



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

# CITY OF CORAL GABLES

## SPECIAL EVENTS APPLICATION & PERMIT

RECEIVED  
141210

<b>Applicant Information</b>  <i>in</i>  <i>Change date</i>	Name of Organization/Company <i>Coral Gables Hispanic Cultural Foundation, Inc.</i>			Date of Request		
	Address <i>13701 SW 66th St. Suite 306</i>	City <i>Miami</i>	State <i>FL</i>		Zip <i>33183</i>	
	Event Representative <i>Enrique SAMA</i>					
	Daytime Phone <i>305-312-4750</i>	Fax Number <i>866-210-3954</i>	Email Address <i>SAMA@SAMA.COM</i>			
<b>Event Information</b>	Name of Event <i>Coral Gables Hispanic Cultural Festival</i>			Event Date(s) <i>Sept 25, 2010</i>		
	Hours of Event <i>11:00 AM to 11:00 PM</i>	Set-up Time <i>4 AM to 10 AM</i>	Take Down Time <i>11:00 PM</i>			
	Location of Event <i>Hernando Ave to LeJeune Rd</i>			Is Location Reserved? <i>Yes</i>		
	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.					
	Anticipated Attendance <i>1500</i>			Admission Fees <i>0</i>		
	# of year's event has been in existence? <i>This is the first year</i>	Previous Location(s) <i>0</i>		Past Attendance <i>0</i>		
	Event Description: (Provide an attachment if additional space is needed.) <i>Street Festival to Promote Hispanic Culture in celebration of Hispanic Heritage month</i>					
	List all vehicles associated with this event: (if applicable) (Provide an attachment if additional space is needed.) <i>N/A</i>					
	How will rules, regulations, terms and conditions of the event be communicated to the participants? (Provide an attachment if additional space is needed.) <i>By way of a signed agreement</i>					
	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.) <i>Only music, spanish guitar, singers, etc</i>					
	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.) <i>A stage will be located at the Park</i>					

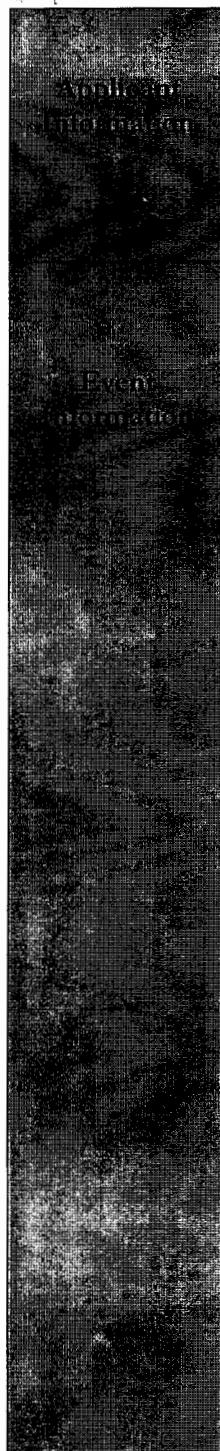
*• Change time  
 • need to come back to  
 Special Event Mgt*



