



# CITY OF CORAL GABLES

## SPECIAL EVENTS APPLICATION & PERMIT

Permit #: \_\_\_\_\_

<b>Applicant Information</b>	Legal Name of the Permit Applicant (Company or Individual): <b>City of Coral Gables - Parks &amp; Recreation Dept</b>			Today's Date: <b>01/07/2011</b>	
	Contact Person for this Permit Application: <b>Fred Couceyro and/or Norma-Milena Gavarrete</b>				
	Contact Person Phone: <b>305-460-5607</b>		Contact Person Fax: <b>305-460-5639</b>		Contact Person Email: <b>ngavarrete@coralgables.com</b>
	Permit Applicant Address: <b>405 University Dr.</b>			City: <b>Coral Gables</b>	State: <b>FL</b>
				Zip: <b>33134</b>	
	Permit Applicant Phone: <b>305-460-5604</b>		Permit Applicant Fax: <b>305-460-5639</b>		Permit Applicant Email: <b>fcouceyro@coralgables.com</b>
	<b>Is the Contact Person an Officer of the Legal Entity?</b> <input type="checkbox"/> YES* <input checked="" type="checkbox"/> NO**  *If YES, attach verification from Sunbiz.org. **If NO, go to next question				
<b>Event Information</b>	<b>Is the Contact Person an Authorized Agent of Applicant?</b> <input type="checkbox"/> YES* <input checked="" type="checkbox"/> NO  *If YES, Contact Person (Authorized Agent) must provide the City with a Limited Power of Attorney evidencing that they are authorized to execute legally binding contracts on behalf of the permit applicant.				
	Name of Event <b>20th Annual Coral Gables Farmers Market</b>			Event Date(s) <b>1/15-3/26/2011</b>	
	Hours of Event <b>8 a.m. - 1 p.m.</b>		Set-up Time <b>6 a.m.</b>		Take Down Time <b>2 p.m.</b>
	Location of Event <b>405 Biltmore Way - Merrick Park</b>			Is Location Reserved? <b>YES</b>	
	A list of all staff, monitors, and volunteers assisting in this event and must be provided with this application including a sample of the badge or unique name tag that will be used at the event identifying your staff, monitors and volunteers from the participants and/or general public.  <b>Event Supervisors:</b> Fred Couceyro - Parks & Recreation Dir. Norma-Milena Gavarrete - Admin. Asst. Art Centurion - Rec. Specialist Venetian Pool - Staff Patricia, Mitchell, Dylan, and Annell				
	Anticipated Attendance <b>1,000 +</b>			Admission Fees <b>Free</b>	
	# of year's event has been in existence? <b>19th</b>		Previous Location(s)? <b>Same</b>		Past Attendance <b>TBA</b>
	Event Description: (Provide an attachment if additional space is needed.)  <b>The Coral Gables 20th Annual Farmers Market will have approximately 40+ local produce and plant growers selling their fresh produce, herbs, bakery goods and plants between Coral Gables City Hall and Merrick Park. Regular activities include 8am – Tai Chi, 9am – Gardening Workshop; 10am - Cooking Demonstration; 11am – Children Activity. Coral Gables Farmers Market will run from Mid-January through March, the event will last approx. 5 hours.</b> <b>Street Closure schedule: Police officers will be assigned, Biltmore way from Hernando Street and Le Jeune Rd. will be closed and barricaded.</b>				

<b>Event Information</b> (Continued from page 1)	List all vehicles associated with this event: (if applicable) (Provide an attachment if additional space is needed.)  <b>PW, PS, Vendors</b>
	How will rules, regulations, terms and conditions of the event be communicated to the participants? (Provide an attachment if additional space is needed.)  <b>Is found in the Vendor's application, and TBA</b>
	Will there be any live music or recorded music at this event? What type of music will be played? (Provide an attachment if additional space is needed.)  <b>at the March 26 - Grand Finale FM Picnic</b>
	Number, type and location of all loud speakers and amplifying devices. (This information can be provided on a map as an attachment to this application.)  <b>TBA</b>

