

404-305-774-7031

Permit #: _____



CITY OF CORAL GABLES FACILITY RENTAL PERMIT APPLICATION

Renter Information	Legal Name of the Permit Applicant (Company or Individual): ENID MIGUEZ, CGFBA		Today's Date: 10/17/12		
	Contact Person for this Permit Application: ENID MIGUEZ OR THAD DUCARICH, CGFBA				
	Contact Person Phone: 305-778-8886	Contact Person Fax: 305-460-5598	Contact Person Email: EMIGUEZ520@YAHOO.COM		
	Permit Applicant Address: 2815 SALZEDO ST		City: CORAL GABLES	State: FL	Zip: 33134
	Permit Applicant Phone: 305-460-5563	Permit Applicant Fax: 305-460-5598	Permit Applicant Email: SAME AS ABOVE		
	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 checked="" type="checkbox"/> YES* <input 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. **If No, then this Agreement must be executed (signed) by an Officer or Authorized Agent of the Legal Entity.				
	Rental/Event Information	Facility Requested: (include room location if applicable) VENETIAN POOL		Date(s) Requested: 11/3/12	
Hours of Rental: 6pm - 10pm		Set-up Time to Begin: 12 NOON	Clean Up Time to End: 11pm		
Type of event to be held (i.e. family reunion, birthday party, wedding etc.): RETIREMENT FOR ENID MIGUEZ					
Anticipated Attendance: (must be completed) 100 - 125		Admission Fee Charged? <input type="checkbox"/> YES <input type="checkbox"/> NO			

**Additional
Event
Information**

For a complete listing of the rules and regulations for use of a facility owned and/or managed by the City of Coral Gables Parks and Recreation Department, see the attached Facility Rental Usage Policies.

Should any of the services above be self provided, please write the word "SELF" on the blank line above.

Please check all that apply & provide the name of the company and the contact information for the company providing these services on the corresponding blank line:

- Inflatable Device(s) _____
(Allowed in designated facilities only)
- Grill(s) (Allowed in designated facilities only)

- Alcohol Allowed in designated facilities only
WINE AND BEER
- Music (Recorded) _____
- Music (Live) _____
- Amplifying Devices Or Loud Speakers _____
- Catered Event CHEF WILL COOK ON PREMISES
- Other _____

Internal Use only:

Approved: YES NO

Permit # _____

Date Received: _____ Date of Rental: _____ Date Insurance Submitted: _____

Rental Fee: _____ Security Deposit: _____ Date Insurance Approved: _____

Insurance Compliance Documentation is Attached (circle one): Yes No

Authorized Signatory Documentation (sunbiz.org printout or letter from corporate officer) is Attached (circle one):
Yes No

Facility Supervisor: _____
Print Name Signature

Date: _____

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

Facility Rental Permit Cover Sheet For Evidencing Insurance to the City of Coral Gables	Legal Name of Permit Applicant (Individual or Company): _____ Insurance is being submitted for an ongoing rental permit (circle one): YES or NO Insurance is being submitted for a one time rental permit (circle one): YES or NO Will liquor be served at the City facility being rented (circle one): YES or NO
	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; Certificate Holder should read: City of Coral Gables Insurance Compliance PO Box 12010 - CE Hemet, CA 92546-8010 Email address: <u>cityofcoralgables@ebix.com</u>

Insurance Requirements For Companies	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.								
	Companies are required to evidence the following Insurance to the City; <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"> 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. Companies evidencing insurance must provide the following documents to the City; 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
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Insurance Requirements For Individuals	Individuals are required to evidence the following Insurance to the City; <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>Personal Liability Insurance (including host liquor liability coverage is if liquor is served)</td> <td>Each Occurrence \$300,000</td> </tr> </tbody> </table>	<u>Insurance Coverage Type</u>	<u>Limit of Liability Required</u>	Personal Liability Insurance (including host liquor liability coverage is if liquor is served)	Each Occurrence \$300,000
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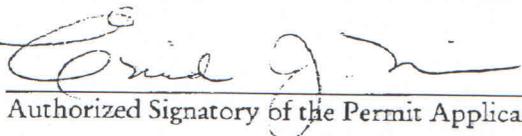
If Applicant Does Not Have Insurance	Alternatively, Companies & Individuals may obtain liability insurance through a TULIP (Tenant User Liability Insurance Program) established by the City @ www.ebi-ins.com/tulip . The City of Coral Gables reserves the right to require additional types of insurance coverage or higher limits of liability for any event. This determination will be made by the Risk Management Division.
	City of Coral Gables Insurance Compliance Contact Information Phone: (951) 652-2883 • Fax: (770) 325-0417 • Email: cityofcoralgables@ebix.com

Indemnification:

For and in consideration of the City of Coral Gables consent to allow the Facility Rental Permit Applicant to use a city owned facility located within Miami-Dade County Florida, the Facility Applicant agrees as follows:

The Facility Rental 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 Facility Rental Permit Applicant or any of the contractors, subcontractors, participants and/or guests associated with the Facility Rental 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.

I/We hereby acknowledge that a copy of the Facility Rental Usage Policies containing the rules and regulations for use of facilities owned and/or managed by the City of Coral Gables Parks and Recreation Department has been received and that I/We have read, understand and agree to abide by these rules & regulations governing the usage of the Facility being rented.



10/17/12
Date

Authorized Signatory of the Permit Applicant or Authorized Agent

ENID J. MIGUEZ

Print Name of Authorized Signatory

Title of Authorized Signatory (if applicable)

2815 SALZEDO ST.

CORAL GABLES

FL

33134

Address

City

State

Zip Code

Subscribed and sworn to before me, this _____ day of _____ 20_____.

Notary Public State of Florida at Large

Approved by:

Department Director

Signature of Department Director

Date