

RESOLUTION No.16-152

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” AT MIAMI INTERNATIONAL MALL, LOCATED AT 1455 NW 107 AVENUE, DORAL, FL 33172 FROM THURSDAY, SEPTEMBER 29, 2016 TO MONDAY, OCTOBER 31, 2016, TO RUN MONDAY-THURSDAY FROM 6PM-11PM, FRIDAY-SATURDAY FROM 5PM-12 MIDNIGHT, AND SUNDAY FROM 5PM-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 for an Outdoor Event Permit, as per the Application, attached as Exhibit “A”; and

WHEREAS, staff has recommended that Council approve the Applicant’s proposed Outdoor Event Permit to host the “House of Horror Amusement Park” from Thursday, September 29, 2016 to Monday, October 31, 2016, to run Monday-Thursday from 6p,- 11pm, Friday-Saturday from 5pm-12 midnight, and Sunday from 5pm-11pm at Miami International Mall, located at 1455 N.W 107th Avenue, Doral, FL 33172, subject to the conditions 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 and made a part hereof by this reference.

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

1. Complete outdoor event application to include, but limited to, an adequate certificate of insurance, fee, hold harmless letter, and site map for each proposed concert;

2. Compliance with the comments made by the City of Doral Police Department;
3. Acquisition of and compliance with all required permits and performance all necessary inspections prior to event start, as specified by the City of Doral Building Department; and
4. Acquisition and maintenance of adequate insurance and delivery to the City 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 House of Horror Amusement Park Class _____

Promoter/Organization Rodomar, Inc.

Facility Address 1455 NW 107 Avenue, Doral, FL Dates 9/29/16 to 10/31/16

Hours of Operation M-Th 6pm-11pm / F-Sat 5pm-12 midnight to _____ Estimated Attendance/Day _____
Sunday 5pm-11pm

TYPE OF EVENT:

Music
 Parade
 Art Show
 TV Commercial
 Movie Filming
 Athletic
 Other (specify) Haunted House & Halloween Event

EXTRAORDINARY USES:

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

* 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] 4/29/16

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

3/3/16
Date of Application

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

Mailing Address 5000 SW 75 Avenue, Suite: 118, Miami FL 33155

Represented By Nelson Albareda Title President

Phone (786) 457-1543 Fax _____

Is your organization For-profit X Non-Profit _____

Location or Park Area requested Parking Lot at Miami Int'l Mall

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

House of Horror will be held 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)

Entertainment shall include, live mixing by celebrity DJ's and Key concerts featuring performances by emerging artists.

Dates of Event TBD

Rain Date (if any) N/A

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

From 5/1/16 To 11/30/16

Hours of Operations M-Th 6pm-11pm
F-Sat 5pm-12 midnight Sunday 5pm-11pm

Estimated Size of Crowd: Participants 100 Spectators 40,000 (throughout Event)

Who is the contact person for your event?

Name Sari del Busto - Sosa

Address 5000 SW 75 Avenue, suite: 118, Miami, FL 33155

Agency Rodomar, Inc.

Telephone (786) 457-1543

email: sari@dalelive².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.

- | | <u>Guests</u> |
|---|---------------|
| 1. Premios Juventud VIP Tour July 2015 @ LIV | 2000 |
| Premios Juventud VIP in LA - Belasco | 1000 |
| Premios Juventud VIP in Chicago - VLive | 1200 |
| | |
| 2. Latin Grammy Street Party - Dallas Oct 2015 | 40,000 |
| Latin Grammy Street Party - LA Oct 2015 | 24,000 |
| Latin Grammy Street Party - Chicago Oct 2015 | 36,000 |
| Latin Grammy Street Party - Miami Nov 2015 | 25,000 |
| 3. McD private Latin Grammy Concert - Vegas Nov. 2015 | 3,000 |
| Juan Luis Guerra | |

4. Latin Grammy Acoustic Session
- Dallas - Oct 2015 - 800 guests
- Miami - Nov 2015 - 1000 guests
- Chicago - Oct. 2015 - 750 guests

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 (4) 20'x20' (20) 10' x 10'

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 & Taped

Describe who, where and what music will be presented

Live DJ mixing, music concerts (dates TBD) - refer to pg. 2.
Ambient pre-recorded Halloween themed music throughout park.