<b>Vendor Information</b>	Number of Food Vendors <b>20 approx.</b>	Vendors list provided to the City <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Food vendors have all permits/licenses.	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Number of Other Vendors <b>20 approx.</b>	Vendor list provided to the City <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Will there be alcohol at this event?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	If yes, has liquor license been issued?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Is this a charitable event? If yes, what is the name of the charity/organization?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Have you completed the City application?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Have you completed the State application?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	<b>If you checked yes to any of the questions above, you must contact the City of Coral Gables Licensing, Tax, &amp; Utility Service office at (305) 460-5607.</b>	

**◆THIS COVER SHEET MUST BE PROVIDED WITH ALL INSURANCE DOCUMENTS◆**

<p align="center"><b>Special Events Permit</b></p> <p align="center"><b>Cover Sheet</b></p> <p align="center"><b>For</b></p> <p align="center"><b>Evidencing Insurance to the City of Coral Gables</b></p>	<p><b>Legal Name of Permit Applicant (Individual or Company):</b> <u>City of Coral Gables</u></p> <p><b>Insurance is being submitted for an ongoing Special Event</b> (circle one): YES or NO</p> <p><b>Insurance is being submitted for one Special Event permit</b> (circle one): YES or NO</p> <p><b>Will liquor be served at the Special Event</b> (circle one): YES or NO</p> <p>Without limiting PERMIT APPLICANT'S indemnification of the CITY, and during the term of this Agreement, PERMIT APPLICANT shall provide and maintain at its own expense the below described programs of insurance. Such programs and evidence of insurance shall be satisfactory to the CITY and shall be primary to and not contributing with any other insurance or self-insurance program maintained by the CITY. Certificates or other evidence of coverage shall be delivered via email, fax or US mail to;</p> <p align="center"><b>Certificate Holder should read:</b> <u>City of Coral Gables</u>  <b>Insurance Compliance</b>  <b>PO Box 12010 - CE</b>  <b>Hemet, CA 92546-8010</b></p> <p><b>Email address:</b>  <u>cityofcoralgables@ebix.com</u></p> <p>Such certificates or other evidence of coverage shall be delivered prior to commencing performance under this Permit, and shall contain the express condition that the CITY is to be given written notice of at least thirty (30) days in advance of any cancellation, non-renewal or material change of any insurance policy.</p>						
<p align="center"><b>Insurance Requirements</b></p> <p align="center"><b>For</b></p> <p align="center"><b>Companies</b></p>	<p><b>Companies are required to evidence the following Insurance to the City;</b></p> <table border="0"> <thead> <tr> <th><u>Insurance Coverage Type</u></th> <th><u>Limit of Liability Required</u></th> </tr> </thead> <tbody> <tr> <td>Commercial General Liability</td> <td>Each Occurrence \$1,000,000    Aggregate \$2,000,000</td> </tr> <tr> <td>Liquor Liability (required if liquor is served)</td> <td>Each Occurrence \$1,000,000    Aggregate \$2,000,000</td> </tr> </tbody> </table> <ul style="list-style-type: none"> <li>• All insurance policies evidenced to the City shall name the City of Coral Gables as an Additional Insured on a Primary and Non-contributory basis.</li> <li>• All insurance policies evidenced to the City shall contain A Waiver of Subrogation Endorsement in favor of the City of Coral Gables.</li> <li>• All insurance companies providing coverage must have an A.M. Best rating of at least (A-/VI) or an equivalent rating given by a recognized rating agency.</li> </ul> <p><b>Companies evidencing insurance must provide the following documents to the City;</b></p> <ol style="list-style-type: none"> <li>1. This Cover Sheet with all of the questions above answered.</li> <li>2. A Certificate of Liability Insurance naming the City of Coral Gables as an additional insured on a primary and non-contributory basis including a Waiver of Subrogation in favor of the City.</li> <li>3. A copy of the Endorsements evidencing that Additional Insured status has been provided to the City and that this coverage has been provided on a Primary &amp; Non-Contributory Basis.</li> <li>4. A copy of the all Waiver of Subrogation Endorsements for each line of coverage required.</li> </ol>	<u>Insurance Coverage Type</u>	<u>Limit of Liability Required</u>	Commercial General Liability	Each Occurrence \$1,000,000    Aggregate \$2,000,000	Liquor Liability (required if liquor is served)	Each Occurrence \$1,000,000    Aggregate \$2,000,000
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<p align="center"><b>If Applicant Does Not Have Insurance</b></p>	<p><b>Alternatively, Companies &amp; Individuals may obtain liability insurance through a TULIP (Tenant User Liability Insurance Program) established by the City @ <a href="http://www.ebi-ins.com/tulip">www.ebi-ins.com/tulip</a>.</b></p> <p>The City of Coral Gables reserves the right to require additional types of insurance coverage or higher limits of liability for any event. This determination will be made by the Risk Management Division.</p> <p align="center"><b>City of Coral Gables Insurance Compliance Contact Information</b>  <b>Phone: (951) 652-2883 • Fax: (770) 325-0417 • Email: <a href="mailto:cityofcoralgables@ebix.com">cityofcoralgables@ebix.com</a></b></p>						

