



The City Beautiful

Permit #: _____

CITY OF CORAL GABLES FACILITY RENTAL PERMIT APPLICATION

Renter Information	<i>Legal Name of the Permit Applicant (Company or Individual):</i> HISTORIC PRESERVATION ASSOCIATION OF CORAL GABLES, INC.		<i>Today's Date:</i> JULY 9, 2014	
	<i>Contact Person for this Permit Application:</i> KARELIA M. CARBONELL			
	<i>Contact Person Phone:</i> 305 992 7449		<i>Contact Person Fax:</i>	
	<i>Contact Person Email:</i> KARELIA.M.CARBONELL@GMAIL.COM			
	<i>Permit Applicant Address:</i> P.O. BOX 347944		<i>City:</i> CORAL GABLES	<i>State:</i> FL
Rental/Event Information	<i>Permit Applicant Phone:</i> 305 992 7449		<i>Permit Applicant Fax:</i>	
	<i>Permit Applicant Email:</i> KMARTINEZCARBONELL@HISTORICCORALGABLES.ORG			
	<i>Is the Contact Person an Officer of the Legal Entity?</i> <input checked="" type="checkbox"/> YES* <input type="checkbox"/> NO** * If Yes, attach verification from Sunbiz.org. ** If NO, go to next question.			
	<i>Is the Contact Person an Authorized Agent of Applicant?</i> <input 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. **If No, then this Agreement must be executed (signed) by an Officer or Authorized Agent of the Legal Entity.			
	<i>Facility Requested: (include room location if applicable)</i> CITY HALL COURTYARD AND LOGGIA		<i>Date(s) Requested:</i> OCTOBER 18, 2014	
Rental/Event Information	<i>Hours of Rental:</i> 5		<i>Set-up Time to Begin:</i> 5:00 P.M.	
	<i>Clean Up Time to End:</i> 10:00 P.M.			
	<i>Type of event to be held (i.e. family reunion, birthday party, wedding etc.):</i> HPACG SOCIAL AND FUNDRAISER			
	<i>Anticipated Attendance: (must be completed)</i> 100		<i>Admission Fee Charged?</i> <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	

Additional Event Information	<p>For a complete listing of the rules and regulations for use of a facility owned and/or managed by the City of Coral Gables Parks and Recreation Department, see the attached <u>Facility Rental Usage Policies.</u></p> <p>Should any of the services above be self provided, please write the word "SELF" on the blank line above.</p> <p><i>Please check all that apply & provide the name of the company and the contact information for the company providing these services on the corresponding blank line:</i></p> <p><input type="checkbox"/> Inflatable Device(s) _____ (Allowed in designated facilities only)</p> <p><input type="checkbox"/> Grill(s) (Allowed in designated facilities only) _____</p> <p><input checked="" type="checkbox"/> Alcohol Allowed in designated facilities only) <u>SELF</u></p> <p><input type="checkbox"/> Music (Recorded) _____</p> <p><input checked="" type="checkbox"/> Music (Live) <u>SELF</u></p> <p><input type="checkbox"/> Amplifying Devices Or Loud Speakers _____</p> <p><input checked="" type="checkbox"/> Catered Event <u>SELF</u></p> <p><input type="checkbox"/> Other _____</p>
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Internal Use only:		Approved: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		Permit # _____
Date Received: <u>July 10, 2014</u>	Date of Rental: <u>10/18/2014</u>	Date Insurance Submitted: _____		
Rental Fee: <u>\$309.00</u>	Security Deposit: <u>\$500.00</u>	Date Insurance Approved: _____		
Insurance Compliance Documentation is Attached (circle one): Yes No <u>- Pending</u>				
Authorized Signatory Documentation (sunbiz.org printout or letter from corporate officer) is Attached (circle one): <u>Yes</u> No				
Facility Supervisor: _____		_____		
Print Name		Signature		
Date: _____				

