



City of Coral Gables Community Recreation COVID-19 RECOVERY SPECIAL EVENTS APPLICATION & PERMIT

PERMIT #: _____

Today's Date: _____

Refundable Performance Deposit: _____

1. PERMIT APPLICANT INFORMATION

Legal Name of the Permit Applicant (Company or Individual): _____

Contact Person for this Permit Application: _____ Contact Person Phone: _____

Contact Person Fax: _____ Contact Person Email: _____

Applicant Address: _____ City: _____ State: _____ Zip: _____

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* 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.

2. EVENT INFORMATION

Name of Event: _____

Event Date(s): _____ Hours of event: _____

Set-Up Time: _____ Take Down Time: _____

Location of event: _____ Is Location Reserved? _____

Anticipated Attendance: _____ Admission Fees: _____

Event Description: (Provide an attachment if additional space is needed.) _____

3. VENDOR INFORMATION

Number of Food Vendors: _____ Vendors list provided to the City? Yes No

Food vendors have all permits/licenses? Yes No

Number of Other Vendors: _____ Vendors list provided to the City? Yes No

Will there be alcohol at this event? Yes No

If yes, has liquor license been issued? Yes No

Is this a charitable event? Yes No

If yes, what is the name of the charity/organization? _____

Have you completed the City application? Yes No

Have you completed the State application? Yes No

If you checked yes to any of the questions above, you must contact the City of Coral Gables Licensing, Tax, and Utility Service office at (305) 460-5607.

4. CITY SERVICES

POLICE

of Officers _____ Date(s) Required _____ Hours Needed (i.e. 8 a.m.-5 p.m.) _____

The final number of Coral Gables Regular-Off-Duty Police Officers required for an event will be determined by the Coral Gables Police Department upon the approval of all required permits for this event. Please contact the Coral Gables Police Department to obtain an Off-Regular-Duty Police Services Permit Application and Fee Schedule by emailing Offduty@coralgables.com

Clearance Form received: Yes No

FIRE/MEDICAL

On Call On Site

Contact the Coral Gables Fire Department Administration Division for questions or costs associated with onsite coverage at 305-460-5581. Clearance Form received: Yes No

CITY FACILITIES

Location _____ If using a park, do you need the restrooms opened? Yes 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.):

Dates Needed _____ Hours per day needed _____

TRASH

Who will be responsible for trash pick-up during the event? _____ Hours per day needed? _____

SIGNS/BANNERS

Please list any requests for use of City signs and/or location of signs:

CITY PARKING LOT

Does this event propose the use of any parking lot? YES NO

If yes, please fill in information below:

Parking Lot Location: _____ From/To: _____

Date(s) _____ Time(s): _____

OTHER

Please list any other requests for City services (be specific):

5. CLOSURE OF STREETS OR CITY RIGHT-OF-WAY

CITY STREETS

Does this event propose closure or use of any street(s)?

YES NO

If yes, please fill in information below:

Street name: _____

From/To: _____

Date(s): _____

Time(s): _____

CITY SIDEWALKS

Does this event propose closure or use of any sidewalks?

YES NO

If yes, please fill in information below:

Sidewalk Location: _____

From/To: _____

Date(s) _____

Time(s): _____

CITY ALLEYS

Does this event propose closure or use of any alleys?

YES NO

If yes, please fill in information below:

Alley Location: _____

From/To: _____

Date(s) _____

Time(s): _____

PUBLIC PARKING LOT ON CITY RIGHT OF WAY

Does this event propose closure or use of any parking lot or City right of way?

YES NO

If yes, please fill in information below:

Parking Lot Location: _____

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.

6. ADDITIONAL EVENT FEATURES (APPLICANTS MUST CHECK ALL THAT APPLY)

- | | | |
|--|---|--|
| <input type="checkbox"/> Temporary Fencing | <input type="checkbox"/> Open Flames | <input type="checkbox"/> Amplifying Devices Or Loud Speakers |
| <input type="checkbox"/> Signs/Banners | <input type="checkbox"/> Fireworks | <input type="checkbox"/> Food truck |
| <input type="checkbox"/> Port-A-Johns | <input type="checkbox"/> Carnival/Amusement Rides | <input type="checkbox"/> Bike Valet: _____ |
| <input type="checkbox"/> Tents or Canopies | <input type="checkbox"/> Electrical Services/Generators | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Barricades | <input type="checkbox"/> Music (Recorded) | |
| <input type="checkbox"/> Inflatable | <input type="checkbox"/> Music (Live) | |

**All booths, stands, signs/banners must be removed immediately following the event.
For additional information call Code Enforcement at (305) 460-5226.**

ACCESSIBILITY FOR INDIVIDUALS WITH DISABILITIES

A Permit Applicant is required to make its special events accessible to individuals with disabilities and to provide reasonable accommodations to enable individuals with disabilities to participate in the event in compliance with all applicable federal, state and local accessibility requirements, including the Americans With Disabilities Act (ADA).

Each special event must designate at least one (1) person as the "Accessibility Coordinator." The Accessibility Coordinator is responsible for overseeing the accessibility of the event, handling requests for reasonable accommodations related to the event, and ensuring that the event personnel are knowledgeable about the event's accessible features.

Provide the name, telephone and email contact information for the event's Accessibility Coordinator(s):

Name _____ Telephone: _____ Email: _____

The City's "Special Event Accessibility Checklist" brochure is intended to assist the Permit Applicant to plan the accessible features for the event; however, the checklist may not be inclusive of all accessibility requirements. It is the Permit Applicant's responsibility to comply with all applicable federal, state and local accessibility requirements, including the Americans With Disabilities Act (ADA).

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:

Print Name: _____
Community Recreation Director

Print Name: _____
Police Major/Chief

Print Name: _____
Fire Chief

Print Name: _____
Code Enforcement Director

Application, refundable performance deposit(s), comprehensive site plans, event publications, flyers, and insurance must accompany this application and must be submitted to:

Parks and Recreation Division/Special Events
405 University Drive; Coral Gables, FL 33134
Phone: (305) 460-5607 • Fax: (305) 460-5639
E-mail: COVIDRecoverySpecialEventPermit@coralgables.com