



CITY OF CORAL GABLES SPECIAL EVENTS APPLICATION & PERMIT

Permit #: _____

Applicant Information	Legal Name of the Permit Applicant (Company or Individual): ✓ <u>Gables Chili Fest dm</u>		Today's Date: <u>9/5/17</u>			
	Contact Person for this Permit Application: <u>Manny Gonzalez</u>					
	Contact Person Phone: <u>786-306-2126</u>		Contact Person Fax:		Contact Person Email: <u>3274@Gmx.us</u>	
	Permit Applicant Address: <u>270 Catalonia</u>		City: <u>Coral Gables</u>	State: <u>FL</u>	Zip: <u>33174</u>	
	Permit Applicant Phone: <u>786 306 2126</u>		Permit Applicant Fax:		Permit Applicant Email: <u>3274@Gmx.us</u>	
	Is the Contact Person an Officer of the Legal Entity? <input checked="" type="checkbox"/> YES* <input type="checkbox"/> NO**					
	*If YES, attach verification from Sunbiz.org. **If NO, go to next question					
Event Information	Is the Contact Person an Authorized Agent of Applicant? <input checked="" type="checkbox"/> YES* <input 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: <u>Gables Chili fest</u>		Event Date(s): <u>Jan. 14, 2017</u>			
	Hours of Event: <u>11 am - 11 pm</u>		Set-up Time: <u>8:30 am</u>	Take Down Time: <u>11:20 pm</u>		
	Location of Event: <u>Catalonia</u> <u>Intersection Between Ponce & Salzedo</u>			Is Location Reserved? <u>Road Closure required</u>		
	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.					
	Anticipated Attendance: <u>(700)</u>			Admission Fees: <u>\$15.00</u>		
	# of year's event has been in existence? <u>24</u>		Previous Location(s)? <u>Catalonia</u>		Past Attendance: <u>800</u>	
Event Description: (Provide an attachment if additional space is needed.) <u>Chili fest Chile competition, vendors & artist Bazaar along with live music.</u>						

Event Information (Continued from page 1)	List all vehicles associated with this event: (if applicable) (Provide an attachment if additional space is needed.)
	<i>0</i>
	How will rules, regulations, terms and conditions of the event be communicated to the participants? (Provide an attachment if additional space is needed.)
	<i>email registration form online at www.gableschilifest.com</i>
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.)	
<i>Same as last year www.gableschilifest.com</i>	
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.)	
<i>Same as last year</i>	

Vendor Information	Number of Food Vendors <i>25</i>	Vendors list provided to the City <input checked="" type="checkbox"/> Yes <i>upon completion</i> <input type="checkbox"/> No
	Food vendors have all permits/licenses.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Number of Other Vendors	Vendor list provided to the City <input type="checkbox"/> Yes <input type="checkbox"/> No
	Will there be alcohol at this event?	<input checked="" type="checkbox"/> Yes <input 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Have you completed the City application?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Have you completed the State application?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If you checked yes to any of the questions above, you must contact the City of Coral Gables Licensing, Tax, & Utility Service office at (305) 460-5607.		

