Permit	#:	



## CITY OF CORAL GABLES SPECIAL EVENTS APPLICATION & PERMIT

The City Beautiful Names of Organization/Company Date of Request Kiwanis Club of Little Havana 11/4/14 State Address City Zip Applicant Information 1400 S.W. 1st Street Miami Florida 33135 Event Representative David Morales or Thomas Falcon Email Address Daytime Phone Fax Number (305)984-7636 (305)644-8693 dmokiwanis@gmail.com (305)775-0778 tfalcon@waltonlantaff.com Event Date(s) Name of Event Ponce Kick-off Concert (Hartnett Ponce Circle Park) & Carnaval on the 3/6/15 (Kick-off Concert and 3/7/15-3/8/15 (COM) Mile (COM) Hours of Event Set-up Time Take Down Time 3/6/15- noon (Kick-off Concert/Park) 3/7/15 12:01 a.m. (Kick-3/6/15-7:00 p.m.-midnight 3/7/15-10:00 a.m.-midnight 3/6/15-11:00 p.m.(Carnaval on the off Concert) 3/8/15-10:00 a.m.- 10:00 p.m. 3/8/15- 10:01 p.m.(COM) Mile) to be completed by 3/10/15-·5:00 p.m. Location of Event Is Location Reserved? Event Information Kick-Off Concert @ Hartnett Ponce Circle Park (Friday March 6, 2015) Carnaval on the Mile @ Miracle Mile-Douglas Road/LeJeune Avenue (Saturday and Sunday, March 7, 2015-March 8, 2015) 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. Kiwanis volunteers will have their identification badges. Anticipated Attendance Admission Fees 100,000 none # of year's event has been in existence? Previous Location(s)? Past Attendance Only held in Coral Gables 100,000 17 Event Description: (Provided an attachment if additional space is needed.) Family oriented music and art festival. List all vehicles associated with this event: (if applicable) (Provide an attachment if additional space is needed.) To be determined. How will rules, regulations, terms and conditions of the event be communicated to the participants? (Provide an attachment if additional space is needed.) Media, print and website. 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 of varying types.

Event Information (Continued from page 1)	List all vehicles associated with this event (Provide an attachment if additional space To be determined.				
		nditions of the event be communicated to the e is needed.) Media, print, website and the Ki			
	Tarant To Tarant	. 1. 2370 C	1 12		
		music at this event? What type of music will be is needed.) Yes. Live Music of varying types			
	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.) 5 Stages: Douglas, LeJeune, Ponce South, Ponce North and Salzedo North.				
	Number of Food Vendors 35	Vendors list provided to the City	No		
	Food vendors have all permits/licenses.	Yes			
Was de :					
Vendor	Number of Other Vendors 150 Arts/Crafts Vendors	Vendor list provided to the City	No		
	Will there be alcohol at this event?	Yes			
	If yes, has liquor license been issued?	Pending			
	Is this a charitable event?	Yes ganization? Kiwanis Club of Little Havana			
	Have you completed the City application	? Yes			
	Have you completed the State application	n?	No		

0THIS	COVER SHEET MUST BE PROVIDED WITH ALL INSURANCE DOCUMENTS					
	Legal Name of Permit Applicant (Individual or Company):  Insurance is being submitted for an ongoing Special Event (circle one): NO Insurance is being submitted for one Special Event permit (circle one): YES Will liquor be served at the Special Event (circle one): YES  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					
Special Events Permit  Cover Sheet						
For	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;					
Evidencing Insurance to the City of	Certificate Holder should read:  City of Coral Gables  Insurance Compliance  Email address:  City of Coral Gables  Insurance Compliance  PO Box 12010 - CE  Hemet, CA 92546-8010  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 Requirements	Insurance Coverage Type  Limit of Liability Required  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					
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	<ul> <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</li> </ul>					
	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.					
	<ol> <li>Companies evidencing insurance must provide the following documents to the City;</li> <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>					
Insurance	Individuals are required to evidence the following Insurance to the City; Insurance Coverage Type Limit of Liability Required  Personal Liability Insurance Each Occurrence \$300,000					
Requirements	(including host liquor liability coverage is if liquor is served)					
For	Individuals evidencing insurance must provide the following documents to the City;  1. This Cover Sheet with all of the questions above answered.					
Individuals						
If Applicant Does Not Have Insurance	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.					
	City of Coral Gables Insurance Compliance Contact Information Phone: (951) 652-2883  • Fax: (770) 325-0417  • Email: cityofcoralgables@ebix.com					