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

## CITY OF CORAL GABLES SPECIAL EVENTS APPLICATION & PERMIT

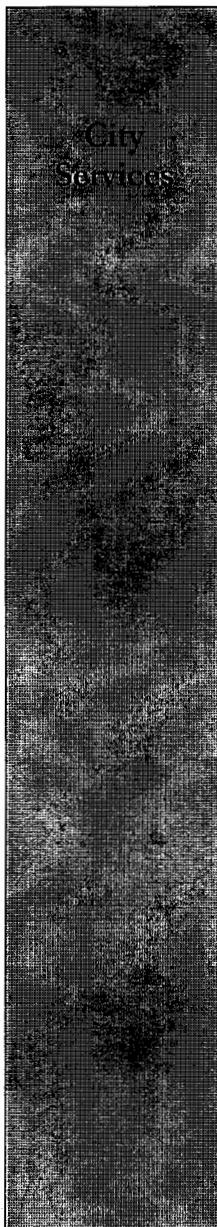
The City Beautiful™

		Name of Organization/Company <b>Gables Hispanic Cultural Foundation, Inc</b>	Date of Request	
Address <b>13701 SW 66th St Sub B206</b>		City <b>miami</b>	State <b>FL</b>	Zip <b>33183</b>
Event Representative <b>EMILIO SAUMA</b>				
Daytime Phone <b>305-302-9750</b>	Fax Number <b>866-270-3954</b>	Email Address <b>SAUMA@SAUMA.COM</b>		
Name of Event <b>Gables Hispanic Cultural Festival</b>	Event Date(s) <b>Sept 25, 2010</b>			
Hours of Event <b>10AM to 6:00P.M</b>	Set-up Time <b>6AM to 10AM</b>	Take Down Time <b>6PM to 8PM</b>		
Location of Event <b>Hernando Ave to Le Jeune Rd</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.				
Anticipated Attendance <b>1500</b>		Admission Fees <b>0</b>		
# of year's event has been in existence? <b>This is the first year</b>	Previous Location(s) <b>0</b>		Past Attendance <b>0</b>	
Event Description: (Provide an attachment if additional space is needed.) <b>Street Festival to Promote Hispanic Culture in celebration of Hispanic Heritage month</b>				
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 way of a signed agreement</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>Unplug music, spanish guitar, singers, etc</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>A stage will be located at the Park</b>				

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

<p>Special Events Permit Cover Sheet Form 100-100 City of Coral Gables</p>	<p>Legal Name of Permit Applicant (Individual or Company): <u>Coral Gables Hispanic Cultural Festival</u></p> <p>Insurance is being submitted for an ongoing Special Event <input checked="checked" type="checkbox"/> YES or <input type="checkbox"/> NO          Insurance is being submitted for one Special Event permit <input checked="checked" type="checkbox"/> YES or <input type="checkbox"/> NO          Will liquor be served at the Special Event <input checked="checked" type="checkbox"/> YES or <input type="checkbox"/> 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><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>Email address: <a href="mailto:cityofcoralgables@ebix.com">cityofcoralgables@ebix.com</a></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 For Companies</p>	<p><b>Companies are required to evidence the following Insurance to the City;</b></p> <p><u>Insurance Coverage Type</u> <u>Limit of Liability Required</u></p> <table> <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> </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>1. This Cover Sheet with all of the questions above answered.</li> <li>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.</li> <li>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 &amp; Non-Contributory Basis.</li> <li>4. A copy of the all Waiver of Subrogation Endorsements for each line of coverage required.</li> </ol>	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
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 For Individuals</p>	<p><b>Individuals are required to evidence the following Insurance to the City;</b></p> <p><u>Insurance Coverage Type</u> <u>Limit of Liability Required</u></p> <table> <tr> <td>Personal Liability Insurance</td> <td>Each Occurrence \$300,000</td> </tr> </table> <p>(including host liquor liability coverage if liquor is served)</p> <p><b>Individuals evidencing insurance must provide the following documents to the City;</b></p> <ol style="list-style-type: none"> <li>1. This Cover Sheet with all of the questions above answered.</li> <li>2. A Certificate of Liability Insurance naming the City of Coral Gables as an additional insured.</li> </ol>	Personal Liability Insurance	Each Occurrence \$300,000				
Personal Liability Insurance	Each Occurrence \$300,000						
<p>If Applicant Does Not Have Insurance</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>City of Coral Gables Insurance Compliance Contact Information</p> <p>Phone: (305) 452-2883   Fax: (305) 325-5017   Email: <a href="mailto:cityofcoralgables@ebix.com">cityofcoralgables@ebix.com</a></p>							

Vendor Information	Number of Food Vendors <i>Undetermined</i>	Vendors list provided to the City <input type="checkbox"/> Yes <i>in process</i> <input checked="" type="checkbox"/> No
	Food vendors have all permits/licenses. <i>Undetermined</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Number of Other Vendors <i>Undetermined</i>	Vendor list provided to the City <input type="checkbox"/> Yes <i>in process</i> <input checked="" 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 <i>in process</i> <input checked="" type="checkbox"/> No	
Is this a charitable event? If yes, what is the name of the charity/organization?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>a % will be given to (see attached)</i>	
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	
<small>If you checked Yes to any of the above questions, you must contact Gables Fire and Emergency Services Office at (305) 467-6611.</small>		

	<b>Police</b>	# of Officers	Date(s) Required <i>9/25/2010</i>	Hours Needed (i.e. 8 a.m.-5 p.m.) <i>10-6 PM</i>
	<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>			
	<b>Fire/Medical</b>	<p><input checked="" 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>			
	<b>City Facilities</b>	Location	<p>If using a park, do you need the restrooms opened?  <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
	<b>Electrical Requirements</b>	<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.):  <i>In Process</i></p>		
		Dates needed <i>9/25/2010</i>	Hours per day needed <i>10-6</i>	
	<b>Trash</b>	<p>Who will be responsible for trash pick-up during the event?  <i>City of Coral Gables and private company</i></p>		Hours per day needed
<b>City Equipment</b>	<p><input checked="" type="checkbox"/> Barricades</p> <p>Contact Pat Burns to reserve equipment or receive a fee schedule at (305) 460-5173.</p>			
<b>Signs/Banners</b>	<p>Please list any requests for use of City signs and/or location of signs:  <i>In Process</i></p>			
<b>Other</b>	<p>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>				

