

## CITY OF CORAL GABLES SPECIAL EVENTS APPLICATION & PERMIT

Applicant Information	Legal Namorat the Permus Applicant (Company of Individual):					
	Contact Person for this Permit Application: Belkup Perez					
	Contact Person Phone: Contact Person Fax: Contact Person Email: Devel Le Cordon Email: Deve					
	Permit Applipant Address to Leon Blud 5720 Coval Gibles State: 33134					
	Permit Applicant Phone: Permit Applicant Fax: Permit Applicant Email:					
	Is the Contact Person an Officer of the Legal Entity? YES* NO**					
	*If YES, attach verification from Sunbiz.org.  **If NO, go to next question					
	Is the Contact Person an Authorized Agent of Applicant? YES* YES					
	*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.					
	Name of Epimokin Patch at Pittman Park Event Date(s) SAT.					
	Hours of Event   Set in Time   Take Drive Time   DAM - 4 pm   D. 19.18 3pm x   10.20.18 5pm.					
Event Information	Coration of Frent O O Californ Character Is Location Reserved!					
	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.					
	-> along with lot 25 and Merrick Way.					
	Anticipated Attendance 200 + Admission Fees					
	# of year's event has been in existence? Previous Location(s)? Past Attendance					
	Event Description: (Provide an attachment if additional space is needed.) The City is hosting the third annual Pumpkin Patch					
	. Ou ) Peak Six dist Acide Cimbre Celline Disher Dillock					
	we will have an area for a photo-op, space painting					
	we will have an wreat for a photo-op, face painting is craft section menned by Parks: Rec. staff (thank Yout), vendors selling fall food items is beverages, and					
	vendors selling fall food litems of benerages, and					
	a land blues myin band					

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•THIS COVE	R SHEET MUST BE PROVIDED WITH ALL INSURANCE DOCUMENTS.						
	Legal Name of Permit Applicant (Individual or Company): 444 0+ (1014) 546 5						
Special Events Permit	Insurance is being submitted for an ongoing Special Event (citcle 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	Without limiting PERMIT APPLICANT'S indemnification of the CITY, and during the term of the Agreement, PERMIT APPLICANT shall provide and maintain at its own expense the below describ programs of insurance. Such programs and evidence of insurance shall be satisfactory to the CITY as shall be primary to and not contributing with any other insurance or self-insurance program maintained 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 Commercial General Liability Liquor Liability Liquor Liability (required if liquor is served) Liquor Liquor Liability (required if liquor is served) Liquor Li						
For Companies	<ul> <li>All insurance policies evidenced to the City shall name the City of Cotal 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</li> </ul>						
	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.						
	<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 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 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.						
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						

		Does this event propose closure or use of any street(s)?				
	City		Yes Yes	(4.47)	No	
Closure of	Streets	If yes, please fill in information below:				
Streets Or City		Street Name ULTVICK WA	From/Tob. Allham	DEPLE (S)   D-20-1	Time(s)	
Right-of-		Does this event propose closure or use of any sidewalks?				
Way	City Sidewalks	☑ Yes □ No				
		If yes, please fill in information below:				
		Sidewalk	From/To	Date(s)	Time(s)	
		Merrickua		= "		
		Does this event propose closure or use of any alleys?				
	City Alleys	Ves Yes			□ No	
		If yes, please fill in information below:				
	N	Whistac of airmida	at lot 25	Date(s) 10.2018	Time(s)	
		Does this event propose closure or use of any parking lot?				
	Public Parking Lot		Yes Yes	0	No	
		If yes, please fill in information below:				
		Parking Lot Location of 2C	From/To	Date(s) 1.8	Time(s)	
		Does this event propose closure or use of any City right-of-way?				
	City Right-Of-Way	□ Yes		□ No		
		If yes, please fill i	If yes, please fill in information below:			
		Right-of-way location	From/To	Date(s)	Time(s)	
		Dear this aware n	ropose closure or use	of any steast(s)?		
	Parade Route	Does this event propose closure or use of any street(s)?  Yes  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.					

