



CITY OF FORT PIERCE PROPOSER'S CHECKLIST

This checklist is provided to assist each Proposer in the preparation of their proposal response. Included in this checklist are important requirements, which is the responsibility of each Proposer to submit with their response in order to make their response fully compliant. This checklist is only a guideline~ it is the responsibility of each Proposer to read and comply with the Request for Proposal in its entirety.

Check "Yes" or "No" to each of the following:

YES NO

Is Request for Proposal cover page (page 1) completed, signed and attached?

✓ _____

All prices have been reviewed for mathematical accuracy, all price corrections initialed, and all price extensions and totals thoroughly checked.

✓ _____

Include proof of proper licensing as stated in proposal documents.

✓ _____

Include proof of proper insurance and if we are selected, agree to meet the City's insurance requirements, as stated in proposal documents.

✓ _____

Proposal envelope is marked accordingly.

✓ _____

Did you include the correct number of the complete proposal packages included (**one original and four copies**)?

✓ _____

Is each Addendum (when issued) signed and included?

PLEASE SIGN AND RETURN WITH PROPOSAL

Anna Brown Hall

SECTION VII



THE SUNRISE CITY
FORT PIERCE
PURCHASING
DEPARTMENT

Florida

Certification Statement Local Vendor Preference

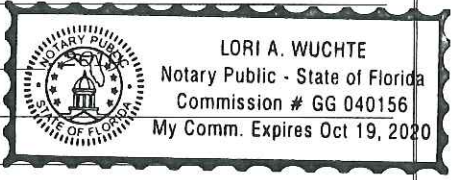
I certify that my company meets all of the following qualifications to be eligible for the local vendor preference:

- 1) That my company has a fixed, staffed office or distribution point located in and having a street address within St. Lucie, Indian River, Martin or Okeechobee County for at least one year prior to the issuance of the request for competitive bids or request for proposals by St. Lucie County; and
- 2) That my company holds any business or contractor license required by St. Lucie County and/or can document payment of business license taxes in St. Lucie County;
- 3) That my company is principal offeror who is single offeror; a business which is the prime contractor and not a subcontractor; or a partner or joint venturer submitting an offer in conjunction with other businesses.
- 4) Attached is a copy of a business or contractor license and/or business tax receipt for St. Lucie County, Indian River, Martin or Okeechobee Counties to verify that I have been in business at least one year prior to the issuance of the Request for Bid or Proposal.

Company Name: Annie's Mobile Catering LLC
 Address: 11710 Orange Ave
 Business or Contractor License Number: _____
 Phone Number: 772 201 5161 Fax Number: —
 Owner's Name: Anne Hall
 Signature: Anne Hall

Sworn to before me this 4th day of June

Notary Public for the State of FL My Commission Expires _____
 Notary Public Signature Lori Wuchte Printed Name _____

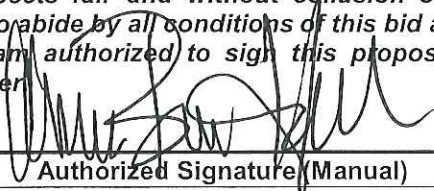


FOR PROCURMENT OFFICE ONLY ~ DO NOT COMPLETE BELOW

To be verified and completed by an authorized representative from the City of Fort Pierce Purchasing Department:

Vendor Certified by: _____ Date: _____
(Authorized Signature)

To be approved as a local bidder and receive bid preference on an eligible local project, this certification and a copy of your local business or contractor license must be submitted with your bonafide Bid/RFP package.

DELIVER TO: City of Fort Pierce, Purchasing Division, Room 101 100 North U.S. #1 Fort Pierce, FL 34950 MAIL TO: City of Fort Pierce Purchasing Division, Room 101 P.O. Box 1480 Fort Pierce, FL 34954-1480	REQUEST FOR PROPOSALS and PROPOSER ACKNOWLEDGMENT
Bid Writer: Latonya Hubbard, 772-467-3102	RFP No: 2019-017
Pre-Bid Conference Date: N/A	RFP Title: SUNRISE THEATRE CATERING SERVICES
Pre-Bid Location: N/A	RFP Opening Location: Purchasing Division, Room 101 100 North U.S. #1 Ft. Pierce, Florida 34950
Proposal Due Date & Time: 3:00 PM, THURSDAY, JUNE 6, 2019	If you need any reasonable accommodation for any type of disability in order to participate in this procurement, please contact this department as soon as possible.
Proposer Name: <i>Anne Brewer Hall</i> Mailing Address: <i>11710 Orange Ave</i> <i>Fort Pierce, FL 34945</i>	I hereby certify that this proposal is made without prior understanding, agreement, or connection with any corporation, firm, or person submitting a bid for the same materials, supplies or equipment, and is in all respects fair and without collusion or fraud. I agree to abide by all conditions of this bid and certify that I am authorized to sign this proposal for the proposer. X  Authorized Signature (Manual)
City, State, Zip Code: <i>Fort Pierce, FL 34945</i>	Typed or Printed Name: <i>Anne Brewer Hall</i>
Type of Entity (Place a check or X): <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship	Title: <i>owner / President</i>
Incorporated in the State of: <i>FL</i> Year:	Delivery in _____ days, ARO
Phone Number: <i>772 2015161</i>	Payment Terms: Net 30 Days
Fax Number: <i>0</i>	FEIN or SS Number:
E-Mail Address: <i>AECHall@gmail.com</i>	Local Business: <input checked="" type="checkbox"/> Y <input type="checkbox"/> N MWBE: <input checked="" type="checkbox"/> Y <input type="checkbox"/> N
Bid Security is attached, when required, in the amount of \$ _____ F.O.B. DESTINATION	If returning as a "No Bid" state reason:
THIS PAGE MUST BE COMPLETED AND RETURNED WITH YOUR BID	

Annie's

11710 Orange Ave
Fort Pierce, FL
34945
(772) 201-5161
Anniesmobilecatering@gmail.com

An innovative business with foresight, experience, knowledge.