	Police	# of Officers see Date(s) Required below	nired	Hours Needed (i.e. 8 a.m5 p.m.)	
City Services		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.			
		Police officers to be determine	ed by Coral Gable	es Police Department/organize	
	Fire/Medical				
			n Call & On Site		
		Contact the Coral Gables Fire I costs associated with onsite cov		stration Division for questions or 600.	
		Clearance Form received:		No	
	City Facilities	Location	If using a park, c	do you need the restrooms opened	
		No		No	
	Electrical	Please list all electrical requirem			
Requirement		amperage needed, the number of outlets and the type of equipment needing the electricity (i.e. sound system, popcorn machine, etc.): Organizers to provide electricity. Would request median boxes be operational.			
		Dates needed: Carnaval on the	Mile dates.	Hours per day needed event hours	
	Trash	Who will be responsible for trathe event? Organizers contract		Hours per day needed	
	City	Barricades to be provided by event organizers			
	Equipment	Contact Pat Burns to reserve equipment or receive a fee schedule at (305) 460-5173.			
	Signs/Banners				
	Other	Please list any other requests fo	r City services (be s	pecific):	
		Is, signs/banners must be re ional information call Code			

	Temporary Fencing LI	Inflatable	X Music (Recorded)	
Additional	<b>X</b> Signs/Banners	Open Flames	X Music (Live)	
Event	X Port-A-Johns	Fireworks	X Amplifying Devices	
Features	X Tents or Canopies	Carnival/Amusement Rides	Or Loud Speakers	
	X Barricades	X Electrical Services/Generators		
(Applicants must check all	Company Name: Kiwanis Club of Little Havana Logistics			
that apply)	Contact: Alex Perez Phone Number: 305-299-5763			
	If any of the following apply, a separate narrative description of each additional feature shall be provided to the City with this application.			

		Does this event p	ropose closure or us	e of any street(s)?		
. 1-	City	Yes. (Requirements per event description).				
Closure of	Streets	If yes, please fill i	n information below	z: see event descrip	tion for requirements	
Streets		Street Name	From/To	Date(s)	Time(s)	
Or City		Does this event propose	closure or	of any sidewalks	?	
Right-of- Way	City Sidewalks			V	No	
		If yes, please fill in	information below	v:		
		Sidewalk Location	From/To	Date(s)	Time(s)	
		Does this event puopose	closure or	of any alleys?		
	City Alleys				No	
		If yes, please fill in	information belov			
		Alley Location	From/To	Date(s)	Time(s)	
		Does this event p	ropose closure or us	e of any parking l	ot?	
	Public Parking Lot	9			No	
		If yes, please fill i	n information belov	<i>)</i> ;	Y	
		Parking Lot Location	From/To	Date(s)	Time(s)	
	7. Wayn	Does this event propose closure or use of any City right-of-way?				
.1	City Right-Of-Way		•		No	
		If yes, please fill i	n information belov	<i>J</i> ;		
		Right-of-way location	From/To	Date(s)	Time(s)	
		Does this event p	ropose closure or us	se of any street(s)?	-	
	Parade Route	L	-	Not applicable fo	or event	
		If yes, please fill i	n information belov			
		Parade Route	From/To	Date(s)	Time(s)	
	If you checked yes t must be provided at for more information	nd a street closure	e, a site plan show permit may be no	ving all of the ab	ove requests II (305)460-5607	

## 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.)

Event	Арр	ication User Fee	Performance Bond
Run, walk or bike-a-th	on		
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, proje than 2,500 persons	cted to be less	\$309.00	\$500.00
Multi-day event or eve attended by 2,500 or m		\$606.00	\$1,000.00
Multi-Day Event (not t	to exceed 3 days)	\$1,213.00	\$1,000.00

<sup>\*</sup> 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 publics health, safety and welfare.

Event Fee \$	Performance Bond \$	_
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<sup>\*</sup> 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 t	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, indemnif officers, agents, affiliates, employees, the administration and elected and app	pointed officials from and against all liability, suits, actions,
claims, costs, expenses or demands (including, without limitation, suits, acdeath, personal injury and property damage) or expenses of every kind and	ctions, claims, costs, expenses or demands resulting from
appeals, arising or resulting in whole or in part, as a result of any tort, intent	ional action, negligent acts or omissions on the part of the
Permit Applicant or any of the participants of the Event outlined in this ap 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	f any, to immunity under section 440.11, Florida Statutes.
Nothing contained herein shall be construed as a waiver of any immunidoctrine of vereign immunity of section §768.28, Florida Statutes.	ty or ilmitation of habitity the City may have under the
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flumes for or solall of Kingins	11/5/14
Signature of Authorized Agent or Applicant CLUSLIAM MAYAND	Date
Monds Laker Marant Print Name	TOWN Mai . CAMMANN ON THE
14m SW 15 Steel Marie C. 231m	Title Chairman CAMAVAI on the
1400 S.W. 13 Shrul M.Ami, C1 33/35  Address City/State/Zip Code  Subscribed and sworn to before me, this	Phone 365-1.44-948
Some Abrell	000 0014
Subscribed and sworn to before me, this day of	2011
N	
Approval Signatures Required	ublic State of Florida at Large
	DENIA JULISSA CARIAS MY COMMISSION # FF 062582 EXPIRES: October 14, 2017
Fred Couceyro	Brian Lawrence Bonded Yhru Notary Public Underwriters
Parks and Recreation Director	Police Major
1	
Gilbert Hernandez	William Ortiz
Fire Division Chief  Application, performance bond(s), comprehensive site plans, event pu	Code Enforcement Director
application and must be sul	
Norma-Milena Gava	
Special Events/ Film Sub Parks and Recreation D	
405 University Dri	
Coral Gables, FL 33 Phone: (305) 460-5607 • Fax: (	
E-mail: ngavarrete@coralg	
	N
Internal Use only:  Date  Approved □ Yes  Presentation Date:	□ No Permit #
Application Fee: Performance Bond(s):	Date Insurance Approved:

