

Parks, Recreation and Cultural Arts Dept.

City of Pompano Beach, Florida

1190 NE 3rd Avenue, Bldg C Pompano Beach, Florida 33060 | p: 954.786.4098 | f: 954.786.4168

APPROVED

Date

5/2/18

Thorp 5/3/18

SANDBAR SNACKS
20 NO. POMPANO BEACH BLVD.
POMPANO BEACH
FL 33062

Dear, MR. DIMARIA,

Your company has fewer than four employees, and you have elected not to purchase Workers' Compensation insurance to cover these employees. The State of Florida allows your company to operate without insurance, however, you are required by the State to "post clear written notice in a conspicuous location at each worksite directed to all employees and other persons performing services at the worksite of their lack of entitlement to benefits" as described in Chapter 440 of the Florida Statutes.

The City of Pompano Beach requires: ALL CONTRACTORS MUST AGREE TO BE RESPONSIBLE FOR THE EMPLOYMENT, CONTROL AND CONDUCT OF THEIR EMPLOYEES AND FOR ANY INJURY SUSTAINED BY SUCH EMPLOYEES IN THE COURSE OF THEIR EMPLOYMENT.

Please sign the area below acknowledging your compliance with the above requirements. Return this original letter to me at 1801 NE 6th St, Pompano Beach, 33060. If you have any questions about this letter please telephone me at

Very truly yours,

Scott Moore
Recreation Manager

COMPANY NAME has posted notice(s) declaring the absence of Workers' Compensation insurance coverage, as required by the State of Florida **COMPANY NAME** agrees to be responsible for the employment, control and conduct of our employees and for any injury sustained by such employees in the course of their employment.


Signature

5/2/18
Date

FRANK DIMARIA PRESIDENT
Name and Title (print)