

RESOLUTION No. 16-153

A RESOLUTION OF THE MAYOR AND THE CITY COUNCIL OF THE CITY OF DORAL, FLORIDA, APPROVING AN OUTDOOR EVENT PERMIT FOR RODOMAR INC TO HOST THE “HOUSE OF HORROR AMUSEMENT PARK 2016 CONCERT - CHAINSMOKERS” AT MIAMI INTERNATIONAL MALL, LOCATED AT 1455 NW 107 AVENUE, DORAL, FL 33172 ON THURSDAY, OCTOBER 6, 2016 FROM 6PM-11PM; PROVIDING FOR CONDITIONS; PROVIDING FOR IMPLEMENTATION; AND PROVIDING FOR AN EFFECTIVE DATE

WHEREAS, the Rodomar, Inc. (“Applicant”) seeks approval from the City of Doral (the “City”) for an Outdoor Event Permit, pursuant to the “Application,” which is attached hereto as Exhibit “A”; and

WHEREAS, staff has recommended that City Council approve the Applicant’s proposed Outdoor Event Permit to host the “House of Horror Amusement Park Concert - Chainsmokers” on Thursday, October 6, 2016 from 6:00pm-11:00pm at Miami International Mall, located at 1455 NW 107th Avenue, Doral, FL 33172, subject to the condition specified herein.

NOW, THEREFORE, BE IT RESOLVED BY THE MAYOR AND CITY COUNCIL OF THE CITY OF DORAL, FLORIDA, AS FOLLOWS:

Section 1. Recitals. The above recitals are confirmed, adopted, and incorporated herein and made a part hereof by this reference.

Section 2. Approval. The outdoor event permit for the “House of Horror Amusement Park 2016 Concert - Chainsmokers” is hereby approved subject to the following conditions:

1. Pay all fees as specified in the schedule provided in Exhibit “B”;
2. Compliance with the comments made by the City of Doral Police Department, as specified in Exhibit “C” and

3. Acquisition of and compliance with required permits and performing the necessary inspections prior to event start, provided by the City of Doral Building Department.

All exhibits referenced hereto are incorporated herein and made a part hereof by this reference.

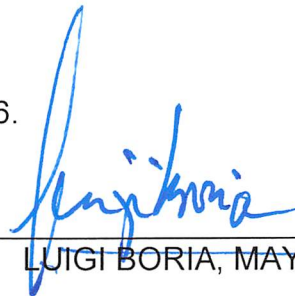
Section 3. Implementation. The City Manager and the City Attorney are hereby authorized to take such further action as may be necessary to implement the purpose and provisions of this Resolution.

Section 4. Effective Date. This Resolution shall take effect immediately upon adoption.

The foregoing Resolution was offered by Councilmember Rodriguez who moved its adoption. The motion was seconded by Councilmember Ruiz and upon being put to a vote, the vote was as follows:

Mayor Luigi Boria	Yes
Vice Mayor Christi Fraga	No
Councilman Pete Cabrera	Not Present at Time of the Vote
Councilwoman Ana Maria Rodriguez	Yes
Councilwoman Sandra Ruiz	Yes

PASSED AND ADOPTED this 10 day of August, 2016.



LUIGI BORIA, MAYOR

ATTEST:



CONNIE DIAZ, CMC
CITY CLERK

APPROVED AS TO FORM AND LEGAL SUFFICIENCY
FOR THE USE AND RELIANCE OF THE CITY OF DORAL ONLY:



WEISS, SEROTA, HELEMAN, COLE, & BIERMANN, PL
CITY ATTORNEY

EXHIBIT “A”

- Public Property Event Permit
- Special Private Property Event Permit



CITY OF DORAL
PLANNING & ZONING DEPARTMENT
OUTDOOR EVENT PERMIT

Special Event House of Horror Amusement Park Class _____

Promoter/Organization Rodomar, Inc.

