



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: 8-11-10		
	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: 305-243-6001	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 3rd Annual Block Party presented by Hillstone			Event Date(s) 1-15-2011	
Hours of Event 5-9pm		Set-up Time 12noon-5pm	Take Down Time 9:30-11:59pm			
Location of Event 201 Miracle Mile (Ponce de Leon - Miracle Mile to Aragon)			Is Location Reserved? no			
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 of National Chapters for The Buoniconti Fund event committee: Rob Camarena, Erika Sanabria, Teresa Arcay, Gus Iatrellis, Ricardo Rincon, Cory Clair						
Anticipated Attendance 225-250			Admission Fees \$40 advance/\$50 door			
# of year's event has been in existence? 3		Previous Location(s)? same as above		Past Attendance 225		
Event Description: (Provide an attachment if additional space is needed.) A community gathering with food provided by Hillstone (formerly Houston's Coral Gables), sample tastings of microbrew and wine, non-alcoholic beverages, live music and drawing prizes. Our purpose as a non-profit is to raise awareness and funds regarding The Miami Project to Cure Paralysis, the world's largest and most comprehensive spinal cord injury research facility, 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 Party Rentals will deliver and setup tables and chairs between 12noon-2pm, and then return to pick up between 9:30-11:30pm. SFM will have a truck associated with trash services near event site, 4-11pm.</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 invitations, flyers and posters, as well as email distributions. The event will be posted on our website at www.thebuonicontifund.com/miami and sent to various South Florida media outlets.</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 - band playing rock and blues music (band not confirmed yet)</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 2 medium speakers with a microphone used by the band, and then for our announcements.</p>		
Vendor Information	Number of Food Vendors	Vendors list provided to the City	
	2-3; Hillstone, Sushi Maki	<input 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	Vendor list provided to the City	
	10 (microbrew and wine)	<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?	The Buoniconti Fund	
	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 Cover Sheet For Evidencing Insurance to the City of Coral Gables</p>	<p>Legal Name of Permit Applicant (Individual or Company): <u>The Buoniconti Fund to Cure Paralysis, Inc.</u> 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): YES or NO Will liquor be served at the Special Event (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: <u>City of Coral Gables</u> <u>Insurance Compliance</u> <u>PO Box 12010 - CE</u> <u>Hemet, CA 92546-8010</u> Email address: <u>cityofcoralgables@ebix.com</u> 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>Insurance Requirements For Companies</p>	<p>Companies are required to evidence the following Insurance to the City; <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 <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; <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. </p>
<p>Insurance Requirements For Individuals</p>	<p>Individuals are required to evidence the following Insurance to the City; <u>Insurance Coverage Type</u> <u>Limit of Liability Required</u> Personal Liability Insurance Each Occurrence \$300,000 (including host liquor liability coverage if liquor is served) Individuals evidencing insurance must provide the following documents to the City; <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. </p>
<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. 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 6	Date(s) Required 1-15-2011	Hours Needed (i.e. 8 a.m.-5 p.m.) 12noon - 12midnight	
	<p>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.</p>				
	<p>Clearance Form received: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>				
	Fire/Medical	<p><input type="checkbox"/> On Call <input type="checkbox"/> On Site</p>			
		<p>Contact the Coral Gables Fire Department Administration Division for questions or costs associated with onsite coverage at (305) 442-1600.</p>			
	<p>Clearance Form received: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>				
	City Facilities	Location Ponce de Leon Blvd.	If using a park, do you need the restrooms opened? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
		<p>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.): small generator, to be located in the alley behind Hillstone - 4 outlets</p>			
	<p>Dates needed 1-15-2011</p>		<p>Hours per day needed 6</p>		
	<p>Trash</p>		Who will be responsible for trash pick-up during the event? SFM Services	<p>Hours per day needed 6</p>	
<p>City Equipment Contact Pat Burns to reserve equipment or receive a fee schedule at (305) 460-5173.</p>					
<p>Signs/Banners Please list any requests for use of City signs and/or location of signs: N/A</p>					
<p>Other Please list any other requests for City services (be specific):</p>					
<p>All booths, stands, signs/banners must be removed immediately following the event. For additional information call Code Enforcement at (305) 460-5266.</p>					

Additional Event Features (Applicants must check all that apply)	<input type="checkbox"/> Temporary Fencing <input checked="" type="checkbox"/> Signs/Banners - <input type="checkbox"/> Port-A-Johns <input checked="" type="checkbox"/> Tents or Canopies <input type="checkbox"/> Barricades	<input type="checkbox"/> Inflatable <input type="checkbox"/> Open Flames <i>grill, 5 ft.</i> <input type="checkbox"/> Fireworks <input type="checkbox"/> Carnival/Amusement Rides <input type="checkbox"/> Electrical Services/Generators	<input type="checkbox"/> Music (Recorded) <input checked="" type="checkbox"/> Music (Live) <input checked="" type="checkbox"/> Amplifying Devices Or Loud Speakers
	<p>Company Name: _____</p> <p>Contact: _____ Phone Number: _____</p> <p>If any of the following apply, a separate narrative description of each additional feature shall be provided to the City with this application.</p>		

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	Miracle/Aragon	1-15-2011	12noon-12am	
	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)		
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: <i>east side only closed</i>					
Alley Location	From/To	Date(s)	Time(s)		
<i>behind Hillsstone</i>	<i>Ponce / Salzedo</i>	<i>1-15-2011</i>	<i>12noon-12a.m.</i>		
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)		
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)		
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	\$178.00	\$500.00
Over 5K to 10K	\$205.00	\$500.00
Over 10K	\$294.00	\$500.00
Parades	\$294.00	\$500.00
Single day event, projected to be less than 2,500 persons	\$294.00	\$500.00
Multi-day event or event projected to be attended by 2,500 or more persons	\$577.00	\$1,000.00
For-profit event	\$1,155.00	\$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 \$ 294.00

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.

Kristin Wherry
Signature of Authorized Agent or Applicant

8-25-10
Date

Kristin Wherry, The Buoniconti Fund

Director of National Chapters

Print Name

Title

1095 NW 14 Terrace Miami, FL 33136

305-243-3863

Address

City/State/Zip Code

Phone

Subscribed and sworn to before me, this 25 day of August, 2010.
Georgina M. Escobar
Notary Public State of Florida at Large



Approval Signatures Required:

Fred Couceyro
Fred Couceyro
Parks and Recreation Director

Scott Masington
Police Major

Walter Reed
Fire Chief

Eli Gutierrez
Code Enforcement Officer

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

<u>Internal Use only:</u>	Approved <input type="checkbox"/> Yes <input type="checkbox"/> No	Permit # _____		
Date Received: _____	Presentation Date: _____			
Application Fee: _____	Performance Bond(s): _____	Date Insurance Approved: _____		
Initials: _____	Police: _____	Fire: _____	Code Enforcement: _____	Risk Management: _____

Additional Conditions or changes to application:

Event Name: 3rd Annual Block Party Event Date 1-15-2011

Tents - 1 - 10x20, 2 10x10's

must go to commission alcohol license
will position speakers and monitor sound output for
minimum impact to residents.

Close South Bound portion of Ponce from Alegan
to Miracle Mile.

Alleyway - will have generator, but will work to
make sure other tenants have access as needed