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

<p>Special Events Permit</p> <p>Cover Sheet</p> <p>For</p> <p>Evidencing Insurance to the City of Coral Gables</p>	<p>Legal Name of Permit Applicant (Individual or Company): <u>Coral Gables (City) - Fest</u></p> <p>Insurance is being submitted for an ongoing Special Event (circle one): YES or NO</p> <p>Insurance is being submitted for one Special Event permit (circle one): YES or NO</p> <p>Will liquor be served at the Special Event (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">Certificate Holder should read: City of Coral Gables Insurance Compliance P.O. Box 100085 - CE Duluth, GA 30096</p> <p>Email address: <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>Insurance Requirements</p> <p>For</p> <p>Companies</p>	<p>Companies are required to evidence the following Insurance to the City;</p> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>Insurance Coverage Type</u></th> <th style="text-align: left;"><u>Limit of Liability Required</u></th> <th></th> </tr> </thead> <tbody> <tr> <td>Commercial General Liability</td> <td>Each Occurrence \$1,000,000</td> <td>Aggregate \$2,000,000</td> </tr> <tr> <td>Liquor Liability (required if liquor is served)</td> <td>Each Occurrence \$1,000,000</td> <td>Aggregate \$2,000,000</td> </tr> </tbody> </table> <ul style="list-style-type: none"> 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. All insurance policies evidenced to the City shall contain A Waiver of Subrogation Endorsement in favor of the City of Coral Gables. 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. <p>Companies evidencing insurance must provide the following documents to the City;</p> <ol style="list-style-type: none"> This Cover Sheet with all of the questions above answered. 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. 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 & Non-Contributory Basis. A copy of the all Waiver of Subrogation Endorsements for each line of coverage required. 	<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>Insurance Requirements</p> <p>For</p> <p>Individuals</p>	<p>Individuals are required to evidence the following Insurance to the City;</p> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>Insurance Coverage Type</u></th> <th style="text-align: left;"><u>Limit of Liability Required</u></th> </tr> </thead> <tbody> <tr> <td>Personal Liability Insurance (including host liquor liability coverage is if liquor is served)</td> <td>Each Occurrence \$300,000</td> </tr> </tbody> </table> <p>Individuals evidencing insurance must provide the following documents to the City;</p> <ol style="list-style-type: none"> This Cover Sheet with all of the questions above answered. A Certificate of Liability Insurance naming the City of Coral Gables as an additional insured. 	<u>Insurance Coverage Type</u>	<u>Limit of Liability Required</u>	Personal Liability Insurance (including host liquor liability coverage is if liquor is served)	Each Occurrence \$300,000					
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Personal Liability Insurance (including host liquor liability coverage is if liquor is served)	Each Occurrence \$300,000									
<p>If Applicant Does Not Have Insurance</p>	<p>Alternatively, Companies & Individuals may obtain liability insurance through a TULIP (Tenant User Liability Insurance Program) established by the City @ www.ebi-ins.com/tulip.</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">City of Coral Gables Insurance Compliance Contact Information Phone: (951) 652-2883 • Fax: (770) 325-0417 • Email: cityofcoralgables@ebix.com</p>									

City Services	Police ✓	# of Officers ✓	Date(s) Required	Hours Needed (i.e. 8 a.m.-5 p.m.) 8AM - 12PM	
	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 type="checkbox"/> Yes <input type="checkbox"/> No				
	Fire/Medical ✓	<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 type="checkbox"/> No				
	City Facilities	Location	If using a park, do you need the restrooms opened? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	Electrical Requirements ✓	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.):			
	Dates needed		01/11/19	Hours per day needed 2 hours	
	Trash ✓	Who will be responsible for trash pick-up during the event?	Coral Gables Dept - Waste Management		
City Equipment	<input type="checkbox"/> Barricades Contact PW -Barricades Div. to reserve equipment at (305) 460-5173.				
Signs/Banners	Please list any requests for use of City signs and/or location of signs: N/A				
Other	Please list any other requests for City services (be specific): N/A				
All booths, stands, signs/banners must be removed immediately following the event. For additional information call Code Enforcement at (305) 460-5266.					

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

Closure of Streets Or City Right-of-Way	City Streets	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:				
	Street Name	From/To	Date(s)	Time(s)	
	Coral Gables	1/14/11	1/14/11	7 AM to 11 PM	
	City Sidewalks	Does this event propose closure or use of any sidewalks? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
	If yes, please fill in information below:				
	Sidewalk Location	From/To	Date(s)	Time(s)	
	Coral Gables	1/14/11	1/14/11	7 AM to 11 PM	
	City Alleys	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)	
Public Parking Lot	Does this event propose closure or use of any parking lot? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, please fill in information below:					
Parking Lot Location	From/To	Date(s)	Time(s)		
City Right-Of-Way	Does this event propose closure or use of any City right-of-way? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, please fill in information below:					
Right-of-way location	From/To	Date(s)	Time(s)		
Parade Route	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)		
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.					

Schedule of Fees, Performance Bonds and Exceptions

A. The schedule of fees, bonds and exemptions for special events shall be as follows:

SPECIAL EVENT FEE STRUCTURE				
Event Type	Base Fee <i>(Does not include Additional fees as described further below)</i>			
	1 day	2 day	3 day	4 days
NON-PROFIT/GOVERNMENT ORGANIZED EVENT				
Event of up to 500 persons/day	\$300	\$450	\$550	\$700
Event between 500 - 1,000 persons/day	\$400	\$700	\$950	\$1150
Event of more than 1,000 persons/day	\$500	\$900	\$1,200	\$1,500
FOR-PROFIT EVENT				
Event of up to 500 persons/day	\$600	\$1,000	\$1,300	\$1,500
Event between 500 - 1,000 persons/day	\$800	\$1,400	\$1,800	\$2,100
Event of more than 1,000 persons/day	\$1,000	\$1,800	\$2,400	\$2,800