- ✚ Chef/ Owner Brewer's Café Local Downtown Business, Fort Pierce 11 Years

- ✚ Extensive experience In Catering/ Riders for the performers at the Sunrise Theater (2009, 2010, 2011, 2012, 2015, 2016, 2017, 2018)

- ✚ **Punctual**

- ✚ Freshly Prepared, High level of quality, Presentation and Taste

- ✚ Budget Friendly, Creative Menus

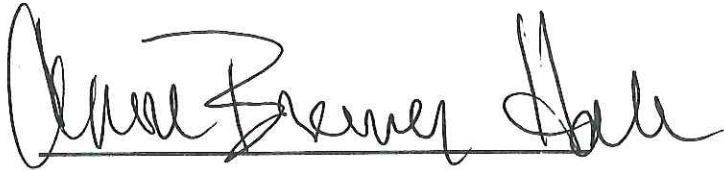
- ✚ Limitless

Annie's

11710 Orange Ave
Fort Pierce, FL
34945
(772) 201-5161
Anniesmobilecatering@gmail.com

Special Notice of Consideration

Annie's Mobile Catering will provide Proof and Guarantee of Insurance/Worker's Comp Insurance in the amount specified within Ten (10 Days) with the acceptance of this bid.

A handwritten signature in black ink, appearing to read "Anne Brewer Hall", written over a horizontal line.

Anne Brewer-Hall, President

Jarrold Trefelner
3245 River Dr
Fort Pierce, FL 34981

October 2, 2015

City of Fort Pierce
Purchasing Department
100 N. U.S. Highway 1
Fort Pierce, FL 34981

Dear City of Fort Pierce:

Please accept this as my letter of recommendation for Annie Hall of Annie's Catering Inc. I have previously had the pleasure of both working with her and enjoying her food and catering on numerous occasions. I have found her menu to be delicious, portions are generous and the presentations are always excellent. Annie is very attentive to all the guests, while delivering the food quickly and discretely.

I am always very impressed with her work; Annie's Catering Inc will be an excellent asset of Fort Pierce and Sunrise Theater.

Sincerely,



Jarrold Trefelner

Anne Brewer - Hall

Objective

Achieve challenging and rewarding position within the City of Fort Pierce
And Sunrise Theater

Qualifications Summary

Over 20 years of experience in catering, food preparation, management
and operations:

- Cook / Food Preparation
- Owner/ Manager of a successful café and catering business
- Managing Employees
- Inventory Management – quality control, ordering and loss control
- Managing a Budget
- Serving

Experience

Annie's Catering Inc. (Present Ft. Pierce, FL)

Owner, Chef, & Manager

Responsible for cooking, managing budgets, inventory, and employees.
Responsibilities include but limited to - developing menus, cooking many
times for large groups and quality control.

Uncle Scott's Steak House (1/2009 - 5/2011 Kingwood, NJ)

Chef & Server, & Manager

Responsibilities include but limited to – Server, Cooking, and Managing
inventory.

Brewers Café (1998 – 2009 Ft. Pierce, FL)

Owner, Chef, & Manager

Responsible for cooking, managing budgets, inventory, and employees. Responsibilities include but limited to - developing menus, cooking, catering for many large groups, quality control and managing profitability.

Professional Certificates:

- Certified Food Manager – State of Florida
- Certified Safe Serve – State of Florida
- Management/Leadership Program
- Certified Nurse Assistant
- CPR

Education

Tulsa University
Truckee Meadows CC

Tulsa, OK

Edward C. Reed High School
High School Diploma

Reno, Nevada

Volunteer & Awards

Fairlawn Elementary – volunteer 2012

A Taste of St. Lucie for – volunteer for 7 years

Travel Magazine Recognition – (Brewers Café)

References

Available Upon Request



DRUG~FREE WORKPLACE FORM

The undersigned vendor in accordance with Florida Statute 287.087 hereby certified that
Annie's Mobile Catering LLC does:
 (Name of Business)

1. Publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for violations of such prohibition.
2. Inform employees about the dangers of drug abuse in the workplace, the business's policy of maintaining a drug-free workplace, any available drug counseling, rehabilitation, and employee assistance programs, and the penalties that may be imposed upon employees for drug abuse violations.
3. Give each employee engaged in providing the commodities or contractual services that are proposed a copy of the statement specified in subsection (1).
4. In the statement specified in subsection (1), notify the employees that, as a condition of working on the commodities or contractual services that are under Bid, the employee will abide by the terms of the statement and will notify the employer of any conviction of, or plea of guilty or nolo contendere to, any violation of Chapter 893 or of any controlled substance law of the United States or any state, for a violation occurring in the workplace no later than five (5) days after such conviction.
5. Impose a sanction on, or require the satisfactory participation in a drug abuse assistance or rehabilitation program if such is available in the employee's community, by any employee who is so convicted.
6. Make a good faith effort to continue to maintain a drug-free workplace through implementation of this section.

As the person authorized to sign the statement, I certify that this firm complies fully with the above requirements.

Annie Sawyer Hall
 Proposer's Signature

June 3 2019
 Date



SECTION VII

REFERENCE CHECK FORM

Bid No: 2019-017 Title: Sunrise Theater Catering Services

Bidder/Respondent Name: Annie's Mobile Catering

Reference Company Name: Anne Brewer Hall

Telephone Number: 772 221 5161 Fax Number:

Contact Name: Anne Brewer Hall Email: ABCHall@gmail.com

Reference Instructions: Submit a minimum of three (3) References. Fill out top portion only one per Reference. The City of Fort Pierce will send forms to the referenced company after the City's receipt of form in the Bid.

The above company submitted a proposal to general contracting services to the City of Fort Pierce. He/she listed you as a reference. Please complete the questions below and fax back to (772) 467-3848.

- When did this company work for you? From: _____ To: _____
- How would you describe the Contractor:

Quality of Work:

Dependability:

Integrity of owner and employees:

What areas could he/she improve upon?

