

**RESOLUTION No. 15-167**

**A RESOLUTION OF THE MAYOR AND THE CITY COUNCIL OF THE CITY OF DORAL, FLORIDA, APPROVING AN OUTDOOR EVENT PERMIT FOR ST. KEVIN CATHOLIC SCHOOL TO HOST THE “ST. KEVIN CROSS COUNTRY INVITATIONAL EVENT” AT DORAL CENTRAL PARK LOCATED AT 3000 NW 87TH AVENUE, ON FRIDAY, SEPTEMBER 18, 2015 FROM 10:30AM TO 6:30 PM; AND PROVIDING FOR AN EFFECTIVE DATE**

**WHEREAS**, ST. Kevin Catholic School, (“Applicant”) seeks approval from the City of Doral(the “City”) for an Outdoor Event Permit, the application for which is attached hereto as Exhibit “A”; and

**WHEREAS**, Staff has recommended that Council approve the proposed Outdoor Event Permit for the Applicant to host the “St. Kevin Cross Country Invitational” event on Friday, September 18, 2015 from 10:30am to 6:30 pm at Doral Central Park located at 3000 NW 87<sup>th</sup> Avenue.

**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 “St. Kevin Cross Country Invitational” event is hereby approved subject to the following conditions:

1. Payment of the rental, clean-up and staff fees in a total amount of \$1,696.74, pursuant to the fee schedule attached hereto as Exhibit “B”, must be furnished to the Parks and Recreation Department prior to the event;
2. Provision of four (4) off-duty police officers, for traffic and crowd control, and personnel assigned to parking areas to manage ingress, egress, and flow of vehicles in parking lots as per the requirements established by the City of Doral Police Department, pursuant to the Police memorandum attached hereto as Exhibit “C”.

3. Organizations personnel, events participants, and event attendees must refrain from parking on surface lots for event parking, which shall be only for use by regular park patrons; and
4. Any conditions proposed or adopted by the Mayor and City Council.

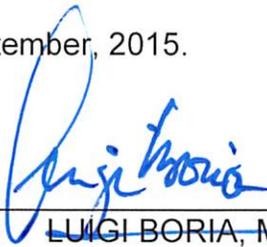
**Section 3. Implementation.** The City Manager and the City Attorney are hereby authorized to take such further action as may be necessary to implement the purpose and provisions of this Resolution.

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

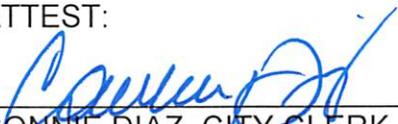
The foregoing Resolution was offered by Councilmember Rodriguez who moved its adoption. The motion was seconded by Councilmember Cabrera and upon being put to a vote, the vote was as follows:

Mayor Luigi Boria	Yes
Vice Mayor Sandra Ruiz	Yes
Councilman Pete Cabrera	Yes
Councilwoman Christi Fraga	Absent/Excused
Councilwoman Ana Maria Rodriguez	Yes

PASSED AND ADOPTED this 9 day of September, 2015.

  
\_\_\_\_\_  
LUIGI BORIA, MAYOR

ATTEST:

  
\_\_\_\_\_  
CONNIE DIAZ, CITY CLERK

APPROVED AS TO FORM AND  
LEGAL SUFFICIENCY FOR THE SOLE USE  
OF THE CITY OF DORAL

  
\_\_\_\_\_  
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 ST Kevin Cross country Invitational Class \_\_\_\_\_  
 Promoter/Organization ST Kevin Catholic school  
 Facility Address 4001 SW 127 AVE Dates 9/18 to 9/18  
 Hours of Operation 10:30 to 6:30 Estimated Attendance/Day 800

**TYPE OF EVENT:**

- Music
- Parade
- Art Show
- TV Commercial
- Movie Filming
- Athletic
- Other (specify) \_\_\_\_\_

**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] 7.28.15  
 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

7/13/15  
Date of Application

Name of Person or Organization (Permittee) ST Kevin Catholic School

Mailing Address 4001 SW 127 Ave

Represented By Maggie Sixto Title Athletic Director

Phone 786-380-5705 Fax 305-227-7571

Is your organization For-profit \_\_\_\_\_ Non-Profit X

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 require the North side of the park. The race is for all private schools that participate in the ACC (All Catholic conference) in Southfl area. This event reinforces the importance of exercise and staying healthy. It also builds community collaboration

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

This event is for student athletes, their families and school staff. As schools arrive, they check in, stretch and warm up. Races begin promptly at 4pm and continue in 20 minute intervals until about 6pm. Awards will be distributed as each race is completed.

