



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: 9/17/2018		
	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				
	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.					
Event Information	Name of Event 10th annual Block Party presented by Hillstone Coral Gables		Event Date(s) 1/19/2019		
	Hours of Event 5:00pm - 9:00pm	Set-up Time 12noon - 5:00pm	Take Down Time 9:05pm-11:50pm		
	Location of Event 201 Miracle Mile (on Ponce de Leon Blvd - Miracle Mile to Aragon Ave)		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, National Chapters of The Buoniconti Fund Miami Chapter committee: Alicia Bolanos, Carlos Martinez, Ricardo Rincon, Rob Camarena, Erika Forbes, Aaron Hassinger, Esther Reynolds, Arden Napier, Melissa Reyes, Alexis Moore, Paula Simonetti, Yasmin Ali and Teresa Arcay.				
	Anticipated Attendance 400-450		Admission Fees \$50 in advance/\$60 at event		
	# of year's event has been in existence? 9 years	Previous Location(s)? same as above	Past Attendance 300-500		
	Event Description: (Provide an attachment if additional space is needed.) A charity fundraiser, presented by Hillstone Coral Gables, in partnership and to benefit The Buoniconti Fund to Cure Paralysis. The event features cuisine by Hillstone, South FL craft beer, wine and spirits, non-alcoholic beverages, live entertainment, and auction. Our purpose as a Volunteer Chapter of The Buoniconti Fund is to raise funds and awareness for The Miami Project to Cure Paralysis, the premier spinal cord injury and traumatic brain injury research center located at the University of Miami Miller School of Medicine.				

Event Information (Continued from page 1)	<p>List all vehicles associated with this event: (if applicable) (Provide an attachment if additional space is needed.)</p> <p>Diamonette Rentals - event rentals including tents, tables, chairs, lighting and electrical support.</p> <p>SFM - trash services</p> <p>(event vendors and partners only park on or near site for loading and unloading)</p>
	<p>How will rules, regulations, terms and conditions of the event be communicated to the participants? (Provide an attachment if additional space is needed.)</p> <p>The Buoniconti Fund will create and distribute all event promotional materials, including the invitation, flyer, poster via email and mail. Flyers will also be distributed to the community by volunteers. The event will also be posted on social media and the organization's website.</p> <p>*The event committee also ensures that the flyer and event road & alley closures are communicated to surrounding block businesses 2 weeks prior to the event, as well as shared with the BID.</p>
	<p>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.)</p> <p>live music featuring a band and DJ (generally rock, blues & pop)</p>
	<p>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.)</p> <p>There will be a minimum of 3-4 medium speakers with microphone, for the use of the band, DJ and organization for announcements.</p>

Vendor Information	Number of Food Vendors Hillstone and 2-3 dessert sponsors	Vendors list provided to the City <input checked="" 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 4-6 craft beer and wine/spirits sponsors	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 type="checkbox"/> No <i>in process</i>
	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
	Have you completed the City application?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Have you completed the State application?	<input type="checkbox"/> Yes <input 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): <u>YES</u> or NO Will liquor be served at the Special Event (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 align="center">Certificate Holder should read:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <p>Email address: cityofcoralgables@ebix.com</p> </td> <td style="width: 50%; vertical-align: top;"> <p>City of Coral Gables Insurance Compliance P.O. Box 100085 - CE Duluth, GA 30096</p> </td> </tr> </table> <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>Email address: cityofcoralgables@ebix.com</p>	<p>City of Coral Gables Insurance Compliance P.O. Box 100085 - CE Duluth, GA 30096</p>				
<p>Email address: cityofcoralgables@ebix.com</p>	<p>City of Coral Gables Insurance Compliance P.O. Box 100085 - CE Duluth, GA 30096</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 style="width: 100%; border: none;"> <thead> <tr> <th style="text-align: left;"><u>Insurance Coverage Type</u></th> <th style="text-align: left;"><u>Limit of Liability Required</u></th> </tr> </thead> <tbody> <tr> <td>Commercial General Liability</td> <td>Each Occurrence \$1,000,000 Aggregate \$2,000,000</td> </tr> <tr> <td>Liquor Liability (required if liquor is served)</td> <td>Each Occurrence \$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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Personal Liability Insurance (including host liquor liability coverage is if liquor is served)	Each Occurrence \$300,000						
<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 Phone: (951) 652-2883 • Fax: (770) 325-0417 • Email: cityofcoralgables@ebix.com</p>							