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

<p>Facility Rental 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>HISTORIC PRESERVATION ASSOC. OF CORAL GABLES, INC.</u></p> <p>Insurance is being submitted for an ongoing rental permit (circle one): YES or NO</p> <p>Insurance is being submitted for a one time rental permit (circle one): <u>YES</u> or NO</p> <p>Will liquor be served at the City facility being rented (circle one): <u>YES</u> 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>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>									
<p>Insurance Requirements</p> <p>For</p> <p>Companies</p>	<p>Companies are required to evidence the following Insurance to the City;</p> <table border="1"> <thead> <tr> <th><u>Insurance Coverage Type</u></th> <th><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>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>City of Coral Gables Insurance Compliance Contact Information</p> <p>Phone: (951) 652-2883 • Fax: (770) 325-0417 • Email: cityofcoralgables@ebix.com</p>									

Indemnification:

For and in consideration of the City of Coral Gables consent to allow the Facility Rental Permit Applicant to use a city owned facility located within Miami-Dade County Florida, the Facility Applicant agrees as follows:

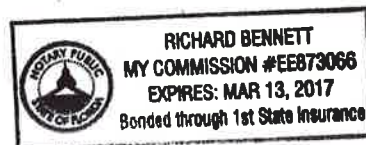
The Facility Rental Permit Applicant jointly and severally, hereby hold harmless, indemnify and defend the City of Coral Gables, its representatives, officers, agents, affiliates, employees, the administration and elected and appointed officials from and against all liability, suits, actions, claims, 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 Facility Rental Permit Applicant or any of the contractors, subcontractors, participants and/or guests associated with the Facility Rental 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.

I/We hereby acknowledge that a copy of the *Facility Rental Usage Policies* containing the rules and regulations for use of facilities owned and/or managed by the City of Coral Gables Parks and Recreation Department has been received and that I/We have read, understand and agree to abide by these rules & regulations governing the usage of the Facility being rented.


Authorized Signatory of the Permit Applicant or Authorized Agent
JULY 9, 2014
Date
KARELIA M. CARBOVELL
Print Name of Authorized Signatory
PRESIDENT, HPACG
Title of Authorized Signatory (if applicable)
532 ALTARA AVE. CORAL GABLES FL 33146
Address City State Zip Code

Subscribed and sworn to before me, this 9 day of July 2014.


Notary Public State of Florida at Large



Approved by:

Couceyro
Department Director

Signature of Department Director
7/10/14
Date

* permit approved pending insurance approval

2014 FLORIDA NON PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N41683

Entity Name: HISTORIC PRESERVATION ASSOCIATION OF CORAL GABLES, INC.

FILED
Feb 27, 2014
Secretary of State
CC7283404805

Current Principal Place of Business:

532 ALTARA AVENUE
CORAL GABLES, FL 33146

Current Mailing Address:

P.O. BOX 347944
CORAL GABLES, FL 33134 US

FEI Number: 65-0261797

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

BENNETT, LISA
1200 ANASTASIA AVENUE
OFFICE SUITE 360
CORAL GABLES, FL 33134 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name CARBONELL, KARELIA
Address 532 ALTARA AVENUE
City-State-Zip: CORAL GABLES FL 33146

Title VP
Name GOODMAN, ANN
Address 6828 CORSICA AVENUE
City-State-Zip: CORAL GABLES FL 33146

Title TREASURER
Name BRITO, HERBERT
Address 1136 ALHAMBRA CIRCLE
City-State-Zip: CORAL GABLES FL 33134

Title EXECUTIVE SECRETARY
Name MACINTYRE, DOLLY
Address 409 VISCAYA AVENUE
City-State-Zip: CORAL GABLES FL 33134

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ANN GOODMAN

VP

02/27/2014

Electronic Signature of Signing Officer/Director Detail

Date

INTERNAL REVENUE SERVICE
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: NOV 27 2013

HISTORIC PRESERVATION ASSOCIATION
OF CORAL GABLES INC
6818 CORSICA ST
CORAL GABLES, FL 33146

Employer Identification Number:
65-0261797
DLN:
17053213305013
Contact Person: TERRY IZUMI ID# 95048
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
December 31
Public Charity Status:
509(a)(2)
Form 990 Required:
Yes
Effective Date of Exemption:
July 19, 2013
Contribution Deductibility:
Yes
Addendum Applies:
No

Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. We determined that you are a public charity under the Code section(s) listed in the heading of this letter.

Please see enclosed Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, for some helpful information about your responsibilities as an exempt organization.

Letter 947 (DO/CG)