



# CITY OF CORAL GABLES SPECIAL EVENTS APPLICATION & PERMIT

Permit #: \_\_\_\_\_

<b>Applicant Information</b>	Legal Name of the Permit Applicant (Company or Individual): <b>Make a Wish Southern Florida</b>			Today's Date: <b>12-28-2016</b>		
	Contact Person for this Permit Application: <b>Gal Bensaadon</b>					
	Contact Person Phone: <b>786-256-5158</b>		Contact Person Fax:		Contact Person Email: <b>gal@reddoorconstruction.com</b>	
	Permit Applicant Address: <b>4491 S Road 7, Ste701</b>			City: <b>Ft Lauderdale</b>	State: <b>FL</b>	Zip: <b>33314</b>
	Permit Applicant Phone: <b>954-967-9474</b>		Permit Applicant Fax: <b>954-987-7159</b>		Permit Applicant Email: <b>sboydston@sflawish.org</b>	
	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					
<b>Event Information</b>	Name of Event <b>Wings for Wishes</b>			Event Date(s) <b>March 11, 2017</b>		
	Hours of Event <b>11:30am - 4:00pm</b>		Set-up Time <b>7:30am</b>		Take Down Time <b>4:30pm</b>	
	Location of Event <b>Parking lot/street behind sports grill</b>			Is Location Reserved? <b>Yes</b>		
	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.  <b>1159 Sunset Drive</b>					
	Anticipated Attendance <b>500</b>			Admission Fees <b>\$0-\$200</b>		
	# of year's event has been in existence? <b>2</b>		Previous Location(s)? <b>Sports Grill SoMi</b>		Past Attendance <b>approx. 300</b>	
	Event Description: (Provide an attachment if additional space is needed.)  <b>see attached</b>					

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.)
	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 band (3-4), DJ in Blue - Police jurisdiction → no residential condo has demo permit.
	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.)

Vendor Information	Number of Food Vendors 1, sports grill	Vendors list provided to the City <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Food vendors have all permits/licenses.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Number of Other Vendors 0	Vendor 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 checked="" type="checkbox"/> Yes <input 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 Make a Wish Southern Florida
	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.		

Make a Wish Southern - 100% of every dollar raised.

**◆ THIS COVER SHEET MUST BE PROVIDED WITH ALL INSURANCE DOCUMENTS ◆**

<p align="center"><b>Special Events Permit</b></p> <p align="center"><b>Cover Sheet</b></p> <p align="center"><b>For</b></p> <p align="center"><b>Evidencing Insurance to the City of Coral Gables</b></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</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 align="center">Certificate Holder should read: <span style="float: right;">City of Coral Gables Insurance Compliance P.O. Box 100085 - CE Duluth, GA 30096</span></p> <p>Email address: <a href="mailto:cityofcoralgables@cbix.com">cityofcoralgables@cbix.com</a></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 align="center"><b>Insurance Requirements</b></p> <p align="center"><b>For</b></p> <p align="center"><b>Companies</b></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"> <li>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.</li> <li>All insurance policies evidenced to the City shall contain A Waiver of Subrogation Endorsement in favor of the City of Coral Gables.</li> <li>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.</li> </ul> <p>Companies evidencing insurance must provide the following documents to the City;</p> <ol style="list-style-type: none"> <li>This Cover Sheet with all of the questions above answered.</li> <li>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.</li> <li>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 &amp; Non Contributory Basis.</li> <li>A copy of the all Waiver of Subrogation Endorsements for each line of coverage required.</li> </ol>	<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 if liquor is served)	Each Occurrence \$300,000									
<p align="center"><b>If Applicant Does Not Have Insurance</b></p>	<p>Alternatively, Companies &amp; Individuals may obtain liability insurance through a TULIP (Tenant User Liability Insurance Program) established by the City @ <a href="http://www.ebi-ins.com/tulip">www.ebi-ins.com/tulip</a>.</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 align="center">City of Coral Gables Insurance Compliance Contact Information Phone: (951) 652-2883 • Fax: (770) 325-0417 • Email: <a href="mailto:cityofcoralgables@cbix.com">cityofcoralgables@cbix.com</a></p>									

<b>City Services</b>	<b>Police</b>	# of Officers 3-4	Date(s) Required 3/11/2017	Hours Needed (i.e. 8 a.m.-5 p.m.) 11am-4pm	
	✓	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				
	<b>Fire/Medical</b>	<input checked="" type="checkbox"/> On Call <input type="checkbox"/> On Site <i>inspection</i> 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				
	<b>City Facilities</b>	Location	If using a park, do you need the restrooms opened? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	<b>Electrical Requirements</b>	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.): <i>Permit required</i>			
	Dates needed			Hours per day needed	
	<b>Trash</b>	Who will be responsible for trash pick-up during the event? <i>Sports Grill</i>	Hours per day needed		
	<b>City Equipment</b>	<input type="checkbox"/> Barricades Contact PW -Barricades Div. to reserve equipment at (305) 460-5173.			
<b>Signs/Banners</b>	Please list any requests for use of City signs and/or location of signs:				
<b>Other</b>	Please list any other requests for City services (be specific):				
<b>All booths, stands, signs/banners must be removed immediately following the event. For additional information call Code Enforcement at (305) 460-5266.</b>					

