

CITY OF CORAL GABLES SPECIAL EVENTS APPLICATION & PERMIT

RATI	Legal Name of the Permit Applicant		Today's Date:					
Applicant	Contact Person for this Permit Ap							
Information	Juan (nelos	Miranda						
	Contact Person Phone:	Contact Person Fax:	Contact Person Email:					
	(305) 2010-2074	(786) 522 - 6192	ic & Destminimed	dinner.				
	Permit Applicant Address:	City:	State: Zip:	5				
	270 Catalonia	Atue. Cronal G		34				
		Permit Applicant Fax:	Permit Applicant Email:					
	Is the Contact Person an Officer of the Legal Entity? YES* NO**							
	Is the Contact Person an Officer of the Legal Entity? YES* NO**							
	*If VES attach verification from Sunhiz org							
	*If YES, attach verification from Sunbiz.org. **If NO, go to next question							
	Is the Contact Person an Author	rized Agent of Applicant?	YES* NO					
	*If YES, Contact Person (Authoriz							
	evidencing that they are authorized	l to execute legally binding contra		icant.				
	Name of Event Gobles Chili	# Fact	Event Date(s)					
	Gobes Chili Hours of Event	Set-up Time	Take Down Time	`				
Thron	DAM - DAM	Ser-up Time	Take Down Time					
Event Information	Location of Event	D - + C .	Is Location Reserved?					
imormation	Catalonia the blu	1 tone 8 9005690	No					
	A list of all staff, monitors, and vol	lunteers 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.							
	Ton							
	I IRD							
				ľ				
	Anticipated Attendance	20	Admission Fees	(all)				
	# of year's event has been in exist	ence? Previous Location(s)?	Part Assert	G. ava				
	# or year's event has been in exist	270 Catalone	Past Attendance					
	Event Description: (Provide an att	achment if additional space is nee	ded)					
	Event Description: (Provide an attachment if additional space is needed.) Will Cook-off & Music Fostivol							
	Cotti Gazie 54	+ A masic +	SSH1VC4					
	<u> </u>							

	List all vehicles associated with this event	t (if applicable)						
Event	(Provide an attachment if additional space is needed.)							
Information	TBD; 4 food	*						
(Continued from	, , , , , ,	3						
page 1)								
	How will rules regulations terms and conditions of the group by appropriated to the gratification							
	How will rules, regulations, terms and conditions of the event be communicated to the participants? (Provide an attachment if additional space is needed.)							
	1 65)							
	on the website							
	(MWW- GO	ableschilifast.com)						
		music at this event? What type of music wil	l be played?					
	(Provide an attachment if additional spac	•						
	Yes sevenol	bounds - classical,	Countr.					
	1027	L Pro Sole-	2,					
	7002,	E, 10p, 0- 30.						
	Number, type and location of all loud spe							
	(1 his information can be provided on a f	map as an attachment to this application.)						
	TBO							
		Vendors list provided to the City						
	4-4	□ Yes	Ø No					
	Food vendors have all permits/licenses.	✓ Yes	□ No					
Vendor	Number of Other Vendors	Vendor list provided to the City						
Information	TBD	☐ Yes	□ No					
	Will there be alcohol at this event?	☑ Yes	□ No					
	If yes, has liquor license been issued?	• Yes	□ No					
	Is this a charitable event?	Yes	□ No					
	If yes, what is the name of the charity/or							

☐ Yes

☐ Yes

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.

Have you completed the City application?

Have you completed the State application?

☑ No

🛮 No

•THIS COVE	ER SHEET MUST BE PROVIDED WITH ALL INSURANCE DOCUMENTS.					
	Legal Name of Permit Applicant (Individual or Company): Fetes \$ FLEM'S					
Special Events Permit	Insurance is being submitted for an ongoing Special Event (circle one): YES or NO Insurance is being submitted for one Special Event permit (circle one): YES or NO Will liquor be served at the Special Event (circle one): YES or NO					
Cover Sheet 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 Email address: P.O. Box 100085 - CE cityofcoralgables@ebix.com Duluth, GA 30096 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.					
Insurance Requirements	Companies are required to evidence the following Insurance to the City; 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 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; 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. A copy of the all Waiver of Subrogation Endorsements for each line of coverage required. 					
Insurance Requirements	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 (including host liquor liability coverage is if liquor is served)					
For Individuals	 Individuals evidencing insurance must provide the following documents to the City; 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. 					
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					

