



CITY OF CORAL GABLES SPECIAL EVENTS APPLICATION & PERMIT

Permit #: _____

Applicant Information	Legal Name of the Permit Applicant (Company or Individual): American Cancer Society			Today's Date: 4/27/10	
	Contact Person for this Permit Application: Sarah E. Rogers				
	Contact Person Phone: 305-779-2847		Contact Person Fax: 305-592-5140		Contact Person Email: sarah.rogers@cancer.org
	Permit Applicant Address: 8095 NW 12th St., Suite 200			City: Doral	State: FL
				Zip: 33126	
	Permit Applicant Phone: 305-594-4363		Permit Applicant Fax: 305-592-5140		Permit Applicant Email:
	Is the Contact Person an Officer of the Legal Entity? <input type="checkbox"/> YES* <input checked="" type="checkbox"/> NO**				
	*If YES, attach verification from Sunbiz.org. **If NO, go to next question				
	Is the Contact Person an Authorized Agent of Applicant? <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.				
Event Information	Name of Event Relay For Life of Coral Gables			Event Date(s) June 18-19, 2010	
	Hours of Event 6 p.m. - Noon		Set-up Time 9 a.m.		Take Down Time 1 p.m.
	Location of Event Youth Center Field			Is Location Reserved? Yes - tentatively	
	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. Sarah Rogers - Event Lead Volunteers forthcoming				
	Anticipated Attendance 500			Admission Fees \$0	
	# of year's event has been in existence? 7		Previous Location(s)? Coral Gables H.S.		Past Attendance 500
	Event Description: (Provide an attachment if additional space is needed.) The American Cancer Society Relay For Life is a life-changing event that gives everyone in communities across the globe a chance to celebrate the lives of people who have battled cancer, remember loved ones lost, and fight back against the disease. At Relay, teams of people camp out at a local high-school, park, or fairground and take turns walking or running around a track or path. Each team is asked to have a representative on the track at all times during the event. Because cancer never sleeps, Relays are overnight events up to 24 hours in length.				

Event Information (Continued from page 1)	List all vehicles associated with this event (if applicable) (Provide an attachment if additional space is needed.)
	How will rules, regulations, terms and conditions of the event be communicated to the participants? (Provide an attachment if additional space is needed.) Participants are provided rules and conditions in participant packets and event leaders discuss them at Participant Team Meetings.
	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.) There will be a DJ and possibly live bands depending on the volunteer planning committee's vision for the event.
	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.) There will be a sound system/speakers provided by the DJ.

Vendor Information	Number of Food Vendors	Vendors list provided to the City	
		<input 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	Vendor list provided to the City	
		<input 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 type="checkbox"/> No
	Is this a charitable event?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, what is the name of the charity/organization?		
Have you completed the City application?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you completed the State application?		<input type="checkbox"/> Yes <input 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◆

Special Events Permit	Legal Name of Permit Applicant (Individual or Company): <u>American Cancer Society</u> Insurance is being submitted for an ongoing Special Event (circle one): YES or NO Insurance is being submitted for one Special Event permit (circle one): YES or NO Will liquor be served at the Special Event (circle one): YES or NO						
Cover Sheet	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;						
For	Certificate Holder should read: City of Coral Gables Insurance Compliance PO Box 12010 - CE Hemet, CA 92546-8010 Email address: <u>cityofcoralgables@cbix.com</u>						
Evidencing Insurance to the City of Coral Gables	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.						
Insurance Requirements For Companies	Companies are required to evidence the following Insurance to the City; <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"> 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. Companies evidencing insurance must provide the following documents to the City; <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
<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						
Insurance Requirements For Individuals	Individuals are required to evidence the following Insurance to the City; <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>Personal Liability Insurance (including host liquor liability coverage is if liquor is served)</td> <td>Each Occurrence \$300,000</td> </tr> </tbody> </table> Individuals evidencing insurance must provide the following documents to the City; <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		
<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						
If Applicant Does Not Have Insurance	Alternatively, Companies & Individuals may obtain liability insurance through a TULIP (Tenant User Liability Insurance Program) established by the City @ www.cbi-ins.com/tulip. 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.						
City of Coral Gables Insurance Compliance Contact Information Phone: (951) 652-2883 • Fax: (710) 325-0417 • Email: cityofcoralgables@cbix.com							

City Services	Police	# of Officers	Date(s) Required	Hours Needed (i.e. 8 a.m.-5 p.m.)
	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 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 checked="" type="checkbox"/> Yes <input 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	Hours per day needed	
	Trash	Who will be responsible for trash pick-up during the event?		Hours per day needed
City Equipment	<input type="checkbox"/> Barricades Contact Pat Burns to reserve equipment or receive a fee schedule at (305) 460-5173.			
Signs/Banners	Please list any requests for use of City signs and/or location of signs:			
Other	Please list any other requests for City services (be specific):			
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 type="checkbox"/> Temporary Fencing	<input type="checkbox"/> Inflatable	<input checked="" type="checkbox"/> Music (Recorded)
	<input checked="" type="checkbox"/> Signs/Banners	<input type="checkbox"/> Open Flames	<input checked="" type="checkbox"/> Music (Live)
	<input type="checkbox"/> Port-A-Johns	<input type="checkbox"/> Fireworks	<input checked="" 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
		If yes, please fill in information below:			
		Street Name	From/To	Date(s)	Time(s)
	City Sidewalks	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)
	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)460-5687 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:
(Please circle appropriate activity fees.)

<u>Event</u>	<u>Application User Fee</u>	<u>Performance Bond</u>
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 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.

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.

Sarah E Rogers 5/18/10
 Signature of Authorized Agent of Applicant Date
Sarah E ROGERS Community Representative
 Print Name Title
8095 NW 2nd Street, Suite 200 Doral, FL 33126 305-779-2847
 Address City/State/Zip Code Phone

Subscribed and sworn to before me, this _____ day of _____ 20____.

 Notary Public State of Florida at Large

Approval Signatures Required:

 Fred Couceyro
 Parks and Recreation Director

 Scott Masington
 Police Major

 Walter Reed
 Fire Chief

 Eli Gutierrez
 Code Enforcement Officer

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

Norma-Milena Gavarrate
 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: ngavarrate@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: _____