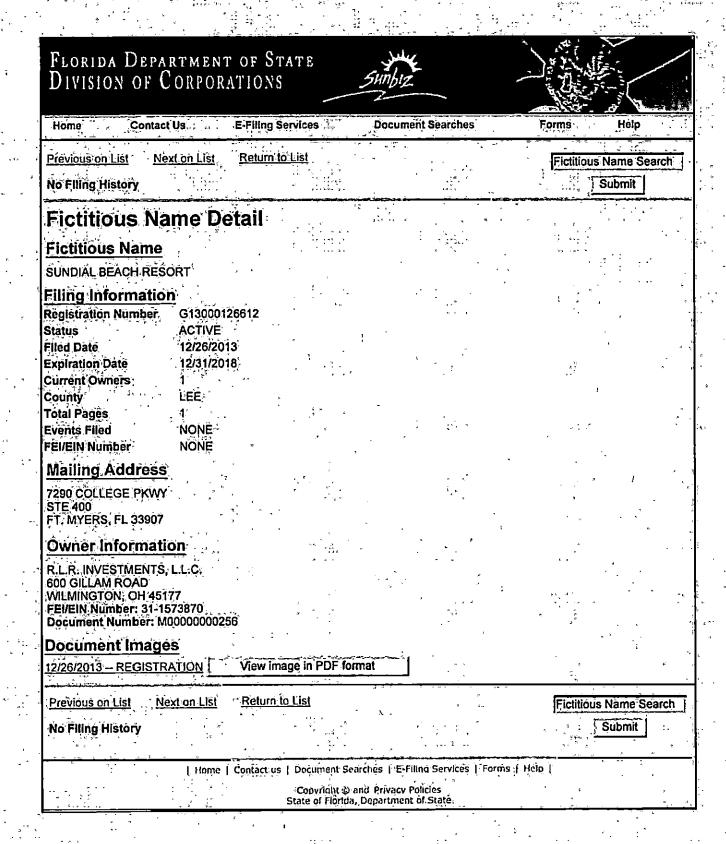
Bob Kramm General Manager



CITY OF SANIBEL 800 DUNLOP ROAD SANIBEL FL, 33957 239-472-9615

	_					
				-		,
LICENSE #						
CONTROL#_					-	
LOCATION#			-	٠,	₹.	
2.1		-			_	
_						•

	المراجع	MENT PADUL) 5 n	•
TYPE OF BUSINESS:	ENTERTAIN	1 12 1 1 1 1 1 1 1		
NAME OF BUSINESS/TRADENAME/d/	b/a: Rur Invest	more like . DBI	SUMPING BEACH A	YA022
LOCATION OF BUSINESS:	145) MIDDLE G	OUF DAWE	<u> </u>	SUITE #:
7	SANGEL FL	33957	*	· · · · · · · · · · · · · · · · · · ·
MAILING ADDRESS OF BUSINESS:	600 Glunn 10, WI	Mulling Long DH	ַ יַלנוצף ַ	· · · · · · · · · · · · · · · · · ·
TELEPHONE #: (937) 3	PX-1494		= .	AUD HOLTOP & REPERFU COM
CHECK ONE: INDIVIDUAL () PA		ATION (,)	• ,	- "5"
NAMES OF PARTNERS OR CORPORA		L PURENTS		٠.
,, , , , , , , , , , , , , , , , , , ,	Roby.		F 7	
Florida State law (205.0535; F.S.) rei ID number and/or your Social Securi FEDERAL ID #: 31-15-3	ly number prior to issuance o	f your license.	AL SECURITY#:	
NAME OF APPLICANT/OWNER:	RUR INVESTMENTS	، رئد ا	•	· · · · · · · · · · · · · · · · · · ·
ADDRESS OF OWNER/APPLICANT	LUD GILLIA NO	*,		
CITY/STATE/ZIP CODE:	Wilmington OH 451	יון	TELEPHONE #:	: (937) 3(2-1494
DRIVER'S LICENSE #:	N/A. 5	TATE:	BIRTHPLACE:	BIRTHDATE:
HAVE YOU OR YOUR ORGANIZATION	VEVER BEEN CONVICTO OF		A BUSINESS OR REGUL	ATORY LICENSE OF ANY KIND REVOKED:
OR SUSPENDED? YES () NO	CX .			
ALL CONTRACTORS: No Business	Tax Recelpt/Registration shall	I) be issued to any	contractor unless the app	plicant shall first present proof of a City of
Sanibel Contractor License.	Sanibel Contractor License		NA	· · · · · · · · · · · · · · · · · · ·
had.	: **		7 1	
IF THE APPROPRIATE TAX IS BA SQUARE FEET UNITS	SED ON SUCH FACTORS, F RESTAURAN BICYCLES/BU	PLEASE STATE TO TO SEATS OATS	HE NUMBER OF:	N REQUIREMENTS FORM MUST BE ATTACH MPLOYEES JMPS THER: BANDS:/ereug(
IF THE APPROPRIATE TAX IS BA	PATION, A CERTIFICATION C SED ON SUCH FACTORS, F RESTAURAN BICYCLES/80 PIERS/DOCK	PLEASE STATE TO TE SEATS OATS CS	HE NUMBER OF: EN PL O	MPLOYEES JMPS THER: 6ANDS/eLEUPS
IF THE APPROPRIATE TAX IS BA SQUARE FEET UNITS	PATION, A CERTIFICATION C SED ON SUCH FACTORS, F RESTAURAN BICYCLES/BU PIERS/DOCK EMERGENCY CONTACT	PLEASE STATE TO TO SEATS OATS (S	HE NUMBER OF: PL O OR POLICE DEPARTMENT	MPLOYEES JMPS THER: BANDS/ELEUSS ONLY
