

## CITY OF CORAL GABLES SPECIAL EVENTS APPLICATION & PERMIT

C	<b>145</b> /	λγγ)		
	Permit	#:		
			200000	

	Legal Name of the Permit Applicant (Company or Individual): Today's Date:						
	The Buoniconti Fund to	8/2	8/21/2017				
Applicant	Contact Person for this Permit Application:						
Information							
	Bh				act Person Email:		
	305-243-3863 305-243-6017			kwherry@med.miami.edu		niami,edu	
	Permit Applicant Address:		City:		State:	Zip:	
	1095 NW 14 Terrace			ami .	<u> </u>	33136	
	Permit Applicant Phone:	Permit Applicant Fa			ùt Applicant Email:		
	305-243-3863	305-243-6017	<u> </u>			miami.edu	
	Is the Contact Person an Office	er of the regal month		YES*	NO**		
*If YES, attach verification from Sunbiz.org.							
	**If NO, go to next question	oundiz.org.					
	Is the Contact Person an Author	rized Ament of Anni	icana)	YES*	x NO		
	To the Contract of Court Militage	ween usem or white	I WHITE!	⊔ ப∞	[X] NO		
	*If YES, Contact Person (Author	ized Agent) must prov	ide the City	with a Lim	ited Power o	£ Attomas	
	evidencing that they are authorize	d to execute legally bir	iding contr	icts on heh:	ilf of the nen	mit applicant	
	Name of Event				vent Date(s)	int appacant.	
	9th annual Block Party pre	sented by Hillston	e Coral G	Bables -	1/13/	2018	
(	Hours of Event	Set-up Tim			ake Down-Ti		
Event \	5:00-9:00pm	12 <b>no</b> on			9:00-11:5	Opm	
Information	Location of Fevent 201 Miracle Mile (on Ponce de Leon Blvd-Miracle Mile to Aragon)  Is				Is Location Reserved?		
	\$				mvided with	thic	
	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, National Chapters of The Buoniconti Fund						
	Miami Chapter committee: Al	icia Anlanne Carlos I	Martinez D	icardo Dina	on Dah Car	****	
lan, lanife	Erika Forbes, Teresa Arcay,	Aamn Haesinnor Est	worunge, 11 hor Dougol	rie Ardon A	un, nuu var Ionine David	l Dal Crista	
	Scott Teniem Melissa Reves	: Ashley Marryrei Al	avic Mance	Daula Sim	opier, David	Der Cristo,	
	Scott Teniero, Melissa Reyes, Ashley Marcucci, Alexis Moore, Paula Simonetti and Yasmin Ali.						
	Anticipated Attendance	**************************************		Ι Δ.	dmission Es	:	
	400-4			\$	Admission Fees \$50 advance/\$60 at event		
	# of year's event has been in exis		ocation(s)?		st Attendan	e	
44.37			ne as abo		<del>50-500</del>		
	Event Description: (Provide an attachment if additional space is needed.)						
	A charity fundraiser presented	d by Hillstone Coral	Gables, ir	n partnersh	iip with The	Buoniconti	
	Fund to Cure Paralysis, which features donated samples of Hillstone's culsine, South Florida						
and the M	craft beer, wine and spirits, non-alcoholic beverages, live entertainment, auction and drawing.						
Section 1988	The state of the s						
a Pila	Our purpose as a Volunteer Chapter of The Buoniconti Fund is to raise funds and awareness						
	for The Miami Project to Cure Paralysis, the premier spinal cord and brain injury research						
	center located at the University of Miami Miller School of Medicine.						

## THIS COVER SHEET MUST BE PROVIDED WITH ALL INSURANCE DOCUMENTS. Legal Name of Permit Applicant (Individual or Company): The Buoniconti Fund to Cure Paralysis, Inc. Insurance is being submitted for an ongoing Special Event (circle one): YES or NO Special Insurance is being submitted for one Special Event permit (circle one): VES or NO Events Will liquor be served at the Special Event (circle one): (YES-br NO Permit 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 Cover programs of insurance. Such programs and evidence of insurance shall be satisfactory to the CITY and Sheet 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; For Certificate Holder should read: City of Coral Gables Insurance Compliance **Evidencing** P.O. Box 100085 - CE Email address: Insurance cityofcoralgables@ebix.com Duluth, GA 30096 to the City of Such certificates or other evidence of coverage shall be delivered prior to commencing performance under Coral Gables 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; Insurance Coverage Type Limit of Liability Required Insurance Each Occurrence \$1,000,000 Commercial General Liability Aggregate \$2,000,000 Requirements Liquor Liability (required if liquor is served) Each Occurrence \$1,000,000 Aggregate \$2,000,000 For 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. Companies 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. 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. A copy of the all Waiver of Subrogation Endorsements for each line of coverage required. Individuals are required to evidence the following Insurance to the City; Insurance Coverage Type Limit of Liability Required Insurance Each Occurrence Personal Liability Insurance Requirements (including host liquor liability coverage is if liquor is served) Individuals evidencing insurance must provide the following documents to the City; For 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. Individuals Alternatively, Companies & Individuals may obtain liability insurance through a TULIP (Tenant User Liability Insurance Program) established by the City @ www.ebi-ins.com/tulip. If Applicant Does Not The City of Coral Gables reserves the right to require additional types of insurance coverage or higher Have limits of liability for any event. This determination will be made by the Risk Management Division. Insurance City of Coral Gables Insurance Compliance Contact Information Phone: (951) 652-2883 • Fax: (770) 325-0417 • Email: cityofcoralgables@ebix.com

