

# CITY OF CORAL GABLES SPECIAL EVENTS APPLICATION & PERMIT

	Legal Name of the Permit Applic SATCHMO BLUES BAR A	ant (Company or Indi ND GRILL INC	vidual):		Today's I	Date: 7/19	
Applicant Information	Contact Person for this Permit Ap Harald Neuweg	pplication:					
	Contact Person Phone: 305-774-1883	Contact Person Fax: 305–774–152	8	Contact Person Email: Miamibierhaus@aol.com			
	Permit Applicant Address: 60 Merrick Way			Gables	State: FL	Zip: 33134	
	Permit Applicant Phone: 305-774-1883	Permit Applicant Fa 305-774-1528		Permit Applicant Email: Miamibierhaus@aol.com			
	Is the Contact Person an Office	er of the Legal Entity	/?	YES*	] NO**		
	*If YES, attach verification from **If NO, go to next question	0					
	Is the Contact Person an Author	orized Agent of Appl	icant?	YES*	🗌 NO		
	*If YES, Contact Person (Author evidencing that they are authorize	ized Agent) must prov d to execute legally bin	ide the City iding contra	with a Limi acts on beha	ited Power o If of the per	of Attorney mit applicant.	
	Name of Event PAuse 7 St. Patricks Day Part	FOR A CAUSE	3-14	E	vent Date(s) /15,3/1	14-17	
Event	Hours of Event 11am-11pm	Set-up Tim March	2019	Ta	ke Down T arch 17	'ime	
Information	Location of Event Bierhaus Plaza (	Aragon Plaza	13200	٦ Is	Location R NO	eserved?	
	A list of all staff, monitors, and vo application including a sample of	olunteers assisting in the badge or unique n	us event and the tag that	d must be pr	rovided with	n this nt identifying	
	your staff, monitors and volunteer	rs from the participant	s and/or ge	eneral public	2.		
	Bierhaus Staff						
	Anticipated Attendance 500				Admission Fees N/A		
	# of year's event has been in exist	tence? Previous L Bierhau	ocation(s)? s Plaza	Pa	st Attendan 00 CACH	ce An/	
	Event Description: (Provide an att	tachment if additional	space is nee	ded.)			
	A festival to celeb						
	traditional Irish f						
	as well as live mus A variety of differ	rent Irish ing	by loca	ul Irisr Nichog v	Americ	can bands.	
	A variety of differ all weekend long.	ene irish ille	bired 0	LISHES V	viii als	so de served	
制有限基本的基本。							

The second second second	List all mobioles and the list of the	. //C 1: 11 N									
Event	List all vehicles associated with this ever (Provide an attachment if additional spa										
Information	N/A										
(Continued from page 1)											
<b>F-0</b> /											
	How will rules, regulations, terms and conditions of the event be communicated to the participants? (Provide an attachment if additional space is needed.)										
	( and a decidental space is include.)										
	N/A										
网络拉马拉语											
12月間透照台	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	(Provide an attachment if additional space is needed.)									
	Music from the Bierhaus Speakers.										
·林阳、云东南南西											
	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.)										
	Number of Food Vendors	Vendors list provided to the City									
			🖾 No								
Vendor	Food vendors have all permits/licenses.	□ Yes	🖄 No								
Information	Number of Other Vendors	Vendor list provided to the City									
mormation		□ 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? If yes, what is the name of the charity/or	□ Yes	🗆 No								
	Have you completed the City application		🖄 No								
	Have you completed the State application										
	If you checked yes to any of the qu	estions above, you must contact th	No     No     City of Coral								
	Gables Licensing, Tax, & Utility S	ervice office at (305) 460-5607.	J. J. Soama								
			NA MANUAL PRESS ALLER ALLER ALLER ALLER T SA RULE I								

