

EVENT PERMIT



Ordinance 17-08

BREASTFEST

PERMIT NUMBER:

TMP2018-00036

Date(s) of Event:

March 10, 2018 from 7:00am until 11:00am

Property Owner:

ST JAMES CITY CIVIC ASSN INC

Applicant:

FROM OUR HEARTS INC

Contact: BARB RIORDAN

Description:

Breast Cancer Walk

Location of event:

3300 FOURTH AVE SAINT JAMES CITY 33956

ST.JAMES CIVIC ASSOCIATION AND SURRONDING RIGHT-OF- WAYS

***239-283-5643

Will the event be attended by 1000 or more people?

No

Will the event be held on County Owned Property?

Yes

Will there be alcohol consumed or sold at the event?

No

Will a bond be posted for this event?

No

Permit Conditions:

- * Applicant must meet all event application requirements, including requirements of the sign-off agencies.
- * The premises is to be left in the same condition as it was prior to the event.
- The permit is to be readily available for inspection during the entire event.
- * If this approval includes the sale or consumption of alcoholic beverages, no alcoholic beverages may be consumed 1 1/2 hours prior to the conclusion of the event and vacating the facility/property.

Board of County Commissioners

Lee County, Florida

County Manager

Date



Event Application

Special Event

Use of County Property Alcohol within Lee County Facilities

Film, Video & Photography



Event Application

Check the appropriate box(es) below:

SPECIAL EVENT PERMIT

USE OF COUNTY PROPERTY PERMIT

PERMIT TO SELL AND CONSUME ALCHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES

FILM PERMIT

Section I - GENERAL INFO	RMATION (All Permit Types)				
Fitle of Event / Name of Production	BreastFest				
Date(s) of Event / Production:	March 10 2018				
Location(s) of Event:	3300 Fourth Ave, St James City Fr 33956				
Name of Applicant:	From Our HEARTS, Inc				
Applicant Address:	PO Box 356 Martacha Fr 33993				
Applicant Phone Number:	239 233 7437				
Contact Person: (If different from applicant)	Barbara Riordan				
Contact Phone Number: (If different from applicant)	239 283 5643				
Email Address:	fromour hearts.org @ gmail.com				
Estimated Attendance:	257				
Event Description: Include each activity, when activities take place, etc.	Breast Cancer Walk Starts at 830 and most walkers are finished by 10-1030 Am. Walk route is attached.				
Hours of Operation:	7AM-llAM				
STRAP # of Parcel:	024622050043900 DO (Zoned RS-1)				
Owner of Premises*:	St James City Civic Association				

^{*}Notarized statement from the property owner specifically consenting to the proposed use required.



Fill out the following questions for allpermit types: What is the Zoning Classification of the premises? Are any temporary structures to be installed for the event? Yes T No Type: Do you have the appropriate permits for the temporary structures? Yes * For a 'Special Event' and 'Use of County Property' permit, submit a site plan with all proposed facilities and activities indentified, including all parking areas. Insurance Company Insuring the Event: Note: Certificate of Insurance must be submitted at time of application Surety Company Bonding this Event (Name and Address): Will Alcoholic Beverages be Will Food be Available at this Event? Will Vehicles be Used as Part of This served/consumed at this Event? Event? T Yes If yes, liquor liability coverage must be If yes, products liability coverage must be If yes, automobile coverage must be included on the certificate of insurance. included on the certificate of insurance. included on the certificate of insurance. Name & Address of Organization Providing Food: Type of Food being Served: Section II - USE OF COUNTY PROPERTY PERMIT Organization Sponsoring the Event: Fill out this portion for applications for Solicitation in the County Rights-of-Way: Name of Charity: Address of Charity: Phone Number: 85 Non-profit certificate/registration number: (Proof of registration with the Dept. of Agriculture & Consumer Services \$496.405 or proof the organization is exempt from this requirement. §316.2045)

