



The City Beautiful

# CITY OF CORAL GABLES SPECIAL EVENTS APPLICATION & PERMIT

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

|  |   |                                |  |  |                           |
|--|---|--------------------------------|--|--|---------------------------|
| <b>Applicant Information</b>   | Legal Name of the Permit Applicant (Company or Individual):<br><b>St. Patrick's Day Committee, Inc.</b>   |                                | Today's Date:<br><b>November 4, 2016</b>                 |  |                           |
|  | Contact Person for this Permit Application:<br><b>Charles Davis</b>   |                                |  |  |                           |
|  | Contact Person Phone:<br><b>305-338-7290</b>  | Contact Person Fax:            | Contact Person Email:<br><b>firesparky@aol.com</b>       |  |                           |
|  | Permit Applicant Address:<br><b>P.O. Box 836225</b>   |                                | City:<br><b>Miami</b>                                    | State:<br><b>FL</b>                        | Zip:<br><b>33283-6225</b> |
|  | Permit Applicant Phone:<br><b>305-849-8400</b>  | Permit Applicant Fax:          | Permit Applicant Email:<br><b>stpatrickssf@gmail.com</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.<br>**If NO, go to next question   |                                |  |  |                           |
| <b>Event Information</b>   | Is the Contact Person an Authorized Agent of Applicant? <input 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.   |                                |  |  |                           |
|  | Name of Event<br><b>St. Patrick's Festival</b>  |                                | Event Date(s)<br><b>March 9, 2018</b>                    |  |                           |
|  | Hours of Event<br><b>Noon to 6:00 PM</b>  |                                | Set-up Time<br><b>9:00am to noon</b>                     | Take Down Time<br><b>6:00pm to 7:00 pm</b> |                           |
|  | Location of Event<br><b>Fred B. Hardnett Ponce Circle Park</b>  |                                | Is Location Reserved?<br><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. |                                |  |  |                           |
|  | Anticipated Attendance<br><b>3500 to 5000</b>   |                                | Admission Fees<br><b>None</b>                            |  |                           |
| # of year's event has been in existence?<br><b>15 years at this location</b>   | Previous Location(s)?   | Past Attendance<br><b>Same</b> |  |  |                           |
| Event Description: (Provide an attachment if additional space is needed.)<br><b>The St. Patrick's Festival is an annual event held at Fred B. Hartnett Ponce Circle Park usually on the Saturday preceding the St. Patrick's Day, March 17. It is an Irish Festival in that the emphasis is on Irish entertainment, Irish food, and Irish crafts. The festival is one of the means to maintain the Irish culture in Miami.</b> |   |                                |  |  |                           |



|   |  |
|---|--|
| <b>Event Information</b><br>(Continued from page 1) | List all vehicles associated with this event: (if applicable)<br>(Provide an attachment if additional space is needed.)<br><br>None  |
|   | How will rules, regulations, terms and conditions of the event be communicated to the participants?<br>(Provide an attachment if additional space is needed.)<br><br>The entertainment is under contract. The vendors sign applications. The volunteers are given duties and instructions as to how to do the job. |
|   | Will there be any live music or recorded music at this event? What type of music will be played?<br>(Provide an attachment if additional space is needed.)<br><br>All of the music and entertainment is live. Major emphasis is on Irish music.  |
|   | Number, type and location of all loud speakers and amplifying devices.<br>(This information can be provided on a map as an attachment to this application.)<br><br>there will be 3 speakers: 2 on stage and 1 located near the hospitality tent.   |

|  |  |  |
|--|--|--|
| <b>Vendor Information</b>  | Number of Food Vendors<br>3 to 5   | Vendors list provided to the City<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
|  | Food vendors have all permits/licenses.  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                      |
|  | Number of Other Vendors<br>15 to 20  | Vendor list provided to the City<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  |
|  | Will there be alcohol at this event?   | <input checked="" type="checkbox"/> Yes - <i>COMMISSION</i> <input type="checkbox"/> No                  |
|  | If yes, has liquor license been issued?  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                      |
|  | Is this a charitable event?<br>If yes, what is the name of the charity/organization? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>St. Patrick's Day Committee, Inc. |
|  | Have you completed the City application?   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                      |
|  | Have you completed the State application?  | <input checked="" type="checkbox"/> Yes <input 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 ◆**

