

CITY OF CORAL GABLES SPECIAL EVENTS APPLICATION & PERMIT

The City Benniful The	SPECIAL EVEN	15 APPLIC	ATIO	N & I	EKWII			
	Legal Name of the Permit Applica The Buoniconti Fund to Cu		Today's Date: 8/09/2016					
Applicant Information	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	1	State: FL	Zip: 33136		
	Permit Applicant Phone: 305-243-3863	Permit Applicant Fax: Permit 305-243-6017 kwh			Applicant Email: erry@med.miami.edu			
	Is the Contact Person an Office	er of the Legal Entity	y? □	YES*	x NO**			
	*If YES, attach verification from **If NO, go to next question	Sunbiz.org.						
	Is the Contact Person an Authorized Agent of Applicant? YES* X NO							
	*If YES, Contact Person (Author evidencing that they are authorize	ized Agent) must prov d to execute legally bi	ride the City nding contr	with a Lacts on b	imited Power of chalf of the per	of Attorney rmit applicant.		
	Name of Event 8th annual Block Party presented by Hillstone Coral Gables			Event Date(s) 1/14/2017				
Event	Hours of Event 5:00-9:00pm	5:00-9:00pm 12noon-4:59pm			Take Down Time 9:01-11:59pm			
Information	Location of Event 201 Miracle Mile (on Ponce de Leon BlvdMiracle Mile to Aragon)				Is Location R			
	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: Alicia Bolanos, Carlos Rodriguez, Ricardo Rincon, Rob Camarena, Erika Forbes, Teresa Arcay, Cory Clair, Aaron Hassinger, Esther Reynolds, Arden Napier, David Del Cristo, Scott Teniero, Melissa Reyes, Tammie Edwards and Ilana Grana.							
	Anticipated Attendance 400-500				Admission Fees \$50 in advance / \$60 at event			
	# of year's event has been in exis	tence? Previous L	ocation(s)?		Past Attendar avg. 400 guest	ice		
	Event Description: (Provide an attachment if additional space is needed.)							
	⁷ 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 craft beer, non-alcoholic beverages, live music, auction and drawing.							
	Our purpose as the volunteer Ch Project to Cure Paralysis, the wo University of Miami Miller Scho	rld's most comprehens:	t is to raise fo	ands and a	awareness for T research center	he Miami located at the		

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 - truck to unload and load table, chair and tent rentals SFM - trash services event partners vehicles for unload and load 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 emial and mail, etc. The event will be posted on our organization's website and via social media outlets. 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 (generally rock, blues) 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 a minimum of 2 medium speakers with microphone used by the band and for announcements.						
	Number of Food Vendors	Vendors list provided to the City					
	Hillstone and 2-3 dessert partners	☐ Yes	□ No				
	Food vendors have all permits/licenses.	□ Yes	□ No				
Vendor Information	Number of Other Vendors	Vendor list provided to the City					
mountanou	6-8 craft beer and spirits partners	☐ Yes	□ No				
	Will there be alcohol at this event?	₩ Yes	□ No				
	If yes, has liquor license been issued?	☐ Yes	X No				
	Is this a charitable event?						
	Have you completed the City application?						
	Have you completed the State application? ☐ Yes ☐ 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 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): XES or NO **Events** Will liquor be served at the Special Event (circle one): (YES) or 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 Evidencing Insurance Compliance Email address: PO Box 12010 - CE Insurance cityofcoralgables@ebix.com Hemet, CA 92546-8010 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 Insurance Limit of Liability Required Commercial General Liability Each Occurrence \$1,000,000 Requirements Aggregate \$2,000,000 Liquor Liability (required if liquor is served) Each Occurrence \$1,000,000 Aggregate \$2,000,000 Automobile Liability - Combined Single Limit \$1,000,000 For (Hired and Non-owned Auto Liability Coverage is required when the applicant does not own any autos) Companies 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. Companies evidencing insurance must provide the following documents to the City; 1. This Cover Sheet with all of the questions above answered. 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. 4. 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 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 2. A Certificate of Liability Insurance naming the City of Coral Gables as an additional insured. 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

	Police	# of Office 6-8		e(s) Requ 4/2017	aired.		rs Needed (i.e. 8 a.m5 p.m.) oon-12midnight	
City Services	\int	The final number of Coral Gables Regular-Off-Duty Police Officers requested event will be determined by the Coral Gables Police Department upon to fall required permits for this event. Please contact the Coral Gables Police Department to obtain an Off-Regular-Duty Police Services Permit Appl Fee Schedule by calling (305) 460-5427.					partment upon the approval Coral Gables Police	
		Clearance F	🖾 No					
	Fire/Medical							
	1	Contact the	☑ On Call ☐ 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:				⊠ No		
	City Facilities	Location			If using a park,	do you	need the restrooms opened?	
	V	701 11 1		 	☐ Yes		□ No	
	Electrical Requirements	amperage n	eeded, the 1	number c		type of	of electricity (i.e. 110V), f equipment needing the	
		Dates neede	ed				Hours per day needed	
	Trash	Who will be responsible for trash pick-up during the event? SFM Services Hours per day needed 4:00 11:00pm						
	City Equipment	Contact Pat Burns to reserve equipment or receive a fee schedule at (e schedule at (305) 460-5173	
	Signs/Banners							
	Other						ic):	
	All booths, stand For additional in	ls, signs/ba	unners mu call Code	ist be re Enforce	moved immed ement at (305)	liately 460-52	following the event. 266.	
Adves	☐ Temporary Fence	ing	☐ Inflata				Music (Recorded)	
Additional Event Features (Applicants must check all that apply)	Port-A-Johns -	/U/ . 10	Fireyo	orks		(Q)A	Amplifying Devices	
	Tents or Canopie	Coorey eye	Carniv		sement Rides		Or Loud Speakers	
	Company Name:							
	If any of the following apply, a separate narrative description of each additional feature shall be provided to the City with this application.							

