

RESOLUTION No.16-150

A RESOLUTION OF THE MAYOR AND THE CITY COUNCIL OF THE CITY OF DORAL, FLORIDA, APPROVING AN OUTDOOR EVENT PERMIT FOR AMERICAN PEDIATRIC DENTAL GROUP TO HOST THE “5 ANNIVERSARY 5K” AT DORAL CENTRAL PARK, LOCATED AT 3000 NW 87 AVE ON SUNDAY, NOVEMBER 13, 2016 FROM 8:00AM TO 11:00AM; PROVIDING FOR CONDITIONS; PROVIDING FOR IMPLEMENTATION; AND PROVIDING FOR AN EFFECTIVE DATE

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

WHEREAS, staff has recommended that the City Council approve the Applicant’s proposed Outdoor Event Permit to host the “5th Anniversary 5k” on Sunday, November 13, 2016 from 8:00am to 11:00am at Doral Central Park located at 3000 NW 87th Ave, 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 true and correct and incorporated herein.

Section 2. Approval. The outdoor event permit for the “5th Anniversary 5k” is hereby approved subject to the following conditions:

1. Compliance with the comments made by the City of Doral Parks and Recreation Department, as specified in Exhibit “B”;
2. Payments of all department costs as specified in Exhibit “C”;
3. Compliance comments made by the City of Doral Police Department, as specified in Exhibit “D”;
4. Acquisition of and compliance with all required permits and performing the

necessary inspections prior to event start, provided by the City of Doral Building Department; and

5. Acquisition and maintenance of an adequate insurance and delivery of corresponding certificates of insurance as proof thereof.

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, HELFMAN, COLE, & BIERMAN, 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 5th Anniversary 5K Event Class Donation
 Promoter/Organization American Pediatric Dental
 Facility Address 3000 NW 87th Ave Dates 11/13/16 to 11/13/16
 Hours of Operation 8:00 am to 11:00 am Estimated Attendance/Day 500

TYPE OF EVENT:

- Music
- Parade
- Art Show
- TV Commercial
- Movie Filming
- Athletic
- Other (specify) 5K Run Fund Raiser

EXTRAORDINARY USES:

- Animals
- Firearms
- Explosives/Fireworks
- Road Closures
- Cooking
- Alcoholic Beverages served*
- Tents/temp structures
- Aircraft
- Other (specify) Tables, Chair, Bounce

* 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 APD 11/8/16

Permit(s) Required? Yes No _____ Type(s) B E P F _____

Parks & Recreation Director _____

Police Department _____

Fire Department _____

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

OUTDOOR EVENT APPLICATION

06/02/2016
Date of Application

Name of Person or Organization (Permittee) American Pediatric Dental

Mailing Address 7950 NW 53rd St # 200 Doral, FL 33166

Represented By Andrea Benavides Title Guest Experience Coordinator

Phone 786 281 5522 Fax 786 618 9782

Is your organization For-profit Non-Profit

Location or Park Area requested Doral Central Park.

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

We wanted to celebrate our 5th Anniversary but also do a fund raise donation after event's cost will be donated the money to St Jude Children's Research Hospital.

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

DJ Music, Bounce house for kids.

Dates of Event 11/13/2016

Rain Date (if any) 11/20/2016

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

From 6:00 am To 1:00 pm

Hours of Operations 3 hours

Estimated Size of Crowd: Participants 500 Spectators 150

Who is the contact person for your event?

Name Andrea Benavides & Valentina Gruber

Address 7950 NW 53rd ST # 200 DORAL FL 33166

Agency American Pediatric Dental

Telephone 786 281 5522 & 954 554 5153

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. _____

It's our first time doing an
outdoor event.

