



Response Form

Send to purchasing@ircgov.com

(please use Subject: "Response to RFI 2023025-Shooting Range Utilization")

Responses accepted until 2 p.m. on January 26, 2023

Response Form – Shooting Range Utilization

Applicant Name: PCP TACTICAL / GORILLA Ammunition

Owner/Contact: Lanse Padgett

Email: lanse@gorillaammo.com Phone Number: wk - 772-564-0777 cell - 772-473-3472

Address: 10315 102ND Terrace Sebastian, FL 32958

Website: www.gorillaammo.com Facebook: _____

Federal Tax ID: 27-1937836 SunBiz Registration: M11000006506

Attach to this form, the following **supporting documentation**:

- Document how would the range would be utilized (include proposed **annual** or **daily** fee. If proposing daily fee, note how many days per year you plan to utilize the range)
- Signed IRS W-9 Form, dated within last six months
- Evidence of insurance reflecting levels required above, or letter from carrier indicating ability to obtain
- Documentation of certifications, business license, etc.
- Sample agreement (if applicable)

GORILLATM

AMMUNITION

To: Indian River County

From: Lanse Padgett
President
PCP Tactical LLC/Gorilla Ammunition LLC

Date: 1-25-2023

Re: Response to RFI 2023025- Shooting Range Utilization

Please accept our application to utilize the county shooting range located directly next door to our operating facility at 10315 102nd Terrace, Sebastian, Florida on the days it is currently closed. Our intent is to use the range for corporate training, shooting, and demonstration activities on Tuesdays and Wednesdays. We would anticipate an annual payment of approximately \$52,000/year or \$500 dollars per day. If that fee is not appropriate, we are happy to discuss. In addition, we are very willing to cooperate with the county on any of the Tuesdays or Wednesdays when they have an alternate use scheduled.

We have read the requirements outlined in the RFI and intend to comply with all the requirements listed. We are uniquely positioned to provide strict safety and security on site as we currently are in the firearms and ammunition business with range safety officers on staff. In addition, we have liability insurance of \$1,000,000 per occurrence along with a \$5,000,000 liability umbrella policy that far exceeds the requirements listed in the RFI.

We have attached all the required documents to this response. If any additional information is needed please reach out and we will provide it immediately.

Thank you for the opportunity to discuss the utilization of the range. As a lifelong resident of Indian River County, I have always enjoyed a great working relationship with the County Departments and leadership. I hope to continue that great relationship working with our neighbors at the Indian River County Shooting Range.

Thank you for your consideration. Have a great day!


Lanse Padgett
President/CEO
PCP Tactical LLC
Gorilla Ammunition LLC
10315 102nd Ter
Sebastian, FL 32958
(772) 473-3472

Request for Taxpayer Identification Number and Certification

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

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	<p>1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. PCP Tactical, LLC</p> <p>2 Business name/disregarded entity name, if different from above</p>	
	<p>3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.</p> <p><input type="checkbox"/> Individual/sole proprietor or single-member LLC</p> <p><input type="checkbox"/> C Corporation</p> <p><input type="checkbox"/> S Corporation</p> <p><input type="checkbox"/> Partnership</p> <p><input type="checkbox"/> Trust/estate</p> <p><input checked="" type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ S</p> <p><small>Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</small></p> <p><input type="checkbox"/> Other (see instructions) ▶</p>	<p>4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p><small>(Applies to accounts maintained outside the U.S.)</small></p>
	<p>5 Address (number, street, and apt. or suite no.) See instructions. 10315 102nd Terrace</p> <p>6 City, state, and ZIP code Sebastian, FL 32958</p>	<p>7 List account number(s) here (optional)</p>
	<p>Requester's name and address (optional)</p>	

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 instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number										
OR										
Employer identification number										
2	7		-	1	9	3	7	8	3	6

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 for Part II, later.