IF THE APPROPRIATE TAX IS BA SQUARE FEET UNITS DEVICES	PATION, A CERTIFICATION C SED ON SUCH FACTORS, F RESTAURAN BICYCLES/BG PIERS/DOCK EMERGENCY CONTACT PRIMARY CONTACT	PLEASE STATE TO TO SEATS OATS (S	HE NUMBER OF: EN PL OF OR POLICE DEPARTMENT SE	MPLOYEES JMPS THER: BANDS/ELEUPS ONLY ECONDARY CONTACT
IF THE APPROPRIATE TAX IS BA SQUARE FEET UNITS DEVICES NAME OF CONTACT PERSON:	PATION, A CERTIFICATION OF SUCH FACTORS, FOR RESTAURAN BICYCLES/BURNERS/DOCK EMERGENCY CONTACT PRIMARY CONTACT PRIMARY CONTACT PRIMARY CONTACT	PLEASE STATE TO TO SEATS OATS (S INFORMATION FO	HE NUMBER OF: EN PL OF OR POLICE DEPARTMENT SE FLEE	MPLOYEES JMPS THER: BANDS/ELEUPS ONLY CONDARY CONTACT
IF THE APPROPRIATE TAX IS BA SQUARE FEET UNITS DEVICES	PATION, A CERTIFICATION OF SECTION OF SUCH FACTORS, FOR RESTAURAN BICYCLES/BUDIES/DOCK EMERGENCY CONTACT PRIMARY CONTACT P	PLEASE STATE TO TO SEATS OATS (S INFORMATION FO	HE NUMBER OF: EN PL OF OR POLICE DEPARTMENT SE FLECO 1451	MPLOYEES JMPS THER: BANDS/ELEUPS ONLY ECONDARY CONTACT
IF THE APPROPRIATE TAX IS BA SQUARE FEET UNITS DEVICES NAME OF CONTACT PERSON: ADDRESS: TELEPHONE #:	PATION, A CERTIFICATION OF SECTION OF SUCH FACTORS, FOR SUCH FACTORS, FOR SECTION OF SUCH FACTORS, FOR SUCH SUCH SUCH SUCH SUCH SUCH SUCH SUCH	PLEASE STATE TO THE SEATS OATS (S INFORMATION FO	HE NUMBER OF: PL OF OR POLICE DEPARTMENT SE FLECT 1451 SANGE	MPLOYEES JMPS THER: BANDS/ELEUPS ONLY CONDARY CONTACT IMSYEE MIDDE GULF DE
IF THE APPROPRIATE TAX IS BA SQUARE FEET UNITS DEVICES NAME OF CONTACT PERSON: ADDRESS:	PATION, A CERTIFICATION OF SECTION OF SUCH FACTORS, FOR SUCH FACTORS, FOR SECTION OF SUCH FACTORS, FOR SUCH SUCH SUCH SUCH SUCH SUCH SUCH SUCH	PLEASE STATE TO THE SEATS OATS (S INFORMATION FO	HE NUMBER OF: PL OF OR POLICE DEPARTMENT SE FLECT 1451 SANGE	MPLOYEES JMPS THER: BANDS/ELEUPS ONLY CONDARY CONTACT IMSYEM MIDDE GULF DE
IF THE APPROPRIATE TAX IS BA SQUARE FEET UNITS DEVICES NAME OF CONTACT PERSON: ADDRESS: TELEPHONE #:	PATION, A CERTIFICATION OF SED ON SUCH FACTORS, ERESTAURAN BICYCLES/BURNES/DOCK EMERGENCY CONTACT PRIMARY	PLEASE STATE TO T SEATS OATS S INFORMATION FO	HE NUMBER OF: PL OF OR POLICE DEPARTMENT SE FLECT 1451 SANGE	MPLOYEES JMPS THER: BANDS/ELEUPS ONLY CONDARY CONTACT IMSYEM MIDDE GULF DE