OUTDOOR EVENT BUDGET

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

DETAILED REVENUE

Source	Price	Total Amount of Income
Admission	\$ 24.21	\$968,400
Concessions	\$ 1000.00	\$ 42,000
Total Revenue		\$1,010,400

DETAILED EXPENDITURES

Item	Total Amount of Expense	
Amusement Attractions	\$596,000	
Marketing	\$300,000	
Operations	\$ 250,000	
Total Expenses		\$1,146,000
Net Income Expected		(- \$135,600)

DETAILED IN KIND SERVICES

Item	Value of Contribution	
N/A	/	
Total Value		

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

No net income expected.



RODOM-1

OP ID: LA

CERTIFICATE OF LIABILITY INSURANCEDATE (MM/DD/YYYY)
07/08/2015

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		NAIC #
INSURER A: Western World Insurance		13196
INSURER B:		
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		

INSURED
 Rodomar Inc
 5000 SW 75th Ave 4th Floor
 Miami, FL 33155

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		RE15012938	07/08/2015	07/08/2016	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 - COM/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"/> 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"/> 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**CANCELLATION**

CITYDOR 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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
07/08/2015

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.

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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 5000 SW 75th Ave 4th Floor Miami, FL 33155	INSURER A: Western World Insurance	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

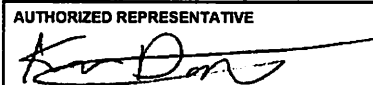
COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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 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	X	RE15012938	07/08/2015	07/08/2016	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					COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> HIRED AUTOS					BODILY INJURY (Per person) \$
						BODILY INJURY (Per accident) \$
						PROPERTY DAMAGE (Per accident) \$
						\$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR					EACH OCCURRENCE \$
	EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE					AGGREGATE \$
	DED RETENTION \$					\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N N/A					E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below					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 