Would you contract with this Contractor again? Yes No Maybe

On a scale of 1 to 5, how would you rate his/her work in general? 1 2 3 4 5

Add any information/comments that might help us evaluate their ability to perform for us?

References:

Jarrold Trefelner

Center State Bank, Fort Pierce, FL

(772)201-4991

Dr. Ian Boykin

2000 Nebraska Ave, Fort Pierce, FL

(772)-465-4444 or (772)-528-2647

Anne Nagel

TD Bank

(828)-817-3142

Jennifer Hendricks

St. Lucie County Sheriff's Office

(772)353-0407

Kelly Krantz

3307 North Indian River Drive

Fort Pierce, FL

(772) 528-5991

Richard Owen PA

Urgent Care

Fort Pierce, FL

(772)370-8005



SECTION VII
COST PROPOSAL FORM
CATERING/HOSPITALITY SERVICES
RFP NO. 2019-017

Please provide per person pricing for items below for the Sunrise Theater:

Cold (continental) Breakfast:	\$ <u>5.95</u> / per person
Hot Breakfast:	
• Chafers-2 meats, potato, eggs, pancakes	\$ <u>8.95</u> / per person
• Omelet station	\$ <u>12.95</u> / per person
Coffee Service: Donuts, bagels, danish, muffins, juices, etc.	\$ <u>6.95</u> / per person
<u>Fruit tray</u>	\$ <u>4.00</u> / per person
Cheese tray, crackers	\$ <u>4.50</u> / per person
Deli/Flat meat & cheese tray	\$ <u>7.33</u> / per person
Sandwich/wraps platter with chips, condiments, lettuce & tomatoes, etc.	\$ <u>10.00</u> / per person
add potato/pasta salad, slaw	\$ <u>11.00</u> / per person
add tuna/chicken/ham salad	\$ <u>12.95</u> / per person
<u>Caesar Salad</u>	\$ <u>9.25</u> / per person
add chicken/shrimp	\$ <u>13.50/15.00</u> per person
Box Lunch: Sandwich, chips, drink, fruit	\$ <u>10.95</u> / per person
Dancer food: Yogurt, fruit, raw veggie tray, granola, hummus, pita, cookies, energy bars	\$ <u>9.50</u> / per person
<u>Hot Lunch:</u>	
Soup	\$ <u>5.00</u> / per person
Burgers & dogs	\$ <u>11.95</u> / per person
Grilled cheese/ham & cheese	\$ <u>7.95</u> / per person
Pasta	\$ <u>9.00</u> / per person
Meat dish	\$ <u>9.95 13.50</u> / per person
Chicken	\$ <u>13.50</u> / per person
Fish	\$ <u>14.50</u> / per person
BBQ	\$ <u>15.95</u> / per person

COST PROPOSAL FORM

Page 2 of 3

Dinner:

Soup	\$ <u>5.00</u> / per person
Salad	\$ <u>5.00</u> / per person
Veggies	\$ <u>5.00</u> / per person
Pasta dish	\$ <u>10.95</u> / per person
Meat dish	\$ <u>14.99</u> / per person
Chicken	\$ <u>14.99</u> / per person
Fish	\$ <u>14.99</u> / per person
Meat Loaf	\$ <u>15.95</u> / per person
Carvery*	\$ 15.00 <u>6.00</u> / per person
Desserts	\$ <u>6-8 pp</u> / per person

Per person for salad, entrée, 1 vegetable, 1 starch, dessert \$ 14.95 / per person

El Cheapo: Salad, lasagna/pasta/arroz con pollo, (i.e. - single dish)
Bread, sodas, juices, cookies. \$ 16.95 / per person

Plated dinner w/server \$ 20.00 / per person

Is there an up charge for plates & silverware? Yes ___ or No ___

If yes, \$ No / per person

*Indicates what up charge would be if any.

Items above are sample menus provide as a guideline of the selection Sunrise Theater is looking for in a qualified vendor who is able to provide an adequate catering service that meets the theatres needs.

Please include hourly charge for providing hospitality items as listed in Scope of Work located in Section V of the proposal documents

\$ 10.00 / per person

COST PROPOSAL FORM

Page 3 of 3

- Do you accept the Purchasing Card Visa? (Please Check One) Yes or No
- Percentage of discount of bid price when payment is made with Visa: 0 %

Vendor Anne Brewer Hall
Address 1710 Orange ave
City, State, Zip Code Fort Pierce, FL 34945
Email Address Annes Mobile Catering@gmail.com / ABHall@gmail.com
Typed Name, Title Owner - Anne Brewer Hall
Signature Anne Brewer Hall
Telephone# 772 2015161 Fax# Ø

(*Please include Remit to address if different than address stated above)

Check block below for applicable minority indicator:

Asian Indian Black Asian Pacific Hispanic Native American
Small Business Women Owned Small Disadvantage Business

EXHIBIT "B"

SAMPLE OF ARTIST RIDERS

LONESTAR

Schedule "B" CATERING REQUIREMENTS

If there are any questions or concerns regarding catering or specific menu items, please contact ARTIST'S Tour Manager, Wade Hooker (615) 414-0824, Email: hooker948@gmail.com.

All meals are to be served in a private area completely separate from the public. All numbers reflect L-ONESTAR personnel only. This does not include Opening Acts, local crews, promotions staff, etc. If and when the aforementioned are included for catering, it is requested that LONESTAR personnel eat first for all meals,

ALL DAY BEVERAGES

The following beverages are to be served with breakfast, lunch and dinner:

Coke, Coffee and 2% milk, along with plenty of individually bottled non-carbonated spring water (Dasani or Aquafina). These beverages should be left up in the catering area all day and should be refreshed throughout the day.

Please make sure there is one (1) LARGE cooler, iced down, with assorted soft drinks and water upstage right, at time of load-in and refreshed throughout the day.

BREAKFAST

Please expect 10 - 12 people + locals for breakfast unless otherwise specified.

FOOD: Eggs, meat (lean regular bacon and sausage links or patties), hash brown potatoes, assorted cereals (Corn Flakes, Special K, Raisin Bran or Frosted Flakes), whole wheat or white toast, bagels, fresh fruit platter (cantaloupe, watermelon, bananas, in season berries and grapes).

