

Feb.



CITY OF CORAL GABLES SPECIAL EVENTS APPLICATION & PERMIT

Permit #: _____

Applicant Information	Legal Name of the Permit Applicant (Company or Individual): KILLINKERE INC D/B/A JOHN MALTINS		Today's Date: 1/21/2013		
	Contact Person for this Permit Application: MARTIN LYNCH				
	Contact Person Phone: 305 445-3777	Contact Person Fax:	Contact Person Email: martin@johnmaltins.com		
	Permit Applicant Address: 253 MIRACLE MILE		City: CORAL GABLES FL	State: FL	Zip: 33134
	Permit Applicant Phone: SAME	Permit Applicant Fax:	Permit Applicant Email: SAME		
	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				
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.					
Event Information	Name of Event: ST PATRICKS FESTIVAL		Event Date(s): 3/15/2013 (Fri)		
	Hours of Event: 4PM - 12 MIDNIGHT	Set-up Time: 10 AM	Take Down Time: 12 AM - 3 AM 3/16		
	Location of Event: SALZEDO & ARAGON		Is Location Reserved?		
	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: 4000 - 5000		Admission Fees: NONE		
	# of year's event has been in existence? 20 YEARS	Previous Location(s)?	Past Attendance		
Event Description: (Provide an attachment if additional space is needed.) Its our annual St Patricks festival with live music, food benefiting a local charity.					

a March 17, overflow in front

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.)
	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>Yes We have a US Cover Band</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.)

Vendor Information	Number of Food Vendors <i>1 Jotunskatun</i>	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 <i>None</i>	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 <i>Cause Carlos Retney</i>
	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◆

Special Events Permit	<p>Legal Name of Permit Applicant (Individual or Company): <u>KILLINKERE Inc</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>									
Cover Sheet	<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>									
For Evidencing Insurance to the City of Coral Gables	<p align="center">Certificate Holder should read: City of Coral Gables Insurance Compliance PO Box 12010 - CE Hemet, CA 92546-8010</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>									
Insurance Requirements For Companies	<p>Companies are required to evidence the following Insurance to the City;</p> <table border="0" style="width:100%;"> <thead> <tr> <th style="text-align: left;"><u>Insurance Coverage Type</u></th> <th colspan="2" style="text-align: left;"><u>Limit of Liability Required</u></th> </tr> </thead> <tbody> <tr> <td>Commercial General Liability</td> <td>Each Occurrence</td> <td>\$1,000,000 Aggregate \$2,000,000</td> </tr> <tr> <td>Liquor Liability (required if liquor is served)</td> <td>Each Occurrence</td> <td>\$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. <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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If Applicant Does Not Have Insurance	<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>City of Coral Gables Insurance Compliance Contact Information Phone: (951) 652-2883 • Fax: (770) 325-0417 • Email: cityofcoralgables@ebix.com</p>										

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)
	SALZEDO		MIRAL MIE		
	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)
	SALZEDO		INRA ARAGON	3/15/2013	10 AM
	City Alleys	Does this event propose closure or use of any alleys?			
		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
		If yes, please fill in information below:			
	Alley Location		From/To	Date(s)	Time(s)
- JOO BLK NEAR					
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 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 type="checkbox"/> No				
	If yes, please fill in information below:				
Parade Route		From/To	Date(s)	Time(s)	
<p>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.</p>					

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	\$187.00	\$500.00
Over 5K to 10K	\$215.00	\$500.00
Over 10K	\$309.00	\$500.00
Parades	\$309.00	\$500.00
Single day event, projected to be less than 2,500 persons <input checked="" type="checkbox"/>	\$309.00	\$500.00
Multi-day event or event projected to be attended by 2,500 or more persons <input checked="" type="checkbox"/>	\$606.00	\$1,000.00
Multi-Day Event (not to exceed 3 days)	\$1,213.00	\$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 \$ _____

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.

Signature of Authorized Agent or Applicant: [Signature] Date: 2/1/13
Print Name: Martin Lynch Title: Owner
Address: 253 Miracle Mile, Coral Gables, Florida, 33134 Phone: 305-445-3777

Subscribed and sworn to before me, this 1st day of Feb. 2013



Approval Signatures Required:

[Signature]
Fred Couceyro
Parks and Recreation Director

[Signature]
Edward Hudak
Police Major

[Signature]
~~David Martin~~ Dean James
Fire Chief

[Signature] FOR
William Ortiz
Code Enforcement Director
pending liquor license

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 Subdivision
Parks and Recreation Division
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: _____

Additional Conditions or changes to application:

Event Name: _____ **Event Date** _____

GIRALDA

EVENT PARKING

GUIDE

- BEER Beer Station
- BAR Bar Station
- FOOD Food Station
- SB Satellite Beer Cart
- TB Ticket Booth
- T Toilets
- LCD Video Screens
- LT Light Tower
- SD Sound tents

EMERGENCY
VEHICLE
PARKING &
ACCESS

STAGE

SALEZDO

ARAGON

JOHN MARTINS

MIRACLE MILE

T
LT

TB
BEER
BAR
FOOD

SB BAR BEER

FOOD

T

SD
LT

SD

LT SB TB

T

T

SB TB LT

FOOD
BAR
BEER
BAR
TB

~~LT~~



GIRALDA

GUIDE

- BEER Beer Station
- BAR Bar Station
- FOOD Food Station
- SB Satellite Beer Cart
- TB Ticket Booth
- T Toilets
- LT Light Tower
- SD Sound tents

EVENT PARKING

T

LT

TB 10x10

BEER 10x20

BAR 10x20

CB 10x20

SD 10x10

10x20 10x20 10x20 (John Martins) 10x20 10x20 10x10

BEER 10x20 BAR BAR \ FOOD SB TB

EMERGENCY VEHICLE PARKING & ACCESS

STAGE

SALEZDO

ARAGON

LT

LT

T

LT

T

20X20 - 1

10x20 - 12

10x10 - 4

10x10 - 4 JM

SIDE - 6

8ft - 42

6ft - 8

conf - 24

FOOD 10x20

SB 10x20

BAR 10x20

BEER 10x20

BEER 10x20

TB TB 10x10

JOHN MARTINS

MIRACLE MILE