



## CITY OF CORAL GABLES SPECIAL EVENTS APPLICATION & PERMIT

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

<b>Applicant Information</b>	Legal Name of the Permit Applicant (Company or Individual): <b>Kiwanis Club of Little Havana</b>		Today's Date: <b>01/03/2019</b>	
	Contact Person for this Permit Application: <b>Thomas Falcon or Jerry Fernandez</b>			
	Contact Person Phone: <b>305-644-8888</b>	Contact Person Fax: <b>305-644-8693</b>	Contact Person Email: <b>tfalcon@waltonlantaff.com</b>	
	Permit Applicant Address: <b>1400 S.W. 1st Street</b>		City: <b>Miami</b>	State: <b>FL</b>
			Zip: <b>33135</b>	
	Permit Applicant Phone: <b>305-644-8888</b>	Permit Applicant Fax: <b>305-644-8693</b>	Permit Applicant Email: <b>tfalcon@waltonlantaff.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. **If NO, go to next question			
	Is the Contact Person an Authorized Agent of Applicant? <input checked="" 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.			
<b>Event Information</b>	Name of Event <b>Carnaval on the Mile</b>		Event Date(s) <b>see below</b>	
	Hours of Event <b>see below</b>	Set-up Time <b>see below</b>	Take Down Time <b>see below</b>	
	Location of Event <b>Miracle Mile</b>		Is Location Reserved? <b>pending City Approval</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 <b>75,000 +</b>		Admission Fees <b>none</b>	
	# of year's event has been in existence? <b>22</b>	Previous Location(s)? <b>Only Coral Gables</b>	Past Attendance <b>75,000 +</b>	
	Event Description: (Provide an attachment if additional space is needed.) <b>The event is a family oriented art and music festival. Saturday, March 2, 2019 and Sunday, March 3, 2019. Hours: Saturday 10:00 a.m. to midnight and Sunday 10:00 a.m. to 10:00 p.m.</b> <b>Set up and take down: Friday, March 2, 2019 at 10:00 p.m. with gradual street closure as determined by CGPD. Take down to begin on Sunday, March 3, 2019 at 10:01 p.m. to be completed by March 6, 2019 at 5:00 p.m.</b>			

<b>Event Information</b> (Continued from page 1)	List all vehicles associated with this event: (if applicable) (Provide an attachment if additional space is needed.) <b>To be determined and provided once finalized.</b>
	How will rules, regulations, terms and conditions of the event be communicated to the participants? (Provide an attachment if additional space is needed.) <b>Media, print, website, social media and through the Kiwanis Club of Little Havana office and volunteers.</b>
	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.) <b>Yes. Live music of different genres.</b>
	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.) <b>3 stages: Ponce De Leon (south or north side), Douglas and LeJeune.</b>

<b>Vendor Information</b>	Number of Food Vendors <b>35</b>	Vendors list provided to the City <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Food vendors have all permits/licenses.	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Number of Other Vendors <b>150 art/craft</b>	Vendor list provided to the City <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Will there be alcohol at this event?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, has liquor license been issued?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Is this a charitable event? If yes, what is the name of the charity/organization?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Have you completed the City application?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Have you completed the State application?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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♦

<p>Special Events Permit</p> <p>Cover Sheet</p> <p>For</p> <p>Evidencing Insurance to the City of Coral Gables</p>	<p>Legal Name of Permit Applicant (Individual or Company): <u>Kiwanis Club of Little Havana</u></p> <p>Insurance is being submitted for an ongoing Special Event (circle one): <u>YES</u> or <u>NO</u></p> <p>Insurance is being submitted for one Special Event permit (circle one): <u>YES</u> or <u>NO</u></p> <p>Will liquor be served at the Special Event (circle one): <u>YES</u> or <u>NO</u></p> <p>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;</p> <p><b>Certificate Holder should read:</b></p> <p><b>City of Coral Gables</b>  <b>Insurance Compliance</b>  <b>P.O. Box 100085 - CE</b>  <b>Duluth, GA 30096</b></p> <p><b>Email address:</b>  <u>cityofcoralgables@ebix.com</u></p> <p>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.</p>						
<p>Insurance Requirements</p> <p>For</p> <p>Companies</p>	<p><b>Companies are required to evidence the following Insurance to the City;</b></p> <table border="1"> <thead> <tr> <th><u>Insurance Coverage Type</u></th> <th><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> <p><b>Companies evidencing insurance must provide the following documents to the City;</b></p> <ol style="list-style-type: none"> <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>	<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>						
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<u>Insurance Coverage Type</u>	<u>Limit of Liability Required</u>						
Personal Liability Insurance	Each Occurrence \$300,000						
<p>If Applicant Does Not Have Insurance</p>	<p><b>Alternatively, Companies &amp; 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>.</b></p> <p>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.</p> <p><b>City of Coral Gables Insurance Compliance Contact Information</b>          Phone: (951) 652-2883 • Fax: (770) 325-0417 • Email: <a href="mailto:cityofcoralgables@ebix.com">cityofcoralgables@ebix.com</a></p>						