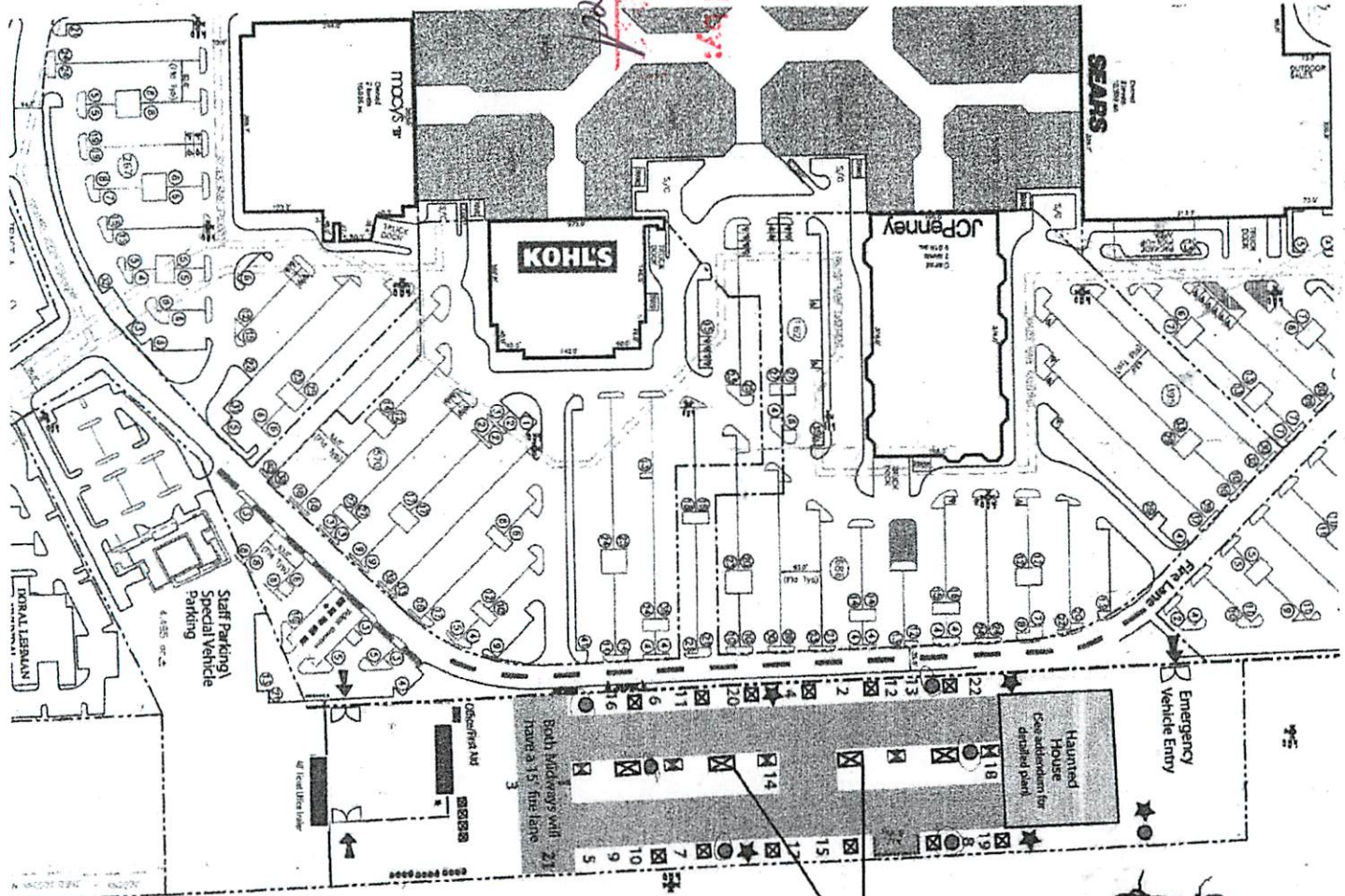


Bldg: PERMIT IS
 REC. #4/29/16

Electrical Reviewed by:

Paul Madsen
 4/29/16
 Permitt Requirement

Permit Required
 4/29/16
 Permit Required



- 1- Ferris Wheel
 - 2- Crazy Dance
 - 3- Merry-go-round
 - 4- Orient Express
 - 5- 1001 Nights
 - 6- Speedway
 - 7- Jumping Jumbo's
 - 8- Coco Loco Fun House
 - 9- Tornado
 - 10- Sizzler
 - 11- Billibilly Train
 - 12- Orbiter
 - 13- Zipper
 - 14- Scooter (Bumper Cars)
 - 15- Mardi Gras
 - 16- Dizzy Dragons
 - 17- Starship 3000
 - 18- Family Swing
 - 19- Fun Slide
 - 20- Bear-A-Fair
 - 21- Carster
 - 22- Oper Air Circus
- 6 x 10 Booth
 - Fire Hydrant
 - Dry Water Tank
 - Carnival Food Cart
 - Handicap Portolet
 - Portolet
 - 20 x 20 Tents
 - 10 x 10 Tents
 - Public Access Road
 - Barricades
 - 20 foot wide Emergency Vehicle Entry
 - Generator
 - UP Tank (2 tanks each of 100 lbr.

* as per F.B.C. Section 403.
 Classification is assembly occupancy AS
 as per F.B.C. Section 403.3.
 The occupant load shall be computed
 of 50% of each sex. Total amount of
 portoles based on 4000 persons
 66 regular 4 handicaps. 23 portable hand sinks
 as per F.B.C. section 403.4.1. The path of travel
 for any point in the event shall not exceed 500 ft.

March 31, 2016

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

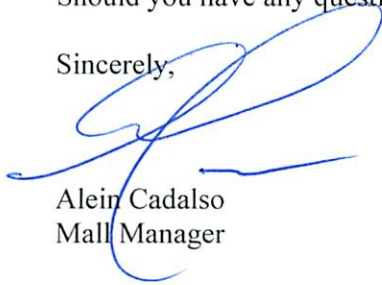
Ref: House of Horror Park

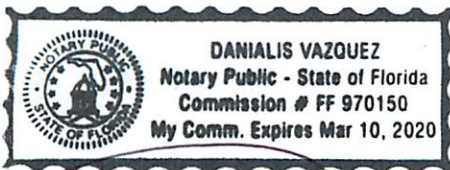
Dear Mr. Albareda:

This letter serves as a notice that Miami International Mall has reached and 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



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,



Nelson Albareda
President

**FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS**

Detail by Entity Name

Florida Profit Corporation

RODOMAR INC.