Police: \_\_\_\_\_ Risk Management: \_\_\_\_\_ Risk Management:

Initials:

Indemnification:			
For and in consideration o	f the City of Coral Gables co ty Ordinance) within the limi	nsent to allow the A ts of the City of Co	Applicant to hold a Special Event, Parade or Public oral Gables, the Applicant agrees as follows:
officers, agents, affiliates, emclaims, costs, expenses or death, personal injury and prappeals, arising or resulting in Permit Applicant or any of termination of this contract. This indemnification provisi Nothing contained herein is	ployees, the administration and emands (including, without ling coperty damage) or expenses of a whole or in part, as a result of the participants of the Event of and shall be in full force and el- on includes claims made by the	d elected and appoint initation, suits, action of every kind and cha of any tort, intentiona utlined in this application feet beyond the term to entitlement, if any of any immunity o	and defend the City of Coral Gables, its representatives, acted officials from and against all liability, suits, actions, nes, claims, costs, expenses or demands resulting from haracter, including reasonable attorney's fees, costs and al action, negligent acts or omissions on the part of the cation. This indemnification provision shall survive the more termination of this contract, however, terminated by, to immunity under section 440.11, Florida Statutes or limitation of liability the City may have under the
Signature of Authorized	Or Schalf of Kina Agent or Applicant CLVS	pris LILLL	11/5/14 Date
Print Name		,	Title Chairman Carnaval on the
400 S.W. 12 SAC	City/State/Zi	77.52	Phone 3 .5 - 6 44-848
	efore me, this day		,
Approval Signatures Βαμιίτ			c State of Florida at Large
FredCone	beyro /		DENIA JULISSA CARIAS MY COMMISSION # FF 002582 EXPIRES: October 14, 2017 Brian Lawrence Police Major
Parks and	Recremon Director	r	Police Major
Gilbert Flo			William Ortiz
Fire Divis Application, performance	bond(s), comprehensive site		Code Enforcement Director cations, flyers, and insurance must accompany this litted to:
	Special E Parks ar 405 Cora Phone: (305) 40	na-Milena Gavarrete vents/ Film Subdivi nd Recreation Divisi of University Drive I Gables, FL 33134 50-5607 • Fax: (305) warrete@coralgable	vision sion 4 ) 460-5639
Internal Use only: Date	A Presentation Date	pproved 🗆 Yes 🗆 N ::	No Permit #
Application Fee:	Performance Bond	(s):	Date Insurance Approved:
Initials: Police:	Fire: Co	de Enforcement:	Risk Management:

ij	Indemnification:
	For and in consideration of the City of Corol Cables and the city of Cables and the c
	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 haraby hold harmless industrial
:	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, costs, expenses or demands (including suitbout limitation and against all liability, suits, actions,
	claums, costs, expenses or demands (including guithant living and appointed officials from and against all liability, suits, actions,
	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 fort inventional extensions.
1	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
1	Permit Applicant or any of the participants of the Event outlined in this application. This indemnification provision shall survive the
1	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 application. This indemnification provision includes claims made by the application.
1	This indemnification provision includes claims made by the entitlement, if any, to immunity under section 440.11, Florida Statutes.
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	Signature of Authorized Agent or Applicant CLVS LIFTE  Monds Follow  Print Name  Title Chain or Canada and the
1	Print Name
1	YOU S.W. 13 Shrul MiAMi, C1 33135  Address City/State/Zip Code Phone 3 5 - 644-888  Subscribed and sworn to before me, this
L	100 x 10. 1= shrat MiAMI, C1 33/135
	Address City/State/Zip Code Phone 3 5-644-888
	Subscribe 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
	Subscribed and sworn to before me, this
	~ ~~.
ć	Approval Signatures Required Notary Public State of Florida at Large
	Spoot official statement
	DENIA JULISSA CARIAS MY COMMISSION # FF 062582
	EXPIRES: October 14, 2017
	Parks and Recording IV
	Police Major
	Gilbert Hernandez William Ortiz
	Fire Division Chief Code Enforcement Division Chief
	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: ngavatrete@coralgables.com
T-	Name III
11	Date Prepareties Deproved Yes No Permit #
A	Presentation Date:
٠.	pplication Fee: Performance Bond(s): Date Insurance Approved:
ln	titials: Police: Fire: Code Enforcement: Risk Management:
-	Trask Initiagement:

Additional Conditions or changes to a	application:		
Event Name:		Event Date	
	<b>3</b> .		
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N N			