		Does this event	propose closure or u	se of any street(s)?				
	City	WHAT	⊠ Yes		No ·			
Closure of	Streets	If yes, please fill in information below:						
Streets Or City		Street Name Ponce de Leon Blv	From/To c. Miracle Mile to Arag	Datc(s) jon Ave 1/13/2018	Time(s) 12noon-12midnight			
Right-of-		Does this event	propose closure or u					
Way	City Sidewalks	□ Yes						
		If yes, please fill	in information belov	y:				
		Sidewalk Location	From/To	Date(s)	Time(s)			
		Does this event	propose closure or u	se of any alleys?	<u> </u>			
	City Alleys		☑ Yes	• •	No			
	:	V; .;s	````					
	, All	Alley Location	From/To	Date(s)	Time(s)			
		behind Hillstone	Ponce de Leon/Salz access lo Ponce onl	y	12noon-12midnight			
	·-	Does this event propose closure or use of any parking lot?						
	Public Parking Lot	,	☐ Yes	<u> </u>	No			
		If yes, please fill in information below:						
		Parking Lot Location	From/To	Date(s)	Time(s)			
		Does this event	Does this event propose closure or use of any City right of way?					
	City Right-Of-Way		☐ Yes		No			
	•	If yes, please fill	n information below	τ.				
		Right-of-way location	From/To	Date(s)	Time(s)			
		Does this event	Does this event propose closure or use of any street(s)?					
	Parade Route	☐ Yes ☐ No						
		If yes, please fill	n information below	7.				
		Parade Route	From/To	Date(s)	Time(s)			
	If you checked yes to provided and a street information.	closure permit m	a site plan showing	se call (305)460-5607	uests must be for more			

## 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 sortering immunity of section §768.28, Florida Statutes.

Signature of Authorized Agent or App	plicant	8/21/2017 Datë	MARGINA M. ESCALIA
Marc. A Buoniconti	President, The E	Buoniconti Fund to Cure	Wission St.
Print Name		Title 💈 :	\$ W & B.
1095 NW 14 Terrace	Miami, FL 33136	305-243-6001	***
Address	City/State/Zip Code	Phone 를통	#FF 089137
Subscribéti and sworn to before me, this	s 21 day of August /	Jun ne luck	CLIC, STATE ON THE PROPERTY OF
Approval Signatures Required:  Esed Coucyro	X )	Brian Lawrence	47 9/6/17
Parks and Recreation  Gilbert Hernandez  Fire Division Chief	who 9 2d 17	William Ortiz Code Enforcement Director	09-20-17

Application, performance bond(s), comprehensive site plans, event publications, flyers, and insurance must accompany this application and must be submitted to:

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

## **Expanded Polystyrene or Styroloam Clause:**

Special events permittees and their subcontractors are prohibited from selling, using or providing food/drinks in, or offering the use of, expanded polystyrene articles. Upon warning, the permittee or subcontractor must discontinue use. Failure to do so within a reasonable amount of time may lead to the discontinuation of the service, sale or participation in the event. Violations may also lead to the imposition of fines, the revocation of the permit, the placement of conditions on future special events permits or the denial of future special events permits. (Sec. 62-230, City of Coral Gables Code)

gr.	Special Eve	City of Coral at Checklist		ıirements	SIW 1
Event Title:	nilstone	CG -	Rand	e to t	trage ¿
Event Descriptio	7 71	ek Pr	ty		
Event Sponsor:		- 100	V		
Contact Person:			Phone #:		
Estimated Size o	f Event	Is there	a rain da	ate alternati	ve?
	vent License Ap	plication form			
Special E	vent Fee. Amot	ınt:	& Date:		
Performa	nce Bond: Amo	unt:	& Date:		
Liability	Insurance Cover	age Submitted:			
Copy of N	Marketing/Adve	rtising material	s utilized	for event.	
	setup/breakdow				
Resident	Notification: Co	py of Letter &	Date Sent	: & Ma	ailing Labels:
	on to Adjacent l				
CONTRACT CON	license Permit: l			e Issued:	
and the second second	Route Map/Roa	and the second second		-	
	vent area/locatio			MOT.	
			vith fee) I		lepartments will be
involved and how	2 Permit #	a. (III Killa Ol ) Date Is		& Dept.:	
Dorles Dor	mit or Evidence	of Darmierion			
W. THE ANDREWS CONTROL				8.98	A
-	ble toilets reque	5-4-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	asie Mana		
Control of the Contro	ations and Locat	*** ***********************************			Plan of action:
	and Recycling				
	vendor licensin			& Date I	ssued:
	mit: Permit #	& Date			
	quired-how man			t#	& Date Issued:
	Plan/Medical Plan				
	rtment to be pre			& Date Issu	
Barricade	s needed?	Is city provid	ding? Pem	nit #	& Date Issued:
Fire watc	h - outside cook	ing? Permit#		& Date Issue	d:
Closing o	f streets needed	for event? Stre	et Name:		
	ped parking req		No:		100
Parking P	· · · · · · · · · · · · · · · · · · ·	and Transpor	tation Pla	n:	100
_	of Event	•			

EVENT DATE: Jun 13. 2018