City Services	Police	# of Officers 4-6	Date(s) Required 1/19/2019	Hours Needed (i.e. 8 a.m.-5 p.m.) 12noon - 12midnight	
	<i>per Brian Lawrence</i>	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 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 type="checkbox"/> No				
	City Facilities	Location	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.): generator for use between 3:30pm - 9:30pm to support band, DJ and lighting			
	Dates needed 1/19/2019			Hours per day needed 3:30-9:30pm	
	Trash ✓	Who will be responsible for trash pick-up during the event? SFM	Hours per day needed 4:00-10:00pm		
	City Equipment ✎	<input checked="" type="checkbox"/> Barricades Contact PW -Barricades Div. to reserve equipment at (305) 460-5173.			
Signs/Banners	Please list any requests for use of City signs and/or location of signs: N/A				
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 checked="" type="checkbox"/> Music (Recorded)
	<input checked="" type="checkbox"/> Signs/Banners	<input checked="" type="checkbox"/> Open Flames	<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	<i>call enforcement ✎</i>
<input checked="" 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		From/To	Date(s)	Time(s)
	Ponce de Leon Blvd.		Miracle Mile to Aragon Ave	1/19/2019	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 CG		Ponce de Leon/Salzedo - access to Ponce only	1/19/2019	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 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:

SPECIAL EVENT FEE STRUCTURE				
Event Type	Base Fee <i>(Does not include Additional fees as described further below)</i>			
	1 day	2 day	3 day	4 days
NON-PROFIT/GOVERNMENT ORGANIZED EVENT				
Event of up to 500 persons/day	\$300	\$450	\$550	\$700
Event between 500 - 1,000 persons/day	\$400	\$700	\$950	\$1150
Event of more than 1,000 persons/day	\$500	\$900	\$1,200	\$1,500
FOR-PROFIT EVENT				
Event of up to 500 persons/day	\$600	\$1,000	\$1,300	\$1,500
Event between 500 - 1,000 persons/day	\$800	\$1,400	\$1,800	\$2,100
Event of more than 1,000 persons/day	\$1,000	\$1,800	\$2,400	\$2,800

*** 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. ADA Notice: The City welcomes individuals with disabilities. To request a modification to a policy, practice or procedure or to request an auxiliary aide or service (such as a sign language interpreter) in order to participate in a City program, activity or event, please contact the City's ADA Coordinator Dona Spain or the Director of the sponsoring department at least three (3) business days in advance. ADA Coordinator Dona Spain may be reached by email: dspain@coralgables.com, or by telephone: 305-460-5095 (voice) or 305-460-5010 (TTY/TDD).
- H. All Expanded Polystyrene (Styrofoam) containers is prohibited. Special events permittees and their subcontractors are prohibited from selling, using or providing food/drinks in, or offering the use of, expanded polystyrene articles. Upon warning, the permittee or subcontractor must discontinue use. Failure to do so within a reasonable amount of time may lead to the discontinuation of the service, sale or participation in the event. Violations may also lead to the imposition of fines, the revocation of the permit, the placement of conditions on future special events permits or the denial of future special events permits. (Sec. 62-230, City of Coral Gables Code) <http://coralgables.com/index.aspx?page=1203>
- I. 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 publics health, safety and welfare.

Event Fee \$ 300.00

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.