<b>Additional Event Features</b> <small>(Applications must check all that apply)</small>	<input type="checkbox"/> Temporary Fencing	<input checked="" type="checkbox"/> Inflatable	<input checked="" type="checkbox"/> Music (Recorded)
	<input type="checkbox"/> Signs/Banners	<input type="checkbox"/> Open Flames	<input checked="" type="checkbox"/> Music (Live)
<input checked="" type="checkbox"/> Port-A-Johns	<input type="checkbox"/> Fireworks	<input checked="" type="checkbox"/> Amplifying Devices	
<input checked="" type="checkbox"/> Tents or Canopies	<input type="checkbox"/> Carnival/Amusement Rides	Or Loud Speakers	
<input checked="" type="checkbox"/> Barricades	<input type="checkbox"/> Electrical Services/Generators		
<p>Company Name: <i>Gables Hispanic Cultural Foundation</i></p>			
<p>Contact: <i>Emilia Saura</i> Phone Number: <i>305-302-9950</i></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>			

have to pay  
for the meters

<p><b>Closure of Streets Or City Right-of- Way</b></p>	<p><b>City Streets</b></p>	<p>Does this event propose closure or use of any street(s)?</p> <p><input checked="" type="checkbox"/> Yes      <input type="checkbox"/> No</p>														
		<p>If yes, please fill in information below:</p> <table border="1" style="width: 100%;"> <tr> <td>Street Name</td> <td>From/To</td> <td>Date(s)</td> <td>Time(s)</td> </tr> <tr> <td colspan="4"> <i>Biltmore Way Hernando de Soto Rd</i> </td> </tr> <tr> <td colspan="4"> <i>9/25/10 6AM-8PM</i> </td> </tr> </table>				Street Name	From/To	Date(s)	Time(s)	<i>Biltmore Way Hernando de Soto Rd</i>				<i>9/25/10 6AM-8PM</i>		
	Street Name	From/To	Date(s)	Time(s)												
	<i>Biltmore Way Hernando de Soto Rd</i>															
	<i>9/25/10 6AM-8PM</i>															
	<p><b>City Sidewalks</b></p>	<p>Does this event propose closure or use of any sidewalks?</p> <p><input checked="" type="checkbox"/> Yes      <input type="checkbox"/> No</p>														
<p>If yes, please fill in information below:</p> <table border="1" style="width: 100%;"> <tr> <td>Sidewalk Location</td> <td>From/To</td> <td>Date(s)</td> <td>Time(s)</td> </tr> <tr> <td colspan="4"> <i>Biltmore Way Hernando de Soto Rd including Adelicia</i> </td> </tr> <tr> <td colspan="4"> <i>9/25/10 6AM- 8PM</i> </td> </tr> </table>				Sidewalk Location	From/To	Date(s)	Time(s)	<i>Biltmore Way Hernando de Soto Rd including Adelicia</i>				<i>9/25/10 6AM- 8PM</i>				
Sidewalk Location	From/To	Date(s)	Time(s)													
<i>Biltmore Way Hernando de Soto Rd including Adelicia</i>																
<i>9/25/10 6AM- 8PM</i>																
<p><b>City Alleys</b></p>	<p>Does this event propose closure or use of any alleys?</p> <p><input type="checkbox"/> Yes      <input checked="" type="checkbox"/> No</p>															
	<p>If yes, please fill in information below:</p> <table border="1" style="width: 100%;"> <tr> <td>Alley Location</td> <td>From/To</td> <td>Date(s)</td> <td>Time(s)</td> </tr> </table>				Alley Location	From/To	Date(s)	Time(s)								
Alley Location	From/To	Date(s)	Time(s)													
<p><b>Public Parking Lot</b></p>	<p>Does this event propose closure or use of any parking lot?</p> <p><input type="checkbox"/> Yes      <input checked="" type="checkbox"/> No</p>															
	<p>If yes, please fill in information below:</p> <table border="1" style="width: 100%;"> <tr> <td>Parking Lot Location</td> <td>From/To</td> <td>Date(s)</td> <td>Time(s)</td> </tr> </table>				Parking Lot Location	From/To	Date(s)	Time(s)								
Parking Lot Location	From/To	Date(s)	Time(s)													
<p><b>City Right-Of-Way</b></p>	<p>Does this event propose closure or use of any City right-of-way?</p> <p><input checked="" type="checkbox"/> Yes      <input type="checkbox"/> No</p>															
	<p>If yes, please fill in information below:</p> <table border="1" style="width: 100%;"> <tr> <td>Right-of-way location</td> <td>From/To</td> <td>Date(s)</td> <td>Time(s)</td> </tr> <tr> <td colspan="4"> <i>Andelicia Biltmore Way Hernando de Soto Rd</i> </td> </tr> <tr> <td colspan="4"> <i>9/25/10 6AM to 8 PM</i> </td> </tr> </table>				Right-of-way location	From/To	Date(s)	Time(s)	<i>Andelicia Biltmore Way Hernando de Soto Rd</i>				<i>9/25/10 6AM to 8 PM</i>			
Right-of-way location	From/To	Date(s)	Time(s)													
<i>Andelicia Biltmore Way Hernando de Soto Rd</i>																
<i>9/25/10 6AM to 8 PM</i>																
<p><b>Parade Route</b></p>	<p>Does this event propose closure or use of any street(s)?</p> <p><input checked="" type="checkbox"/> Yes      <input type="checkbox"/> No</p>															
	<p>If yes, please fill in information below:</p> <table border="1" style="width: 100%;"> <tr> <td>Parade Route</td> <td>From/To</td> <td>Date(s)</td> <td>Time(s)</td> </tr> </table>				Parade Route	From/To	Date(s)	Time(s)								
Parade Route	From/To	Date(s)	Time(s)													
<p>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 required. Please call (305) 460-5601 for more information.</p>																