NAME OF CONTACT PERSON: ADDRESS: TELEPHONE #: ALARM TYPE: () NONE () AUD THE ABOVE FACTS ARE TRUE AND (PATION, A CERTIFICATION OF SED ON SUCH FACTORS, ERESTAURAN BICYCLES/BOURNES/DOCK EMERGENCY CONTACT PRIMARY	PLEASE STATE TO T SEATS OATS S INFORMATION FO	HE NUMBER OF: PL OF OR POLICE DEPARTMENT SE FLECT 1451 SANGE	MPLOYEES JMPS THER: BANDS/ELEUPS ONLY CONDARY CONTACT IMSYEM MIDDE GULF DE
NAME OF CONTACT PERSON: ADDRESS: TELEPHONE #: ALARM TYPE: () NONE () AUD THE ABOVE FACTS ARE TRUE AND O SIGNATURE OF APPLIC	PATION, A CERTIFICATION OF SECTION OF SUCH FACTORS, FOR RESTAURAN BICYCLES/BURNERS/DOCK EMERGENCY CONTACT PRIMARY CONTACT PRI	PLEASE STATE TO T SEATS OATS S INFORMATION FO T DIRECT LINE TY KNOWLEDGE.	HE NUMBER OF: PL OT OR POLICE DEPARTMENT SE (VECTO 145) SAVIS (233)	MPLOYEES JMPS THER: BANDS/ELEUP! ONLY ECONDARY CONTACT IMPRISE GULF DE (EL FL) 345-60[5]
NAME OF CONTACT PERSON: ADDRESS: TELEPHONE #: ALARM TYPE: () NONE () AUD THE ABOVE FACTS ARE TRUE AND C SIGNATURE OF APPLIC SWORN TO AND SUBSCRIBED BEFO	PATION, A CERTIFICATION OF SECTION OF SUCH FACTORS, FOR RESTAURAN BICYCLES/BURNERS/DOCK EMERGENCY CONTACT PRIMARY CONTACT PRI	PLEASE STATE TO T SEATS OATS S INFORMATION FO	HE NUMBER OF: PL OT OR POLICE DEPARTMENT SE (VECTO 145) SAVIS (233)	MPLOYEES JMPS THER: BANDS/ELEUPS ONLY CONDARY CONTACT IMSYEM MIDDE GULF DE
IF THE APPROPRIATE TAX IS BASQUARE FEET UNITS DEVICES NAME OF CONTACT PERSON: ADDRESS: TELEPHONE #: ALARM TYPE: () NONE () AUD THE ABOVE FACTS ARE TRUE AND (SIGNATURE OF APPLIC SWORN TO AND SUBSCRIBED BEFORE STATE OF FLORIDACIONAL	PATION, A CERTIFICATION OF SECTION OF SUCH FACTORS, FOR RESTAURAN BICYCLES/BURNERS/DOCK EMERGENCY CONTACT PRIMARY CONTACT PRI	PLEASE STATE TO T SEATS OATS S INFORMATION FO T DIRECT LINE TY KNOWLEDGE.	HE NUMBER OF: PL OT OR POLICE DEPARTMENT SE (VECTO 145) SAVIS (233)	MPLOYEES JMPS THER: BANDS/ELEUP! ONLY ECONDARY CONTACT IMPRISE GULF DE (EL FL) 345-60[5]
NAME OF CONTACT PERSON: ADDRESS: TELEPHONE #: ALARM TYPE: () NONE () AUD THE ABOVE FACTS ARE TRUE AND C SIGNATURE OF APPLIC SWORN TO AND SUBSCRIBED BEFO	PATION, A CERTIFICATION OF SECTION OF SUCH FACTORS, FOR RESTAURAN BICYCLES/BURNERS/DOCK EMERGENCY CONTACT PRIMARY CONTACT PRI	PLEASE STATE TO T SEATS OATS S INFORMATION FO T DIRECT LINE TY KNOWLEDGE.	PR POLICE DEPARTMENT SE FLACE 1451 SAUS (239)	MPLOYEES JMPS THER: BANDS/ELEUPS ONLY ECONDARY CONTACT IMETRIC MIDDE GULL DE 182 FL 3395-6015