City Services	Police	# of Officers <b>TBD</b>	Date(s) Required	Hours Needed (i.e. 8 a.m.-5 p.m.) <b>TBD by CGPD</b>
	<i>Randy Hoff will approve</i> 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 type="checkbox"/> No			
	Fire/Medical	<input checked="" 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 type="checkbox"/> No			
	City Facilities	Location <b>N/A</b>	If using a park, do you need the restrooms opened? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Electrical 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 the electricity (i.e. sound system, popcorn machine, etc.): <i>Median &amp; sidewalk outlets NOT USED</i>		
	Trash	Who will be responsible for trash pick-up during the event? <i>SFM per contract with Kiwanis</i>	Hours per day needed	
	City Equipment	<input type="checkbox"/> Barricades <i>Kiwanis to provide our own barricades</i> 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: <i>None</i>		
Other	Please list any other requests for City services (be specific): <i>None</i>			
All booths, stands, signs/banners must be removed immediately following the event. For additional information call Code Enforcement at (305) 460-5266.				

Additional Event Features  (Applicants must check all that apply)	<input type="checkbox"/> Temporary Fencing <input checked="" type="checkbox"/> Signs/Banners ✓ <input checked="" type="checkbox"/> Port-A-Johns ✓ <input checked="" type="checkbox"/> Tents or Canopies ✓ <input checked="" type="checkbox"/> Barricades ✓	<input type="checkbox"/> Inflatable <input type="checkbox"/> Open Flames <input type="checkbox"/> Fireworks <input type="checkbox"/> Carnival/Amusement Rides <input checked="" type="checkbox"/> Electrical Services/Generators ✓	<input checked="" type="checkbox"/> Music (Recorded) ✓ <input checked="" type="checkbox"/> Music (Live) ✓ <input checked="" type="checkbox"/> Amplifying Devices ✓ Or Loud Speakers
	Company Name: <u>Kiwanis Club of Little Havana</u> Contact: <u>Nick Diaz</u> Phone Number: <u>305-644-8888</u>		
	If any of the following apply, a separate narrative description of each additional feature shall be provided to the City with this application.		



<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)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <u>Miracle Mile</u>			
		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? <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? <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? <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? <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)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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.					



## 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 (Does not include Additional fees as described further below)			
	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	\$1,150
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's health, safety and welfare.

Event Fee \$ 900.

Performance Bond \$ 10,000.

\* 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.

Signature of Authorized Agent or Applicant

Date

Print Name

Title

Address

City/State/Zip Code

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

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

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

\_\_\_\_\_  
William Ortiz  
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: [ngavarretc@coralgables.com](mailto:ngavarretc@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)



**Additional Conditions or changes to application:**

**Event Name:** \_\_\_\_\_ **Event Date** \_\_\_\_\_





## CITY OF CORAL GABLES SPECIAL EVENTS APPLICATION & PERMIT

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

Applicant Information	Legal Name of the Permit Applicant (Company or Individual): <b>Kiwanis Club of Little Havana</b>		Today's Date: <b>01/03/2019</b>		
	Contact Person for this Permit Application: <b>Thomas Falcon or Jerry Fernandez</b>				
	Contact Person Phone: <b>305-644-8888</b>		Contact Person Fax: <b>305-644-8693</b>		
	Contact Person Email: <b>tfalcon@waltonlantaff.com</b>				
	Permit Applicant Address: <b>1400 S.W. 1st Street</b>		City: <b>Miami</b>	State: <b>FL</b>	Zip: <b>33135</b>
	Permit Applicant Phone: <b>305-644-8888</b>		Permit Applicant Fax: <b>305-644-8693</b>		Permit Applicant Email: <b>tfalcon@waltonlantaff.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. **If NO, go to next question				
	Is the Contact Person an Authorized Agent of Applicant? <input checked="" 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.				
Event Information	Name of Event <b>Carnaval on the Mile</b>		Event Date(s) <b>March</b> <b>see below 2 &amp; 3, 2019</b>		
	Hours of Event <b>see below</b>		Set-up Time <b>see below</b>		Take Down Time <b>see below</b>
	Location of Event <b>Miracle Mile</b>		Is Location Reserved? <b>pending City Approval</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 <b>75,000 +</b>		Admission Fees <b>none</b>		
	# of year's event has been in existence? <b>22</b>		Previous Location(s)? <b>Only Coral Gables</b>		Past Attendance <b>75,000 +</b>
Event Description: (Provide an attachment if additional space is needed.) <b>The event is a family oriented art and music festival. Saturday, March 2, 2019 and Sunday, March 3, 2019. Hours: Saturday 10:00 a.m. to midnight and Sunday 10:00 a.m. to 10:00 p.m.</b> <b>Set up and take down: Friday, March 2, 2019 at 10:00 p.m. with gradual street closure as determined by CGPD. Take down to begin on Sunday, March 3, 2019 at 10:01p.m. to be completed by March 6, 2019 at 5:00 p.m.</b> <b>* Setup: Friday March 1 @ 10pm / breakdown = take everything down March 4, 2019</b>					



