

Dec. 3, 2014



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

## CITY OF CORAL GABLES SPECIAL EVENTS APPLICATION & PERMIT

<b>Applicant Information</b>	Legal Name of the Permit Applicant (Company or Individual): <b>Sundari Foundation Inc. dba Lotus House</b>		Today's Date: <b>9-8-14</b>		
	Contact Person for this Permit Application: <b>Constance Collins</b>				
	Contact Person Phone: <b>305-613-1573</b>	Contact Person Fax: <b>305-438-0557</b>	Contact Person Email: <b>director@lotushouseshelter.org</b>		
	Permit Applicant Address: <b>1514 NW 2nd Avenue # 1</b>		City: <b>Miami</b>	State: <b>FL</b>	Zip: <b>33136</b>
	Permit Applicant Phone: <b>305-438-0556</b>	Permit Applicant Fax: <b>305-438-0557</b>	Permit Applicant Email: <b>director@lotushouseshelter.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 checked="" type="checkbox"/> YES* <input type="checkbox"/> NO				
	*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.				
	<b>Event Information</b>	Name of Event <b>Ride for Lotus House</b>		Event Date(s) <b>May 3, 2015</b>	
Hours of Event <b>6:30 AM - 4:00 PM</b>		Set-up Time <b>5:30 AM</b>	Take Down Time <b>4:00 PM</b>		
Location of Event <b>Merrick Park across from City Hall</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>Mary Beth Garcia--Co-Chair of event, Cobi Moon--Co-Chair of Event, Azra Samiee, Marketing/Communication Chair +50 volunteers and Ride for Lotus House Committee Member Volunteers David Fernandez--Communications and Route Chair</b>					
Anticipated Attendance <b>400-600</b>		Admission Fees <b>\$50.00</b>			
# of year's event has been in existence? <b>1--2nd year</b>		Previous Location(s)? <b>Merrick Park</b>	Past Attendance <b>400</b>		
Event Description: (Provide an attachment if additional space is needed.) <b>Bike Ride and Family Oriented Festival benefiting Lotus House women &amp; Children shelter. Lotus House is a shelter and resource center serving women, youth and children. For more information please go to www.lotushouse.org. The event will host 3 different bike rides and routes starting at Merrick Park, Coral Gables. The festival area will include food, beverage and other service IE Massage, Yoga, etc.</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>TBD--Volunteer and Participant Parking. There will be a communications trailer and a Lotus House donation trailer and possibly a food truck.</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>Through the Website, Active.com, Registration site, Community events--brochures, marketing cards and online social medial such as Facebook.</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 a live band that will play popular music</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>Musicians from the band will bring thier own amplifying and speakers. The Lotus House Communication Committee will handle the audio requirements for other microphones and audio at the beginning of the ride and throughout the day for announcements.</b>

<b>Vendor Information</b>	Number of Food Vendors <sup>N</sup> <b>3-5 TBD <del>Food</del> Coffee truck</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>TBD--8+</b>	Vendor list provided to the City <input type="checkbox"/> Yes <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 <input checked="" type="checkbox"/> No
	Is this a charitable event? If yes, what is the name of the charity/organization? <b>Lotus House - Sundari Foundation</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Have you completed the City application?	<input type="checkbox"/> Yes <input checked="" 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◆

Special Events Permit	Legal Name of Permit Applicant (Individual or Company): Ride for Lotus House									
Cover Sheet	Insurance is being submitted for an ongoing Special Event (circle one): YES or <u>NO</u> Insurance is being submitted for one Special Event permit (circle one): <u>YES</u> or NO Will liquor be served at the Special Event (circle one): <u>YES</u> or NO									
For	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;									
Evidencing Insurance to the City of Coral Gables	Certificate Holder should read: City of Coral Gables Insurance Compliance PO Box 12010 - CE Hemet, CA 92546-8010 Email address: <a href="mailto:cityofcoralgables@ebix.com">cityofcoralgables@ebix.com</a>									
Insurance Requirements	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. <b>Companies are required to evidence the following Insurance to the City;</b> <table border="0"> <thead> <tr> <th><u>Insurance Coverage Type</u></th> <th><u>Limit of Liability Required</u></th> <th></th> </tr> </thead> <tbody> <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> </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>	<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								
For	<b>Companies evidencing insurance must provide the following documents to the City;</b> <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>									
Insurance Requirements	<b>Individuals are required to evidence the following Insurance to the City;</b> <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</td> <td>Each Occurrence \$300,000</td> </tr> </tbody> </table> (including host liquor liability coverage is if liquor is served)	<u>Insurance Coverage Type</u>	<u>Limit of Liability Required</u>	Personal Liability Insurance	Each Occurrence \$300,000					
<u>Insurance Coverage Type</u>	<u>Limit of Liability Required</u>									
Personal Liability Insurance	Each Occurrence \$300,000									
For	<b>Individuals evidencing insurance must provide the following documents to the City;</b>									
Individuals	<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.</li> </ol>									
If Applicant Does Not Have Insurance	<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> 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.									
<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>										