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•THIS COVE	ER SHEET MUST BE PROVIDED WITH ALL INSURANCE DOCUMENTS+
	Legal Name of Permit Applicant (Individual or Company): Satchmo Blues Bar & Grill INC.
Special Events Permit	Insurance is being submitted for an ongoing Special Event Insurance is being submitted for one Special Event permit Will liquor be served at the Special Event Will liquor be served at the Special Event
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       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 TypeLimit of Liability RequiredCommercial General LiabilityEach Occurrence \$1,000,000Aggregate \$2,000,000Liquor Liability (required if liquor is served)Each Occurrence \$1,000,000Aggregate \$2,000,000
For Companies	<ul> <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>
	<ul> <li>Companies evidencing insurance must provide the following documents to the City;</li> <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> </ul>
Insurance Requirements	Individuals are required to evidence the following Insurance to the City;Insurance Coverage TypeLimit of Liability RequiredPersonal Liability InsuranceEach Occurrence(including host liquor liability coverage is if liquor is served)
For Individuals	<ol> <li>Individuals 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.</li> </ol>
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

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	Police	# of Offic 2	ers	Date(s) Req March 1	uired 5,16,17	Hou	rrs Needed (i.e. 8 a.m5 p.m.) 7pm-11		
City Services		event will of all requi Department	pe dete red per nt to ol	rmined by the mits for this e	e Coral Gables Po event. Please cont Regular-Duty Polic	lice De act the	olice Officers required for an epartment upon the approval coral Gables Police ices Permit Application and		
		Clearance	Form r	eceived:	□ Yes		🗆 No		
	Fire/Medical			On Call	On Site				
		Contact the costs assoc	Contact the Coral Gables Fire Department Administration Division for que costs associated with onsite coverage at (305) 442-1600.						
		Clearance	Form r	eceived: [	□ Yes		🗆 No		
	City Facilities	Location	Location If using a park, o				need the restrooms opened?		
	Electrical	Please list a	all elect	rical requirem	e type (	Of electricity (i.e. 110V)			
	Requirements	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 th electricity (i.e. sound system, popcorn machine, etc.): N/A							
		Dates need				Hours per day needed			
	Trash	Who will be responsible for trash pick-up during the event? Hours per day needed					Hours per day needed		
	City Equipment	Barricae     Contact PV		ricades Div. ta	o reserve equipme	ent at (	305) 460 5173		
	Signs/Banners				of City signs and/				
	Other	Please list a	iny oth	er requests fo	r City services (be	specif	īc):		
	All booths, stand For additional in	tands, signs/banners must be removed immediately following the al information call Code Enforcement at (305) 460-5266.							
A BREAK BREAK						r			
	Temporary Fenci	ng		flatable			Music (Recorded)		
Additional	Signs/Banners			pen Flames			lusic (Live)		
Event	Port-A-Johns			reworks			mplifying Devices Dr Loud Speakers		
Features	<ul> <li>Tents or Canopie</li> <li>Barricades</li> </ul>	S		arnival/Amu			JI Loud Speakers		
(Applicants					ces/Generators				
must check all that apply)	Company Name: Contact:								
If any of the following apply, a separate narrative description of each addition shall be provided to the City with this application.							ch additional feature		

		Does this event	propose closure or	use of any street(s)	?				
	City		🗅 Yes		🖾 No				
Closure of	Streets	If yes, please fill	in information belo	ow:					
Streets		Street Name	From/To	Date(s)	Time(s)				
Or City Right-of-		Does this event propose closure or use of any sidewalks?							
Way	City Sidewalks		🛛 Yes		🖾 No				
		If yes, please fill	in information belo	ow:					
		Sidewalk Location	From/To	Date(s)	Time(s)				
		Does this event	propose closure or	use of any alleys?					
	City Alleys		I Yes	, , ,	No No				
		If yes, please fill in information below:							
		Alley Location	From/To	Date(s)	Time(s)				
		Does this event propose closure or use of any parking lot?							
	Public Parking Lot		□ Yes	71 0	🖄 No				
		If yes, please fill in information below:							
		Parking Lot Location	From/To	Date(s)	Time(s)				
	6.	Does this event propose closure or use of any City right-of-way?							
	City Right-Of-Way		□ Yes	ظ No					
		If yes, please fill in information below:							
		Right-of-way location	From/To	Date(s)	Time(s)				
		Does this event propose closure or use of any street(s)?							
	Parade Route		□ Yes	, (,	No No				
			in information belo	ow:					
		Parade Route	From/To	Date(s)	Time(s)				
	If you checked yes to provided and a street information.	any of the above closure permit m	, a site plan showi ay be needed. Ple	ng all of the above ase call (305)460-5	e requests must be 607 for more				

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# Schedule of Fees, Performance Bonds and Exceptions