Section III - SALE/CONSUMPTION OF ALCHOLIC BEVERAGES PERMIT

Is alcohol being sold/consumed on County Property? If Yes, then a "Lee County Alcohol Permit" is required. Only non-profit organizations can sell alcohol on County Pr	Yes operty.	₩ No

Non-profit certificate/registration number:

(Required if alcohol is to be SOLD at the event)

Please note: A permit from the State of Florida Division of Alcoholic Beverages and Tobacco may also be required; please call (239) 344-0885 for further details



Section IV - FILM / VIDEO / PHOTOGRAPHY PERMIT

ype of Production (choose all tha			TI / Camanagain	Still Photos	
TV Movie or Special	TV Series / Pilo		TV Commercia	i Jana Filotos	
Public Service Announcement	☐ Industrial / Doc	umentary I	Other:	-	
Vill any of the following be need	ed or included*?				
Street Closure			Yes	No	
Traffic / Crowd Cor	itrol		┌─ Yes	No	
Fire or Burning			Yes	No	
Explosives or Pyrot	echnics		Yes	∏ No	
Animals, Large or S	mall		Yes	No No	
Construction of An	y Kind		Yes	No No	
Large and/or Nume	erous Vehicles		Yes	No	
Helicopters, Boats,	etc.		/ Yes	No	
Stunts	· · · · · · · · · · · · · · · · · · ·		Yes	No '	
Other			Yes	∏ No	
Special Parking Requirements:					naganakriingaanna middenakkankkakkiidakkiinkakkiinka kansiisto
	ALL (2) - 2-25 MANUAL AND A 1-24 MANUAL AND A 1-25 MANUAL AND A 1-				
	and the second s			10 m	e de la companya de l
City or County Services Requi	red: (Personnel, equi	pment, facilitie	s, etc.)		
	and the second second second				1 1999 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
The following information is r	equired for local and	state records o	n production in Fi	orida to track the ec	onomic impact
the industry. If exact figures a	ire not available, plea	se estimate as	closely as possible	2.	
Number in Cast:	Numb	er in Crew:	Numb	er of locals hired:	
Total budget:	Estima	ate amount sper	nt in Lee County:		
Hotel room nights:	Numb	er of shooting d	ays:		
number of room	ns x number of nights				•

Applicant Agreement - Signature Required



SECTION 1 - SAFETY

The Applicant agrees to provide adequate traffic and crowd control, emergency medical services and any other items, at the Applicant's expense, required by Lee County to protect the health, safety and welfare of the public. Lee County shall have the power to review the proposal and require, as necessary, detailed plans, diagrams, and explanations to clearly outline to Lee County, exactly what the Applicant is proposing.

SECTION II - INSURANCE

The Applicant, at its sole expense, agrees to procure and maintain in force during the entire term of the application, liability insurance in the amounts determined by Lee County Risk Management to protect against damages or other claims arising from use of County property by the applicant or its guests. Other limits may also be established by Lee County Risk Management for events which will be serving or consuming alcoholic beverages at approved County property. The insurance policy must also include coverage for Applicant's contingent liability on damages, claims or losses. "Lee County Board of County Commissioners" must be named as "additional insured" on the Certificate of Insurance, and the Certificate must be delivered to Lee County prior to Applicant's use of the property. The Insurance may not be canceled during the term of the event, if this occurs, the County has the right to revoke approvals related to use of the County property for the event, without recourse by the applicant.

SECTION III - INDEMNIFICATION

The Applicant agrees to indemnify, release and save harmless Lee County against any and all claims, costs, demands, damages, judgments or injuries of any nature arising from the conduct or management of, or from any work or thing whatsoever done in or about said Lee County property or any building or structure appurtenant thereto or equipment thereof during the term of this Permit, or arising during such term from any act of negligence of the Applicant, Applicant's agents, contractors, or employees, or arising from any accident, injury, or damage whatsoever, however caused, to any person or persons, or to any property of any person, persons, corporation or corporations, occurring during the term of this agreement on, in, or about said Lee County property, and from and against all costs, attorney's fees, expenses and liabilities occurring in connection with any such claim or any action or proceeding brought thereon.