Sign Here	<p>Signature of U.S. person ▶ <i>Rhonda Jones</i></p>	<p>Date ▶ <i>12-15-22</i></p>
------------------	---	-------------------------------

General Instructions

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

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

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, later.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/8/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Arthur J. Gallagher Risk Management Services, Inc. 4200 Corporate Drive Ste 160 West Des Moines IA 50266		CONTACT NAME: Ricky Collins PHONE (A/C, No, Ext): 515-440-8419 E-MAIL ADDRESS: Ricky_Collins@ajg.com FAX (A/C, No): 515-457-8849	
INSURED PCP Tactical, LLC 3895 39th Square Vero Beach FL 32960		INSURER(S) AFFORDING COVERAGE INSURER A: BCS Insurance Company INSURER B: CSU Producer Resources, Inc. INSURER C: INSURER D: INSURER E: INSURER F:	
		NAIC # 38245	

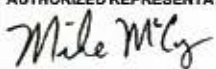
COVERAGES **CERTIFICATE NUMBER: 1216883233** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
B	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			CSU0169658	6/2/2022	6/2/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/POP AGG \$ 2,000,000 \$
B	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> AUTOS ONLY			CSU0169658	6/2/2022	6/2/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			CSU0169662	6/2/2022	6/2/2023	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	EXCY			RPS-P-50233331M	6/2/2022	6/2/2023	Limit/Aggregate Retention \$2M/2M \$2,500

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER**CANCELLATION**

	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE 

© 1988-2015 ACORD CORPORATION. All rights reserved.



EMPLOYERS ASSURANCE CO.
A Stock Company

Workers' Compensation and Employers Liability
Insurance Policy

Policy Number	Policy Period	
EIG 5046965 00	From	To
	07/16/2022	07/16/2023
<small>12:01A.M. Standard Time at the address of the insured as stated herein</small>		

Transaction

POLICY DECLARATIONS				
NCCI Carrier #	36870	WCIRB CARRIER#	PRIOR POLICY NUMBER	NEW
1. Named Insured and Address			Agent	
PCP TACTICAL, LLC 3895 39TH SQ VERO BEACH FL 32960-1812			SAGE PROGRAM UNDERWRITERS INC 0002217 20582 GOLDENROD LN BEND, OR 97702	
			Telephone: 8337243111	
Customer #	Carrier #	FEIN #	Risk ID #	Entity of Insured
	36870	271937836	093141636	LIM LIABILITY CO

Additional Locations:

- The Policy Period is from 07/16/2022 to 07/16/2023 12:01 a.m. Standard Time at the Insured's mailing address.
- A. Workers Compensation Insurance: Part ONE of the policy applies to the Workers Compensation Law of the states listed here: FL
 - Employers Liability Insurance: Part TWO of the policy applies to work in each state listed in Item 3A. The limits of our liability under Part TWO are:

Bodily Injury by Accident	\$ 1,000,000	each accident
Bodily Injury by Disease	\$ 1,000,000	policy limit
Bodily Injury by Disease	\$ 1,000,000	each employee
 - Other States Insurance: Part THREE of the policy applies to the states, if any, listed here: All states except ND, OH, WA, WY and states listed in item 3.A.
 - This policy includes these endorsements and schedules: See attached schedule.
- The premium for this policy will be determined by our Manuals of Rules, Classifications, Rates, and Rating Plans. All information required below is subject to verification and change by audit.

SEE EXTENSION OF INFORMATION PAGE

Minimum Premium	\$ 406	Expense Constant	\$ 160
		Premium Discount	\$ -324
Assessments and Taxes	\$	Total Estimated Annual Premium	\$ 13,484

This is a Three Year Fixed Rate Policy
Premium Adjustment Period: Annual; Semiannual; Quarterly; Monthly

Countersigned this Day of

Issued Date: 07/15/2022

Issuing Office **EMPLOYERS ASSURANCE CO.**
P.O. BOX 539003
HENDERSON, NV 89053-9003

Authorized Representative

Issued Date 07/15/2022
WC990630 (5/98 Ed.)

