



CITY OF CORAL GABLES SPECIAL EVENTS APPLICATION & PERMIT

Permit #: _____

Applicant Information	Legal Name of the Permit Applicant (Company or Individual): The Buoniconti Fund to Cure Paralysis, Inc.		Today's Date: 9-4-2015		
	Contact Person for this Permit Application: Kristin Wherry				
	Contact Person Phone: 305-243-3863	Contact Person Fax: 305-243-6017	Contact Person Email: kwherry@med.miami.edu		
	Permit Applicant Address: 1095 NW 14 Terrace		City: Miami	State: FL	Zip: 33136
	Permit Applicant Phone: 305-243-3863	Permit Applicant Fax: 305-243-6017	Permit Applicant Email: kwherry@med.miami.edu		
	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				
Event Information	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.		
	Name of Event 7th annual Block Party presented by Hillstone Coral Gables		Event Date(s) 1-16-2016		
	Hours of Event 5:00-9:00pm	Set-up Time 12noon - 4:59pm	Take Down Time 9:01 -11:59pm		
	Location of Event 201 Miracle Mile (on Ponce de Leon Blvd-Miracle Mile to Aragon Avenue		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. Kristin Wherry - Director of National Chapters for The Buoniconti Fund Miami Chapter committee: Ricardo Rincon, Erika Forbes, Teresa Arcay, Rob Camarena, Esther Reynolds, Arden Napier, Carlos Rodriguez, Alicia Bolanos, David Del Cristo, Scott Teniero, Aaron Hassinger, Brittany Mascara, Nathalie Perez and Melissa Reyes.				
	Anticipated Attendance 450-500		Admission Fees \$50 advance / \$60 at event		
	# of year's event has been in existence? 7	Previous Location(s)? same as above	Past Attendance 250-450		
Event Description: (Provide an attachment if additional space is needed.) A community gathering presented by Hillstone Coral Gables and the Miami Chapter of The Buoniconti Fund to provide donated samplings of Hillstone's cuisine, South Florida craft beer, non-alcoholic beverages, live music, auction and drawing. Our purpose as the volunteer Chapter of this non-profit is to raise funds and awareness for The Miami Project to Cure Paralysis, the world's most comprehensive spinal cord injury research center located at the University of Miami Miller School of Medicine.					

Event Information (Continued from page 1)	List all vehicles associated with this event: (if applicable) (Provide an attachment if additional space is needed.) Diamonette Party Rentals - table, chair and tent rentals (delivery) SFM - trash services
	How will rules, regulations, terms and conditions of the event be communicated to the participants? (Provide an attachment if additional space is needed.) The Buoniconti Fund will create and distribute all event promotional materials including the invitation, poster and flyer via email and mail, etc. The event will also be posted on our organization's website and via social media outlets including Facebook and Twitter.
	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.) live music - band
	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 minimum of 2 medium speakers with microphone used by the band and for announcements.

Vendor Information	Number of Food Vendors 3 - Hillstone and dessert partners	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 8 (craft beer and spirits)	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 The Buoniconti Fund to Cure Paralysis, Inc.
	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>The Buoniconti Fund to Cure Paralysis, 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> <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="0"> <thead> <tr> <th><u>Insurance Coverage Type</u></th> <th colspan="2"><u>Limit of Liability Required</u></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 style="text-align: center;">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)
	Ponce de Leon Blvd/Miracle Mile/Aragon Ave				
	1-16-2016				
	12noon-12midnight				
	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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
		If yes, please fill in information below:			
		Alley Location	From/To	Date(s)	Time(s)
behind Hillstone Ponce de Leon/Salzedo access to Ponce only					
1-16-2016					
12noon-12midnight					
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:
(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	\$309.00	\$500.00
Two- or three-day event	\$606.00	\$1,000.00
Four or more days event	\$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 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 \$ 309.

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.

[Handwritten Signature]

9-8-2015

Signature of Authorized Agent or Applicant

Date

Kristin Wherry / Marc Buoniconti

Dir. of National Chapters / President

Print Name

Title

1095 NW 14 Terrace

Miami, FL 33136

305-243-3863

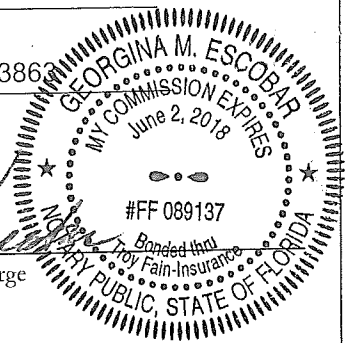
Address

City/State/Zip Code

Phone

Subscribed and sworn to before me, this 8 day of September 2015

[Handwritten Signature]
Notary Public State of Florida at Large



Approval Signatures Required:

Fred Couceyro
Parks and Recreation Director

Brian Lawrence
Police Major

Gilbert Hernandez
Fire Division Chief

William Ortiz
Code Enforcement Director

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: 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: _____

Additional Conditions or changes to application:

Event Name: 7th annual Block Party presented by Hillstone Coral Gables Event Date 1-16-2016

