



CITY OF CORAL GABLES SPECIAL EVENTS APPLICATION & PERMIT

Permit #: _____

Applicant Information

Legal Name of the Permit Applicant (Company or Individual):

Coral Gables Chamber of Commerce

Today's Date:

July 28, 2014

Contact Person for this Permit Application:

Erica Simons

Contact Person Phone:

305-446-1657

Contact Person Fax:

305-446-9900

Contact Person Email:

esimons@coralgableschamber.org

Permit Applicant Address:

224 Catalina Ave

City:

C. Gables

State:

FL

Zip:

33134

Permit Applicant Phone:

Permit Applicant Fax:

Permit Applicant Email:

Is the Contact Person an Officer of the Legal Entity?

☐ YES*

☒ NO**

*If YES, attach verification from Sunbiz.org.

**If NO, go to next question

Is the Contact Person an Authorized Agent of Applicant?

☐ YES*

☒ 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

Burgerlicious 4th Annual

Event Date(s)

NOV 16, 2014

Hours of Event

6:00 pm - 10:00 pm

Set-up Time

12 pm

Take Down Time

Location of Event

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.

Anticipated Attendance

1,200

Admission Fees

EST \$50 / \$100

of year's event has been in existence?

3

Previous Location(s)?

Ponce Circle Park

Past Attendance

1

Event Description: (Provide an attachment if additional space is needed.)

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.) Communication via Chamber membership, Greater Miami Convention & Visitors Bureau, Community newspapers, Comcast Billboards (Bird & Lejeune), radio promos.
	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.) Yes, live music (one band) + vip - DJ. on stage
	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.) Southern end of the park.

Vendor Information	Number of Food Vendors 25 CG Restaurants	Vendors list provided to the City <input 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 2 - Sam Adams - Brown Forman	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
	Is this a charitable event?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, what is the name of the charity/organization?	CG Community Foundation
	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 align="center">Special Events Permit Cover Sheet For 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</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:</p> <p align="center">Email address: <u>cityofcoralgables@ebix.com</u></p> <p align="center">City of Coral Gables Insurance Compliance PO Box 12010 - CE Hemet, CA 92546-8010</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">Insurance Requirements For 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><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-/VT) 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 align="center">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 align="center">City of Coral Gables Insurance Compliance Contact Information Phone: (951) 652-2883 • Fax: (770) 325-0417 • Email: cityofcoralgables@ebix.com</p>						

load in 2pm - 10pm(1)

City Services	Police	# of Officers 5	Date(s) Required NOV 6, 2014	Hours Needed (i.e. 8 a.m.-5 p.m.) 5 pm - 10 pm (4)
	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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
	Fire/Medical	<input 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 Ponce Circle 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.):		
	Dates needed NOV 6, 2014		Hours per day needed	
	Trash	Who will be responsible for trash pick-up during the event? SFM		Hours per day needed
	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:			
Other	Please list any other requests for City services (be specific): Maintenance of Park grounds day before. (garbage & grass)			
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 type="checkbox"/> Signs/Banners	<input checked="" 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 Or Loud Speakers
	<input checked="" type="checkbox"/> Tents or Canopies	<input type="checkbox"/> Carnival/Amusement Rides	
	<input checked="" type="checkbox"/> Barricades	<input type="checkbox"/> Electrical Services/Generators	
Company Name: Coral Gables Chamber of Commerce			
Contact: Erika Simon Phone Number: 305-446-1657			
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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
		If yes, please fill in information below:			
		Street Name	From/To	Date(s)	Time(s)
	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 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 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	\$187.00	\$500.00
Over 5K to 10K	\$215.00	\$500.00
Over 10K	\$309.00	\$500.00
Parades	\$309.00	\$500.00
Single day event, projected to be less than 2,500 persons	\$309.00	\$500.00
Multi-day event or event projected to be attended by 2,500 or more persons	\$606.00	\$1,000.00
Multi-Day Event (not to exceed 3 days)	\$1,213.00	\$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 \$ 309.00

Performance Bond \$ 500.00

* 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.

Signature of Authorized Agent or Applicant

Date

Print Name

Title

Address

City/State/Zip Code

Phone

Subscribed and sworn to before me, this

28th day of August 2014

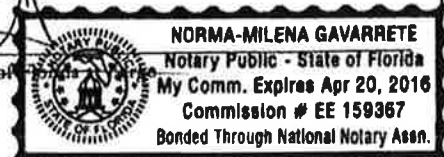
Approval Signatures Required:

Fred Couceyro
Parks and Recreation Director

Edward Hudak
Police Major

Dean James
Fire Division Chief

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:

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: _____

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Signature of Authorized Agent or Applicant: Erica Simons Date: Aug. 28, 2014
 Print Name: Erica Simons Title: Director of Events
 Address: 224 Catalonia Ave C.G., 33134 City/State/Zip Code: 305 Phone: 446-1657

Subscribed and sworn to before me, this 28th day of August 2014

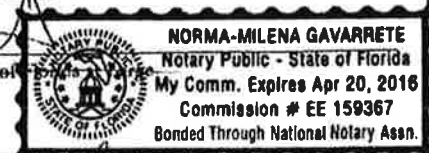
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Internal Use only: Approved ☐ Yes ☐ No Permit # _____
 Date Received: _____ Presentation Date: _____
 Application Fee: _____ Performance Bond(s): _____ Date Insurance Approved: _____
 Initials: Police: _____ Fire: _____ Code Enforcement: _____ Risk Management: _____

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NORMA-MILENA GAVARRETE

Notary Public - State of Florida

My Comm. Expires Apr 20, 2016

Commission # EE 159387

Bonded Through National Notary Assn.

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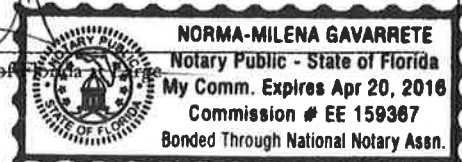
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Internal Use only:

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Additional Conditions or changes to application:

Event Name: _____ **Event Date** _____