For film permit applicants: The permittee shall have on-site a responsible representative empowered with authority over the filming director, filming crews, participants and filming operation. Permittee shall indemnify, defend and hold harmless the county, its officers, agents and employees from and against all claims, suits, actions, damages, liabilities, expenditures or causes of action of any kind arising out of or occurring during the activities of the permittee, and resulting or occurring from any negligent act, omission or error of permittee, resulting in or relating to injuries to body, life, limb or property sustained in, about or upon the permitted permises or improvement thereto, or arising from the use of the premises.

SECTION IV - DELIVERY, ACCEPTANCE AND SURRENDER OF PREMISES

The Applicant agrees to accept the County property on possession as being in a satisfactory state of repair and in sanitary condition.

The Applicant must surrender the premises to Lee County in the same condition as when Applicant takes possession, allowing for reasonable use and wear, and damage by acts of God. Applicant agrees to remove all business signs or symbols placed on the premises by the Applicant before redelivery of the premises to Lee County, and restore the premises to the condition in which it existed before their placement. Any signs and markings created or used in connection with this event must be temporary and removable; painting roadways, trees or any other fixed object is strictly prohibited. Applicant agrees to clear the Lee County property of litter at the close of the event.

Applicant Agreement - Signature Required



SECTION V - AGREEMENT

The Applicant agrees that Lee County can, at its sole discretion, terminate and cancel its permit to use Lee County property at any time without prejudice. Applicant further agrees to waive, release, save and hold harmless Lee County from any and all claims, demands or cause of actions based upon Lee County's cancellation or termination of said permit.

The Applicant agrees that the Lee County permit does not provide Applicant with any property rights in the County property in question or in the permit itself.

The applicant does acknowledge and hereby affirms that any and all information is accurate to the best of his/her knowledge.

Signature of Applicant

Signature of Applicant

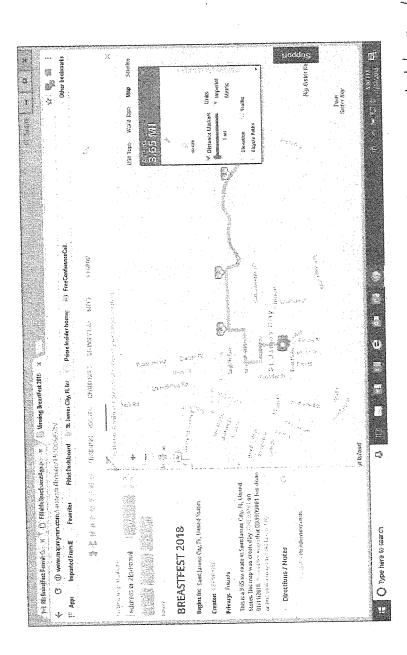
Darbara Riordan, Resident

Print Name of Applicant and Title & Treasurer

1/17/2018

Date

Date



Walk starts at 3300 tom 4th Ave, North on Poincelana, left on let, right on Date, Right on 7th, left on Mangare, night on 8th to the end. The return rate is the opposite.



LEE COUNTY SHERIFF'S DEPARTMENT 14750 SIX MILE CYPRESS PARKWAY FORT MYERS,FLORIDA33912 (239) 477-1199

Check the appropria	te box(es) below:
☐ SPECIAL EVI ☐ USE OF COU ☐ PERMIT TO ☐ FILM PERM	UNTY PROPERTY PERMIT SELL AND CONSUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
AFTER REVIEWING THE WILL REQUIRE THE APPL	APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION ICANT TO COMPLY WITH FOR THEIR EVENT.
Parking:	Parking in authorized areas only.
Deputies (How Many?):	none
Fee for Services:	none
Special Arrangements:	None
	Print Name: Captain J Loethen Signature: Captain J Loethen Title: Special Events, Permits and Details Date: 2-8-//



FIRE DEPARTMENT

The Fire Department serving the area where the event is to be held signs this form.