Filing Information

Document Number	F97140
FEI/EIN Number	59-2214906
Date Filed	08/27/1982
State	FL
Status	ACTIVE
Last Event	CANCEL ADM DISS/REV
Event Date Filed	10/13/2009
Event Effective Date	NONE

Principal Address

000 SW 75 AVENUE
SUITE 118
MIAMI, FL 33155

Changed: 04/30/2015

Mailing Address

5000 SW 75 AVENUE
SUITE 118
MIAMI, FL 33155

Changed: 04/30/2015

Registered Agent Name & Address

ALBAREDA, NELSON
5000 SW 75 AVENUE
SUITE 118
MIAMI, FL 33155

Name Changed: 10/13/2009

Address Changed: 04/30/2015

Officer/Director Detail

Name & Address

Title President, CEO

ALBAREDA, NELSON
 5000 SW 75 AVENUE
 SUITE 118
 MIAMI, FL 33155

Annual Reports

Report Year	Filed Date
2014	04/02/2014
2015	04/30/2015
2016	03/02/2016

Document Images

03/02/2016 -- ANNUAL REPORT	View image in PDF format
04/30/2015 -- ANNUAL REPORT	View image in PDF format
04/02/2014 -- ANNUAL REPORT	View image in PDF format
04/08/2013 -- ANNUAL REPORT	View image in PDF format
04/30/2012 -- ANNUAL REPORT	View image in PDF format
03/18/2011 -- ANNUAL REPORT	View image in PDF format
02/02/2010 -- ANNUAL REPORT	View image in PDF format
10/13/2009 -- REINSTATEMENT	View image in PDF format
01/30/2008 -- ANNUAL REPORT	View image in PDF format
02/28/2007 -- ANNUAL REPORT	View image in PDF format
01/23/2006 -- ANNUAL REPORT	View image in PDF format
02/12/2005 -- ANNUAL REPORT	View image in PDF format
03/19/2004 -- ANNUAL REPORT	View image in PDF format
01/29/2003 -- ANNUAL REPORT	View image in PDF format
02/26/2002 -- ANNUAL REPORT	View image in PDF format
01/26/2001 -- ANNUAL REPORT	View image in PDF format
02/02/2000 -- ANNUAL REPORT	View image in PDF format
02/20/1999 -- ANNUAL REPORT	View image in PDF format
02/24/1998 -- ANNUAL REPORT	View image in PDF format
02/18/1997 -- ANNUAL REPORT	View image in PDF format
02/01/1996 -- ANNUAL REPORT	View image in PDF format
02/06/1995 -- ANNUAL REPORT	View image in PDF format

Outdoor Event Permit
House of Horror



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

Invoice Receipt

Invoice Date: 04/28/2016

Invoice Number: 20160428133909724778

Invoice Notes: PZ

Register:CR1

Reference Number	Item Description	Amount
20160428133920170003	PZ-001.4000.329400-ZONING PLAN REVIEW FEES [OUTDOOR EVENT PERMIT]	350.00
20160428133948005227	CHECK PAYMENT [RODOMAR INC- 2267]	-350.00
Total Due		0.00



Outdoor Events Submittal Checklist

Event Organizer: *Rodomar, Inc.*

Event Date: *9/29-10/31*

- I. Outdoor Event Application
- II. *Fee (350.00)
- III. Hold Harmless Letter
- IV. **Site Plan
- V. Insurance
- VI. Owner's Letter of Approval
- 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

Michael Ferrera (PZ)

From: Sari del Busto <sari@dalelive.com>
Sent: Thursday, April 28, 2016 2:25 PM
To: Michael Ferrera (PZ)
Subject: Re: Outdoor Event Information

Hi Michael,

Nice to hear from you. I just spoke to Stephanie and I told her that we don't have any concerts scheduled for the moment. We will know more info. Later in May/June. As soon as I have a confirmation, I'll advise.

Thanks,
Sari

Sent from my iPhone

On Apr 28, 2016, at 2:01 PM, Michael Ferrera (PZ) <Michael.Ferrera@cityofdoral.com> wrote:

Good afternoon Sari,

I hope all is well. I have your event packet in front of me and I don't see information on whether you will be having the Friday concerts as you have in the past. If so, please send me the tentative schedule; both the dates and times, as well as the artists that you guys are looking to have.

Regards,

Michael P. Ferrera

AA to the Planning & Zoning Director &
Outdoor Events Coordinator

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

<image001.png>

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.

City of Doral - Outdoor Event
House of Horror Amusement Park 2016
City of Doral Report

No.	Participating City Departments	Required Fees	Notes
1	- Police - Department	\$ 42,472.15	
	Grand Total	\$ 42,472.15	