SPECIA	AL EVENT FEE	STRUCTURE				
Event Type	<b>Base Fee</b> (Does not include Additional fees as described further below)					
	1 day	2 day	3 day	4 days		
NON-PROFIT/GOVERNMENT ORGANIZED EVENT						
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		

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

\* 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) <a href="http://coralgables.com/index.aspx?page=1203">http://coralgables.com/index.aspx?page=1203</a>
- 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 \$\_\_\_\_

Performance Bond \$\_\_\_\_

\* 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 mat have under the doctrine of sovereign immunity of section §768.28, Florida Statutes.

name of Authorized	Agent OF Applicant NOUWE CO	1-25-19 Date
	NOUWEG	OWNER
Print Name		Title
Address	City/State/Zip Code	Phone
ribed and sworn to b	efore me, this day of	20
	Nota	ary Public State of Florida at Large
oval Signatures Requi	ired:	
Fred Cou	ired: 	Brian Lawrence
	ired:	
Fred Cou Parks and	ired: 	Brian Lawrence

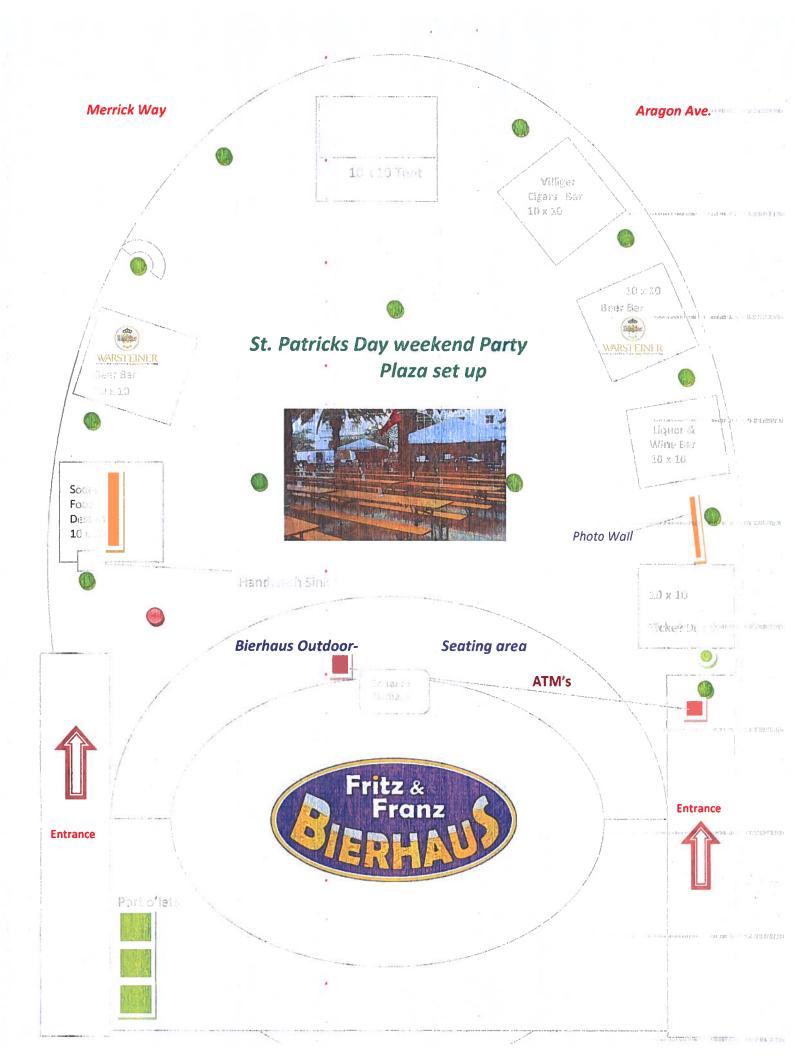
Application, performance bond(s), comprehensive site plans, event publications, flyers, and insurance must accompany this application and must be submitted to: Special Projects Coordinator Parks and Recreation Division/Special Events 405 University Drive; Coral Gables, FL 33134 Phone: (305) 460-5607 • 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)

<b>Additional Conditions o</b>	r changes to	application:
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Event Name:\_\_\_\_\_Event Date \_\_\_\_\_