Please see User's Guide for contact information and Fire District Map.

Check the appropriate box(es) below:

SPECIAL EVENT PERMIT

USE OF CO	UNTY PROPERTY PERMIT	
AFTER REVIEWING THE WILL REQUIRE THE APPLI	APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION COMPLY WITH FOR THEIR EVENT.	1C
Fire Guards (How Many?)	Engine 152 on scene	
Fee for Services:	Ø	nakharini a
Flammable Vegetation:	NONE	
First Aid Equipment:	Engine 152 will be on Scene, Ambulance of Station 1.	
Fire Extinguishing:	NONE	
Special Arrangements:	NONE	
	Print Name: Courtney Urich Signature: Codney Urich	-
	Title: Fire Inspector	-
	Date: $1/31/2018$	



EMERGENCY MEDICAL SERVICES / PUBLIC SAFETY 14752 SIX MILE CYPRESS PARKWAY FORT MYERS, FL 33912 (239) 533-3911

Check the appropria	te box(es) below		
SPECIAL EVE	NT PERMIT		
	INTY PROPERTY PE	RMIT	
FILM PERMI	I		
AFTER REVIEWING THE APPLI	APPLICATION, PLEA CANT TO COMPLY	ASE INDICATE BELOW WHAT ARRANGEMENTS Y WITH FOR THEIR EVENT.	OUR ORGANIZATION
Treatment Facilities:	None necessary.		
Medical Personnel:	None necessary.		
Medical Supplies / Equipment:	None necessary.		
Safety Requirements:	No additional precau	tions necessary.	
Fee for Services	Not applicable.		
Special Arrangements:	Please call 911 in the 239 533-3911.	event of an emergency. To arrange special event coverag	e, contact our office at
	Print Name:	Benjamin Abes	
	Signature:	Benjamin Abes Digitally signed by Benjamin Abes Date: 2018.01.31 08:30:26-05'00'	- -
	Title:	Chief	_
	Date:	01/31/2018	- -



DEPARTMENT OF TRANSPORTATION 1500 MONROE STREET FORT MYERS,FL33901 (239) 533-8580

Check the appropri	ate box(es) belo	w:		
✓ USE OF CO		PERMIT IME ALCOHOLIC BEVER	AGES WITHIN LEE COUNTY	' FACILITIES
AFTER REVIEWING THE WILL REQUIRE THE APPL	APPLICATION, PL	EASE INDICATE BELOV Y WITH FOR THEIR EVI	W WHAT ARRANGEMENTS ENT.	YOUR ORGANIZATION
Parking:	Park in designated a traffic flow.	areas. No on-street parking	permitted which would impact	maintenance of 2-way
Ingress and Egress:	Use all established	means of ingress and egre		
Special Arrangements:		upon which the pedestrian ed at all times, and walker s	with traffic control, as needed. I walkers will use. Organizers wil afety is addressed at all times du	insure that entergency
	Print Name:	Brvan Miller		
	Signature:	Bryan D. Miller	Digitally signed by Bryan D. Miller Date: 2018.02.01 08:50:51 -05'00'	-
	Title:	Senior Project Manager		<u>.</u>
	Date:	February 1, 2018		_



LEE COUNTY PARKS AND RECREATION 3410 PALM BEACH BOULEVARD FORT MYERS,FLORIDA33916 (239) 533-7275

Check the appropri	ate box(es) belo	ow:		
☑ USE OF CO		PERMIT JME ALCOHOLIC BEVERAĞI	ES WITHIN LEE COUNT	Y FACILITIES
☐ FILM PERM	II 1			
AFTER REVIEWING THE WILL REQUIRE THE APPL	APPLICATION, PLLICANT TO COMP	LEASE INDICATE BELOW W LY WITH FOR THEIR EVENT	/HAT ARRANGEMENTS	YOUR ORGANIZATION
Illumination:	N/A			
Parking Areas:	N/A			·
Special Arrangements:	Event is not on Park	ks and Recreation property and	will not affect any parks o	perations or programs.
	Company of the Compan			
	Print Name:	Alise Flanjack		
,	Signature:	Alie Flan	pele	
	Title:	Deputy Director		<u> </u>
	Date:	1/31/18		_
Breast Est wall St. Janes 3/10/1	8	Page 10		• .