INSURED COPY



EMPLOYERS ASSURANCE CO.
A Stock Company
P.O. BOX 539003
HENDERSON, NV 89053-9003

WORKERS' COMPENSATION AND EMPLOYERS
LIABILITY INSURANCE POLICY

Policy Number: EIG 5046965 00
Named Insured: PCP TACTICAL, LLC
Agent: SAGE PROGRAM UNDERWRITERS INC 0002217

SITE LOCATION SCHEDULE

State FL
PCP TACTICAL, LLC
3895 39TH SQ
VERO BEACH FL 32960-1812

1

2022 - 2023 LOCAL BUSINESS TAX
INDIAN RIVER COUNTY, FLORIDA

MUST BE DISPLAYED IN A CONSPICUOUS PLACE

TYPE OF BUSINESS 808 MANUFACTURING
BUSINESS ADDRESS 3895 39TH SQ
VERO BEACH, FL 32960

ACCOUNT # 17843
RECEIPT # 788
EXPIRES SEPTEMBER 30, 2023

NAME PCP TACTICAL LLC
MAILING ADDRESS PADGETT, CHARLES A, PADGETT, ROBERT L, CORR, THOMAS L
3895 39TH SQ
VERO BEACH, FL 32960

AMOUNT	40.00
PENALTY	0.00
TRANSFER	0.00
TOTAL	40.00

This receipt is in addition to and not in lieu of any other license required by law or municipal ordinance and is subject to regulations of zoning, health and any other lawful authority. Owner must notify the Tax Collector's Office of any changes in business name, ownership, location address or mailing address.

CAROLE JEAN JORDAN, CFC
TAX COLLECTOR
INDIAN RIVER COUNTY, FLORIDA

Paid 08/12/2022 40.00

182-00000263

Federal Firearms License
(18 U.S.C. Chapter 44)

XXXXXXXXXX XXXXX XXXXX XXXXX XXXXX XXXXX

In accordance with the provisions of Title I, Gun Control Act of 1968, and the regulations issued thereunder (27 CFR Part 478), you are licensed to engage in the business specified in this license, within the limitations of Chapter 44, Title 18, United States Code, and the regulations issued thereunder, until the expiration date shown. **THIS LICENSE IS NOT TRANSFERABLE UNDER 27 CFR 478.51.** See "WARNINGS" and "NOTICES" on reverse.

Direct ATF Correspondence To ATF - Chief, FFLC FFLC@atf.gov 1-866-662-2750	License Number 1-59-061-10-3H-50185
Chief, Federal Firearms Licensing Center (FFLC) <i>Tracy Robertson</i>	Expiration Date August 01, 2023
Name GORILLA FIREARMS	

Premises Address (Changes? Notify the FFLC at least 30 days before the move.)
**10315 102ND TERRACE
SEBASTIAN, FL 32958-**

Type of License
10-MANUFACTURER OF DESTRUCTIVE DEVICES

Purchasing Certification Statement
The licensee named above shall use a copy of this license to assist a transferor of firearms to verify the identity and the licensed status of the licensee as provided by 27 CFR Part 478. The signature on each copy must be an original signature. A faxed, scanned or e-mailed copy of the license with a signature intended to be an original signature is acceptable. The signature must be that of the Federal Firearms Licensee (FFL) or a responsible person of the FFL. I certify that this is a true copy of a license issued to the licensee named above to engage in the business specified above under Type of License.

Mailing Address (Changes? Notify the FFLC of any changes.)

**PCP TACTICAL LLC
GORILLA FIREARMS
10315 102ND TERRACE
SEBASTIAN, FL 32958-**

<i>Robert L. Padgett, II</i> Licensee Responsible Person Signature	CEO Position/Title
Robert L. Padgett, II Printed Name	1-12-23 Date

FFLC Form # (3/2011) Revised October 2011
PCP TACTICAL LLC 10315 102ND TERRACE SEBASTIAN FL 32958 August 01, 2023 10-MANUFACTURER OF DESTRUCTIVE DEVICES

Federal Firearms License (FFL) Customer Service Information

Federal Firearms Licensing Center (FFLC) 244 Needy Road Martinsburg, WV 25405-0433	Toll-free Telephone Number: (866) 662-2750 Toll-free Fax Number: (866) 257-2749 E-mail: FFLC@atf.gov	ATF Homepage: www.atf.gov FFL eZ Check: www.atfonline.gov/fflcheck
--	--	---