Facility Address 1455 NW 107 Ave. Doral, FL Dates 10/6/16 to _____

Hours of Operation Thursday 6pm - 11pm to _____ Estimated Attendance/Day 2,500 - 5,500

TYPE OF EVENT:

Music
 Parade
 Art Show
 TV Commercial
 Movie Filming
 Athletic
 Other (specify) Music Concert at House of Horror park

EXTRAORDINARY USES:

Animals
 Firearms
 Explosives/Fireworks
 Road Closures
 Cooking
 Alcoholic Beverages served*
 Tents/temp structures
 Aircraft
 Other (specify) _____

* For events where alcoholic beverages will be served, page three of this application must be filled out.

Approved: (Initials & Date)

City Manager _____

Planning & Zoning Director _____

Building Official [Signature] 7/25/16

Permit(s) Required? Yes No _____ Type(s) BEP F _____

Parks & Recreation Director _____

Police Department _____

Fire Department _____

Please be advised that a Building permit and fee may be required.

OUTDOOR EVENT APPLICATION

7/11/16
Date of Application

Name of Person or Organization (Permittee) Rodomar, Inc.

Mailing Address 4936 SW 74 ct., Miami, FL 33155

Represented By Nelson Albareda Title President.

Phone (786) 457-1543 Fax _____

Is your organization For-profit Non-Profit _____

Location or Park Area requested Parking lot @ Miami Int'l Mall

Describe fully the space required for your event, and how your event will contribute to the benefit of the community

The concert will be held inside House of Horror Park located within the parking lot at Miami Int'l Mall. The event is South Florida's premiere Halloween-themed attraction backed by \$500K media valued campaign promoting the City of Doral.

What type of entertainment is planned, include performer(s) name(s) and/or group(s) name(s)

Power 96 Remote DJ
Artist - Chainsmokers

Dates of Event Thursday, 10/6/16

Rain Date (if any) _____

Period of Requested Use (Including Set-up / Tear-down and Clean-up time):

From Thurs. 6pm To 11pm

Hours of Operations 6pm - 11pm

Estimated Size of Crowd: Participants _____ Spectators 2500 - 3500

Who is the contact person for your event?

Name Sari del Busto-Sosa

Address 4936 SW 74 ct. Miami, FL 33155

Agency Rodomar, Inc.

Telephone (786) 457-1543 sari@datelive.com

OUTDOOR EVENT HISTORY

List the five (5) last events sponsored by your organization and where they were held. Please include the event name, date, total attendance, problems (if any), location of event, phone number of event location, and contact name for reference.

1. attendance - 3200
Dyango y Pimpinela Concert
James L. Knight Center
Feb. 2016

2. Gilberto Santa Rosa & Willy Chirino
James L. Knight Center
Feb. 2016
attendance - 2800

3. McD. private Latin Grammy Concert
Vegas / Juan Luis Guerra
NOV. 2015
Attendance - 3,000

4. Cuba Beat
Adrienne Arscht Center
April - Nov. 2015 / Jan. - April 2016
attendance - 1200 - 2200

5. _____

Do you owe anyone money for expenses incurred or revenue promised from prior events?

Date	Event	Person	Amount Owed
/	/	/	/
/	/	/	/
/	/	/	/

OUTDOOR EVENT ACTIVITIES/ELEMENTS

List all Co-Sponsors

Name	Address	City, State Zip	Phone Number

What is the principal business activity of these co-sponsors?

Name	Activity

Will alcoholic beverages be served at your event? Yes _____ No X
 Beer Ø Price Ø
 Wine Ø Price Ø

Describe who, where and what time the alcoholic beverages will be served

n/a

Will your special event require tents? (Requires a permit if greater than 10' x 10' or if cooking under any size tent)

Yes X No _____

Indicate size and number of tents (1) 20 x 20

What are the electrical requirements of the Event?

Generator(s) - Size in Watts 450 kW OR Fed from Building Electrical _____

Number of lights and outlets to be used _____

What type of restroom facilities will be provided? portolets

Number of toilets 76 (must show location and distance of the restroom facilities on the Site Plan)

Will your special event have live or taped music?

