



CITY OF CORAL GABLES SPECIAL EVENTS APPLICATION & PERMIT

Permit #: _____

Applicant Information	Name of Organization/Company St. Patrick's Day Committee, Inc.			Date of Request October 1, 2009	
	Address P.O. Box 836225		City Miami		State FL
	Event Representative Janice Mc Kay				
	Daytime Phone 305-733-0831		Fax Number		Email Address mckaycoantrim@aol.com
Event Information	Name of Event St. Patrick's Day Festival			Event Date(s) March 13, 2009	
	Hours of Event 12:00 noon until 6:00 P.M.		Set-up Time 7:00 A.M.		Take Down Time 9:00 P.M.
	Location of Event Fred B. Hartnett Ponce Circle Park			Is Location Reserved? Yes	
	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. A list of the board members providing volunteer services attached.				
	Anticipated Attendance 1600 - 2200			Admission Fees None	
	# of year's event has been in existence? 11 years		Previous Location(s)? Always in the same location		Past Attendance 3000
	Event Description: (Provide an attachment if additional space is needed.) A community festival to celebrate the Irish cultures, St. Patrick's Day.				
	List all vehicles associated with this event: (if applicable) (Provide an attachment if additional space is needed.) Delivery of supplies				
	How will rules, regulations, terms and conditions of the event be communicated to the participants? (Provide an attachment if additional space is needed.) Festival book provides guidelines along with the encouragement of the mc.				
	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.) There will be live Irish music being played throughout the event.				

	<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.) Speakers and amplifying equipment will be on the mobile stage.</p>
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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 Waiver 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 (Hired and Non-owned Auto Liability Coverage is required when the applicant does not own any autos)	\$1,000,000			

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 10 (ten)	Vendors list provided to the City <input checked="" type="checkbox"/> Yes upon completion <input type="checkbox"/> No
	Food vendors have all permits/licenses.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Number of Other Vendors 16 (sixteen)	Vendors list provided to the City <input checked="" 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?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
	If yes, what is the name of the charity/organization? St. Patrick's Day Committee, Inc.		
	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.			

City Services	Police	# of Officers: 4	Date(s) Required March 13, 2010	Hours Needed (i.e. 8 a.m.-5 p.m. 11:00 A.M. to 6:00 P.M.
	<i>converted to 6 last year</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 X No		
		Fire/Medical	<input type="checkbox"/> On Call X On Site Contact the Coral Gables Fire Department Administration Division for questions	

	costs associated with onsite coverage at (305) 442-1600.	
	Clearance Form received: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
City Facilities	Location Fred B. Hartnett Park	If using a park, do you need the restrooms opened? <input type="checkbox"/> Yes <input checked="" 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.): To be determined on the day of walk through with the CG Public Works Dept, Mr Kenneth Nunn	
	Dates needed March 13, 2010	Hours per day needed 8 hours
Trash	Who will be responsible for trash pick-up during the event? Mr. Sean Ferrell in conjunction with WMI	Hours per day needed 7
City Equipment	<input type="checkbox"/> Barricades - <i>use their own</i> 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: None, We have our own.	
Other	Please list any other requests for City services (be specific): Parking Meter Covers from CG Parking Dept.	
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 type="checkbox"/> Open Flames	<input checked="" type="checkbox"/> Music (Live)
	<input checked="" type="checkbox"/> Port-A-Johns	<input type="checkbox"/> Fireworks	<input checked="" type="checkbox"/> Amplifying Devices
	<input checked="" type="checkbox"/> Tents or Canopies <i>30x40 approved</i>	<input checked="" type="checkbox"/> Carnival/Amusement Rides	Or Loud Speakers
	<input checked="" type="checkbox"/> Barricades	<input checked="" type="checkbox"/> Electrical Services/Generators	
Company Name: <u>St. Patrick's Day Committee, Inc.</u>			
Contact: <u>Charlie Davis</u> Phone Number: <u>305-338-7290</u>			
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	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	Date(s) March 13, 2010	Time(s) 10 - 6
		Does this event propose closure or use of any sidewalks?			

Right-of-Way	City 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
		If yes, please fill in information below:			
	Public Parking Lot	Does this event propose closure or use of any parking lot?			
		Yes <input checked="" type="checkbox"/> No			
		If yes, please fill in information below:			
	City Right-Of-Way	Does this event propose closure or use of any City right-of-way?			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, please fill in information below:					
Parade Route	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:				
	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.				