<b>City Services</b>	<b>Police</b>	# of Officers TBA	Date(s) Required Jan. 15 - Mar 26, 2011	Hours Needed (i.e. 8 a.m.-5 p.m.) 6am - 2pm
		The final number of Coral Gables Regular-Off-Duty Police Officers required for an event will be determined by the Coral Gables Police Department upon the approval of all required permits for this event. Please contact the Coral Gables Police Department to obtain an Off-Regular-Duty Police Services Permit Application and Fee Schedule by calling (305) 460-5427.		
		Clearance Form received: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	<b>Fire/Medical</b>	<input checked="" type="checkbox"/> On Call <input type="checkbox"/> On Site		
		Contact the Coral Gables Fire Department Administration Division for questions or costs associated with onsite coverage at (305) 442-1600.		
		Clearance Form received: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	<b>City Facilities</b>	Location Merrick Pk./ CGCity Hall	If using a park, do you need the restrooms opened? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	<b>Electrical Requirements</b>	Please list all electrical requirements including the type of electricity (i.e. 110V), amperage needed, the number of outlets and the type of equipment needing the electricity (i.e. sound system, popcorn machine, etc.):  approx 10 vendors will need 110V		
		Dates needed January 15 - March 26	Hours per day needed 8am - 1pm	
	<b>Trash</b>	Who will be responsible for trash pick-up during the event? PS dept and PR dept.		Hours per day needed 6am - 2pm
<b>City Equipment</b>	<input checked="" type="checkbox"/> Barricades Contact Pat Burns to reserve equipment or receive a fee schedule at (305) 460-5173.			
<b>Signs/Banners</b>	Please list any requests for use of City signs and/or location of signs: City Facility - Booth			
<b>Other</b>	Please list any other requests for City services (be specific): City Cable TV - Taping 6 Saturdays			
<b>All booths, stands, signs/banners must be removed immediately following the event. For additional information call Code Enforcement at (305) 460-5266.</b>				

<b>Additional Event Features</b>  (Applicants must check all that apply)	<input type="checkbox"/> Temporary Fencing	<input type="checkbox"/> Inflatable	<input checked="" type="checkbox"/> Music (Recorded)
	<input checked="" type="checkbox"/> Signs/Banners	<input checked="" type="checkbox"/> Open Flames	<input type="checkbox"/> Music (Live)
	<input type="checkbox"/> Port-A-Johns	<input type="checkbox"/> Fireworks	<input checked="" type="checkbox"/> Amplifying Devices Or Loud Speakers
	<input checked="" type="checkbox"/> Tents or Canopies	<input type="checkbox"/> Carnival/Amusement Rides	
	<input checked="" type="checkbox"/> Barricades	<input checked="" type="checkbox"/> Electrical Services/Generators	
Company Name: TBA			
Contact: Norma-M. Gavarrete Phone Number: 305-460-5607			
<b>If any of the following apply, a separate narrative description of each additional feature shall be provided to the City with this application.</b>			