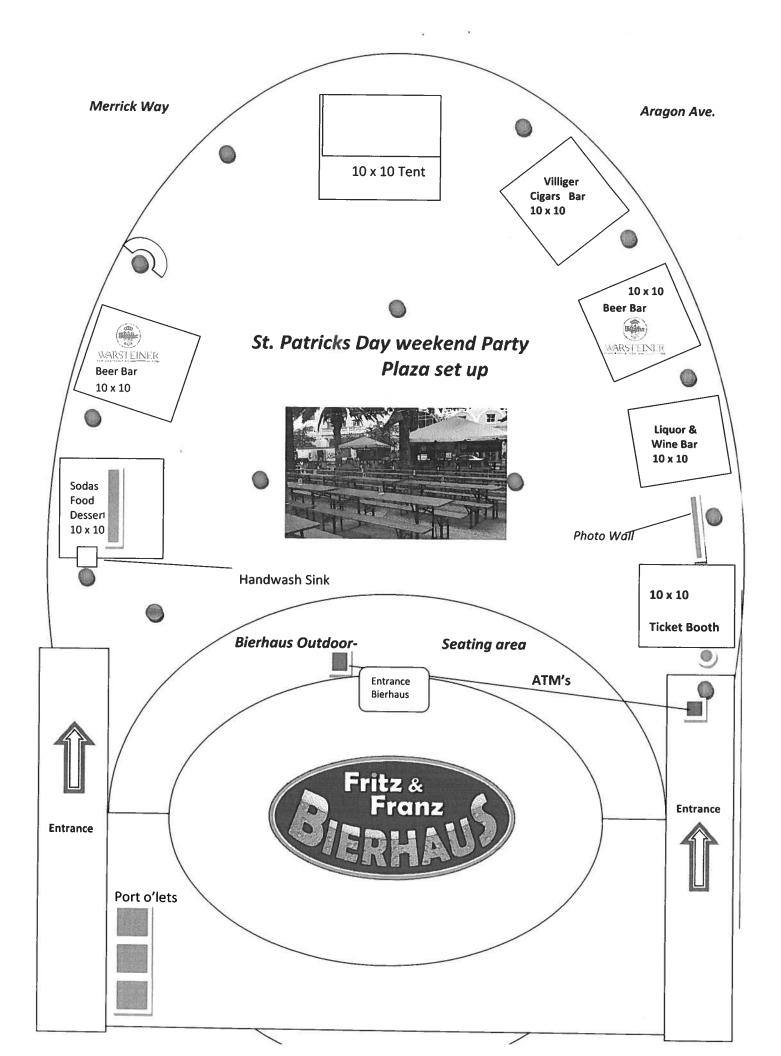


# **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 06/21/2018

E R	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER. IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to									
t	MPORTANT: If the certificate holder ne terms and conditions of the policy ertificate holder in lieu of such endor	/, cer	tain <sub>I</sub>	policies may require an e	policy	r(ies) must b ement. A sta	e endorsed. tement on th	. If SUBROGATION IS WAIVED his certificate does not confer	), subject to rights to the	
	DUCER	301110	:11(5)	•	CONTA	CT Bill Beck				
JM	Private Insurance Agency, LLC				NAME: PHONE			FAX (A/C, No): (305)	907-6168	
	74 SW 48th Street				E-MAIL				907-0100	
					ADDRESS: info@jmprivateinsurance.com INSURER(S) AFFORDING COVERAGE NAIC #					
Mia	ami			FL 33155	INSURER(S) AFFORDING COVERAGE NAIC # INSURER A : HOUSTON CASUALTY COMPANY 42374					
INSL	IRED								13683	
	Satchmo Blues Bar & Grill, I	nc DE	3A Fri	tz & Franz Bierhaus	INSURER C: HOUSTON CASUALTY COMPANY 42374					
60 Merrick Way						RD:				
					INSURE					
	Coral Gables			FL 33134	INSURE	RF:				
_				NUMBER:				REVISION NUMBER:		
	HIS IS TO CERTIFY THAT THE POLICIE IDICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	PER POLI	EMEN TAIN, CIES.	IT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF AN	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER S DESCRIBE PAID CLAIMS	DOCUMENT WITH RESPECT TO	WHICH THIS	
INSR LTR			SUBR			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
								EACH OCCURRENCE \$ 1,00 DAMAGE TO RENTED	00,000	
								PREMISES (Ea occurrence) \$ 10,0	000	
	X Liquor Liability			100001/100/07000				MED EXP (Any one person) \$ 5,00		
A		×	X	HOSPK100197603		04/19/2018	04/20/2019		00,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:				i i				00,000	
									00,000	
<u> </u>	AUTOMOBILE LIABILITY	+						COMPINED SINCLE LIMIT	00,000	
l	ANY AUTO							(Ea accident) 3 1,00 BODILY INJURY (Per person) S	00,000	
c	ALL OWNED SCHEDULED AUTOS AUTOS							BODILY INJURY (Per accident) \$		
	HIRED AUTOS							PROPERTY DAMAGE		
								(Per accident) S		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE \$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE \$		
<u> </u>	DED RETENTION \$	ļ						\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N							PER OTH- STATUTE ER		
в	OFFICER/MEMBER EXCLUDED?	N/A	x	WC-67383-2		6/23/18	6/23/19	E.L. EACH ACCIDENT \$ 1,00	00,000	
	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLOYEE \$ 1,00	00,000	
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$ 1,00	00,000	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	CORD	101, Additional Remarks Schedul	e, mav be	e attached if more	e space is require	ed)		