Yes X No _____ Type of music Live Band

Describe who, where and what music will be presented
Artist - Chainsmokers & DJ - Power 96



HOUSE OF HORROR SITE MAP

SCALE: 1"=50'-0"

- 20' x 20' tent
- 10' x 10' tent
- portolets
- Handicap Portolets
- Waste Water Tank
- Generator
- Carnival Food Cart
- Fire Hydrant
- Barricade
- Public Access Road

Carnival Rides

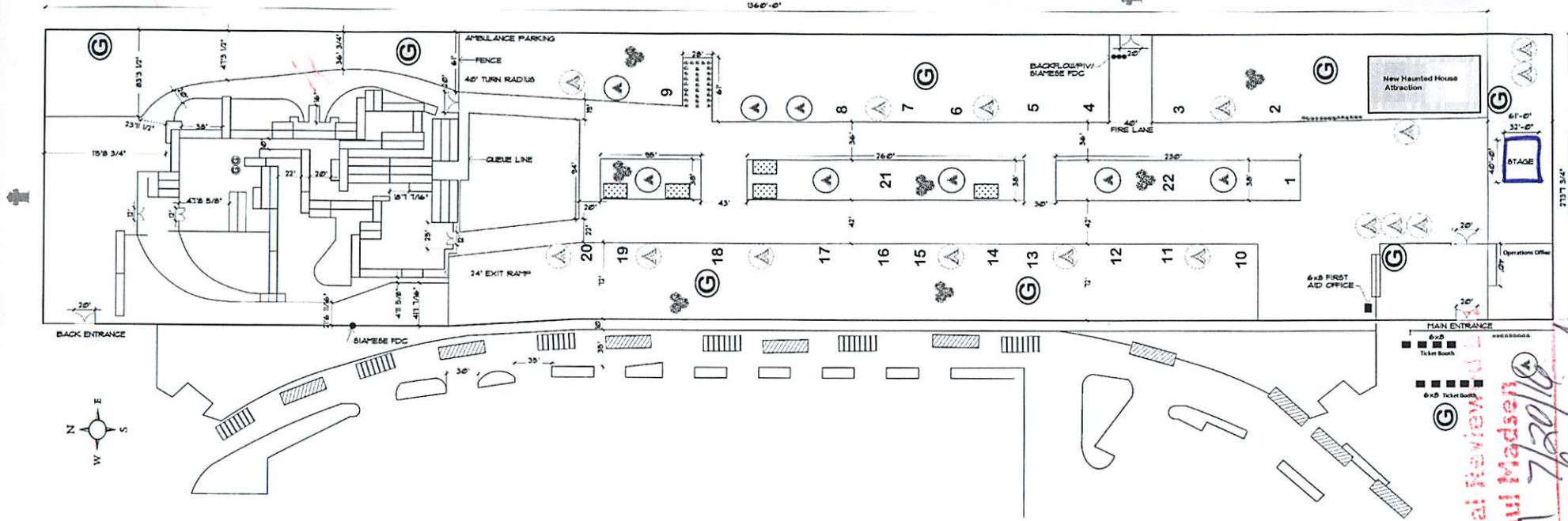
1. Ferris Wheel
2. Sizzler
3. Orbiter
4. Roller Coaster
5. Zipper
6. Scooter (bumper Cars)
7. Himalayas
8. Crazy Dance
9. 1001 Nights
10. Merry-go-round
11. Tornado
12. Coco Loco Fun House
13. Speedway
14. Orient Express
15. Mardi Gras
16. Bear a Fair
17. Bill billy Train
18. Starship 3000
19. Fun House
20. Fun Slide
21. Dizzy Dragons
22. Jumping Jumbos

** The continuity of the grounding conductor system shall be verified each time portable electrical equipment is connected. NEC 525.32. A daily log will be kept at the event site, by generator.