City Services	Police	# of Officers Date(s) Required Hours Needed (i.e. 8 a.m5 p.m.) 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 F	orm received:	□ Yes		□ No		
	Fire/Medical	Contact the	On Call On Site Contact the Coral Gables Fire Department Administration Division for questions costs associated with onsite coverage at (305) 442-1600.					
		Clearance F	Form received:	□ Yes		□ No		
	City Facilities	Location	om received.			need the restrooms opened?		
	Electrical Requirements	amperage n		irements includes a	ling the type o	of electricity (i.e. 110V), f equipment needing the		
		Dates need	ed			Hours per day needed		
	Trash	Who will be responsible for trash pick-up during the event? Think out you waste Management 3 has						
	City Equipment	B. Barricades Contact PW –Barricades Div. to reserve equipment at (305) 460-5173.						
	Signs/Banners	Please list any requests for use of City signs and/or location of signs: Signs an Miracle Mile						
	Other	Please list a	iny other reques	ts for City serv	ices (be specif	īc):		
	All booths, stand For additional in	ls, signs/basicon	anners must b	e removed is orcement at	mmediately (305) 460-5	following the event. 266.		
wai i i ii	☑ Temporary Fenc	ing	☑ Inflatable			Music (Recorded)		
Addistract	☐ Signs/Banners		☐ Open Flames			Jusic (Live)		
Additional Event Features	☑ Port-A-Johns				₽ A	☑ Amplifying Devices		
		▼ Tents or Canopies		Carnival/Amusement Rides		Or Loud Speakers		
(Applicants	₿ Barricades	T-1	3 8	Services/Gene	rators	<u> </u>		
must check all that apply)	Company Name:	tetes livans		ne Number: _	305 D	06 2074		
	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 propose closure or use of any street(s)?					
	<u> </u>		🖫 Yes			D	
C1 0	City						
Closure of	Streets	If yes, please fill i					
Streets Or City		Street Name				Time(s)	lpn
Right-of- Way	<u> </u>	Does this event p	ropose closure or us	e of arly sidewall	ks?		
	City Sidewalks		K Yes			0	
			n information below:				
		Sidewalk	From/To	Date(s)		Time(s)	
			bas ". "	3	~	po .	2,
	C:-	Does this event p	ropose closure or us	e of any alleys?			
	City Alleys		C Yes			No	
			n information below:	_			
		Alley Location	From/To	Date(s)	**,	Time(s)	"
		Does this event of	ropose closure or us	e of any parking	lot?		
	Public	2000 1110 0 1011 [DX No				
	Parking Lot		<u>.</u>				
		If yes, please fill i	man C				
		Parking Lot Location	From/To	Date(s)		Time(s)	
		Does this event propose closure or use of any City right-of-way?					
	City Right-Of-Way		Yes Yes	□ No			
		If yes, please fill i					
		Right-of-way	From/To	Date(s)	1	Time(s)	
		location ^	3	4		7	دري
		Does this event p	ropose closure or us	e of any street(s)	12		
	Parade Route		E N	0			
		If yes, please fill i	n information below				
		Parade Route	From/To	Date(s)		Time(s)	
	If you checked yes to provided and a street information.						e

Schedule of Fees, Performance Bonds and Exceptions

A. The schedule of fees, bonds and exemptions for special events shall be as follows:

SPECIA	AL EVENT FEE	STRUCTURE		
Event Type	Base Fee (Does not include Additional fees as described further bele			
2 1970 1980 1980 1990 1990 1990 1990 1990 199	1 day	2 day	3 day	4 days
NON-PROFIT/GOVERNMENT ORGANIZED EVENT		Ī		
Event of up to 500 persons/day	\$300	\$450	\$550	\$700
Event between 500 - 1,000 persons/day	\$400	\$700	\$950	\$1150
Event of more than 1,000 persons/day	\$500	\$900	\$1,200	\$1,500
FOR-PROFIT EVENT				
Event of up to 500 persons/day	\$600	\$1,000	\$1,300	\$1,500
Event between 500 - 1,000 persons/day	\$800	\$1,400	\$1,800	\$2,100
Event of more than 1,000 persons/day	\$1,000	\$1,800	\$2,400	\$2,800

^{*} 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. ADA Notice: The City welcomes individuals with disabilities. To request a modification to a policy, practice or procedure or to request an auxiliary aide or service (such as a sign language interpreter) in order to participate in a City program, activity or event, please contact the City's ADA Coordinator Dona Spain or the Director of the sponsoring department at least three (3) business days in advance. ADA Coordinator Dona Spain may be reached by email: dspain@coralgables.com, or by telephone: 305-460-5095 (voice) or 305-460-5010 (TTY/TDD).
- H. All Expanded Polystyrene (Styrofoam) containers is prohibited. 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) http://coralgables.com/index.aspx?page=1203
- I. 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 \$ 500 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 docume of sovereign immunity of section §768.28, Florida Statutes.

Signature of Authdrized Agont or Applicant

Print Name

Title

Cora Gales 133134

Address

City/State/Zip Code

Subscribed and sworn to before me, this John Aday of Horards

FRANCYA VEGA

Motary Public - State of Florida Commission # FF 237214

My Comm. Expires Jun 15, 2019

Borded through Mational Notary Assentation

Notary Public State of Florida at Large

Notary Public State of Florida at Large

Notary Public State of Florida at Large

Fred Couceyro

Parks and Recreation Director

Police Major

- Et officer needed

Gilbert Hernandez

Fire Division Chief

Code Enforcement Director

Code Enforcement Director

Code Enforcement Director

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 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)