<b>Additional Event Features</b>  (Applicants must check all that apply)	<input checked="" type="checkbox"/> Temporary Fencing	<input checked="" type="checkbox"/> Inflatable	<input type="checkbox"/> Music (Recorded)
	<input type="checkbox"/> Signs/Banners	<input type="checkbox"/> Open Flames	<input checked="" type="checkbox"/> Music (Live)
	<input type="checkbox"/> Port-A-Johns	<input type="checkbox"/> Fireworks	<input 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 type="checkbox"/> Electrical Services/Generators	
Company Name: <u>Deco Productions</u>			
Contact: _____ Phone Number: _____			
<b>If any of the following apply, a separate narrative description of each additional feature shall be provided to the City with this application.</b>			

<b>Closure of Streets Or City Right-of-Way</b>	<b>City Streets</b>	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)
		San Ignacio	East of Red to West of Yumuri		
	<b>City Sidewalks</b>	Does this event propose closure or use of any sidewalks? <input type="checkbox"/> Yes <input type="checkbox"/> No			
		If yes, please fill in information below:			
		Sidewalk Location	From/To	Date(s)	Time(s)
	<b>City Alleys</b>	Does this event propose closure or use of any alleys? <input type="checkbox"/> Yes <input type="checkbox"/> No			
		If yes, please fill in information below:			
		Alley Location	From/To	Date(s)	Time(s)
<b>Public Parking Lot</b>	Does this event propose closure or use of any parking lot? <input type="checkbox"/> Yes <input type="checkbox"/> No				
	If yes, please fill in information below:				
	Parking Lot Location	From/To	Date(s)	Time(s)	
<b>City Right-Of-Way</b>	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)	
<b>Parade Route</b>	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
<b>NON-PROFIT/GOVERNMENT ORGANIZED EVENT</b>				
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
<b>FOR-PROFIT EVENT</b>				
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](mailto: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 \$ \_\_\_\_\_ 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 410.11, 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.

Wanda Trouba 12/28/16  
Signature of Authorized Agent or Applicant Date

Wanda Trouba Vice President of Development  
Print Name Title

4491 South State Rd 7 FT Lauderdale, FL 33314 954-967-9474 304  
Address City/State/Zip Code Phone

Subscribed and sworn to before me on this 28 day of Dec 20 16



[Signature]  
Notary Public State of Florida of FL

Approval Signatures Required  
[Signature]  
Fred Couceyro  
Parks and Recreation Director

[Signature]  
Brian Lawrence  
Police Major

[Signature]  
Gilbert Hernandez  
Fire Division Chief

[Signature]  
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: [ugavartete@coralgables.com](mailto:ugavartete@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: \_\_\_\_\_

Event Date \_\_\_\_\_

Street closure area to be determined by  
Police taking into account Shiva's and  
everything on block open that day.





# CERTIFICATE OF LIABILITY INSURANCE

Page 1 of 1  
DATE (MM/DD/YYYY)  
12/21/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b>	Willis of Arizona, Inc. c/o 26 Century Blvd. P. O. Box 305191 Nashville, TN 37230-5191	<b>CONTACT</b> NAME PHONE (A/C NO. EXT) 877-945-7378 FAX (A/C NO.) 888-467-2378 E-MAIL ADDRESS: certificates@willis.com INSURER(S)/AFFILIATING COVERAGE INSURER A: Philadelphia Indemnity Insurance Company NAIC# 18058-001 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
<b>INSURED</b>	Make-A-Wish Foundation of America Make-A-Wish Foundation of Southern Florida, Inc. 4491 S State Road 7, Suite 201 Ft. Lauderdale, FL 33314	

COVERAGES      CERTIFICATE NUMBER: 25117665      REVISION NUMBER: See Remarks

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR VWD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER	Y		PHPK1544332	9/1/2016	9/1/2017	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/O P AGG \$ 2,000,000 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> HIGH OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTIONS						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N N/A <small>(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below</small>						<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

THIS VOIDS AND REPLACES PREVIOUSLY ISSUED CERTIFICATE DATED: 12/20/2016 WITH ID: 25112968

Office ID #017-000  
Event Name: Wings for Wishos.  
Event Date: 3/11/2017.

Sports Grill South Miami &amp; City of Coral Gables are included as Additional Insureds as respects to General Liability if required by written contract.

<b>CERTIFICATE HOLDER</b>	<b>CANCELLATION</b>
Sports Grill South Miami 1559 Sunset Drive Miami, FL 33143	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE <i>John B. Jacobs</i>

Call: 5006043 Tpl: 2082270 Cert: 25117665 ©1988-2015 ACORD CORPORATION. All rights reserved.