IF THE APPROPRIATE TAX IS BASQUARE FEET UNITS DEVICES NAME OF CONTACT PERSON: ADDRESS: TELEPHONE #: ALARM TYPE: () NONE () AUD THE ABOVE FACTS ARE TRUE AND (SIGNATURE OF APPLIC SWORN TO AND SUBSCRIBED BEFORE STATE OF FLORIDACIONAL	PATION, A CERTIFICATION OF SECTION OF SUCH FACTORS, FOR RESTAURAN BICYCLES/BURNERS/DOCK EMERGENCY CONTACT PRIMARY CONTACT PRI	PLEASE STATE TO T SEATS OATS S INFORMATION FO T DIRECT LINE TY KNOWLEDGE.	PR POLICE DEPARTMENT SI FACE 1451 SAPA (239) NOTARY PUBLIC - 5	MPLOYEES JMPS THER: BANDS/ELEVES ONLY CONDARY CONTACT IMAYOU MIDDE GULF DE (RE FE) 345-6015.
IF THE APPROPRIATE TAX IS BASQUARE FEET UNITS DEVICES NAME OF CONTACT PERSON: ADDRESS: TELEPHONE #: ALARM TYPE: () NONE () AUD THE ABOVE FACTS ARE TRUE AND (SIGNATURE OF APPLIC SWORN TO AND SUBSCRIBED BEFORE STATE OF FLORIDACIONAL	PATION, A CERTIFICATION OF SECTION OF SUCH FACTORS, FOR RESTAURAN BICYCLES/BURNERS/DOCK EMERGENCY CONTACT PRIMARY CONTACT PRI	PLEASE STATE TO T SEATS OATS S INFORMATION FO T DIRECT LINE TY KNOWLEDGE.	PR POLICE DEPARTMENT SE FLACE 1451 SAUS (239)	MPLOYEES JMPS THER: BANDS / ELEVES ONLY CONDARY CONTACT IMAGE GOLD DE (REL FL) 345-6015. TATE OF FLORIBALATICIA ANN SMITH CHIC Notary Public, State of Onlo
IF THE APPROPRIATE TAX IS BASQUARE FEET UNITS DEVICES NAME OF CONTACT PERSON: ADDRESS: TELEPHONE #: ALARM TYPE: () NONE () AUD THE ABOVE FACTS ARE TRUE AND (SIGNATURE OF APPLIC SWORN TO AND SUBSCRIBED BEFORE STATE OF PLORIDACIA.	EMERGENCY CONTACT PRIMARY CONT	PLEASE STATE TO THE SEATS OATS (S. INFORMATION FOR T. INFORMATION FOR THE SEAT OF THE SEAT	PR POLICE DEPARTMENT SI FLEE INST CARR NOTARY PUBLIC - S (STAMP)	MPLOYEES JMPS THER: BANDS / ELEVES ONLY CONDARY CONTACT IMAGE GULL DE MIDRA GULL DE AND SAST - 6015 TATE OF FLORISA INICIA ANN SMITH ON C Notary Public, State of Ohio My Commission Expires June 5, 2