Durana (Silong et al., etable al. ac	1	1 - 1:						
	la be	Does this event p	propose closure or use	of any street(s)?				
	City)	1) in a	▼ Yes] No			
Closure of	Streets 10	If yes, please fill in information below:						
Streets Or City	oproved 1	Street Name Ponce de Leon Blvd.	From/To Miracle Mile to Aragon Avenue (North & South lanes of	Date(s) 1/14/2017	Time(s) 12noon-12midnight			
Right-of- Way	City	Does this event p	Ponce de Leon) ropose closure or use Yes	•	I No			
	Sidewalks		·					
			n information below:	T =				
		Sidewalk	From/To	Date(s)	Time(s)			
		Location						
		Does this event t	propose closure or use	of any alleys?				
	City		ĭ Yes	• •	l No			
	Alleys		E 165	L	1 1/0			
	11.	If yes, please fill i	n information below:					
	1014	Alley Location	From/To	Date(s)	Time(s)			
	assured of	behind Hillstone	Ponce de Leon/Salzedo access to Ponce only	1/14/2017	12noon-12midnight			
	11 polis	Does this event t	propose closure or use	of any parking lot				
	Public	Does this event p	_					
	Parking Lot	****	☐ Yes	Ľ	No No			
		If ves, please fill i	n information below:					
		Parking Lot	From/To	Datc(s)	Time(s)			
		Location						
		Does this event propose closure or use of any City right-of-way?						
	City Right-Of-Way		□ Yes	EX	i No			
	, ,	If yes, please fill in information below:						
		Right-of-way	From/To	Date(s)	Time(s)			
		location						
		Does this event propose closure or use of any street(s)?						
	Parade	☐ Yes ☐ No						
	Route							
		If yes, please fill in information below:						
		Parade Route	From/To	Date(s)	Time(s)			
	If you checked yes to provided and a street information.	any of the above, closure permit ma	a site plan showing ay be needed. Please	all of the above recall (305)460-560	equests must be 17 for more			

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	Application User Fee	Performance Bond
Run, walk or bike-a-thon		
Up to 5K	\$187.00	\$500.00
Over 5K to 10K	\$215.00	\$500.00
Over l0K	\$309.00	\$500.00
Parades	\$309.00	\$500.00
Single day event	\$309.00	\$500.00
Two- or three-day event	\$606.00	\$1,000.00
Four or more days event	\$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 publics health, safety and welfare.

Event Fee \$309.00	Performance Bond \$
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^{*} 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.

		TOTAL CLARACO.		
1/1/2 to		8/09/2016		
Signature of Authorized Agent or Appl	icant	Date		
Marc A. Buoniconti	President, The Buonicon	nti Fund to Cure Paralysis		
Print Name		Title		
1095 NW 14 Terrace	Miami, FL 33136	305-243-6001		
Address	City/State/Zip Code	Phone		
Subscribed and sworn to before me, this		20 16 Muses	bu	
Approval Signatures Required: Fred Couceyro Parks and Regretation		Public State of Florida at Large Brian Lawrence	_	
Gilbert Hernandez Fire Division Chief	linski <u> </u>	Police Major CMAPLY William Ortiz Code Enforcement Director		

Application, performance bond(s), comprehensive site plans, event publications, flyers, and insurapplication and must be submitted to:

Special Projects Coordinator

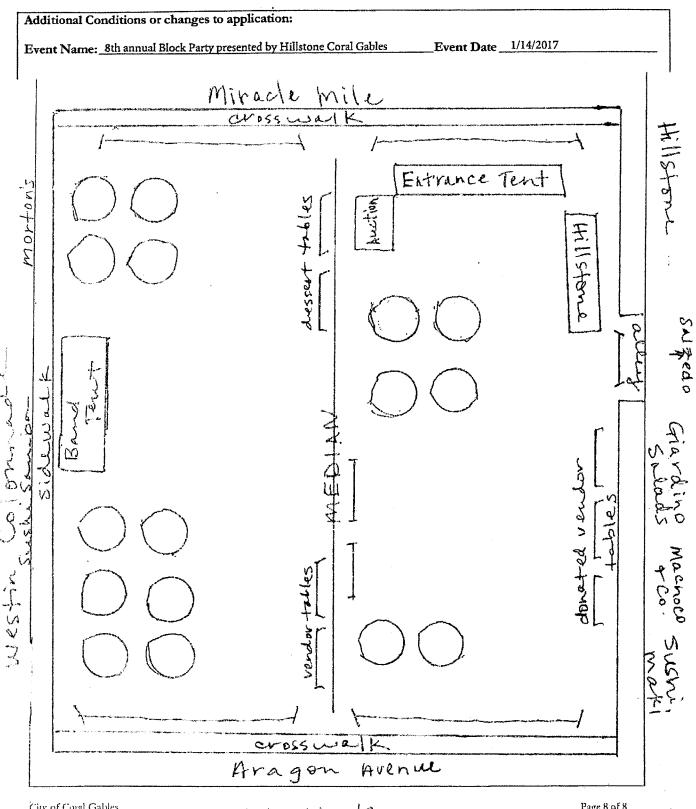
Parks and Recreation Division/Special Events
405 University Drive; Coral Gables, FL 33134

Phone: (305) 460-5607 • Fax: (305) 460-5639

E-mail: ngavarrete@coralgables.com

Expanded Polystyrene or Styrofoam 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)



City of Coral Gables

Special Events Application & Permit

Henry tent

vendor (drink food, dessent) tables

Guest seating