## 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 \$ \_\_\_\_\_

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

Print Name

Title

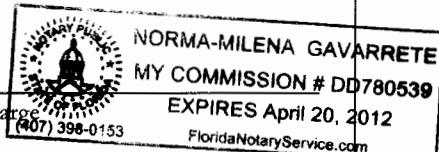
Address

City/State/Zip Code

Phone

Subscribed and sworn to before me, this 5th day of March 2010Norma Milena Gavarrete

Notary Public State of Florida at Large



Approval Signatures Required:

Fred CouceyroFred Couceyro  
Parks and Recreation DirectorScott Masington  
Police Mayor

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](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: \_\_\_\_\_ Event Date: \_\_\_\_\_

Change ~~date~~ <sup>time</sup> to 11:00 AM to 11:00 PM

Music - unplugged - non-amplified

Need to know times for set-up & breakdown of stage - by Aug. 15

Need to show restrooms on site plan by Aug. 15

Move food booths from City Hall side to Andalusia

(7' by 11' - Mural - want to hang it - sending them to Historic + CM office)  
for approval -

\* Waiting Scientology Church approval - all others obtained already.

\* Need a more detailed site plan by August 15.

\* Parking charges will be determined by Parking Director.



## SPECIAL EVENT STREET CLOSURE PETITION

**Event:** Gables Hispanic Cultural Festival  
**Date:** September 25, 2010  
**Time:** 11:00 a.m. to 11:00 p.m.  
**Location:** Biltmore Way & Andalusia between Hernando and LeJeune Road  
**Street Closure:** September 25, 2010 @ 5:00 a.m. to September 26, 2010 @ 5:00 a.m.

Note: On site police, fire and emergency units will be available throughout festival. In addition, event sponsor will be responsible for the collection and cleanup of trash from the event and a detour will be set in place during the street closure.

We, the undersigned businesses and/or residents, have been notified of street closures associated with the event noted above on said date, and hereby agree or disagree to the closure(s).

Business Owner, Manager or Resident signature	Business Name & Address	Telephone Number / Email	Agree	Disagree
Señorita P. Leon ADMINISTRATOR	GABLES DIAGNOSTIC IMAGING 475 BILTMORE WAY CORAL GABLES, FL 33134	(305) 461-1700 MLEON@CDIA.NET Left message Callback	✓	
Perez	Edward Lazzarin 427 Biltmore Way MTRF open/week	(305) 446 5288	✓	
*Claudia Pasuechi Adv. Manager.	Roche Bobois 450 Biltmore Way	(305) 444-1017 *Parking issue/sale that week		
Jesus Carrillo	CORP GABLOS Kitchens & Bath	305-4419954	✓	
Eddy Espin	Hair Color Service 30	305-460-4700	✓	
El Pintorica Farm			dk	
Lourdes Abad	Goma Prop	305 448-2000	✓	
	left message (dk) Liente set 480 Biltmore Way	305 648 2200	✓	

We, Emilio Sauma, Magali Abad and Berta Bravo, as the Festival Directors for the Gables Hispanic Foundation, hereby certify that the petition contains the appropriate number of signatures of the business owners/residents of the requested street closure corridor.