CONDIMENTS: Cream cheese, strawberry and grape preserves, peanut butter, picante sauce, ketchup, butter, syrup, sugar, Equal or Sweet-n-low.

BEVERAGES: 2% milk, fresh orange juice, regular and decaffeinated coffee, Coke, Diet Coke, Diet Mt. Dew, Dr.Pepper, A&W Root Beer and plenty of individually bottled, non-carbonated water. (Dasani or Aquafina). Please provide a USA Today & Local newspaper.

LUNCH

Please expect 10 - 12 people + locals for lunch unless otherwise specified. All lunches must include fresh salad. Please provide assorted regular and a fat free salad dressing; please provide condiments accordingly with each meal. Hot meals of Tour Manager's choice (Hamburgers, Cheese Burgers, Hot Dogs, Taco Bar Sloppy Joes, etc.) to be discussed with caterer in advance, local specialties are encouraged. Lunch should include chips, potato salad, etc. Beverage choices as listed above,

EXHIBIT "B"

SAMPLE OF ARTIST RIDERS

DINNER

Please expect 10 - 12 people + locals for dinner unless otherwise specified. All dinners are to be served with real plates and utensils. All dinners must include fresh salad, Please provide assorted regular and fat free salad dressing for dinner salads. Hot meals to include: two (2) entrees of Tour Manager's choice, to be discussed with caterer in advance, local specialties are encouraged. Meals ate to include two (2) vegetables, potatoes or rice, and fresh bread. Meals to include caterer's choice of two desserts. Please supply salt and pepper, butter, ketchup, steak sauce, etc. Beverage choices as listed above.

AFTER SHOW FOOD:

Venue Does Not Supply After Show Food

~~Often times, due to time constraints, ARTISTS are not able to participate in dinner and must wait until after show to eat. Therefore, the After Show Food is very important.~~

JE

ARTIST Tour Manager will decide from assortectl@lian or Chinese food, BBQ, burgers, pizza or similar for fifteen (15) people. Please provide menus from locafrestaurants for options. NO DELI TRAYS PLEASE.

After Show Food to be delivered to Buses at times to be determined by TouEManager4

Please complete and submit with your proposal:

Price Cost Exhibit B: \$ 2495.00

Proposer's Name: Anne Brewer Hall

Signature: Anne Brewer Hall

STATEMENT

[Your Company Slogan]

Date: June 5, 2019
Statement #990101

Annie's Mobile Catering
11710 Orange Ave
Fort Pierce, FL 34945
772-201-5161
Aechall@gmail.com

City of Fort Pierce
Sunrise- Attn: Thomas Taylor
[Click here to enter text.](#)

Invoice #990101 Lonestar 3/15/2019

DATE	DESCRIPTION	BALANCE	AMOUNT
	All Day Drinks (load In) Coffee Station Tea Station Assorted Soda Assorted Juice Bottled Water		
	Breakfast/ Lunch Eggs Cooked to Order Bacon Sausage Pancakes Waffles Assorted Bread Assorted Bagels Muffins Pastries Fresh Fruit		
	Taco Bar Ground Seasoned Beef Pulled Seasoned Chicken Beans Saffron Rice Fresh Salsa Cheddar Cheese Lettuce Avocado Onion Jalapeno Assorted Tortilla (Corn and Flour)		
	Dessert		
	Dinner Mixed Baby Green Salad Assorted Dressing Fresh Bread Fresh Mahi-Mahi Smoked Pork Loin Baked Chicken		

Roasted Red Potato
 Asparagus
 Brussel Sprouts
 Pasta

Assorted Dessert Table

CURRENT	1-30 DAYS PAST DUE	31-60 DAYS PAST DUE	61-90 DAYS PAST DUE	OVER 90 DAYS PAST DUE	AMOUNT DUE
					2495.00

REMITTANCE	
Statement #	990101
Date	3/15/2019
Amount Due	2495.00
Amount Enclosed	

Make all checks payable to [Annie's Mobile Catering

Thank you for your business!

EXHIBIT "C"

SAMPLE OF ARTIST RIDERS

ROCK AGES ~ HOSPITALITY

- A. All catering/hospitality must be discussed in advance with the Company Manager. If the venue requires the use of an exclusive catering service, please inform the Company Manager Immediately.
- B. For Section 13 items (c) through (h) below, the Presenter must provide one food option at all meals that is both Gluten Free (contains no wheat, rye, barley, and oats) and Vegetarian. The gluten free option must be suitable for a person with Celiac Disease (i.e., the food cannot come into contact with gluten; must be treated like an allergy).
- C. On the day of the load-in, the Presenter must provide as a local Documented Expense coffee break catering inclusive of donuts, muffins, bagels; coffee, tea, fruit juice, cereal, soda, etc. for the entire local and traveling crew (approximately 60 people). These refreshments shall be available no later than two (2) hours after the start of the calf.
- D. The Production must have an unrestricted right to consume food and non-alcoholic beverages in the backstage and dressing room areas of the venue, Should there be any catering fee or other charges in connection with catering, it will be the responsibility of the Local Presenter.

Section 14: TEMPERATURE

- a) The stage and dressing rooms must be maintained at a temperature between 68 and 72 degrees at all times per AEA requirements while the company is in the Venue. This includes Load In and Load Out whenever possible. This must be achieved by half-hour and maintained throughout the performance with as little air movement as possible on stage. If portable heaters/cooling units are required to achieve this, they shall be obtained at Presenter's expense prior to the engagement.

Please complete and submit with your proposal:

Price Cost Exhibit C: \$ 995.00

Proposer's Name: Anne Brewer Hall

Signature: Anne Brewer Hall

EXHIBIT "D"

SAMPLE OF ARTIST RIDERS

TONY BENNETT

LOAD IN/DRESSING ROOM CATERING ETC.

Please put local venue Internet login info in each dressing room.

