



# CITY OF CORAL GABLES SPECIAL EVENTS APPLICATION & PERMIT

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

<b>Applicant Information</b>	Legal Name of the Permit Applicant (Company or Individual): <b>S.T.A.R.S. School for Autism</b>		Today's Date: <b>1/30/2013</b>		
	Contact Person for this Permit Application: <b>Eglee Nunez</b>				
	Contact Person Phone: <b>7863017609</b>	Contact Person Fax:	Contact Person Email: <b>enunez@starsautism.org</b>		
	Permit Applicant Address: <b>8103 SW 24th street</b>		City: <b>miami</b>	State: <b>FL</b>	Zip: <b>33155</b>
	Permit Applicant Phone: <b>3058469346</b>	Permit Applicant Fax:	Permit Applicant Email: <b>enunez@starsautism.org</b>		
	Is the Contact Person an Officer of the Legal Entity? <input checked="" type="checkbox"/> YES* <input 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 type="checkbox"/> NO				
<b>Event Information</b>	Name of Event <b>Wishing Upon A STAR</b>		Event Date(s) <b>4/27/2013</b>		
	Hours of Event <b>6PM-10PM</b>	Set-up Time <b>12PM</b>	Take Down Time <b>10PM</b>		
	Location of Event <b>264 GIRALDA AVENUE ZIELO RESTAURANT</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>Eglee Nunez, Jessica Garcia, Daisy Machado, Liz Ortega, Elie Prats, Keila Cruz, Enrique Vasquez, Raymond Sancristobal.</b>				
	Anticipated Attendance <b>100</b>		Admission Fees <b>70.00</b>		
	# of year's event has been in existence? <b>2ND ANNUAL</b>	Previous Location(s)? <b>VICEROY HOTEL</b>	Past Attendance <b>100</b>		
	Event Description: (Provide an attachment if additional space is needed.) <b>S.T.A.R.S School for Autism will be celebrating its 2nd Autism Awareness Month Fundraiser. The event is being held to promote philanthropy and service towards autism spectrum disorders and autism educational services. This event will also serve as a networking platform for individuals and businesses that are interested in learning about and supporting the autism road to success. Food, refreshments, and live entertainment will be provided at the event to serve as an attractive and active setting in which guest can participate in the successful development of children with spectrum disorders.</b>				

<b>Event Information</b> (Continued from page 1)	List all vehicles associated with this event: (if applicable) (Provide an attachment if additional space is needed.) <b>N/A</b>
	How will rules, regulations, terms and conditions of the event be communicated to the participants? (Provide an attachment if additional space is needed.) <b>By email, invitations and sponsorship packages</b>
	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.) <b>Yes, there will be live latin jazz played.</b>
	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.) <b>4 speaker and a mini stage.</b>

<b>Vendor Information</b>	Number of Food Vendors <b>0</b>	Vendors list provided to the City <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Food vendors have all permits/licenses.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Number of Other Vendors <b>ZIELO RESTAURANT</b>	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 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
	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
<b>If you checked yes to any of the questions above, you must contact the City of Coral Gables Licensing, Tax, &amp; Utility Service office at (305) 460-5607.</b>		



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

<p style="text-align: center;"><b>Special Events Permit</b></p> <p style="text-align: center;"><b>Cover Sheet</b></p> <p style="text-align: center;"><b>For</b></p> <p style="text-align: center;"><b>Evidencing Insurance to the City of Coral Gables</b></p>	<p><b>Legal Name of Permit Applicant (Individual or Company):</b> <u>S.T.A.R.S. School for Autism</u></p> <p><b>Insurance is being submitted for an ongoing Special Event</b> (circle one): <b>YES</b> or <b>NO</b></p> <p><b>Insurance is being submitted for one Special Event permit</b> (circle one): <b>YES</b> or <b>NO</b></p> <p><b>Will liquor be served at the Special Event</b> (circle one): <b>YES</b> or <b>NO</b></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 style="text-align: center;"><b>Certificate Holder should read:</b>                      <b>City of Coral Gables</b>  <b>Insurance Compliance</b>  <b>PO Box 12010 - CE</b>  <b>Hemet, CA 92546-8010</b></p> <p style="text-align: center;"><b>Email address:</b>    <b>cityofcoralgables@ebix.com</b></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 style="text-align: center;"><b>Insurance Requirements</b></p> <p style="text-align: center;"><b>For</b></p> <p style="text-align: center;"><b>Companies</b></p>	<p><b>Companies are required to evidence the following Insurance to the City;</b></p> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;"><u>Insurance Coverage Type</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><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"> <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><b>Companies evidencing insurance must provide the following documents to the City;</b></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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<p style="text-align: center;"><b>If Applicant Does Not Have Insurance</b></p>	<p><b>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>.</b></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><b>City of Coral Gables Insurance Compliance Contact Information</b>                  Phone: (951) 652-2883 • Fax: (770) 325-0417 • Email: <a href="mailto:cityofcoralgables@ebix.com">cityofcoralgables@ebix.com</a></p>							

**Closure of Streets Or City Right-of-Way**

<b>City Streets</b>	Does this event propose closure or use of any street(s)? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	If yes, please fill in information below:			
	Street Name 2 Giralda Ave	From/To	Date(s) 4/27/2013	Time(s) 6-10
<b>City Sidewalks</b>	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)
<b>City Alleys</b>	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)
<b>Public Parking Lot</b>	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)
<b>City Right-Of-Way</b>	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)
<b>Parade Route</b>	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 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 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 1/30/2013

Print Name Egkevelyn Dunez Title President / founder  
Address 8103 SW 24th City/State/Zip Code Miami FL 33155 Phone 305 / 846 9346

Subscribed and sworn to before me, this 30 day of January, 2013



Signature of Notary Silvia Franco Notary Public State of Florida at Large

Approval Signatures  
Fred Couceyro  
Fred Couceyro  
Parks and Recreation Director  
David Martin  
David Martin  
Fire Chief

Edward Hudak  
Edward Hudak  
Police Major  
William Ortiz  
FOE William Ortiz  
Code Enforcement Director  
*pending liquor license*

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](mailto: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: \_\_\_\_\_

**Additional Conditions or changes to application:**

Event Name: Wishing Upon The STARS

Event Date 4/27/2013

Dear Friends of S.T.A.R.S.

On April 27th 2013, S.T.A.R.S. will host its 2nd annual "Wishing Upon the S.T.A.R.S." Autism Awareness Fundraiser. The fundsraised at this event will directly support the continued development and implementation of unique educational programs and services for local individuals, and families, living with autism spectrum disorder. The event will feature food, a variety of local entertainment, multimedia presentations, a fabulous auction, raffle, opportunities for attendees to learn about our growing programs, and much more!