IF THE APPROPRIATE TAX IS BASQUARE FEET UNITS DEVICES NAME OF CONTACT PERSON: ADDRESS: TELEPHONE #: ALARM TYPE: () NONE () AUD THE ABOVE FACTS ARE TRUE AND (SIGNATURE OF APPLIC SWORN TO AND SUBSCRIBED BEFORE STATE OF PLORIDACIA.	EMERGENCY CONTACT PRIMARY CONT	PLEASE STATE TO THE SEATS OATS STATE TO THE SEATS OATS STATE TO THE SEATS OATS STATE TO THE SEATS OF THE SEAT	PR POLICE DEPARTMENT SI FACE 1451 SAPA (239) NOTARY PUBLIC - 5	MPLOYEES JMPS THER: BANDS / ELEVES ONLY CONDARY CONTACT IMAGE GULL DE MIDRA GULL DE AND SAST - 6015 TATE OF FLORISA INICIA ANN SMITH ON C Notary Public, State of Ohio My Commission Expires June 5, 2
NAME OF CONTACT PERSON: ADDRESS: TELEPHONE #: ALARM TYPE: () NONE () AUD THE ABOVE FACTS ARE TRUE AND C SIGNATURE OF APPLIC SWORN TO AND SUBSCRIBED BEFO STATE OF PLORIDACIA TO COUNTY OF LEE C (1) ITM	EMERGENCY CONTACT PRIMARY CONT	PLEASE STATE TO THE SEATS OATS (S. INFORMATION FOR T. INFORMATION FOR THE SEAT OF THE SEAT	PR POLICE DEPARTMENT SI FLEE INST CARR NOTARY PUBLIC - S (STAMP)	MPLOYEES JMPS THER: BANDS / ELEVES ONLY CONDARY CONTACT IMAGE GULL DE MIDRA GULL DE AND SAST - 6015 TATE OF FLORISA INICIA ANN SMITH ON C Notary Public, State of Ohio My Commission Expires June 5, 2
IF THE APPROPRIATE TAX IS BASQUARE FEET UNITS DEVICES NAME OF CONTACT PERSON: ADDRESS: TELEPHONE #: ALARM TYPE: () NONE () AUD THE ABOVE FACTS ARE TRUE AND CONTACT PERSON SIGNATURE OF APPLIC SWORN TO AND SUBSCRIBED BEFORE STATE OF PLORIDACTIVE COUNTY OF LEE C (1) 11/11	EMERGENCY CONTACT PRIMARY CONT	DIRECT LINE Y KNOWLEDGE. ELOW THIS LINE FER: 9.7 DATE	PR POLICE DEPARTMENT SI FLEE INST CARR NOTARY PUBLIC - S (STAMP)	TATE OF FLORIS Notary Public, State of Ohlo My Commission Expires June 5, 2 Y Recorded in Clinton County ORDINANCE CODE#
NAME OF CONTACT PERSON: ADDRESS: TELEPHONE #: ALARM TYPE: () NONE () AUD THE ABOVE FACTS ARE TRUE AND C SIGNATURE OF APPLIC SWORN TO AND SUBSCRIBED BEFO STATE OF PLORIDACIATE COUNTY OF LEE C (m) TM	EMERGENCY CONTACT PRIMARY CONT	PLEASE STATE TO THE SEATS OATS STATE TO THE SEATS OATS STATE TO THE SEATS OATS STATE TO THE SEATS OF THE SEAT	PR POLICE DEPARTMENT SI FLEE FLEE O OR POLICE DEPARTMENT SAPLE (239) NOTARY PUBLIC - 5 (STAMP)	TATE OF FLORIS Notary Public, State of Ohlo My Commission Expires June 5, 2 Y Recorded in Clinton County