*As per F.B.C.P., Section 403, Classification is assembly, occupancy A5.
 as per F.B.C.P., section 403.-3, the occupant load shall be composed of 50% of each sex. Total amount of portolets based on 4000 persons 66 regular, 4 handicaps, 23 portable hand sinks. as per F.B.C.P. section 403.4.1 the path of travel for any point in the event shall not exceed 500 feet.

Enclosed, mobile food concessions utilizing appliances and/or cooking methods capable of producing grease laden vapors shall be protected with exhaust and fire suppression equipment in accordance with NFPA 96.
 Cooking vendors housed under a tent or canopy shall comply with the following:
 a. No portion of the tent/canopy may be accessible to the general public.
 b. The tent/canopy shall be unobstructed and immediately available on at least two sides of the structure.
 c. Egress from the tent/canopy shall be unobstructed and immediately available on at least two sides of the structure.
 d. At the time of inspection and during cooking operations there shall be at least one (1) class K fire extinguisher and at least one (1) A-B-C extinguisher (additional extinguishers may be required depending on appliances utilized)
 e. There shall be at least 10' separation from other structures including other tents/canopies.
 f. Only electric and gas fueled appliances shall be permitted. Solid fuel burning appliances or briquettes, hardwood or charcoal shall not be permitted under a tent or canopy under any circumstance.
 g. Fuel supplies and their related hoses and/or electrical cords shall be installed and maintained in accordance with their applicable NFPA standards.

All props, decorations and scenery in Haunted House is subject to on-site testing for computability and subject to removal if found non-compliant.




Building Reviewed by: Antonio Brina
 Permit Required
 10/22/16
 PC Permit Required

Electrical Review by: Paul Madsen
 Permit Required

OUTDOOR EVENT SALE OF GOODS

List items for re-resale offered and proposed prices. Use additional sheet if necessary.

Item	Price
We don't sell any items other than the park admission	

 Signed by Permittee President Title 7/11/14 Date

RODOMAR, INC.

2301 NW 87th Avenue, G-135, Doral, FL 33172 Tel. 305.668.4343

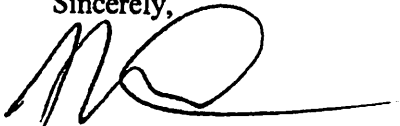
March 3, 2016

City of Doral
8401 NW 53rd Terrace
Doral, FL 33166

Gentlemen:

I (We) agree to hold the City of Doral, its agents and authorized personnel harmless and relieve them from any responsibility or liability for any legal action or damage, cost or expense (including attorney's fees) resulting from damage, and/or personal injury that should occur on the premises.

Sincerely,

A handwritten signature in black ink, appearing to be 'Nelson Albareda', with a long horizontal stroke extending to the right.

Nelson Albareda
President

March 31, 2016

Rodomar, Inc
House of Horror Amusement Park
5000 SW 75th Avenue, Suite: 118
Miami, FL 33155

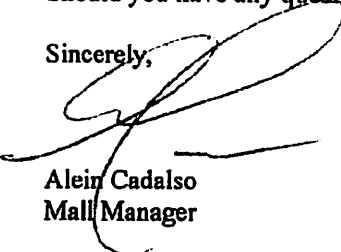
Ref: House of Horror Park

Dear Mr. Albareda:

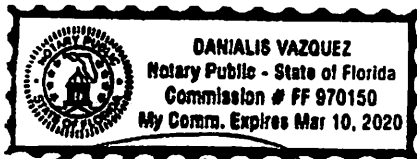
This letter serves as a notice that Miami International Mall has reached an agreement with Rodomar, Inc. to hold a parking lot event from September 29th, 2016 to October 31st, 2016 at 1455 NW 107th Avenue, Doral, FL 33172.

Should you have any questions, please feel free to contact me.