2. _____

3. _____

4. _____

5. _____

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

Date	Event	Person	Amount Owed

OUTDOOR EVENT BUDGET

Detail fully the intended use, type of business and scope of operation

DETAILED REVENUE

Source	Price	Total Amount of Income
Sponsors 20	\$ 250	\$ 5,000
Platinum Sponsor 1	\$ 5,000	\$ 5,000
Gold 1	\$ 1,000	\$ 1,000
Silver 1	\$ 500	\$ 500
Tickets 500	\$ 20	\$ 1,000
Total Revenue		\$ 12,500

DETAILED EXPENDITURES

Item	Total Amount of Expense	
Bag Pack.	\$ 2,100	
T-Shirt	\$ 3,500	
Bracelets	\$ 1,000	
20 Tents 10'x10'	\$ 1,200	
20 Tables	\$ 400	
40 chair	\$ 160	
Total Expenses		\$ 8,360
Net Income Expected		\$ 4,140

DETAILED IN KIND SERVICES

Item	Value of Contribution	
Water	\$ 400	
Fruits	\$ 400	
Bagles.	\$ 400	
Total Value		\$ 1,200

Describe the intended use of net income generated from this special event

The net income will be donated to St Jude Children's Research Hospital.

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 /
 Beer _____ Price _____
 Wine _____ Price _____

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

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

Yes _____ No /

Indicate size and number of tents 20 Canopy 10' x 10'

What are the electrical requirements of the Event?

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

Number of lights and outlets to be used _____


What type of restroom facilities will be provided? The ones in the park.

Number of toilets 6 (must show location and distance of the restroom facilities on the Site Plan)

Will your special event have live or taped music?


Yes / No _____ Type of music DJ Music

Describe who, where and what music will be presented
Pop.

 Tent 10'x10' with, 1 6ft table and 2 chairs.

 Registration area.

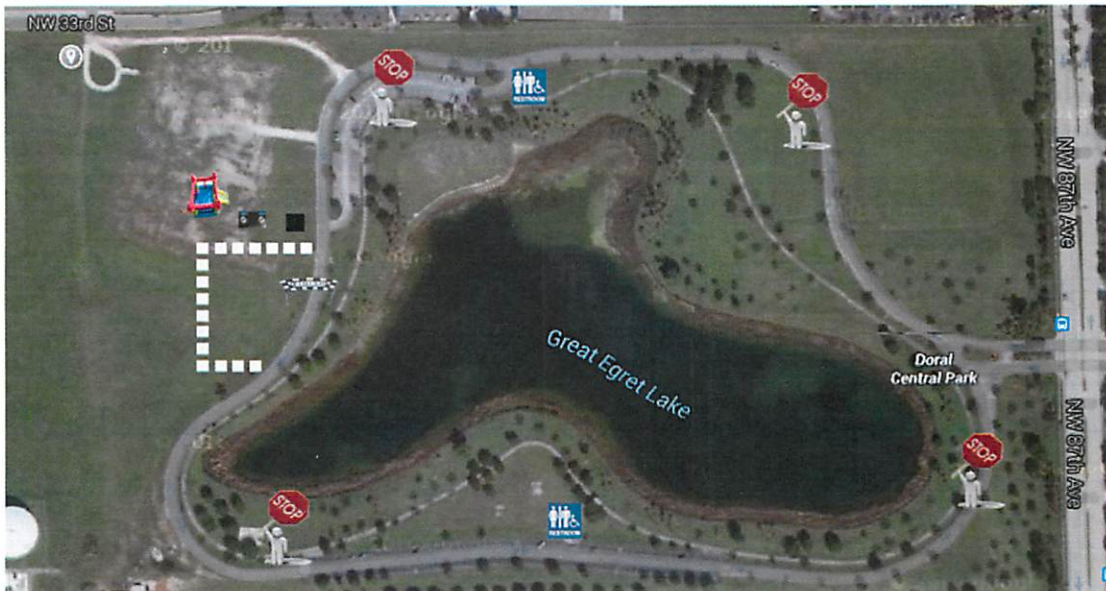
 DJ Booth

 Bounce house for kids

 Finish Line

 Refreshments stops

 Restrooms



Plumbing Reviewed by:
~~George Gutierrez~~
JAG 6/8/16
PERMIT REQUIRED

Building Reviewed by:
Antonio Brina

ABing 6/8/16
Permit Required *Burke*

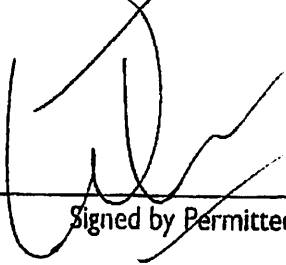
Electrical Reviewed by:
Paul Madsen

N/A PRM 6/8/16

OUTDOOR EVENT SALE OF GOODS

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

Item	Price


Signed by Permittee

N/A
Owner
Title

06/02/2016
Date



Dentistry in Caring Hands

City of Doral
Attention Michael P. Ferrera

What's American Pediatric Dental Group?