Cer	tificate holder is an additional insured o	n the	GL &	Liquor Liability policies an	d provid	ded with a wa	iver of subro	pration on the GL and WC. This	coverage	
sna	in be primary and non contributory insur	ance	on the	e GL & Liquor Liability polic	cies. C	ertificate hold	ler is provide	d with a 30 day notice of cancella	ation	
eno	lorsement on all policies except workers	com	pensa	ation.						
			10 - CO-4-							
UE	RTIFICATE HOLDER				CANC	ELLATION				
			ŝ		THE	EXPIRATION	I DATE THE	ESCRIBED POLICIES BE CANCEL EREOF, NOTICE WILL BE DE	LED BEFORE LIVERED IN	
	City of Coral Gables				400			Y PROVISIONS.		
	Insurance Compliance				AUTHOR	RIZED REPRESEN		<u> </u>		
	PO Box 12010-CE				17	$\frown$				
				CA 92546-8010	5	$A \subset$	-			
<b>A</b> C(	ORD 25 (2014/01)					© 19	88-2014 AC	ORD CORPORATION. All righ	its reserved.	

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FRITZ & FRANZ BIERHAUS 60 MERRICK WAY CORAL GABLES, FL 33134-5319 B J S J S S CORAL GABLES, FL 33134-5319 CORAL GABLES, FL 33134-5319 CORAL GABLES, FL 33134-5319 B J Z 5 / 2019 D A T E 1/25/2019	AY DITHE City of Coral Gables S **1,500.00 One Thousand Five Hundred and 00/100*********************************	BOLLARS		
FRITZ & FRANZ E 60 MERRICK W CORAL GABLES, FL 3	PAY TOTHE City of Coral Gables ORDER OF Coral Gables One Thousand Five Mundred and	City of Coral Gables 405 Biltmore Way Coral Gables, Fl. 33134 MEMO		

POS SALES RECEIPT War Memorial Youth Center Clerk: mmartinez Date: 01/25/2019 @ 2:30 pm H/H: Harald Neuweg H/H #: 3040

#### **Harald Neuweg**

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Description	Ext Price
SE-4 Day 500 Person Event Permit	1,500.00

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**Special Questions:** 

- What is the name of the event? St. Patricks Day Party of the Plaza
- What is the location/address? Bierhaus Plaza (Aragon Plaza)
- What is the date of the event? 3/14, 3/15, 3/16, 3/17

What is the time? 11 am to 11 pm

What type of event is this? Celebrate Irish Culture

Total New Fees	1,401.87
Discount Applied	0.00
Total New Taxes	98.13
Total Due	1,500.00
Total Fees Paid	1,401.87
Total Taxes Paid	98.13
Total Paid	1,500.00
Household Balance Information	
Overall Credit Balance Available	0.00
Overall Balance Due	0.00

Payment of: 1,500.00 Made By: Check With Reference: 2991

Thank you for visiting the City Beautiful! For additional information on everything the Community Recreation Department has to offer please visit our website at gablesrecreation.com No rainchecks or refunds due to bad weather. All sales are final.

#### Receipt # 147855

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