Emilio Sauma

Magali Abad

Berta Bravo



### SPECIAL EVENT STREET CLOSURE PETITION

**Event:** Gables Hispanic Cultural Festival  
**Date:** September 25, 2010  
**Time:** 11:00 a.m. to 11:00 p.m.  
**Location:** Biltmore Way & Andalusia between Hernando and LeJeune Road  
**Street Closure:** September 25, 2010 @ 5:00 a.m. to September 26, 2010 @ 5:00 a.m.

Note: On site police, fire and emergency units will be available throughout festival. In addition, event sponsor will be responsible for the collection and cleanup of trash from the event and a detour will be set in place during the street closure.

We, the undersigned businesses and/or residents, have been notified of street closures associated with the event noted above on said date, and hereby agree or disagree to the closure(s).

Business Owner, Manager or Resident signature	Business Name & Address	Telephone Number / Email	Agree	Disagree
Marty.	Home Design Store 490 Biltmore Way	callback (305) 445-1421 homedesign-store @ aol.com	✓	
Marty D'far Nora Padial Raouf	Jose R. ABADIN, D.D.S. 504 BILTMORE WAY	305-446-1584	✓	✓
Manager Lindsey Reife	506 Biltmore Way Miller's Studio	left message (VM) 31714-7151	✓	
Daniel Miles	536 Coral Way F. United Methodist	left message (VM) 305 445 2378	—	
Iyanne Roger	Nil del MAR 415 Biltmore Way, #105	(VM) 305-442-8080	✓	
Salko Alonso	Animated TOYS 479 Biltmore Way	M-Sat 12 PM 305-444- (VM) 9383	✓	

We, Emilio Sauma, Magali Abad and Berta Bravo, as the Festival Directors for the Gables Hispanic Foundation, hereby certify that the petition contains the appropriate number of signatures of the business owners/residents of the requested street closure corridor.

Emilio Sauma

Magali Abad

Berta Bravo

13701 SW 66 Street. Suite B-206. Miami, Florida 33183

Phone: 305.552.6061 Fax: 1.866.270.3954

Email: [gableshispanicfestival@yahoo.com](mailto:gableshispanicfestival@yahoo.com) [www.gableshispanicfestival.com](http://www.gableshispanicfestival.com)

VM=voicemail/maiL.



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**Event:** Gables Hispanic Cultural Festival

**Date:** September 25, 2010

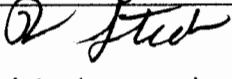
**Time:** 11:00 a.m. to 11:00 p.m.

**Location:** Biltmore Way & Andalusia between Hernando and LeJeune Road

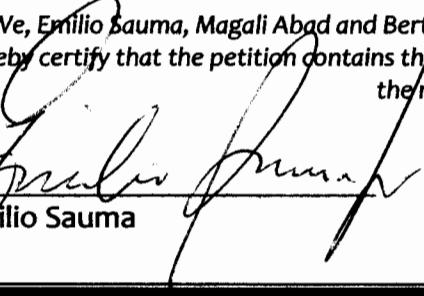
**Street Closure:** September 25, 2010 @ 5:00 a.m. to September 26, 2010 @ 5:00 a.m.

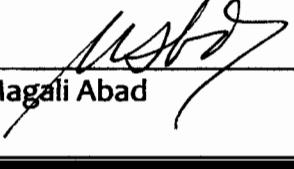
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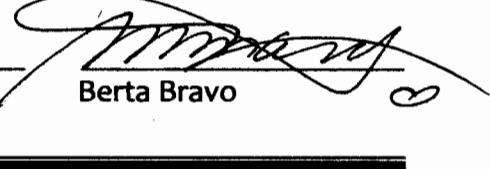
We, the undersigned businesses and/or residents, have been notified of street closures associated with the event noted above on said date, and hereby agree or disagree to the closure(s).

Business Owner, Manager or Resident signature	Business Name & Address	Telephone Number / Email	Agree	Disagree
 Victor Stern	First Church Christ Scientist,	305-662 2633	X	

We, Emilio Sauma, Magali Abad and Berta Bravo, as the Festival Directors for the Gables Hispanic Foundation, hereby certify that the petition contains the appropriate number of signatures of the business owners/residents of the requested street closure corridor.

  
Emilio Sauma

  
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