



Permit #: _____

CITY OF CORAL GABLES FACILITY RENTAL PERMIT APPLICATION

Renter Information	<i>Legal Name of the Permit Applicant (Company or Individual):</i>		<i>Today's Date:</i>		
	<i>Contact Person for this Permit Application:</i>				
	<i>Contact Person Phone:</i>		<i>Contact Person Fax:</i>		<i>Contact Person Email:</i>
	Permit Applicant Address:		City:	State:	Zip:
	Permit Applicant Phone:		Permit Applicant Fax:		Permit Applicant Email:
	<p><i>Is the Contact Person an Officer of the Legal Entity?</i></p> <p><input type="checkbox"/> YES* <input type="checkbox"/> NO**</p> <p>* If Yes, attach verification from Sunbiz.org.</p> <p>** If NO, go to next question.</p>				
<p><i>Is the Contact Person an Authorized Agent of Applicant?</i></p> <p><input type="checkbox"/> YES* <input type="checkbox"/> NO**</p> <p>*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.</p> <p>**If No, then this Agreement must be executed (signed) by an Officer or Authorized Agent of the Legal Entity.</p>					
Rental/Event Information	<i>Facility Requested: (include room location if applicable)</i>		<i>Date(s) Requested:</i>		
	<i>Hours of Rental:</i>		Set-up Time to Begin:	Clean Up Time to End:	
	<i>Type of event to be held (i.e. family reunion, birthday party, wedding etc.):</i>				
	<i>Anticipated Attendance: (must be completed)</i>		<i>Admission Fee Charged?</i>		
		<input type="checkbox"/> YES <input type="checkbox"/> NO			