| <b>Special Events Permit</b>  | Legal Name of Permit Applicant (Individual or Company): <u>St. Patrick's Day Committee, Inc.</u><br>Insurance is being submitted for an ongoing Special Event (circle one): <input checked="" type="checkbox"/> YES or <input type="checkbox"/> NO<br>Insurance is being submitted for one Special Event permit (circle one): <input checked="" type="checkbox"/> YES or <input type="checkbox"/> NO<br>Will liquor be served at the Special Event (circle one): <input checked="" type="checkbox"/> YES or <input type="checkbox"/> NO   |                                |                                    |   |  |   |  |
|---|---|--------------------------------|------------------------------------|---|--|---|--|
| <b>Cover Sheet</b>  | 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,   |                                |                                    |   |  |   |  |
| <b>For Evidencing Insurance to the City of Coral Gables</b>   | Certificate Holder should read: <span style="float: right;">City of Coral Gables<br/>Insurance Compliance<br/>P.O. Box 100085 - CE<br/>Duluth, GA 30096</span><br><br>Email address: <u>cityofcoralgables@cbix.com</u><br><br>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>Insurance Requirements</b>   | Companies are required to evidence the following Insurance to the City;<br><table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;"><u>Insurance Coverage Type</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><u>Limit of Liability Required</u></th> </tr> </thead> <tbody> <tr> <td>Commercial General Liability</td> <td>Each Occurrence \$1,000,000    Aggregate \$2,000,000</td> </tr> <tr> <td>Liquor Liability (required if liquor is served)</td> <td>Each Occurrence \$1,000,000    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> Companies evidencing insurance must provide the following documents to the City; | <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  |                                |                                    |   |  |   |  |
| <b>For Companies</b>  | <ol style="list-style-type: none"> <li>1. This Cover Sheet with all of the questions above answered.</li> <li>2. 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>3. 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>4. A copy of the all Waiver of Subrogation Endorsements for each line of coverage required.</li> </ol>   |                                |                                    |   |  |   |  |
| <b>Insurance Requirements</b>   | Individuals are required to evidence the following Insurance to the City;<br><table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;"><u>Insurance Coverage Type</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><u>Limit of Liability Required</u></th> </tr> </thead> <tbody> <tr> <td>Personal Liability Insurance<br/>(including host liquor liability coverage is if liquor is served)</td> <td>Each Occurrence \$300,000</td> </tr> </tbody> </table>   | <u>Insurance Coverage Type</u> | <u>Limit of Liability Required</u> | Personal Liability Insurance<br>(including host liquor liability coverage is if liquor is served) | Each Occurrence \$300,000                            |   |  |
| <u>Insurance Coverage Type</u>  | <u>Limit of Liability Required</u>  |                                |                                    |   |  |   |  |
| Personal Liability Insurance<br>(including host liquor liability coverage is if liquor is served)   | Each Occurrence \$300,000   |                                |                                    |   |  |   |  |
| <b>For Individuals</b>  | Individuals evidencing insurance must provide the following documents to the City; <ol style="list-style-type: none"> <li>1. This Cover Sheet with all of the questions above answered.</li> <li>2. A Certificate of Liability Insurance naming the City of Coral Gables as an additional insured.</li> </ol>   |                                |                                    |   |  |   |  |
| <b>If Applicant Does Not Have Insurance</b>   | Alternatively, Companies & 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> .<br><br>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><br>Phone: (951) 652-2883 • Fax: (770) 325-0417 • Email: <a href="mailto:cityofcoralgables@cbix.com">cityofcoralgables@cbix.com</a> |   |                                |                                    |   |  |   |  |