Change of Address (27 CFR 478.52) Licensees may during the term of their current license remove their business or activity to a new location at which they intend regularly to carry on such business or activity by filing an Application for an Amended Federal Firearms License, ATF Form 5300.38, in duplicate, not less than 30 days prior to such removal with the Chief, Federal Firearms Licensing Center. The application must be executed under the penalties of perjury and penalties imposed by 18 U.S.C. 924. The application shall be accompanied by the licensee's original license. The license will be valid for the remainder of the term of the original license. **(The Chief, FFLC, shall, if the applicant is not qualified, refer the application for amended license to the Director of Industry Operations for denial in accordance with § 478.71.)**

Right of Succession (27 CFR 478.56) (a) Certain persons other than the licensee may secure the right to carry on the same firearms or ammunition business at the same address shown on, and for the remainder of the term of, a current license. Such persons are: (1) The surviving spouse or child, or executor, administrator, or other legal representative of a deceased licensee, and (2) A receiver or trustee in bankruptcy, or an assignee for benefit of creditors. (b) In order to secure the right provided by this section, the person or persons continuing the business shall furnish the license for that business for endorsement of such succession to the Chief, FFLC, within 30 days from the date on which the successor begins to carry on the business.

Cut Here ✂

(Continued on reverse side)

Federal Firearms License (FFL) Information Card

License Name:	PCP TACTICAL LLC
Business Name:	GORILLA FIREARMS
License Number:	1-59-061-10-3H-50185
License Type:	10-MANUFACTURER OF DESTRUCTIVE DEVICES
Expiration:	August 01, 2023

Please Note: Not Valid for the Sale or Other Disposition of Firearms.

FFL Newsletter - Electronic Version Available

Sign-Up Today!

FFLs interested in receiving the electronic version of the FFL Newsletter, along with occasional additional information, should submit name, FFL number, and e-mail address to: FIPB@atf.gov.

The electronic FFL Newsletter will enable ATF to communicate information to licensees on a periodic basis.



Department of State / Division of Corporations / Search Records / Search by Entity Name /

Detail by Entity Name

Foreign Limited Liability Company
PCP TACTICAL, LLC

Filing Information

Document Number	M11000006506
FEI/EIN Number	27-1937836
Date Filed	12/30/2011
State	DE
Status	ACTIVE
Last Event	CONVERSION
Event Date Filed	12/30/2011
Event Effective Date	NONE

Principal Address

10315 102nd Terrace
SEBASTIAN, FL 32958

Changed: 12/07/2022

Mailing Address

10315 102nd Terrace
SEBASTIAN, FL 32958

Changed: 12/07/2022

Registered Agent Name & Address

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

Authorized Person(s) Detail

Name & Address

Title MGR

CORR, THOMAS L
3001 OCEAN DRIVE, SUITE 304
VERO BEACH, FL 32963

Title Manager

Padgett, Charles A
3895 39th Square
Vero Beach, FL 32960

Title Manager

Padgett, Robert L
207 Conn Way
VERO BEACH, FL 32963

Annual Reports

Report Year	Filed Date
2021	02/24/2021
2022	01/11/2022
2023	01/23/2023

Document Images

01/23/2023 -- ANNUAL REPORT	View image in PDF format
01/11/2022 -- ANNUAL REPORT	View image in PDF format
02/24/2021 -- ANNUAL REPORT	View image in PDF format
03/03/2020 -- ANNUAL REPORT	View image in PDF format
04/23/2019 -- ANNUAL REPORT	View image in PDF format
04/02/2018 -- ANNUAL REPORT	View image in PDF format
01/20/2017 -- ANNUAL REPORT	View image in PDF format
04/21/2016 -- ANNUAL REPORT	View image in PDF format
03/30/2015 -- ANNUAL REPORT	View image in PDF format
04/24/2014 -- ANNUAL REPORT	View image in PDF format
02/06/2013 -- ANNUAL REPORT	View image in PDF format
02/08/2012 -- ANNUAL REPORT	View image in PDF format
12/30/2011 -- Foreign Limited	View image in PDF format