



CITY OF CORAL GABLES

SPECIAL EVENTS APPLICATION & PERMIT

Permit #: _____

Applicant Information	Name of Organization/Company The Buoniconti Fund to Cure Paralysis		Date of Request March 25, 2009		
	Address 1095 NW 14 Terrace		City Miami	State FL	
	Zip 33136				
	Event Representative Kristin Wherry, Director of National Chapters				
Event Information	Daytime Phone 305-243-3863		Fax Number 305-243-6017	Email Address kwherry@med.miami.edu	
	Name of Event 2nd Annual Block Party		Event Date(s) October 17, 2009		
	Hours of Event 5:00-9:00pm		Set-up Time 12:00-5:00pm	Take Down Time 9:30pm-12 midnight	
	Location of Event 201 Miracle Mile (corner of Miracle/Ponce)		Is Location Reserved? no		
	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. Rob Camarena, Steve Vasilas, Teresa Arcay, Erika Sanabria, Rick Ricon, Gus Iatrellis, Lauren Cifizzari, Heidi Wilson, Andria R.				
	Anticipated Attendance 300		Admission Fees \$40 adv/\$50 door		
	# of year's event has been in existence? 2nd year		Previous Location(s)? 201 Miracle Mile	Past Attendance 225	
	Event Description: (Provide an attachment if additional space is needed.) community gathering to raise funds and awareness regarding The Buoniconti Fund to Cure Paralysis with food and drink, live music, drawing prizes, etc.				
	List all vehicles associated with this event: (if applicable) (Provide an attachment if additional space is needed.) vehicles will be vendor drop off and pick up only				
	How will rules, regulations, terms and conditions of the event be communicated to the participants? (Provide an attachment if additional space is needed.) www.thebuonicontifund.com website, invite, media alert, flyers				
	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 (blues/rock)				
	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.) 2-3 speakers will be used by live band and for announcements, located tbd				

Insurance Requirements	Evidence of Insurance must be reviewed and approved by the Risk Management Division. Evidence of Insurance will not be reviewed or approved without copies of all of the required endorsements.			
	City of Coral Gables must be named as an Additional Insured on a Primary and Non-Contributory basis and a Wavier of Subrogation Endorsement must be issued for each insurance policy that is required.			
	Evidence of Insurance must consist of: (1) 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, (2) copies of all Additional Insured Endorsements providing coverage on a Primary & Non-Contributory Basis and (3) copies of all Waiver of Subrogation Endorsements.			
	Certificate Holder must read as follows: City of Coral Gables Risk Management Division 2801 Salzedo Street, Second Floor Coral Gables, Florida 33134			
	Type of Insurance Coverage Required and Limits of Liability Insurance Required:			
	<u>Coverage Type</u>	<u>Limit of Liability Required</u>		
	Commercial General Liability	Each Occurrence \$1,000,000	Aggregate	\$2,000,000
	Liquor Liability (Coverage is only required when liquor will be served at the Event)	Each Occurrence \$1,000,000	Aggregate	\$2,000,000
	Automobile Liability - Combined Single Limit		\$1,000,000 (Hired and Non-owned Auto Liability Coverage is required when the applicant does not own any autos)	
	The insurance companies providing coverage must have an A.M. Best rating of (A-/VI) or better or an equivalent rating given by a recognized rating agency.			
The City of Coral Gables reserves the right to required additional types of insurance coverage or higher limits of liability for any event. This determination will be made by the Risk Management Division.				
For additional information call the Risk Management Division at (305) 460-5528.				

Vendor Information	Number of Food Vendors 2	Vendors list provided to the City <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Food vendors have all permits/licenses.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Number of Other Vendors 10-12	Vendor list provided to the City <input type="checkbox"/> Yes <input checked="" 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 <i>not yet</i>
	Is this a charitable event?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, what is the name of the charity/organization? Buoniconti Fund to Cure Paralysis	
	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.	

City Services	Police	# of Officers 6	Date(s) Required October 17, 2009	Hours Needed (i.e. 8 a.m.-5 p.m.) 12noon-12 midnight
		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 checked="" type="checkbox"/> No		
	Fire/Medical	<input checked="" 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 checked="" type="checkbox"/> No		
	City Facilities	Location N/A	If using a park, do you need the restrooms opened? <input 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.): <u>bringing small generator 2900 watts to assist band, lights (2 outlets used in Houston's Coral Gables)</u>		
		Dates needed October 17, 2009	Hours per day needed 5	
	Trash	Who will be responsible for trash pick-up during the event? <u>SFM Services, Inc.</u>		Hours per day needed 6
City Equipment	<input checked="" 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: <u>road closure signs on barricades-Miracle Mile and Aragon streets</u>			
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 type="checkbox"/> Music (Recorded)
	<input checked="" type="checkbox"/> Signs/Banners	<input checked="" type="checkbox"/> Open Flames <u>outdoor grills</u>	<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 checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
		If yes, please fill in information below:			
		Street Name Ponce	From/To Miracle-Aragon	Date(s) 10-17-09	Time(s) 12noon-12 mid.
	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 Ponce-Salzedo	Date(s) 10-17-09	Time(s) 12noon-12 mid.
	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 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	\$170.00	\$500.00
Over 5K to 10K	\$195.00	\$500.00
Over 10K	\$280.00	\$500.00
Parades	\$280.00	\$500.00
Single day event, projected to be less than 2,500 persons	\$280.00	\$500.00
Multi-day event or event projected to be attended by 2,500 or more persons	\$550.00	\$1,000.00
For-profit event	\$1,100.00	\$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 \$ 280

Performance Bond \$ 500

* 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:

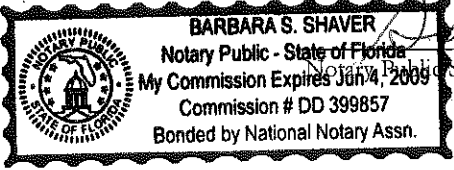
For and in consideration of the City of Coral Gables consent to allow the Applicant to hold a Special Event, Parade or Public Assembly (as defined by City Ordinance) within the limits of the City of Coral Gables, the Applicant agrees as follows:

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.

<u>Kristin Wherry</u> Signature of Authorized Agent or Applicant		<u>March 25, 2009</u> Date
<u>Kristin Wherry</u> Print Name	<u>Director of National Chapters</u> Title	
<u>1095 N.W. 14 Terrace</u> Address	<u>Miami FL 33136</u> City/State/Zip Code	<u>305 243 3863</u> Phone

Subscribed and sworn to before me, this 25th day of March, 2009.

Approval Signatures Required:

	<u>Barbara S. Shaver</u> Notary Public - State of Florida at Large
<u>Fred Couceyro</u> Parks and Recreation Director	<u>Richard Naue, Jr.</u> Chief of Police
<u>Walter Reed</u> Fire Chief	<u>Eli Gutierrez</u> 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 Gavarrete
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: ngavarrete@coralgables.com

<u>Internal Use only:</u>		Approved <input type="checkbox"/> Yes <input type="checkbox"/> No	Permit # _____
Date Received: _____	Presentation Date: _____		
Application Fee: _____	Performance Bond(s): _____	Date Insurance Approved: _____	
Initials: _____	Police: _____	Fire: _____	Code Enforcement: _____
		Risk Management: _____	