



CITY OF CORAL GABLES SPECIAL EVENTS APPLICATION & PERMIT

Permit #: _____

Applicant Information	Legal Name of the Permit Applicant (Company or Individual): Coral Gables Museum		Today's Date: 12/22/14		
	Contact Person for this Permit Application: Christine Rupp				
	Contact Person Phone: 305 603 8067		Contact Person Fax:	Contact Person Email: christ@coralgablesmuseum.org	
	Permit Applicant Address: 285 Aragon Ave		City: CG	State: FL	Zip: 33124
	Permit Applicant Phone:		Permit Applicant Fax:		Permit Applicant Email:
	Is the Contact Person an Officer of the Legal Entity? <input type="checkbox"/> YES* <input checked="" type="checkbox"/> NO** <small>*If YES, attach verification from Sunbiz.org. **If NO, go to next question</small>				
Is the Contact Person an Authorized Agent of Applicant? <input type="checkbox"/> YES* <input checked="" type="checkbox"/> NO <small>*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.</small>					
Event Information	Name of Event ARTOPIA		Event Date(s) 2/26/15		
	Hours of Event 7-10 pm		Set-up Time 1pm-10am	Take Down Time 10pm	
	Location of Event Coral Gables Museum / Salzedo St.			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. <div style="text-align: center; font-size: 1.2em; font-family: cursive;">Museum staff / volunteers</div>				
	Anticipated Attendance ~ 800			Admission Fees TBD	
	# of year's event has been in existence? 3		Previous Location(s)? CGM	Past Attendance 800	
Event Description: (Provide an attachment if additional space is needed.) <div style="text-align: center; font-size: 1.2em; font-family: cursive;"> New Times Miami annual event at CGM includes art, music, food, beverages — need to extend CGM liquor license to street </div>					

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.) <i>Museum staff</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>yes TBD</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>TBD</i>

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 checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
	If yes, has liquor license been issued?	<input checked="" type="checkbox"/> Yes - <i>need license</i>	<input type="checkbox"/> No <i>per street desk/inst of alcohol</i>
	Is this a charitable event? If yes, what is the name of the charity/organization?	<input checked="" type="checkbox"/> Yes <i>Coral Gables Museum</i>	<input checked="" type="checkbox"/> No
Have you completed the City application?	<input checked="" type="checkbox"/> Yes	<input 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): _____</p> <p>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</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: cityofcoralgables@ebix.com</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</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"> <input type="checkbox"/> 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. <input type="checkbox"/> All insurance policies evidenced to the City shall contain A Waiver of Subrogation Endorsement in favor of the City of Coral Gables. <input type="checkbox"/> 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"> 1. This Cover Sheet with all of the questions above answered. 2. 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. 3. 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. 4. 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)
	Salzedo		Giralda/Aragon	2/26	10am-12pm
	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: Salzedo			
	Sidewalk Location		From/To	Date(s)	Time(s)
	Salzedo		Giralda/Aragon	2/26	10am-12am
	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 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.					

Additional Conditions or changes to application:

Event Name: _____ **Event Date** _____

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.

Bonnie Rupp
Signature of Authorized Agent or Applicant

1/5/15
Date

Christine Rupp Director
Print Name Title

285 Avon Ave Coral Gables FL 33134 305-603-8067
Address City/State/Zip Code Phone

STATE OF FLORIDA, COUNTY OF MIAMI-DADE
Subscribed and sworn to before me, this 10th day of JULY 2015 (2015)

[Signature]
Notary Public State of Florida at Large

Approval Signatures Required:

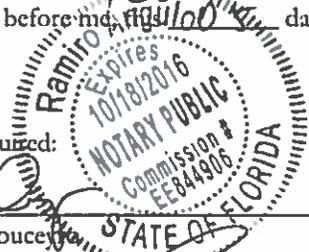
[Signature]
Fred Coucey
Parks and Recreation Director

[Signature]
Gilbert Hernandez
Fire Division Chief

[Signature]
Edward Hudak
Police Major

[Signature]
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 Gavarrete
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: 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: _____