LEE COUNTY RISK MANAGEMENT COUNTY ADMINISTRATION BUILDING - 4TH FLOOR 2115 SECOND STREET FORT MYERS,FLORIDA33901 (239) 533-2221

Check the appropriat	e box(es) belo	ow:
SPECIAL EVE	NT PERMIT	
IX: USE OF COU	NTY PROPERTY F	PERMIT
		UME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
FILM PERMIT		
AFTER REVIEWING THE A	APPLICATION, PL	PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION PLY WITH FOR THEIR EVENT.
Insurance Requirements:	occurrence to pro	eral liability insurance with minimum limits of One Million Dollars (\$1,000,000) per otect against bodily injury and/or property damage relative to applicants use of event within Lee County.
•		
Special Arrangements:	A Certificate of In Board of County additional insure	nsurance shall be submitted as evidence of the required coverage listing Lee County Commissioners, P.O. Box 398, Fort Myers, FL 33902 as the certificate holder and as an ed.
	Subject to proof	f of insurance.
	Print Name:	Mike Figueroa
	Signature:	4
	Title:	Risk Program Manager
	Date:	February 6, 2018

FROMO-1

OP ID: AS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

02/06/2018

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). CONTACT David G Reinhardt 239-945-1900 PHONE (A/C, No, Ext): 239-945-1900 FAX (A/C, No): 239-945-3163 Olin Hill & Associates Inc. 2804 Del Prado Blvd. #107 Cape Coral, FL 33904 David G Reinhardt E-MAIL ADDRESS: NAIC# INSURER(S) AFFORDING COVERAGE INSURER A : Southern-Owners Insurance Co. 10190 INSURED From Our Hearts Inc INSURER B : PO Box 356 INSURER C: Matlacha, FL 33993 INSURER D: INSURER E INSURER F REVISION NUMBER: **CERTIFICATE 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. COVERAGES ADDL SUBR POLICY NUMBER TYPE OF INSURANCE 1.000.000 EACH OCCURRENCE A X COMMERCIAL GENERAL LIABILITY 50,000 DAMAGE TO RENTED PREMISES (Ea occurrence) 03/10/2018 03/10/2019 20054783 CLAIMS-MADE X OCCUR Υ 5,000 MED EXP (Any one person) 1,000,000 PERSONAL & ADV INJURY 2,000,000 GENERAL AGGREGATE GEN'L AGGREGATE LIMIT APPLIES PER: 2.000.000 PRODUCTS - COMP/OP AGG | \$ J PROT POLICY COMBINED SINGLE LIMIT (Ea accident) OTHER: AUTOMOBILE LIABILITY BODILY INJURY (Per person) ANY AUTO BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) SCHEDULED AUTOS OWNED AUTOS ONLY NON-OWNED AUTOS ONLY HIRED AUTOS ONLY EACH OCCURRENCE UMBRELLA LIAB OCCUR AGGREGATE CLAIMS-MADE **EXCESS LIAB** RETENTION \$ DED PER STATUTE WORKERS COMPENSATION AND EMPLOYERS' LIABILITY E.L. EACH ACCIDENT ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) N/A E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT If yes, describe under DESCRIPTION OF OPERATIONS below DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Lee County, a political subdivision & Charter County of the State of Florida, its agents, employees, and public officials are Additional insured as regards General Liability. Coverage includes host liquor liability. DIE MP 02/06/18 CANCELLATION CERTIFICATE HOLDER LEECO02 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. Lee County Board of County Commissioners AUTHORIZED REPRESENTATIVE PO Box 398 Fort Myers, FL 33902-0398