<b>Closure of Streets Or City Right-of-Way</b>	<b>City Streets</b>	Does this event propose closure or use of any street(s)?			
		<input checked="" type="checkbox"/> Yes		<input type="checkbox"/> No	
		If yes, please fill in information below: <b>Biltmore Way &amp; Andalusia</b>			
	Street Name	From/To	Date(s)	Time(s)	
	<b>Bltmr/Andrsn</b>	<b>CW-LeJ-Hrnd.</b>	<b>1/15-3/26/2011</b>	<b>6am - 2pm</b>	
	<b>City Sidewalks</b>	Does this event propose closure or use of any sidewalks?			
		<input type="checkbox"/> Yes		<input checked="" type="checkbox"/> No	
		If yes, please fill in information below:			
	Sidewalk Location	From/To	Date(s)	Time(s)	
	<b>City Alleys</b>	Does this event propose closure or use of any alleys?			
		<input type="checkbox"/> Yes		<input checked="" type="checkbox"/> No	
		If yes, please fill in information below:			
	Alley Location	From/To	Date(s)	Time(s)	
	<b>Public Parking Lot</b>	Does this event propose closure or use of any parking lot?			
<input checked="" type="checkbox"/> Yes		<input type="checkbox"/> No			
If yes, please fill in information below: <b>Vendors prkng behind City Hall</b>					
Parking Lot Location	From/To	Date(s)	Time(s)		
<b>City Hall</b>		<b>1/15-3/26/11</b>	<b>6am -2pm</b>		
<b>City Right-Of-Way</b>	Does this event propose closure or use of any City right-of-way?				
	<input checked="" type="checkbox"/> Yes		<input type="checkbox"/> No		
	If yes, please fill in information below:				
Right-of-way location	From/To	Date(s)	Time(s)		
<b>Biltmore Way</b>	<b>Andalusia</b>	<b>1/15-3/26/11</b>	<b>6am-2pm</b>		
<b>Parade Route</b>	Does this event propose closure or use of any street(s)?				
	<input type="checkbox"/> Yes		<input checked="" type="checkbox"/> No		
	If yes, please fill in information below:				
Parade Route	From/To	Date(s)	Time(s)		
<b>If you checked yes to any of the above, a site plan showing all of the above requests must be provided and a street closure permit may be needed. Please call (305)460-5607 for more information.</b>					

## **Schedule of Fees, Performance Bonds and Exceptions**

- A. The schedule of fees, bonds and exemptions for special events shall be as follows:  
(Please circle appropriate activity fees.)

<b><u>Event</u></b>	<b><u>Application User Fee</u></b>	<b><u>Performance Bond</u></b>
Run, walk or bike-a-thon		
Up to 5K	\$178.00	\$500.00
Over 5K to 10K	\$205.00	\$500.00
Over 10K	\$294.00	\$500.00
Parades	\$294.00	\$500.00
Single day event, projected to be less than 2,500 persons	\$294.00	\$500.00
Multi-day event or event projected to be attended by 2,500 or more persons	\$577.00	\$1,000.00
For-profit event	\$1,155.00	\$1,000.00