LOAD-IN 10AM

Breakfast for four (4)

Continental style, cold juices, cereal, bagels, cream cheese, pastries

Coffee set up. Toaster for bagels Bottled water

LUNCH 12-1PM

Soup/Salad/Sandwiches for two (2) (Include assorted meats, egg / tuna salad) or delivered.

DINNER

Possible dinner for 10 depending on travel schedule. We can discuss food options during the advance or option of meal buyout (preferred) \$40/pp in \$20s.

ROOM 1: TONY BENNETT for Two (2) - Set up 1 hr. prior to Showtime

- 1 - Small cut fruit platter
- 1 - Small cut crudité platter with dip. Cucumber, peppers, celery, carrots, etc.
- 1 - Assorted mixed nuts. Pistachios, cashews, almonds
- 1 - Small plate of four (4) assorted sandwiches (1/2 cut) Tuna, egg salad, turkey, ham & cheese etc.
W/ asst. condiments (mayo, mustard, salt, pepper, local hot sauce) Plates, utensils, napkins
- 4 - Small bottles of Poland Spring (or similar) water. Room temp
- 4 - Wine glasses. (NO plastic cups)
- 1 - Corkscrew
- 4 - Bottles of asst. Iced Tea (Snapple, etc.)
- 1 - Decaf coffee setup
- 1 - Full length mirror
- 2 - Straight back chairs.
- 6 - Small hand towels
- 1 - Portable steamer
- 1 - Hanging rack with hangers
- 1 - Wastebasket
- 1 - Small wastebasket w/ liner to be placed on Stage Right

EXHIBIT "D"

SAMPLE OF ARTIST RIDERS

Any revisions made to Artist Rider are subject to Artist Management approval.

Room 2: Antonia Bennett: Set up 1-hr prior to showtime

- 6- Small bottles of Fiji (or similar) Room temp
- 1 - Asst. green mixed salad w/lettuce (Iceberg) w/asst. dressings
- 1 - Small fruit platter
- ~~1 - Bottle of good quality white wine w/corkscrew~~
- 1 - 1/2 cooked chicken breast
- 4 - Misc. Clif Bars
- 1 - Hanging rack w/hangers
- 1 - Box of Ziploc Quart size bags
- 1 - Wastebasket
- 4- Chairs
- 1 - Full length mirror
- 4 - Small hand towels
- W/Asst. condiments (mayo, mustard, salt, pepper, Tabasco) / Cups, plates, utensils, napkins, etc.

} Items crossed out by
Sunrise Mgmt, venue
cannot supply alcohol

ROOM 3: THE QUARTET for Six (6) - Set up 1 hr prior to Showtime

- 1 - Cut fruit / Asst. cheeses platter
- 1 -Plate of bread/rolls for sandwiches
- 1 - Chip & dip platter (Kettle cooked chips)
- 1 - Asst. fresh chicken, turkey, beef, shrimp for sandwiches (**NOT COLD CUTS**)
Rotisserie chicken is always good w/knives to slice and local specialties
- 1 -Mixed green salad w/lettuce (Iceberg/Romaine) for Five (5) w/asst dressings
(Olive oil/Balsamic, Ranch, Italian)
- 3 - Sandwiches (pre made) Turkey, Tuna, Roast Beef
- 24- Small bottles of Evian (or similar) on ice
- 6 - Small bottles of San Pellegrino w/lemon, lime wedges
- 12- Cans/bottles of mixed sodas
- ~~2 - Bottles of good quality red wine (Merlot) w/corkscrew~~
- ~~1 - Bottle for good quality white wine on ice or refrigerated~~
- ~~12 - Bottles of Heineken beer on ice or refrigerated~~
- ~~6 - Bottles of Bud Light on ice or refrigerated~~
- 1 - Coffee set up w/milk, sugar etc.
- 1 - Mise tea setup
- 1 - Full length mirror
- 1 - Table
- 8 - Straight back chairs
- 12- Small hand towels
- 1 -Hanging rack w/hangers
- 1 - Box of Ziplock Quart size Baggies
- 1 - Waste basket
- W/Asst. condiments (mayo, mustard, salt, pepper, Tabasco) | Cups, plates, utensils, napkins, etc.

} Items crossed out by
Sunrise Mgmt, venue
cannot supply alcohol

Any questions about these requirements, please contact John Callahan at logistic@aol.com

EXHIBIT "D"

SAMPLE OF ARTIST RIDERS

Please complete and submit with your proposal:

Price Cost Exhibit D: \$ 995.00

Proposer's Name: Anne Brewer Hall

Signature: Anne Brewer Hall

STATEMENT

[Your Company Slogan]

Date: June 5, 2019
Statement #990104

Annie's Mobile Catering
11710 Orange Ave
Fort Pierce, FL 34945
772-201-5161
Aechall@gmail.com

City of Fort Pierce
Sunrise- Attn: Thomas Taylor
[Click here to enter text.](#)

Invoice #990104 Tony Bennett 3/27/2019

DATE	DESCRIPTION	BALANCE	AMOUNT
	All Day Drinks (load In) Coffee Station Tea Station Assorted Soda Assorted Juice Bottled Water		
	Room 1 Cut Fruit Platter Assorted Mixed Nuts Assorted Sandwich Tray Spring Water Assorted Iced Tea Bottles Café Starbucks Coffee		
	Room 2 6 Bottles Fiji Water Mixed Green Salad Assorted Dressing Small Fruit Platter ½ Cooked Chicken Breast 4x Cliff Bars Ziplock quart sized bags		
	Room 3 Assorted Fruit Platter Assorted Cheese Platter Assorted Bread Basket Chips and Dip Fresh Baked Turkey Beef Shrimp Whole Rotisserie Chicken Mixed Baby Green Salad Assorted Dressing Pre-Made Sandwich Tray 52 Bottles Fiji and Evian Water 12 Bottles San Pellegrino Lemon Lime Wedges Assorted Soda		

CURRENT	1-30 DAYS PAST DUE	31-60 DAYS PAST DUE	61-90 DAYS PAST DUE	OVER 90 DAYS PAST DUE	AMOUNT DUE
					995.00
REMITTANCE					
Statement #				990104	
Date				3/27/2019	
Amount Due				995.00	
Amount Enclosed					

Make all checks payable to [Annie's Mobile Catering

Thank you for your business!