We started our practice with the goal of being accessible to the community we serve. We strongly believe that dentistry should be for everyone and all our patients should get to enjoy high-quality dentistry in caring hands. Our approach is gentle, kind, and compassionate. Parents are encouraged to be with their child throughout all appointments and we offer different treatment approaches tailored to the individual needs of your child. We are a full-service pediatric dental office, offering treatment with nitrous oxide ("laughing gas"), oral sedation (done in-office for fearful or apprehensive patients), and hospital dentistry (performed at Joe DiMaggio Children's Hospital). Moreover, we are open six days a week, offering patients evening, morning, and Saturday appointments. We are also one of the few pediatric dental offices in Broward and Dade County to accept most dental insurances including PPO, HMO and Florida Kid Care. Our goal is for every child (and parents) to have a positive impression of going to the dentist and our office and dental team is committed to fulfilling this goal!

Finding a pediatric dentist that takes good care of your child's teeth, while making the experience relaxed and fun, sets the stage for a lifetime of healthy teeth. Our office is kid-friendly, with televisions over every chair, video games in the reception, and aromatherapy throughout the office to provide a "spa-like" experience for both parents and children. More importantly, our staffs are trained in the latest safety protocols and are committed to make your child's experience a memorable one! Furthermore, all our pediatric dentists are either board-eligible or Diplomates of the American Board of Pediatric Dentistry.

As part of our mission we love giving back to our communities, that's why we are in alliance with MAKE A WISH FOUNDATION and what really motivate us to do this race is because on behalf of our fifth anniversary we want to donate all the funds collected to ST. JUDE CHILDREN'S HOSPITAL, to make a difference in kids lives.

We invite you to come to one of our convenient, state-of-the-art facilities in Pembroke Pines, Doral, Coral Springs and soon in Kendall to share our passion and love for what we do.

Valentina Gruber
Director Of Marketing


Dr. William Pena

AmericanPediatricDental.com



Dentistry in Caring Hands

American Pediatric Dental Doral, Inc agree to hold The City of Doral, it's agent and authorized personnel harmless and relieve them from any responsibility or liability for any legal action or damage, cost or expense (including attorney's fee) resulting from damage and or personal injury that should occur on the permises.


Dr. William Pena ✓

**FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS****Detail by Entity Name****Florida Profit Corporation****AMERICAN PEDIATRIC DENTAL DORAL, INC.****Filing Information**

Document Number	P14000029723
FEI/EIN Number	46-5323956
Date Filed	04/02/2014
State	FL
Status	ACTIVE

Principal Address

7950 NW 53RD ST
SUITE 200
DORAL, FL 33166

Mailing Address

7950 NW 53rd Street
SUITE 200
DORAL, FL 33166

Changed: 01/26/2015

Registered Agent Name & Address

PENA, WILLIAM A
10021 PINES BLVD.
SUITE 100
PEMBROKE PINES, FL 33024

Officer/Director Detail**Name & Address**

Title P

PENA, WILLIAM A
10021 PINES BLVD. SUITE 100
PEMBROKE PINES, FL 33024

Annual Reports

Report Year	Filed Date
2015	01/26/2015
2016	01/25/2016



Outdoor Events Submittal Checklist

Event Organizer: *American Pediatric Dental* Event Date: *11-13-16*

- I. Outdoor Event Application *(Pending insurance.*
- II. *Fee (350.00)
- III. Hold Harmless Letter
- IV. **Site Plan
- V. Insurance *Pending*
- VI. Owner's Letter of Approval *@ Doral Central Park*
- VII. *N/A* ***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