Marc A. Buoniconti

9/17/2018

Signature of Authorized Agent or Applicant

Date

Marc A. Buoniconti

President, The Buoniconti Fund to Cure Paralysis

Print Name

Title

1095 NW 14 Terrace

Miami, FL 33136

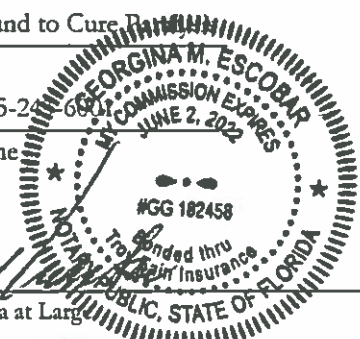
305-271-6600

Address

City/State/Zip Code

Phone

Subscribed and sworn to before me, this 17 day of September 20 18



Georgina M. Escobar
Notary Public State of Florida at Large

Approval Signatures Required:

Fred Couceyro

Fred Couceyro
Parks and Recreation Director

Brian Lawrence

Brian Lawrence
Police Major

Gilbert Hernandez

Gilbert Hernandez
Fire Division Chief

William Ortiz
Code Enforcement Director
Carlos Correa
Code Enforcement Supervisor
code officer needed

Application, performance bond(s), comprehensive site plans, event publications, flyers, and insurance must accompany this application and must be submitted to:

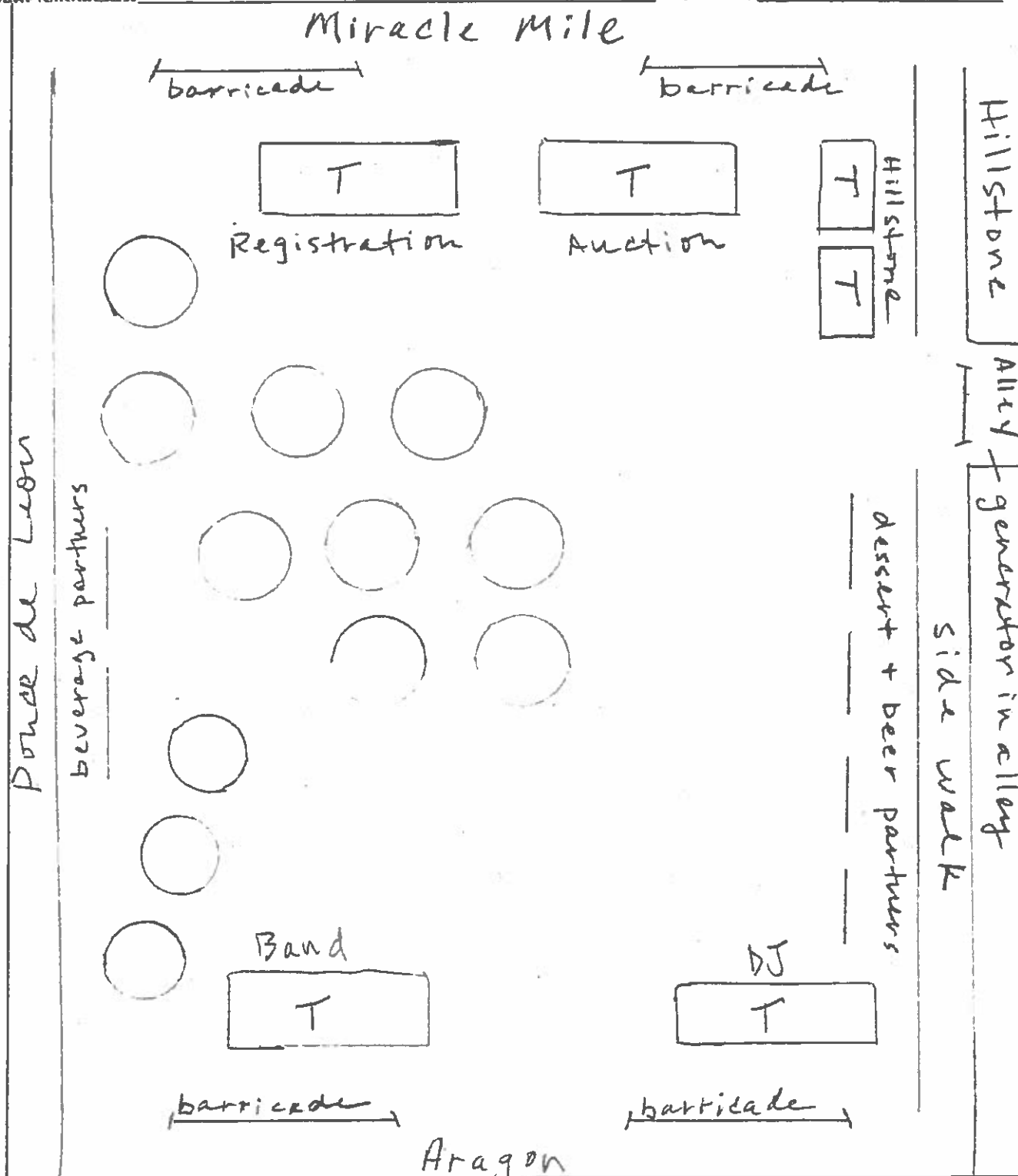
Special Projects Coordinator
Parks and Recreation Division/Special Events
405 University Drive; Coral Gables, FL 33134
Phone: (305) 460-5607 • Fax: (305) 460-5639
E-mail: ngavarrete@coralgables.com