Figueroa, Mike

From:

Figueroa, Mike

Sent:

Wednesday, January 31, 2018 3:22 PM

To:

fromourhearts.org@gmail.com; fromourhearts@gmail.com

Cc:

RISK; OccsZoning

Subject:

RE: TMP2018-00036

Attachments:

Use-Special Event Permit.pdf

Barbara-

Hope all is well. I am in receipt of your permit application for the BreastFest walk scheduled for March 10, 2018. However, before this department can sign off on our section, we will need a certificate of insurance naming Lee County Board of County Commissioners as the certificate holder and as an additional insured (see attached requirements).

If there are any questions, please feel free and contact me, thanks.

Respectfully,

Mike Figueroa, Risk Manager Lee County Risk Management P.O. Box 398 Fort Myers, Florida 33902 mfigueroa@leegov.com

Office: (239) 533-2310 Fax: (888) 242-3233

From: OccsZoning

Sent: Wednesday, January 31, 2018 8:29 AM

To: ext-Hillery, Jen (sheriffleefl.org) < jhillery@sheriffleefl.org>; ext-Sellers, Amy (sheriffleefl.org)

<asellers@sheriffleefl.org>; Flanjack, Alise <AFlanjack@leegov.com>; Miller, Bryan <BMiller@leegov.com>; Abes,

Benjamin <Benjamin.Abes@leegov.com>; Linda <admin@pineislandfire.org>; RISK <RISK@leegov.com>

Cc: Cavanaugh, Jennifer < JCavanaugh@leegov.com>

Subject: TMP2018-00036

Good morning!

Please see attached Event Permit Application regarding the "Breastfest" event to be held at "St. James Civic Association and surrounding Right-of-Ways" on "March 10th 2018". Please review and complete your individual department's section of the application and return to my attention at your earliest convenience.

Nina Bigler **Customer Service Specialist** 1500 Monroe Street Fort Myers, FL 33905



Consumer's Certificate of Exemption

DR-14 R. 04/11

Issued Pursuant to Chapter 212, Florida Statutes

85-8015397753C-5	06/30/2015	06/30/2020	501(C)(3) ORGANIZATION
Certificate Number	Effective Date	Expiration Date	Exemption Category

This certifies that

FROM OUR HEARTS INC 7181 DRUM DR SAINT JAMES CITY FL 33956-2727

is exempt from the payment of Florida sales and use tax on real property rented, transient rental property rented, tangible personal property purchased or rented, or services purchased.



Important Information for Exempt Organizations

DR-14 R. 04/11

- 1. You must provide all vendors and suppliers with an exemption certificate before making tax-exempt purchases. See Rule 12A-1.038, Florida Administrative Code (F.A.C.).
- 2. Your Consumer's Certificate of Exemption is to be used solely by your organization for your organization's customary nonprofit activities.
- 3. Purchases made by an individual on behalf of the organization are taxable, even if the individual will be reimbursed by the organization.
- 4. This exemption applies only to purchases your organization makes. The sale or lease to others of tangible personal property, sleeping accommodations, or other real property is taxable. Your organization must register, and collect and remit sales and use tax on such taxable transactions. Note: Churches are exempt from this requirement except when they are the lessor of real property (Rule 12A-1.070, F.A.C.).
- 5. It is a criminal offense to fraudulently present this certificate to evade the payment of sales tax. Under no circumstances should this certificate be used for the personal benefit of any individual. Violators will be liable for payment of the sales tax plus a penalty of 200% of the tax, and may be subject to conviction of a third-degree felony. Any violation will require the revocation of this certificate.
- 6. If you have questions regarding your exemption certificate, please contact the Exemption Unit of Account Management at 800-352-3671. From the available options, select "Registration of Taxes," then "Registration Information," and finally "Exemption Certificates and Nonprofit Entities." The mailing address is PO Box 6480, Tallahassee, FL 32314-6480.