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

Invoice Receipt

Invoice Date: 06/07/2016

Invoice Number: 20160607125648435044

Invoice Notes: 6.7.16 OE

Register:CR1

Reference Number	Item Description	Amount
20160607125746980269	PZ-001.4000.329400-ZONING PLAN REVIEW FEES [OUTDOOR EVENT AMERICAN PEDIATRIC]	350.00
20160607125821025492	CHECK PAYMENT [AMERICAN PEDIATRIC CK # 0419]	-350.00
Total Due		0.00

Meeting
8/10/16



OUTDOOR EVENT APPLICATION TRACKING SHEET

Event Name: 5th Anniversary 5h Event
Organization Name: American Pediatric Dental
Submitted Date: 6-7-16 Event Date: 11/13/16

BUILDING DEPARTMENT

P
Permits

Date SUBMITTED: 6-7-16
Date RETURNED: 6-8-16
B, P Permit Required

POLICE DEPARTMENT

Payment
~~PAID~~

Date SUBMITTED: 6-7-16
Date RETURNED: 7-14-16

PLANNING AND ZONING DEPARTMENT

SUBMITTED: 6-7-16
RETURNED: _____

PARKS AND RECREATION DEPARTMENT

P
Fees/amounts

Date SUBMITTED: 6-7-16
RETURNED: _____

PUBLIC WORKS DEPARTMENT

SUBMITTED: _____
RETURNED: _____

Nov 14, 2011

Outdoor Event Park Fees

Non-Profit (Doral)
 Non-Profit (Other)
 For Profit

Name of Organization:	American Pediatric Dental
Event Title:	5th Annivervy 5K Event
Event Duration:	6:30am - 1:00pm
Contact Person Name:	Andrea Benavides & Valentina Gruber
Contact Person Telephone:	786-281-5522 & 954-554-5153
Date of Event:	11/13/2016
Park:	Doral Central Park
Rental Location(s):	Zone E
Parking Zone(s):	Zone 2
Proposed Attendance:	500
Actual Attendance:	

Staff Fees Breakdown				
Employee Name	Title	Hourly Rate	# of Hours	Total
Saba Gonzalez	Park Manager	\$19.55	6.5	\$127.08
TBD	PSA	\$11.00	6.5	\$71.50
TBD	PSA	\$11.00	6.5	\$71.50
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
Staff Fees Total				\$270.08

Fees			
	Amount Charged	Amount Waived	Amount Refunded
Rental Fee	\$225.00		
Staff Fees	\$270.08		
Trash Container Disposal	\$0.00		
Restroom Holding Tank Cleaning	\$0.00		
Janitorial Supplies	\$100.00		
Parking Fee	\$0.00		
Additional Hour(s)	\$0.00		
Refundable Deposit	\$200.00		
Taxes	\$41.66		
Totals	\$636.73	\$0.00	\$0.00

Total Amount Charged	\$636.73
Total Amount Waived	\$0.00
Total Amount Refunded	\$0.00
Grand Total	\$636.73

Amount Paid	
Date Paid	
Check #	

Outdoor Event Park Fees

Comments:

1. Organization is to provide a certificate of liability insurance which includes coverage for event participants.
2. Organization will be responsible for ensuring that all third party vendors they are using have adequate liability insurance coverage. The organization will ultimately be responsible for any actions or incidents from any third party vendor.
3. The organization must provide the City with a certificate of liability insurance matching the insurance requirements provided to them.
4. Organization is to provide trash cans for their event area.
5. Organization is to obtain proper permits for all applicable amenities.
6. Parking for event must take place in Zone 2 to avoid disruption to normal park activities.
7. Event activities must take place in Zone E.
8. Race may only take place in the park's inner loop sidewalk.
9. Organization shall provide vehicular/bicycle traffic management between the event area and the inner loop sidewalk for pedestrians.
10. Setup may begin at 6:30am on the day of the event.



 **Parking Zones**

 **Rental Zones**

City of Doral - Outdoor Event
5th Anniversary 5k Event - American Pediatric Dental
City of Doral Report

No.	Participating City Departments	Required Fees	Notes
1	- Police - Department	\$ 1,037.00	
2	- Parks & Recreation Department	\$ 636.73	
	Grand Total	\$ 1,673.73	