**\* All applications must be received 30 days in advance of date or a 25% additional fee will be applied.**

- B. The City may waive one or more of the enumerated charges for nonprofit organizations based upon experience with previous events, size, duration, location, nature of the event and the likelihood of un-removed litter or damage to property. In the event that the nonprofit organization demonstrates that it has contracted for clean-up activities with a city-approved group, the performance bond shall be waived.
- C. Neighborhood or block parties shall be exempt from the provisions of this article so long as no commercial activity is conducted, no admission fee is charged, and members of the general public are not allowed access. Provided, however, that individuals or organizations should notify the City Manager's Office when a neighborhood party is planned so that police, fire, and other emergency service organizations will be aware of the time, place, and scope of the event.
- D. The closing fee set forth in this article shall be construed as being in addition to other fees or charges imposed for labor, materials, police or fire protection services, or any other charges for City services incidental to the assembly or street closing and other fees shall still be levied and collected in addition to the closing fee herein provided.
- E. Political or public issue events shall be exempt from the provisions of this Section. Individuals or organizations planning such an event shall notify the City Manager's Office when a political or public issue event is planned so that police, fire, and other emergency service organizations will be aware of the time, place, and scope of the event and the name or names of persons in charge.
- F. Funeral processions shall be exempt from the terms of this article.
- G. Applicant must comply with such other requirements the City may deem necessary in order to provide for traffic control, street and property maintenance, and the protection of the public's health, safety and welfare.

**Event Fee \$ CITY Evnt**

**Performance Bond \$ CITY Evnt**

**\* Fees are set by the Parks and Recreation Director. The Performance Bond must be issued by a separate check and all checks must be made payable to the City of Coral Gables.**

**Indemnification:**

For and in consideration of the City of Coral Gables consent to allow the Applicant to hold a Special Event, Parade or Public Assembly (as defined by City Ordinance) within the limits of the City of Coral Gables, the Applicant agrees as follows:

The Permit Applicant jointly and severally, hereby hold harmless, indemnify and defend the City of Coral Gables, its representatives, officers, agents, affiliates, employees, the administration and elected and appointed officials from and against all liability, suits, actions, claims, costs, expenses or demands (including, without limitation, suits, actions, claims, costs, expenses or demands resulting from death, personal injury and property damage) or expenses of every kind and character, including reasonable attorney's fees, costs and appeals, arising or resulting in whole or in part, as a result of any tort, intentional action, negligent acts or omissions on the part of the Permit Applicant or any of the participants of the Event outlined in this application. This indemnification provision shall survive the termination of this contract and shall be in full force and effect beyond the term or termination of this contract, however, terminated. This indemnification provision includes claims made by the entitlement, if any, to immunity under section 440.11, Florida Statutes. Nothing contained herein shall be construed as a waiver of any immunity or limitation of liability the City may have under the doctrine of sovereign immunity of section §768.28, Florida Statutes. •

Signature of Authorized Agent or Applicant

Date

Fred CouceyroParks & Recreation Dir.

Print Name

Title

405 University Drive, Coral Gables, Fla. 33134305-460-5604

Address

City/State/Zip Code

Phone

Subscribed and sworn to before me, this 07 day of January 2011.

Notary Public State of Florida at Large

Approval Signatures Required:

Fred Couceyro  
Parks and Recreation DirectorScott Masington  
Police MajorDavid Martin  
Fire ChiefEli Gutierrez  
Code Enforcement Lead

Application, performance bond(s), comprehensive site plans, event publications, flyers, and insurance must accompany this application and must be submitted to :

Norma-Milena Gavarrete  
Special Events/ Film Division  
Parks and Recreation Department  
405 University Drive  
Coral Gables, FL 33134  
Phone: (305) 460-5607 • Fax: (305) 460-5639  
E-mail: [ngavarrete@coralgables.com](mailto:ngavarrete@coralgables.com)

Internal Use only:Approved ☐ Yes ☐ No

Permit # \_\_\_\_\_

Date Received: \_\_\_\_\_ Presentation Date: \_\_\_\_\_

Application Fee: \_\_\_\_\_ Performance Bond(s): \_\_\_\_\_ Date Insurance Approved: \_\_\_\_\_

Initials: Police: \_\_\_\_\_ Fire: \_\_\_\_\_ Code Enforcement: \_\_\_\_\_ Risk Management: \_\_\_\_\_