IF THE APPROPRIATE TAX IS BA SQUARE FEET UNITS DEVICES NAME OF CONTACT PERSON: ADDRESS: TELEPHONE #: ALARM TYPE: () NONE () AUD THE ABOVE FACTS ARE TRUE AND O SIGNATURE OF APPLIC SWORN TO AND SUBSCRIBED BEFO STATE OF FLORIDACIONAL COUNTY OF LEE C (1) 11111 APPROVED: BUILDING	PATION, A CERTIFICATION OF SED ON SUCH FACTORS, ERESTAURAN BICYCLES/BU PIERS/DOCK EMERGENCY CONTACT PRIMARY C	DIRECT LINE Y KNOWLEDGE. ELOW THIS LINE FER: 9.7 DATE	PR POLICE DEPARTMENT SI FLEE FLEE O OR POLICE DEPARTMENT SAPLE (239) NOTARY PUBLIC - 5 (STAMP)	TATE OF FLORISH Public, State of Ohio My Commision Expires June 5, 2 Y Recorded in Clinion County TAX
IF THE APPROPRIATE TAX IS BASQUARE FEET UNITS DEVICES NAME OF CONTACT PERSON: ADDRESS: TELEPHONE #: ALARM TYPE: () NONE () AUD THE ABOVE FACTS ARE TRUE AND CONTACT PERSON SIGNATURE OF APPLIC SWORN TO AND SUBSCRIBED BEFORE STATE OF PLORIDACTIVE COUNTY OF LEE C (1) 11/11	PATION, A CERTIFICATION OF SED ON SUCH FACTORS, ERESTAURAN BICYCLES/BU PIERS/DOCK EMERGENCY CONTACT PRIMARY C	DIRECT LINE Y KNOWLEDGE. ELOW THIS LINE FER: 9.7 DATE	PR POLICE DEPARTMENT SI FLEE FLEE O OR POLICE DEPARTMENT SAPLE (239) NOTARY PUBLIC - 5 (STAMP)	TATE OF FLORIS Notary Public, State of Ohlo My Commission Expires June 5, 2 Y Recorded in Clinton County ORDINANCE CODE#
IF THE APPROPRIATE TAX IS BA SQUARE FEET UNITS DEVICES NAME OF CONTACT PERSON: ADDRESS: TELEPHONE #: ALARM TYPE: () NONE () AUD THE ABOVE FACTS ARE TRUE AND O SIGNATURE OF APPLIC SWORN TO AND SUBSCRIBED BEFO STATE OF FLORIDACIONAL COUNTY OF LEE C (1) 11111 APPROVED: BUILDING	PATION, A CERTIFICATION OF SED ON SUCH FACTORS, ERESTAURAN BICYCLES/BU PIERS/DOCK EMERGENCY CONTACT PRIMARY C	DIRECT LINE Y KNOWLEDGE AY OF CO	PR POLICE DEPARTMENT SI FLEE FLEE O OR POLICE DEPARTMENT SAPLE (239) NOTARY PUBLIC - 5 (STAMP)	TATE OF FLORISH Public, State of Ohio My Commision Expires June 5, 2 Y Recorded in Clinion County TAX



R.L.R. INVESTMENTS, L.L.C. Officers, Directors, Shareholders January 2014

Members and Officership

Ralph L. Roberts, Sr., /CEO*

Roby L.: Roberts, President*

Ralph L. Roberts II, Executive Vice President*

Mary D. Roberts

Michelle R. Carpenter

*Signifies Executive Committee Member (e.g. like Board of Directors)

Other Officers

Donald R. DeLuca, Vice President & General Counsel, Secretary

Jeffrey T. Haungs, Vice President, Tax - Assistant Treasurer

Jeffrey C. Wade, Associate General Counsel, Assistant Secretary

Michael Shroyer, Chief Financial Officer -