EXHIBIT "E"

SAMPLE OF ARTIST RIDERS

TWO HOURS PRIOR TO SHOWTIME/ DRESSING ROOMS SHOULD BE SUPPLIED WITH:

BILL MEDLEY -Star Room 1:

Clothes hanging rack, hand towel, soap, bath-towels, bottled water, honey with a pot of hot water

FOR AFTER SHOW :(1) small deli' snack tray including bologna, raw onions, white bread, American mustard (no cheese),

BUCKY HEARD Star Room 2:

Clothes hanging rack, hand towel, soap, bath towels, bottled water, honey with a pot of hot water, pineapple juice, coconut water

BAND / CREW MALE Room 3 (7) people:

(1) Clothes hanging rack, hand towels with soap

(1) Case of bottled water, ..

(1) Whole fruit basket 10 pieces (ex, bananas, apples, oranges)

(1) Coffee (with creamer and sugar),

(1) Deli meat tray with cheese (serve 10) ham, turkey, roast beef, (with white and wheat bread) (no pre-packaged meats please)

(1) Garnish tray for sandwiches with lettuce, tomato, onion (mustard and mayonnaise)

(1) -Snack tray with cheese, crackers, pickles, celery

BAND FEMALE - Room 4 (3) people:

(1) clothes hanging rack, hand towels with soap

(6) bottles of spring water

4. PURCHASER will provide a dressing rooms guard plus ample security to insure that only authorized personnel are permitted backstage.

(Catering food for band and crew can be in (1) common location like Green Room)

NOTE: ALL MEAT, CHEESE, GARNISH, SNACK TRAYS AND BEVERAGES MUST BE KEPT ON ICE OR REFRIGERATED FOR THE ENTIRE TIME

FOOD

1. **LUNCH:** PURCHASES will provide a lunch for 10 people during setup, at no cost to ARTIST. Time of meal to be determined by ARTIST'S production manager.
- (1) Case of bottled water, (1) six pack Diet. Coke
- (1) Whole fruit basket 10 pieces (ex. bananas, apples, oranges)
- (1) Coffee (with creamer and sugar)
- (1) Deli meat tray with cheese (serve 10) ham, turkey, roast beef, (with white and wheat bread; No. pre-packaged meats please)

EXHIBIT "E"

SAMPLE OF ARTIST RIDERS

- (1) Garnish tray for sandwiches with lettuce, tomato, onion (mustard and mayonnaise)
- (1) -Snack tray with cheese, crackers, pickles celery

TBD @
ADVANCE

- 2. **DINNER:** PURCHASER will provide hot meals for 10 people following sound check, at no cost to ARTIST. Time of meal to be determined by ARTIST'S Production Manager
Meal to consist of salad, bread, one main course such as: (beef, chicken or turkey)
Two {2} vegetable selections and one {1} dessert.
Purchaser may substitute dinner with a buy out at \$35.00 per person times 11 if meal is not available. (Total= \$385) Dinner buy out money is to be given to Tour Manager at sound check time in \$20.00 denominations.

TRANSPORTATION – Local Ground only (note: by SRT Mgmt)

PURCHASER will provide the following local transportation upon ARTIST'S arrival at airport. Vehicles and drivers are also to be used to and from hotel and venue for stage set-ups, sound checks, and performances. Transportation to be provided by a professional transportation company only.

- 1. A "Town Car to transport ARTISTS.
- 2. One 15 passenger van is required for entourage. One extra vehicle may be needed for luggage and guitars etc.
- 3. ~~Extra trips to airport may be necessary based on flight arrival times (strikethrough made by SRT Mgmt)~~

*In the event that ARTIST and entourage arrive via Tour Bus, Items #1 and #2 above must still be provided for use between hotel and venue.

COMPLIMENTARY TICKETS

PURCHASER must provide ARTIST with ~~twenty (20)~~ complimentary tickets per show within the first ten (10) rows, and of good positioning. Any unused portion of these tickets may be placed on sale the day of performance with the permission of ARTIST or ARTIST'S representative. ARTIST'S Tour Manager will determine time - of ticket release. Backstage guest lists/passes are subject to final approval by ARTIST'S tour manager.

FOOD AND BEVERAGE COMP:

When food and beverage comps are to be provided by the PURCHASER,

Please complete and submit with your proposal:

Price Cost Exhibit E: \$ 2250.00

Proposer's Name: Anne Brewer Hall

Signature: Anne Brewer Hall

STATEMENT

[Your Company Slogan]

Date: June 5, 2019
Statement #990092

Annie's Mobile Catering
11710 Orange Ave
Fort Pierce, FL 34945
772-201-5161
Aechall@gmail.com

City of Fort Pierce
Sunrise- Attn: Thomas Taylor
[Click here to enter text.](#)

Invoice #990092 Righteous Brothers
1/18/2019

DATE	DESCRIPTION	BALANCE	AMOUNT
	All Day Drinks Coffee Station Tea Station Assorted Soda Assorted Juice Bottled Water		
	Dressing Room Deli Tray Assorted Condiments, Veggie Tray Coconut Water Pineapple Juice Whole Fruit Basket 40x Bottled Water Hot Tea Set-up		
	Lunch Boars Head Assorted Deli Meat Tray Whole Fruit Basket Cheese Platter Garnish Platter Pasta Salad Assorted Fresh Bread Snack Tray Assorted Cheeses, Pickles and Celery Assorted Drinks, Juice, Bottled Water		
	Dinner Mixed Baby Green Salad Assorted Dressing Fresh Bread Smoked Chicken Baked Citrus Salmon Mashed Potato Pasta with Cream Sauce Brussel Sprouts Asparagus Vegan - Tofu, Mixed fresh organic Vegetables over rice noodles		
	Dessert Table		

CURRENT	1-30 DAYS PAST DUE	31-60 DAYS PAST DUE	61-90 DAYS PAST DUE	OVER 90 DAYS PAST DUE	AMOUNT DUE
					2250.00
REMITTANCE					
Statement #				990092	
Date					
Amount Due				2250.00	
Amount Enclosed					

Make all checks payable to [Annie's Mobile Catering

Thank you for your business!

Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
Anne Brewer Hall

2 Business name/disregarded entity name, if different from above
Annie's Mobile Catering

3 Check appropriate box for federal tax classification; check only **one** of the following seven boxes:
 Individual/sole proprietor or single-member LLC
 C Corporation
 S Corporation
 Partnership
 Trust/estate
 Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____
Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.
 Other (see instructions) ▶ _____

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
 Exempt payee code (if any) _____
 Exemption from FATCA reporting code (if any) _____
(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.)
11710 Orange ave

6 City, state, and ZIP code
Fort Pierce, FL 34945

7 List account number(s) here (optional)

Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number									
or									
Employer identification number									
4	7	-	5	2	8	7	4	9	1

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here Signature of U.S. person ▶ *Anne Brewer Hall* Date ▶ _____

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.

By signing the filled-out form, you:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.



**STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION**

**DIVISION OF HOTELS AND RESTAURANTS
2601 BLAIR STONE ROAD
TALLAHASSEE FL 32399-1011**

850-487-1395

ANNE HAU
ANNIE'S MOBILE CATERING LLC
4820 RIVER OAK LN
FORT PIERCE FL 34981

Congratulations! With this license you become one of the nearly one million Floridians licensed by the Department of Business and Professional Regulation. Our professionals and businesses range from architects to yacht brokers, from boxers to barbeque restaurants, and they keep Florida's economy strong.

Every day we work to improve the way we do business in order to serve you better. For information about our services, please log onto www.myfloridalicense.com. There you can find more information about our divisions and the regulations that impact you, subscribe to department newsletters and learn more about the Department's initiatives.

Our mission at the Department is: License Efficiently, Regulate Fairly. We constantly strive to serve you better so that you can serve your customers. Thank you for doing business in Florida, and congratulations on your new license!



DETACH HERE

RICK SCOTT, GOVERNOR

MATILDE MILLER, INTERIM SECRETARY

**STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
DIVISION OF HOTELS AND RESTAURANTS**

LICENSE NUMBER		
MFD6650306	VIN NUMBER:	SELF SUFFICIENT

The MOBILE FOOD DISP VEHICLE (2014)
Named below IS LICENSED
Under the provisions of Chapter 509 FS.
Expiration date: APR 1, 2018

ANNIE'S MOBILE CATERING LLC
ANNIE'S MOBILE CATERING LLC
4820 RIVER OAK LN
FORT PIERCE FL 34981



NON-TRANSFERABLE



ServSafe
National Restaurant Association

ServSafe® CERTIFICATION

ANNE HALL

for successfully completing the standards set forth for the ServSafe® Food Protection Manager Certification Examination, which is accredited by the American National Standards Institute (ANSI)-Conference for Food Protection (CFP).

13853914

IDENTIFICATION NUMBER

5182

EXAM FORM NUMBER

7/7/2022

DATE OF EXPIRATION

Local laws apply. Check with your local health department for recertification requirements.

7/7/2022

DATE OF EXPIRATION

Local laws apply. Check with your local health department for recertification requirements.



#0655

In accordance with Maritime Labour Convention, 2002, the ServSafe logo are trademarks of the NRAAF.
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National Restaurant Association



Contact us with questions at 175 W Jackson Blvd, Ste 1500, Chicago, IL 60604 or ServSafe@restaurant.org.



2019 Florida Annual Resale Certificate for Sales Tax

DR-13
R. 10/18

This Certificate Expires on December 31, 2019

Business Name and Location Address

ANNIE'S MOBILE CATERING LLC
11710 ORANGE AVE
FORT PIERCE FL 34945-2022

Certificate Number

66-8016839432-6

By extending this certificate or the certificate number to a selling dealer to make eligible purchases of taxable property or services exempt from sales tax and discretionary sales surtax, the person or business named above certifies that the taxable property or services purchased or rented will be resold or re-rented for one or more of the following purposes:

- Resale as tangible personal property.
- Re-rental as tangible personal property.
- Resale of services.
- Re-rental as commercial real property.
- Incorporation into tangible personal property being repaired.
- Re-rental as transient rental property.
- Incorporation as a material, ingredient, or component part of tangible personal property that is being produced for sale by manufacturing, compounding, or processing.

Your *Florida Annual Resale Certificate for Sales Tax* (Annual Resale Certificate) allows you or your representatives to buy or rent property or services tax exempt when the property or service is resold or re-rented. You **may not** use your Annual Resale Certificate to make tax-exempt purchases or rentals of property or services that will be used by your business or for personal purposes. Florida law provides for criminal and civil penalties for fraudulent use of an Annual Resale Certificate.

As a seller, you must document each tax-exempt sale for resale using one of three methods. You can use a different method each time you make a tax-exempt sale for resale.

1. Obtain a copy (paper or electronic) of your customer's current Annual Resale Certificate.
2. For each sale, obtain a transaction authorization number using your customer's Annual Resale Certificate number.
3. Each calendar year, obtain annual vendor authorization numbers for your regular customers using their Annual Resale Certificate numbers.

Online: Visit floridarevenue.com/taxes/certificates

Phone: 877-357-3725 and enter your customer's Annual Resale Certificate number

Mobile App: Available for iPhone, iPad, Android devices, and Windows phones.

Mission:
To protect, promote & improve the health
of all people in Florida through integrated
state, county & community efforts.