*** 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. ADA Notice: The City welcomes individuals with disabilities. To request a modification to a policy, practice or procedure or to request an auxiliary aide or service (such as a sign language interpreter) in order to participate in a City program, activity or event, please contact the City's ADA Coordinator Dona Spain or the Director of the sponsoring department at least three (3) business days in advance. ADA Coordinator Dona Spain may be reached by email dspain@coralgables.com, or by telephone: 305-460-5095 (voice) or 305-460-5010 (TTY/TDD).
- H. All Expanded Polystyrene (Styrofoam) containers is prohibited. Special events permittees and their subcontractors are prohibited from selling, using or providing food/drinks in, or offering the use of, expanded polystyrene articles. Upon warning, the permittee or subcontractor must discontinue use. Failure to do so within a reasonable amount of time may lead to the discontinuation of the service, sale or participation in the event. Violations may also lead to the imposition of fines, the revocation of the permit, the placement of conditions on future special events permits or the denial of future special events permits. (Sec. 62-230, City of Coral Gables Code) <http://coralgables.com/index.aspx?page=1203>
- I. 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.

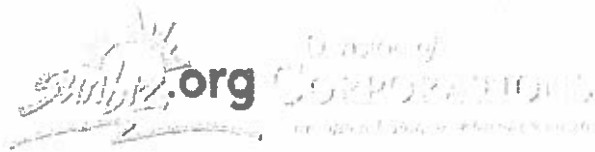
Event Fee \$ _____ Performance Bond \$ _____

* 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.

Additional Conditions or changes to application:

Event Name: Englewood Anti Fest

Event Date 1/14/15



[Department of State](#) / [Division of Corporations](#) / [Search Records](#) / [Detail By Document Number](#) /

Detail by Entity Name

Florida Not For Profit Corporation
GABLES CHILI FEST, INC.

Filing Information

Document Number	N17000001402
FEI/EIN Number	NONE
Date Filed	02/08/2017
Effective Date	02/03/2017
State	FL
Status	ACTIVE

Principal Address

270 CATALONIA AVE
CORAL GABLES, FL 33134

Mailing Address

270 CATALONIA AVE
CORAL GABLES, FL 33134

Registered Agent Name & Address

GONZALEZ, MANUEL J
270 CATALONIA AVE
CORAL GABLES, FL 33134

Officer/Director Detail

Name & Address

Title P

GONZALEZ, MANUEL J
270 CATALINA AVE
CORAL GABLES, FL 33134

Title S

ENRIQUEZ, JAVIER
270 CATALONIA AVE
CORAL GABLES, FL 33134

Title VP

ALVAREZ-MIRANDA, JUAN CARLOS
270 CATALONIA AVE

210 SHELTON BLVD
CORAL GABLES, FL 33134

Annual Reports

No Annual Reports Filed

Document Images

02/08/2017 -- Domestic Non-Profit [View image in PDF format](#)

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 410.11, 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.

Miguel Angel 9/5/17
 Signature of Authorized Agent or Applicant Date
Miguel B. Mentel President
 Print Name Title
270 Catalina Coral Gables FL 33134
 Address City/State/Zip Code Phone 776 308-7176

Subscribed and sworn to before me, this 5th day of September 2017.



ELIZABETH FERNANDEZ
MY COMMISSION # FF 195483
EXPIRES: February 3, 2018
Notary Public State of Florida at Large
Decoded Thru Budget Notary Services

Approval Signatures Required
Fred Coucyro
Fred Coucyro
Parks and Recreation Director

Brian Lawrence
Brian Lawrence
Police Major

Troy Easley 7362
~~Silvia Hernandez~~
Fire Division Chief

William Ortiz
William Ortiz
Code Enforcement Director
OFFER N CODED

Application, performance bond(s), comprehensive site plans, event publications, flyers, and insurance must accompany this application and must be submitted to:
Special Projects Coordinator
Parks and Recreation Division/Special Events
405 University Drive; Coral Gables, FL 33134
Phone: (305) 460-5607 • Fax: (305) 460-5639
E-mail: nray@cityofcoralgables.com

Expanded Polystyrene or Styrofoam Clause:

Special events permittees and their subcontractors are prohibited from selling, using or providing food/drinks in, or offering the use of, expanded polystyrene articles. Upon warning, the permittee or subcontractor must discontinue use. Failure to do so within a reasonable amount of time may lead to the discontinuation of the service, sale or participation in the event. Violations may also lead to the imposition of fines, the revocation of the permit, the placement of conditions on future special events permits or the denial of future special events permits. (Sec. 62-230, City of Coral Gables Code)