THE 3<sup>RD</sup> ANNUAL



Hosted by



and



Benefitting





## Wings For Wishes, 3<sup>rd</sup> Annual Event

Wings for wishes is a third party event hosted by Make-A-Wish Champions Gal Bensaadon and Brian R. Exelbert, two local professionals committed to making life better for kids with life-threatening medical conditions. We continue to partner with Sports Grill, a local restaurant that has been serving the community for 30 years, with our event located in the South Miami location. In our first two years, the event raised over \$50,000 all going directly to granting wishes.

## Our Sponsor Commitment

We value our partnerships with major corporate and individual donors and will serve as good stewards of your generous investment. We are committed to delivering valuable benefits and a positive partnership experience to each Wings for Wishes sponsor. To wit, we will customize sponsorships to meet specific marketing objectives to enhance your partnership with Wings for Wishes.

## Past sponsors





## The Event

Wings for Wishes is an event unlike any other you will experience involving chicken wings and raising money to sponsor wishes through Make-a-Wish.

The 2017 event will be larger and more vibrant than our two previous year's events. The event will take place behind Sports Grill South Miami and will be in a 'block party' format with a wing tasting component in addition to our crowd-favorite wing eating competition.

Sports Grill will feature six different tasting stations, while patrons will be able to pair their food with a variety of different craft beers and/or wine.

The afternoon will feature live music, a DJ, and plenty of fun events for kids and adults alike.

WE GRANT THE WISHES OF CHILDREN WITH  
LIFE-THREATENING MEDICAL CONDITIONS TO ENRICH THE  
HUMAN EXPERIENCE WITH HOPE, STRENGTH AND JOY.

**MAKE-A-WISH.**  
Southern Florida





HOSTED BY



Saturday March 11th, 2017  
Sports Grill, 1559 Sunset Drive, South Miami 33143

**PRESENTING WISH SPONSOR \$5,000**

- ★ A Wish Sponsored in your Name
- ★ Stage branding
- ★ Name/logo on event invitation/posters and recognition as the VIP Sponsor
- ★ Name/logo displayed on Make-A-Wish® Social Media posts
- ★ Name/logo on event T-shirt
- ★ Name/logo to be featured in an e-mail blast to select Make-A-Wish® Southern Florida constituents
- ★ Verbal recognition at the event
- ★ 10 Complimentary Premium Bar Bracelets
- ★ 6 Complimentary teams to the wing eating competition

**FOOD STATION TENT SPONSOR \$2,500**

- ★ Name/logo displayed on Food Station Tent (provided by sponsor, size approved by Make-A-Wish®)
- ★ Name/logo on event T-shirt
- ★ Name/logo to be featured in an e-mail blast to select Make-A-Wish® Southern Florida constituents
- ★ Verbal recognition at the event
- ★ 5 Complimentary Premium Bar Bracelets
- ★ 4 Complimentary teams to the wing eating competition

**KID ZONE SPONSOR \$1,500**

- ★ Name/logo displayed on Kid Zone Tent (provided by sponsor, size approved by Make-A-Wish)
- ★ Name/logo on event T-shirt
- ★ Name/logo to be featured in an e-mail blast to select Make-A-Wish® Southern Florida constituents
- ★ Verbal recognition at the event
- ★ 2 Complimentary Premium Bar Bracelets
- ★ 2 Complimentary teams to the wing eating competition
  - Donor will Sponsor Kid's Games (i.e. Bounce House, Football/Soccer/Basketball game, etc.)

**FAMILY FUN DAY SPONSOR \$1,000**

- ★ Name/logo on event T-shirt
- ★ Name/logo to be featured in an e-mail blast to select Make-A-Wish® Southern Florida constituents
- ★ Verbal recognition at the event
- ★ 2 Complimentary teams to the wing eating competition
  - Donor will Sponsor Adult Game (i.e. Dunk tank, Corn Hole, etc.)

WINGS FOR WISHES 2017 SPONSORSHIP PACKAGES

Make-A-Wish®  
**Champions**



HOSTED BY



Saturday March 11th, 2017  
Sports Grill, 1559 Sunset Drive, South Miami 33143

## WINGS FOR WISHES SPONSOR \$500

- ★ Name/logo to be featured in an e-mail blast to select Make-A-Wish® Southern Florida constituents
- ★ Verbal recognition at the event
- ★ 1 Complimentary team to the wing eating competition

## CONTACT INFORMATION

Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Signature: \_\_\_\_\_

- |                          |   |         |
|--------------------------|---|---------|
| <input type="checkbox"/> | All Access Bracelet/ Premium Bar                                    | \$65    |
| <input type="checkbox"/> | Wing Competition Team (4 People)                                    | \$120   |
| <input type="checkbox"/> | Wing Competition Team with Premium Bar (4 People)                   | \$200   |
| <input type="checkbox"/> | Food and Drink Bracelet   | \$35.00 |
| <input type="checkbox"/> | Food and Drink Bracelet for Children 12 and under<br>(Under 4 free) | \$10.00 |

WINGS FOR WISHES 2017 SPONSORSHIP PACKAGES

Make-A-Wish®  
**Champions**

# 2017 WINGS FOR WISHES AERIAL SITE MAP



SAN IGNACIO AVE & LOT BEHIND SPORTS GRILL