Rick Scott
Governor

John H. Armstrong, MD, FACS
State Surgeon General & Secretary

Vision: To be the Healthiest State in the Nation

Fee \$10.00 (10/2012)

HAZARDOUS WASTE SCREENING

FOR A LOCAL BUSINESS TAX RECEIPT

DATE 10-14-15

Location: 3855 US Highway 1 Fort Pierce, FL 34982

PLEASE PRINT

1. BUSINESS NAME Annie's Mobile Catering LLC

2. BUSINESS OWNER(S) Anne Brewer Hall

3. BUSINESS PHONE 772 2015161

4. BUSINESS ADDRESS 4820 River Oak Ln Fort Pierce FL 34981
(CITY) (STATE) (ZIP)

5. MAILING ADDRESS SAME SAME SAME 34981
(CITY) (STATE) (ZIP)

6. NAME OF COMMERCIAL/SHOPPING CENTER /

7. PROPERTY/PARCEL ID # _____

8. BRIEF DESCRIPTION OF ACTIVITIES Mobile food ~~truck~~ trailers

9. DOES THIS BUSINESS OPERATE AT ANY OTHER LOCATIONS OR BUILDINGS IN THIS COUNTY OTHER THAN AT THE BUSINESS ADDRESS LISTED ABOVE? Y N IF SO, WHAT LOCATION _____

10. IS THIS A NEW BUSINESS? Y N

11. DOES THIS BUSINESS GENERATE OR DISPOSE; PAINT PRODUCTS, SOLVENTS, BATTERIES, CLEANING SOLVENTS, PESTICIDES, USED OILS, PETROLEUMS, OR OTHER SIMILAR HAZARDOUS WASTE? Y N

PLEASE CHECK THE FOLLOWING THAT APPLY TO THIS BUSINESS: (MUST BE COMPLETED FOR APPROVAL)

PUBLIC SEWER: YES NO WATER SYSTEM: PUBLIC WATER WELL

SEPTIC TANK: YES NO UNDERGROUND TANKS: YES NO

REGISTERED: YES NO NA RESIDENTIAL OFFICE: YES NO

DOES BUSINESS CURRENTLY HAVE A LICENSED HAULER: YES NO N/A Flying J Kings Hwy 4

I HEREBY AGREE THAT THE BUSINESS ABOVE WILL COMPLY WITH ALL FEDERAL, STATE AND LOCAL HAZARDOUS WASTE LAWS Pierce

Anne Brewer Hall
PRINT NAME (AGENT FOR THE ABOVE BUSINESS)

Anne Brewer Hall
SIGNATURE

DO NOT WRITE BELOW THIS LINE

HAZARDOUS WASTE SURVEY REQUIRED: DBPR until 4/1/2018

YES NO

APPROVED
SLUCHE STAMP
OCT 14 2015
St. Lucie County Health Dept.

St. Lucie County Health Department
Division of Disease Control and Health Protection
Bureau of Environmental Health
3855 S. U.S. 1, Fort Pierce, FL 34982
PHONE: (772) 873-4931 ~ Fax (772) 873-4893
www.stluciecountyhealth.com

ENVIRONMENTAL HEALTH DIVISION
www.FloridasHealth.com
TWITTER: HealthyFLA
FACEBOOK: FLDepartmentofHealth
YOUTUBE: fldoh

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS



Detail by Entity Name

Florida Profit Corporation

ANNIE'S CATERING, INC.

Filing Information

Document Number	P15000075507
FEI/EIN Number	NONE
Date Filed	09/10/2015
State	FL
Status	ACTIVE

Principal Address

4820 RIVER OAK LANE
FORT PIERCE, FL 34981

Mailing Address

4820 RIVER OAK LANE
FORT PIERCE, FL 34981

Registered Agent Name & Address

UNITED STATES CORPORATION AGENTS, INC.
13302 WINDING OAK COURT
A
TAMPA, FL 33612

Officer/Director Detail

Name & Address

Title P, D

BREWER-HALL, ANNE
4820 RIVER OAK LANE
FORT PIERCE, FL 34981

Title T

BREWER-HALL, ANNE
4820 RIVER OAK LANE
FORT PIERCE, FL 34981

Title S

HALL, ROLAND R



Certificate of Registration

DR-11
R. 10/15

Issued Pursuant to Chapter 212, Florida Statutes

66-8016839432-6

10/13/15

Certificate Number

Registration Effective Date

This certifies that

ANNIE'S MOBILE CATERING LLC
4820 RIVER OAK LN
FORT PIERCE FL 34981-4412

has met the sales and use tax registration requirements for the business location stated above and is authorized to collect and remit tax as required by Florida law. This certificate is non-transferable.

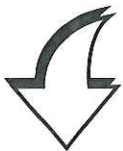
POST THIS CERTIFICATE IN A CONSPICUOUS PLACE

**THIS IS YOUR SALES & USE TAX CERTIFICATE OF REGISTRATION
(DETACH AND POST IN A CONSPICUOUS PLACE)**



THIS IS YOUR FLORIDA ANNUAL RESALE CERTIFICATE FOR SALES TAX
Note: New dealers who register after mid-October are issued annual resale certificates that expire on December 31 of the following year.

These certificates are valid immediately.



DR-11R, R. 10/15



2016 Florida Annual Resale Certificate for Sales Tax

THIS CERTIFICATE EXPIRES ON DECEMBER 31, 2016

DR-13
R. 10/15

Business Name and Location Address

ANNIE'S MOBILE CATERING LLC
4820 RIVER OAK LN
FORT PIERCE FL 34981-4412

Certificate Number

66-8016839432-6

By extending this certificate or the certificate number to a selling dealer to make eligible purchases of taxable property or services exempt from sales tax and discretionary sales surtax, the person or business named above certifies that the taxable property or services purchased or rented will be resold or re-rented for one or more of the following purposes:

- Resale as tangible personal property.
- Re-rental as tangible personal property.
- Resale of services.
- Re-rental as commercial real property.
- Incorporation into and sale as part of the repair of tangible personal property by a repair dealer.
- Re-rental as transient rental property.
- Incorporation as a material, ingredient, or component part of tangible personal property that is being produced for sale by manufacturing, compounding, or processing.

Florida law provides for criminal and civil penalties for fraudulent use of a *Florida Annual Resale Certificate*.