<b>City Services</b>	<b>Police</b>	# of Officers <b>5-6</b>	Date(s) Required <b>May 3, 2015</b>	Hours Needed (i.e. 8 a.m.-5 p.m.) <b>Shifts: 5:30 --4:00 PM</b>
	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			
	<b>Fire/Medical</b>	<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 type="checkbox"/> No			
	<b>City Facilities</b>	Location <b>Merrick Park</b>	If using a park, do you need the restrooms opened? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	<b>Electrical Requirements</b>	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.): <b>110 v needed for Communications Trailer, Stage, 3 Vendors</b>		
	Dates needed <b>May 3, 2015</b>		Hours per day needed <b>5:30 AM to 4:00 PM</b>	
	<b>Trash</b>	Who will be responsible for trash pick-up during the event? <b>Volunteers</b>		Hours per day needed <b>10</b>
<b>City Equipment</b>	<input checked="" type="checkbox"/> Barricades Contact <b>Juan</b> to reserve equipment or receive a fee schedule at (305) 460-5173.			
<b>Signs/Banners</b>	Please list any requests for use of City signs and/or location of signs: <b>TBD and discovered?</b>			
<b>Other</b>	Please list any other requests for City services (be specific):			
<b>All booths, stands, signs/banners must be removed immediately following the event. For additional information call Code Enforcement at (305) 460-5266.</b>				

<b>Additional Event Features</b>  (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 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 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: <b>Assorted Vendors</b>			
Contact: <b>Mary Beth Garcia</b> Phone Number: <b>305-854-8914</b>			
<b>If any of the following apply, a separate narrative description of each additional feature shall be provided to the City with this application.</b>			

<b>Closure of Streets Or City Right-of-Way</b>	<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 <b>Biltmore Way</b>	From/To <b>Hernandez / Levine</b>	Date(s) <b>5/3/15</b>	Time(s) <b>6:00 AM to 4</b>
	<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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
		If yes, please fill in information below:			
		Parking Lot Location <b>City Hall and</b>	From/To	Date(s) <b>5-3-15</b>	Time(s) <b>5:30 AM -4:00 PM</b>
<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.					



**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.

*Sundari Foundation Inc. dba Lotus*

By *Huse*

Signature of Authorized Agent or Applicant

Date

*9/15/14*

**Constance Collins, President**

Print Name

Title

**1514 NW 2nd Avenue, #1, Miami, FL 33136**

**305-613-1573**

Address

City/State/Zip Code

Phone

Subscribed and sworn to before me, this *15* day of *Sept* 20 *14*.

Approval Signatures Required:

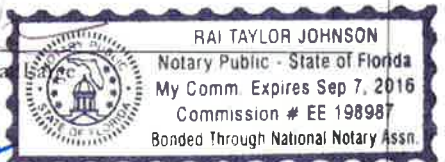
*[Signature]*  
Fred Couceyro  
Parks and Recreation Director

*[Signature]*  
Gilbert Hernandez  
Fire Division Chief

Notary Public State of Florida

*[Signature]*  
Edward Hudak  
Police Major

*[Signature]*  
William Ortiz  
Code Enforcement Director



**BRIAN LAWRENCE**  
A MAJOR

*pending 18000 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: \_\_\_\_\_ Event Date \_\_\_\_\_

No open flames or cooking