Permit #:	
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CITY OF CORAL GABLES FACILITY RENTAL PERMIT APPLICATION

Renter	Legal Name of the Permit Applicant (Company or Individual): Today's Date:					s Date:
Information	Contact Person for this Permit Application:					
	Contact Person Phone: Contact Person Fax: Contact Person Email:					
	Permit Applicant Address:	City:		:	State:	Zip:
	Permit Applicant Phone: Permit Applicant Fax: Permit Applicant Email					
	Is the Contact Person an Officer of the Legal Entity? U 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.					
	**If No, then this Agreement must be executed (signed) by an Officer or Authorized Agent of the Legal Entity.					
	Facility Requested: (include room location if applicable)Date(s) Requested					Requested:
Rental/Event Information	Hours of Rental:	S	Set-up Time to Be	egin:	Clean Up T	ime to End:
	Type of event to be held (i.e. family reunion, birthday party, wedding etc.):					
	Anticipated Attendance: (must be completed)				Admission FeeIYES	<i>Charged?</i>

Additional Event Information	For a complete listing of the rules and regulations for use of a facility owned and/or managed by the City of Coral Gables Parks and Recreation Department, see the attached <i>Facility Rental Usage Policies</i> . Should any of the services above be self provided, please write the word "SELF" on the blank line above. <i>Please check all that apply & provide the name of the company and the contact information for the company providing these services on the corresponding blank line:</i>
	 Inflatable Device(s)
	Alcohol Allowed in designated facilities only)
	 Music (Recorded)
	 Amplifying Devices Or Loud Speakers

Internal Use only:	Approved:	□ YES	□ NO	Permit #	
Date Received:	Date of Renta	l:		Date Insurance Submitted:	
Rental Fee:	Security Deposit:			Date Insurance Approved:	
Insurance Compliance Documentation is Attached (circle one): Yes No					
Authorized Signatory Documentation (sunbiz.org printout or letter from corporate officer) is Attached (circle one): Yes No					
Facility Supervisor: Print Name			_	Signature	
Date:					

•THIS COVE	ER SHEET MUST BE PROVIDED WITH ALL INSURANCE DOCUMENTS+					
	Legal Name of Permit Applicant (Individual or Company):					
Facility Rental Permit	Insurance is being submitted for an ongoing rental permit (circle one): YES or NO Insurance is being submitted for a one time rental permit (circle one): YES or NO Will liquor be served at the City facility being rented (circle one): YES or NO					
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;					
ror	Certificate Holder should read: City of Coral Gables					
Evidencing Insurance to the City of	Email address:Insurance Compliancecityofcoralgables@ebix.comPO Box 12010 - CEHemet, CA 92546-8010					
Coral Gables	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	 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. 					
Companies	 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; This Cover Sheet with all of the questions above answered. 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. 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. A copy of the all Waiver of Subrogation Endorsements for each line of coverage required. 					
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	 Individuals evidencing insurance must provide the following documents to the City; This Cover Sheet with all of the questions above answered. A Certificate of Liability Insurance naming the City of Coral Gables as an additional insured. 					
If Applicant Does Not Have Insurance	Alternatively, Companies & Individuals may obtain liability insurance through a TULIP (Tenant User Liability Insurance Program) established by the City @ www.ebi-ins.com/tulip. The City of Coral Gables reserves the right to require additional types of insurance coverage or higher limits of liability for any event. This determination will be made by the Risk Management Division.					
	City of Coral Gables Insurance Compliance Contact Information Phone: (951) 652-2883 • Fax: (770) 325-0417 • Email: cityofcoralgables@ebix.com					

Indemnification:

For and in consideration of the City of Coral Gables consent to allow the Facility Rental Permit Applicant to use a city owned facility located within Miami-Dade County Florida, the Facility Applicant agrees as follows:

The Facility Rental 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 Facility Rental Permit Applicant or any of the contractors, subcontractors, participants and/or guests associated with the Facility Rental 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.

I/We hereby acknowledge that a copy of the *Facility Rental Usage Policies* containing the rules and regulations for use of facilities owned and/or managed by the City of Coral Gables Parks and Recreation Department has been received and that I/We have read, understand and agree to abide by these rules & regulations governing the usage of the Facility being rented.

Authorized Signatory of the Permit Applican	nt or Authorized Agent	Date			
Print Name of Authorized Signatory	Title of A	Title of Authorized Signatory (if applicable)			
Address	City	State	Zip Code		
Subscribed and sworn to before me, this	day of	20	·		
		Notary Pub	olic State of Florida at Large		
Approved by:					
Department Director	Signature of Dep	partment Director	Date		