List all vehicles associated with this event: (if applicable)  
(Provide an attachment if additional space is needed.)  
**To be determined and provided once finalized.**

How will rules, regulations, terms and conditions of the event be communicated to the participants?  
(Provide an attachment if additional space is needed.)  
**Media, print, website, social media and through the Kiwanis Club of Little Havana office and volunteers.**

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.)  
**Yes. Live music of different genres.**

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.)  
**3 stages: Ponce De Leon (south or north side), Douglas and LeJeune.**

Number of Food Vendors <b>35</b>	Vendors list provided to the City <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Food vendors have all permits/licenses.	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Number of Other Vendors <b>150 art/craft</b>	Vendor list provided to the City <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Will there be alcohol at this event?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, has liquor license been issued?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Is this a charitable event?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, what is the name of the charity/organization?		
Have you completed the City application?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Have you completed the State application?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No



♦THIS COVER SHEET MUST BE PROVIDED WITH ALL INSURANCE DOCUMENTS♦

Legal Name of Permit Applicant (Individual or Company): Kiwanis Club of Little Havana

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

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;

Certificate Holder should read:

City of Coral Gables  
Insurance Compliance  
P.O. Box 100085 - CE  
Duluth, GA 30096

Email address:

cityofcoralgables@ebix.com

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.

Companies are required to evidence the following Insurance 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

- 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.
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.
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 & 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;

<u>Insurance Coverage Type</u>	<u>Limit of Liability Required</u>
Personal Liability Insurance (including host liquor liability coverage if liquor is served)	Each Occurrence \$300,000

Individuals evidencing insurance must provide the following documents to the City;

1. This Cover Sheet with all of the questions above answered.
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](http://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.

<b>Police</b>	# of Officers <b>TBD</b>	Date(s) Required	Hours Needed (i.e. 8 a.m.-5 p.m.) <b>TBD by CGPD</b>
	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 type="checkbox"/> No		
<b>Fire/Medical</b>	<input checked="" 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 type="checkbox"/> No		
<b>City Facilities</b>	Location <b>N/A</b>	If using a park, do you need the restrooms opened? <input type="checkbox"/> Yes <input 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.): <b>Median &amp; sidewalk outlets</b>		
	Dates needed	Hours per day needed	
<b>Trash</b>	Who will be responsible for trash pick-up during the event? <b>SFM per contract with Kiwanis</b>		Hours per day needed
<b>City Equipment</b>	<input type="checkbox"/> Barricades <b>Kiwanis to provide our own barricades</b> 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>None</b>		
<b>Other</b>	Please list any other requests for City services (be specific): <b>None</b>		

<input type="checkbox"/> Temporary Fencing	<input type="checkbox"/> Inflatable	<input checked="" type="checkbox"/> Music (Recorded)
<input checked="" 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	<input type="checkbox"/> Carnival/Amusement Rides	
<input checked="" type="checkbox"/> Barricades	<input checked="" type="checkbox"/> Electrical Services/Generators	
Company Name: <b>Kiwanis Club of Little Havana</b>		
Contact: <b>Nick Diaz</b> Phone Number: <b>305-644-8888</b>		



<b>City Streets</b>	Does this event propose closure or use of any street(s)? <input checked="" 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? <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? <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? <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? <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)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	If yes, please fill in information below:			
	Parade Route	From/To	Date(s)	Time(s)

**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.

Signature of Authorized Agent or Applicant

Date

Print Name

Title

Address

City/State/Zip Code

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

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

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

\_\_\_\_\_  
William Ortiz  
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](mailto: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)



**Additional Conditions or changes to application:**

**Event Name:** \_\_\_\_\_ **Event Date** \_\_\_\_\_