Sincerely,



Alein Cadalso
Mall Manager





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/28/2016

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 the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Donat Insurance Services, LLC 7081 Hwy 58 New Lisbon, WI 53950 Kenneth D. Donat	CONTACT NAME: Kenneth D. Donat PHONE (A/C, No., Ext): 608-254-2600 FAX (A/C, No.): 608-254-7733 E-MAIL ADDRESS: Ken@DonatInsurance.com
INSURER(S) AFFORDING COVERAGE	
INSURED	INSURER A:
Rodomar Inc 4936 SW 74 Court Miami, FL 33155	Western World Insurance
NAIC #	
13196	
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS														
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
For Informational Purposes

CERTIFICATE HOLDER	CANCELLATION
	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE



RODOM-1

OP ID: LA

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DATE (MM/DD/YYYY)
06/28/2016

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House of Horrors, 1455 NW 107th Avenue, Miami, FL 33172

The Certificate Holder is listed as Additional Insured with respect to General Liability coverage within the operation of the Named Insured during the policy period.

CERTIFICATE HOLDER

CANCELLATION

<p style="text-align: center;">CITYDOR</p> City of Doral 8401 NW 53 Terrace Doral, FL 33166	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
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INSURER F:		NAIC # 13196


COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X		RE16015718	07/07/2016	07/07/2017	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 House of Horrors, 1455 NW 107th Avenue, Miami, FL 33172

The Certificate Holder is listed as Additional Insured with respect to General Liability coverage within the operation of the Named Insured during the policy period.

CERTIFICATE HOLDER EVENSTA Eventstar Structures Corp. 8150 B NW 90th Street Medley, FL 33166	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
---	--



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/28/2016

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PRODUCER Donat Insurance Services, LLC 7081 Hwy 58 New Lisbon, WI 53950 Kenneth D. Donat	CONTACT NAME: Kenneth D. Donat	
	PHONE (A/C, No, Ext): 608-254-2600	FAX (A/C, No): 608-254-7733
E-MAIL ADDRESS: Ken@DonatInsurance.com		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: Western World Insurance		13196
INSURER B:		
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		

INSURED
 Rodomar Inc
 4936 SW 74 Court
 Miami, FL 33155

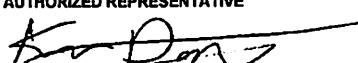
COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADDITIONAL SUBROGATION	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	X	RE16015718	07/07/2016	07/07/2017	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A			<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
House of Horrors, 1455 NW 107th Avenue, Miami, FL 33172

The Certificate Holder is listed as Additional Insured with respect to General Liability coverage within the operation of the Named Insured during the policy period.

CERTIFICATE HOLDER Florida Dept of Agriculture Bureau of Fair Rides 2005 Apalachee Parkway Tallahassee, FL 32399	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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RODOM-1

OP ID: LA

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

06/28/2016

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PRODUCER Donat Insurance Services, LLC 7081 Hwy 58 New Lisbon, WI 53950 Kenneth D. Donat	CONTACT NAME: Kenneth D. Donat		
	PHONE (A/C, No., Ext): 608-254-2600	FAX (A/C, No): 608-254-7733	
E-MAIL ADDRESS: Ken@DonatInsurance.com			
INSURER(S) AFFORDING COVERAGE		NAIC #	
INSURED Rodomar Inc 4936 SW 74 Court Miami, FL 33155	INSURER A: Western World Insurance		13196
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		
	INSURER F:		

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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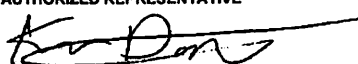
INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	X	RE16015718	07/07/2016	07/07/2017	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTIONS					EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/>	N/A			<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

House of Horrors, 1455 NW 107th Avenue, Miami, FL 33172

Gold Coast Beverage Distributors, its officers, directors, employees and agents are listed as Additional Insured with respect to General Liability coverage within the operation of the Named Insured during the policy period.

