



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: 9-15-2014	
	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: 305-243-3863	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** <small>*If YES, attach verification from Sunbiz.org. **If NO, go to next question</small>			
Is the Contact Person an Authorized Agent of Applicant? <input type="checkbox"/> YES* <input checked="" type="checkbox"/> NO <small>*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.</small>				
Event Information	Name of Event 6th annual Block Party presented by Hillstone Coral Gables		Event Date(s) 1-17-2015	
	Hours of Event 5:00-9:00pm	Set-up Time 12noon-4:59pm	Take Down Time 9:01-11:59pm	
	Location of Event 201 Miracle Mile (on Ponce de Leon - Miracle Mile to Aragon Avenue)		Is Location Reserved?	
	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, The Buoniconti Fund Miami Chapter event committee: Cory Clair, Teresa Arcay, Ricardo Rincon, David LaValle, Esther Reynolds, Arden Napier, Melissa Dynan, Haylee Harrison, David Del Cristo, Scott Teniero			
	Anticipated Attendance 300-400		Admission Fees \$40 advance / \$50 at event	
	# of year's event has been in existence? 6	Previous Location(s)? same as above	Past Attendance 250-400	
	Event Description: (Provide an attachment if additional space is needed.) A community gathering presented by Hillstone Coral Gables and the Miami Chapter of The Buoniconti Fund to provide donated samplings of Hillstone's cuisine, South Florida microbrews, non-alcoholic beverages, live music, auction and drawing. Our purpose as the volunteer Chapter of this non-profit is to raise funds and awareness for The Miami Project to Cure Paralysis, the world's most comprehensive spinal cord injury research center located at the University of Miami Miller School of Medicine.			

Event Information (Continued from page 1)	List all vehicles associated with this event: (if applicable) (Provide an attachment if additional space is needed.) Diamonette Party Rentals - table, chair and tent rentals (delivery) SFM - trash services
	How will rules, regulations, terms and conditions of the event be communicated to the participants? (Provide an attachment if additional space is needed.) The Buoniconti Fund will create and distribute all event promotional materials including the invitation, poster and flyer via email and mail, etc. The event will also be posted on our organization's website and via social media outlets including Facebook & Twitter.
	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 music - band
	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.) There will be 2 medium speakers with microphone used by the band and for announcements.

"People You Know" - name of the band

Vendor Information	Number of Food Vendors 2 (Hillstone and dessert vendor)	Vendors list provided to the City <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 8-10 (craft beer & spirits)	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 checked="" 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?	Buoniconti Fund to Cure Paralysis, Inc.
	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>Special Events Permit</p> <p>Cover Sheet</p> <p>For</p> <p>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></p> <p>Insurance is being submitted for an ongoing Special Event (circle one): <u>YES</u> or NO</p> <p>Insurance is being submitted for one Special Event permit (circle one): <u>YES</u> or NO</p> <p>Will liquor be served at the Special Event (circle one): <u>YES</u> 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>Certificate Holder should read: City of Coral Gables Insurance Compliance Email address: PO Box 12010 - CE <u>cityofcoralgables@ebix.com</u> 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>Insurance Requirements</p> <p>For</p> <p>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-/VI) 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
<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						
<p>Insurance Requirements</p> <p>For</p> <p>Individuals</p>	<p>Individuals 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>Personal Liability Insurance (including host liquor liability coverage is if liquor is served)</td> <td>Each Occurrence \$300,000</td> </tr> </tbody> </table> <p>Individuals 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. 	<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		
<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						
<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.</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>						

City Services	Police	# of Officers 6	Date(s) Required 1-17-2015	Hours Needed (i.e. 8 a.m.-5 p.m.) 12 noon - 12 midnight
		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 checked="" type="checkbox"/> No		
	Fire/Medical			
		<input checked="" 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 checked="" type="checkbox"/> No		
	City Facilities	Location	If using a park, do you need the restrooms opened? <input type="checkbox"/> Yes <input 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.): we are bringing small generator(s) to power band and lighting; to be placed in the alley behind Hillstone and by the band		
	Dates needed		Hours per day needed	
Trash SFM Services	Who will be responsible for trash pick-up during the event? SFM		Hours per day needed 4:00-11:00pm	
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: N/A			
Other	Please list any other requests for City services (be specific): N/A			
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 checked="" type="checkbox"/> Signs/Banners	<input checked="" type="checkbox"/> Open Flames	<input checked="" type="checkbox"/> Music (Live)
	<input 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 checked="" type="checkbox"/> Electrical Services/Generators	
Company Name: _____			
Contact: _____ Phone Number: _____			
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
		If yes, please fill in information below:			
		Street Name Ponce de Leon	From/To Miracle Mile/Aragon	Date(s) 1-17-2015	Time(s) 12noon-12midnight
	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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
		If yes, please fill in information below:			
		Alley Location behind Hillstone	From/To Ponce de Leon/Salzedo	Date(s) 1-17-2015	Time(s) 12noon-12midnight
	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

Performance Bond \$ 500.

* 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

Kristin Wherry / Marc Buoniconti

Print Name

1095 NW 14 Terrace

Address

Miami, FL 33136

City/State/Zip Code

9-15-2014

Date

Dir. of National Chapters / President

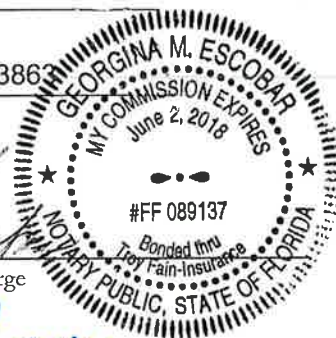
Title

305-243-3863

Phone

Subscribed and sworn to before me, this 18 day of September 2014.

Notary Public State of Florida at Large



Approval Signatures Required:

Fred Couceyro
Parks and Recreation Director
Dean James
Fire Chief
Edward Hudak **BRIAN LAWRENCE**
A Police Major
William Ortiz
Code Enforcement DirectorFOR 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**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: 6th annual Block Party presented by Hillstone Coral Gables Event Date 1-17-2015