Expanded Polystyrene or Styrofoam Clause:

Special events permittees and their subcontractors are prohibited from selling, using or providing food/drinks in, or offering the use of, expanded polystyrene articles. Upon warning, the permittee or subcontractor must discontinue use. Failure to do so within a reasonable amount of time may lead to the discontinuation of the service, sale or participation in the event. Violations may also lead to the imposition of fines, the revocation of the permit, the placement of conditions on future special events permits or the denial of future special events permits. (Sec. 62-230, City of Coral Gables Code)

Additional Conditions or changes to application:

Event Name: 10th annual Block Party presented by Hillstone Coral Gables Event Date: 1/19/2019



Meeting Date & Time: Oct. 5, Year: 2018

City of Coral Gables
Special Event Checklist of Requirements

Commission
mtg,
alcohol
selling.

Event Title: Block Party - Hillstone

Event Description: Block Party

Event Sponsor: Barricade Cure

Contact Person: Knstin Phone #: _____

Estimated Size of Event _____ Is there a rain date alternative? _____

- Barricade
↳ Juan P.

- Special Event License Application form.
- Special Event Fee. Amount: _____ & Date: _____
- Performance Bond: Amount: _____ & Date: _____
- Liability Insurance Coverage Submitted: _____
- Electrical Permit: _____
- Copy of Marketing/Advertising materials utilized for event. _____
- What are setup/breakdown times? _____
- Resident Notification: Copy of Letter & Date Sent: _____ & Mailing Labels: _____
- Notification to Adjacent Property Owner(s) of Anticipated Noise _____
- Alcohol License Permit: Permit # _____ & Date Issued: _____
- Site Plan Route Map/Road Close: _____
- Map of Event area location and set-up. _____ MOT: _____
- Are City services required? (In-kind or with fee) If so, which departments will be involved and how? Permit # _____ & Date Issued: _____ & Dept.: _____
- Parks Permit or Evidence of Permission to Use Premises: Yes: _____ No: _____
- Are portable toilets requested-if so is Waste Management involved? _____
- Water Stations and Locations: _____ Plan of action: _____
- Sanitation and Recycling Plan: _____
- Pertinent vendor licensing permit: Permit # _____ & Date Issued: _____
- Food Permit: Permit # _____ & Date Issued: _____
- Police required-how many officers needed? Permit # _____ & Date Issued: _____
- Security Plan/Medical Plan: Action Plan: _____
- Fire department to be present? Permit # _____ & Date Issued: _____
- Barricades needed? _____ Is city providing? Permit # _____ & Date Issued: _____
- Fire watch - outside cooking? Permit # _____ & Date Issued: _____
- Closing of streets needed for event? Street Name: _____
- Handicapped parking required? Yes: _____ No: _____
- Parking Permit# _____ and Transportation Plan: _____
- Summary of Event _____

Diland - Code enforcement Officer 5-9 (4:30-9:30)
tent 10x10
EVENT DATE: Jan 19, 2019

Additional Conditions or changes to application:

Event Name: 10th annual Block Party presented by Hillstone Coral Gables

Event Date: 1/19/2019

Miracle Mile