|   |   |   |   |  |  |
|---|---|---|---|--|--|
| <b>City Services</b>  | <b>Police</b> <input checked="" type="checkbox"/>   | # of Officers<br>5  | Date(s) Required<br>March 11, 2017 <i>March 9, 2018</i>   | Hours Needed (i.e. 8 a.m.-5 p.m.)<br>11:00 am till 6:00 pm |  |
|   | 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 type="checkbox"/> On Call  |   | <input checked="" 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 checked="" type="checkbox"/> No                     |  |
|   | <b>City Facilities</b>  | Location<br>Fred B. Hardnett Ponce Circle Park  | If using a park, do you need the restrooms opened?<br><input type="checkbox"/> Yes <input checked="" 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.): |   |  |  |
|   | Dates needed  |   |   | Hours per day needed                                       |  |
|   | <b>Trash</b>  | Who will be responsible for trash pick-up during the event?<br>St. Patrick's Day Committee, Inc. <i>used neighborhood business dumpster</i>   |   | Hours per day needed                                       |  |
| <b>City Equipment</b>   | <input checked="" type="checkbox"/> Barricades <del>_____</del><br>Contact PW/Barricades Div. to reserve equipment at (305) 460-5173.   |   |   |  |  |
| <b>Signs/Banners</b>  | Please list any requests for use of City signs and/or location of signs:  |   |   |  |  |
| <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><br><br>(Applicants must check all that apply)   | <input type="checkbox"/> Temporary Fencing                   | <input type="checkbox"/> Inflatable  | <input type="checkbox"/> Music (Recorded)                               |
|  | <input 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 <i>10x10</i>   | <input checked="" type="checkbox"/> Carnival/Amusement Rides |                                      |   |
| <input checked="" type="checkbox"/> Barricades   | <input type="checkbox"/> Electrical Services/Generators      |                                      |   |
| Company Name: <u>St. Patrick's Day Committee, Inc.</u>   |  |                                      |   |
| Contact: <u>Charles Davis</u> Phone Number: <u>305-338-7290</u>  |  |                                      |   |
| <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)?<br><input type="checkbox"/> Yes <input type="checkbox"/> No              |         |         |         |
|  |   | If yes, please fill in information below:   |         |         |         |
|  |   | Street Name   | From/To | Date(s) | Time(s) |
|  | <b>City Sidewalks</b>   | Does this event propose closure or use of any sidewalks?<br><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?<br><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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |         |         |         |
| If yes, please fill in information below:  |   |   |         |         |         |
| Parking Lot Location   |   | From/To   | Date(s) | Time(s) |         |
| <b>City Right-Of-Way</b>   | Does this event propose closure or use of any City right-of-way?<br><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)?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No         |   |         |         |         |
|  | If yes, please fill in information below:   |   |         |         |         |
|  | Parade Route  | From/To   | Date(s) | Time(s) |         |
| <b>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.</b> |   |   |         |         |         |



## Schedule of Fees, Performance Bonds and Exceptions

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

| SPECIAL EVENT FEE STRUCTURE                  |  |         |         |         |
|--|--|---------|---------|---------|
| Event Type                                   | Base Fee<br><i>(Does not include Additional fees as described further below)</i> |         |         |         |
|  | 1 day  | 2 day   | 3 day   | 4 days  |
| <b>NON-PROFIT/GOVERNMENT ORGANIZED EVENT</b> |  |         |         |         |
| 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 |
| <b>FOR-PROFIT EVENT</b>                      |  |         |         |         |
| 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](mailto: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 public health, safety and welfare.

Event Fee \$ 500.00 Performance Bond \$ 0.00

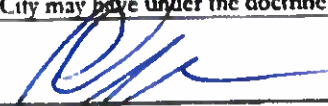
\* Fees are set by the Parks and Recreation Director. The Performance Bond must be issued by a separate check and all checks must be made payable to the City of Coral Gables.



**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 40.11, 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.

  
\_\_\_\_\_  
Signature of Authorized Agent or Applicant

11/13/18  
\_\_\_\_\_  
Date

Charles Davis  
\_\_\_\_\_  
Print Name

President  
\_\_\_\_\_  
Title

P.O. Box 638225  
\_\_\_\_\_  
Address

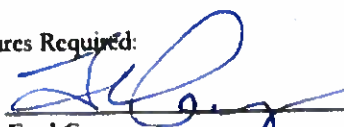
Miami, FL 33183-8225  
\_\_\_\_\_  
City/State/Zip Code


305-338-7290  
\_\_\_\_\_  
Phone


Subscribed and sworn to before me, this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public State of Florida at Large

**Approval Signatures Required:**

  
\_\_\_\_\_  
Fred Couceyro  
Parks and Recreation Director

  
\_\_\_\_\_  
Gilbert Hernandez  
Fire Division Chief

  
\_\_\_\_\_  
Brian Lawrence  
Police Major

For   
\_\_\_\_\_  
William Ortiz **one code enforcement officer needed**  
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: [ngavarrate@coralgables.com](mailto:ngavarrate@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)