CERTIFICATE HOLDER**CANCELLATION**

GOLDC-3 Gold Coast Beverage Distributors 10055 NW 12th St Doral, FL 33172	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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CERTIFICATE OF LIABILITY INSURANCE

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06/28/2016

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PRODUCER Donat Insurance Services, LLC 7081 Hwy 58 New Lisbon, WI 53950 Kenneth D. Donat	CONTACT NAME: Kenneth D. Donat	
	PHONE (A/C, No, Ext): 608-254-2600 FAX (A/C, No): 608-254-7733 E-MAIL ADDRESS: Ken@DonatInsurance.com	
INSURED Rodomar Inc 4936 SW 74 Court Miami, FL 33155	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Western World Insurance	13196
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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						MED EXP (Any one person) \$ 5,000
						PERSONAL & ADV INJURY \$ 1,000,000
						GENERAL AGGREGATE \$ 3,000,000
						PRODUCTS - COMPIOP AGG \$ 3,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$
						BODILY INJURY (Per person) \$
						BODILY INJURY (Per accident) \$
						PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$
						AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below					PER STATUTE OTH-ER
						E.L. EACH ACCIDENT \$
						E.L. DISEASE - EA EMPLOYEE \$
						E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Additional Insured: Mall at Miami International LLC, Simon Management Associates, LLC and their respective officers, directors, shareholders, members, partners, parents, subsidiaries and any other affiliated entities, agents, servants, employees, and independent contractors of these persons or entities.

CERTIFICATE HOLDER MALLA-1 Mall at Miami Internl Mall Simon Property Group Miami International Mall 1455 NW 107th Ave Miami, FL 33172	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
--	--

Outstanding



City of Doral
8401 NW 53rd Terrace
Doral, FL 33166
305-593-6725

Invoice Receipt

Invoice Date: 07/18/2016

Invoice Number: 20160718110301144595

Invoice Notes: PZ

Register:CR1

Reference Number	Item Description	Amount
20160718110304519819	PZ-001.4000.329400-ZONING PLAN REVIEW FEES [RODOMAR]	350.00
20160718110330035044	CHECK PAYMENT [RODOMAR INC- 2513]	-350.00
	Total Due	0.00



Outdoor Events Submittal Checklist

Event Organizer: *Rudlmer, Inc.*

Event Date: *10/6/16*

- I. Outdoor Event Application
- II. *Fee (350.00)
- III. Hold Harmless Letter
- IV. **Site Plan
- V. Insurance
- VI. Owner's Letter of Approval
- VII. ***Consumer's Certificate of Exemption OR Letter from Department of Treasury (IRS)

* Note: If application was submitted less than 7 days prior to the event, there is an additional late charge of \$200.00.

** Note: Please attach a diagram of the set-up for the event. Show as much detail as possible. Show crowd flow, controls, seating, and parking. Also show configuration and sizes of stage(s), concession booths, tent(s) location, portable toilets, and fire protection equipment.

*** ONLY FOR NON-PROFIT ORGANIZATIONS

Michael Ferrera (PZ)

From: Sari del Busto <sari@dalelive.com>
Sent: Monday, July 18, 2016 3:16 PM
To: Michael Ferrera (PZ)
Cc: Michelle Vadia
Subject: RE: House of Horror Amusement Park - Concert - Chainsmokers - Rodomar, Inc

Hi Michael,
Please see my reply below in **RED**

Sari del Busto-Sosa

786.457.1543
sari@dalelive.com

From: Michael Ferrera (PZ) [mailto:Michael.Ferrera@cityofdoral.com]
Sent: Monday, July 18, 2016 2:45 PM
To: Sari del Busto
Subject: FW: House of Horror Amusement Park - Concert - Chainsmokers - Rodomar, Inc

Hello Sari,

Please find comments from police below.

Regards,

Michael P. Ferrera

AA to the Planning & Zoning Director &
Outdoor Events Coordinator

Planning & Zoning Department

City of Doral

8401 NW 53rd Terrace
Doral, FL 33166
T (305) 593-6630 Ext. 3001
F (305) 593-6768
Michael.Ferrera@cityofdoral.com
www.cityofdoral.com



The City of Doral is on [Twitter](#), [Facebook](#) and [YouTube](#)!

From: Stephanie Bortz (PD) [<mailto:Stephanie.Bortz@doralpd.com>]
Sent: Monday, July 18, 2016 2:38 PM
To: Michael Ferrera (PZ) <Michael.Ferrera@cityofdoral.com>
Cc: Nilsa Mercado <Nilsa.Mercado@doralpd.com>
Subject: RE: House of Horror Amusement Park - Concert - Chainsmokers - Rodomar, Inc

Good Morning Michael,

Please see below our comments/questions for the attached application:

- What time is the concert scheduled to start and end? Last year, concert was scheduled from 9:00PM-12:30AM – **9:00pm to 11pm. The concert is a Thursday**
- How much is admission for the concert? Or, is it one ticket for both the amusement section and concert? - **\$30/person (one ticket for both – park & concert)**
- How many is projected to sale? **2500-3000**
- How many tickets will be given as promotional tickets? – **500 tickets**
- Will Paramount Security be working as additional security like last year? If yes, how many will be hired? – **Security company has not been contracted as of yet but we will have a company as we do every year.**
 - What will be their attire? – **Black shirt with SECURITY on the back & Black Pants**
- Will there be a reserved spot for a command post like previous years? - **Yes**
- Will there be a reserved spot outside of the event area as a processing location if anyone is removed from the venue? -**Yes**
- Has Miami-Dade Fire Rescue been contacted to be present? (REQUIRED) – **Yes, they've been contacted for the event but we have not advised the concert date yet**
- Is the stage and event area in the same location as last year? - **Yes**

From: Michael Ferrera (PZ) [<mailto:Michael.Ferrera@cityofdoral.com>]
Sent: Monday, July 18, 2016 11:20 AM
To: Jennifer Blanco (BD); Nilsa Mercado (PD); Stephanie Bortz (PD)
Subject: House of Horror Amusement Park - Concert - Chainsmokers - Rodomar, Inc

Good morning,

Please find attached an additional request for House of Horror to hold a concert on October 6, 2016, as part of their overall amusement park.

Regards,

Michael P. Ferrera

AA to the Planning & Zoning Director &
Outdoor Events Coordinator

Planning & Zoning Department

City of Doral

8401 NW 53rd Terrace

Doral, FL 33166

T (305) 593-6630 Ext. 3001

F (305) 593-6768

Michael.Ferrera@cityofdoral.com

www.cityofdoral.com



The City of Doral is on [Twitter](#) , [Facebook](#) and [YouTube!](#)

Please note that the State of Florida's Public Records Laws provide that most written communications to or from the City of Doral regarding government business are public records available to the public upon request. This e-mail communication may therefore be subject to public disclosure.

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**OUTDOOR EVENT APPLICATION
TRACKING SHEET**

Event Name: House of Horror Amusement Park - Concert: Chainsmokers

Organization Name: Prodomar, Inc.

Submitted Date: 7/18/16 Event Date: 10/6/16

BUILDING DEPARTMENT

P
Permits

Date SUBMITTED: 7/18/16

Date RETURNED: 7/25/16
B, P, E

POLICE DEPARTMENT

P
Paid

Date SUBMITTED: 7/18/16

Date RETURNED: 7/22/16

PLANNING AND ZONING DEPARTMENT

SUBMITTED: 7/18/16

RETURNED: _____

*emailed applicant regarding
building permits. 7/25/16*

PARKS AND RECREATION DEPARTMENT

Date SUBMITTED: _____

RETURNED: _____

PUBLIC WORKS DEPARTMENT

SUBMITTED: _____

RETURNED: _____

City of Doral - Outdoor Event
House of Horror Amusement Park - Chainsmokers Concert
City of Doral Report

No.	Participating City Departments	Required Fees	Notes
1	- Police - Department	\$ 7,633.00	
	Grand Total	\$ 7,633.00	