Dates of Event September 18, 2015

Rain Date (if any) N/A

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

From 10:30 AM To 6:30 pm

Hours of Operations 8 hours

Estimated Size of Crowd: Participants 600 Spectators 200

Who is the contact person for your event?

Name Maggie Sixto MaggieSixto@aol.com

Address 4001 SW 127 Ave

Agency ST Kevin Catholic School

Telephone (786) 380-5705

## 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. October 12, 2012, September 27, 2013 and September 2014:

St Kevin Cross Country Invitational, NO Problems  
JC Bermudez Park

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

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

NO

Date	Event	Person	Amount Owed
	<u>N/A</u>		

## OUTDOOR EVENT BUDGET

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

### DETAILED REVENUE

Source	Price	Total Amount of Income
Participation charge per school	\$65 <sup>00</sup> per school	Depends on amount of schools
Total Revenue		

### DETAILED EXPENDITURES

Item	Total Amount of Expense
Price of park Rental	\$350 <sup>00</sup>
Price of awards for athletes	\$1,500 <sup>00</sup>
Total Expenses	
Net Income Expected	
	\$1,850 <sup>00</sup>

### DETAILED IN KIND SERVICES

Item	Value of Contribution
Total Value	

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

TO cover our cost for park rental and awards given

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 \_\_\_\_\_ 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 X No \_\_\_\_\_

Indicate size and number of tents for shade 10x10 30 (SPACE 51'-0" APART)

What are the electrical requirements of the Event?

Generator(s) - Size in Watts N/A OR Fed from Building Electrical N/A

Number of lights and outlets to be used N/A

What type of restroom facilities will be provided? Doral Central Park Facility

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 \_\_\_\_\_ No X Type of music \_\_\_\_\_

Describe who, where and what music will be presented

\_\_\_\_\_



St. Kevin Catholic School

# CROSS COUNTRY INVITATIONAL

*Electrical reviewed by*  
N/A 7:30 AM 7/28/15



PRIMARY TEAMS: 1 RED LOOP  
JV TEAMS: 1 YELLOW LOOP, THEN 1 RED LOOP  
VARSITY: 2 RED LOOPS

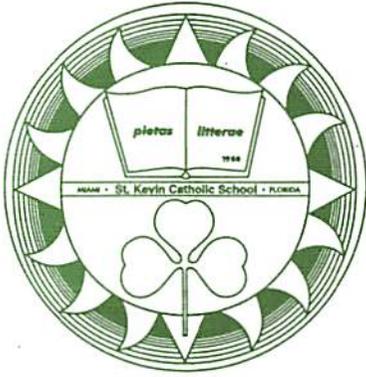
*Approved by Tony Brina  
Quilting Plans Examiner*

*Bushby 7/28/15*

*1/2 MILE*

*Flamingo 7/28/15*

*1/2 MILE*



# St. Kevin Catholic School

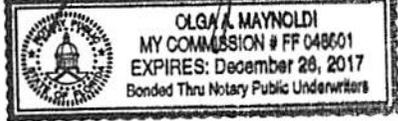
Catholic School Founded in 1980

4001 S.W. 127th Avenue - Miami, Florida 33175  
Phone: (305) 227-SKS1 (7571) - Fax: (305) 227-7574  
E-mail: [stkevin@stks.org](mailto:stkevin@stks.org)

**C.O.R.E.**  
*Christ Our Reason Everyday*

## Hold Harmless Letter

I (We) agree to hold The City of Doral, its 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 fees) resulting from damage and/ or personal injury that should occur on the premises.

  
Athletic Director  
st. Kevin Catholic School



## Consumer's Certificate of Exemption

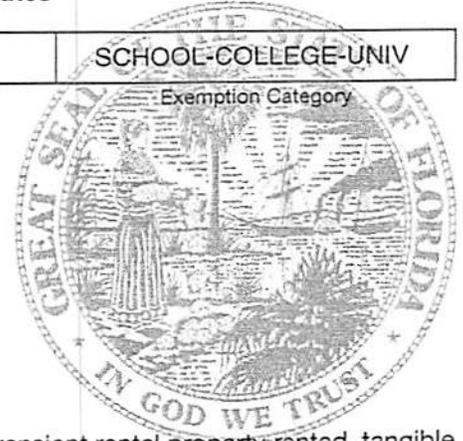
DR-14  
R. 04/11

Issued Pursuant to Chapter 212, Florida Statutes

85-8012586479C-5	10/31/2014	10/31/2019	SCHOOL-COLLEGE-UNIV
Certificate Number	Effective Date	Expiration Date	Exemption Category

This certifies that

ST KEVIN CATHOLIC SCHOOL  
4001 SW 127TH AVE  
MIAMI FL 33175-3403



is exempt from the payment of Florida sales and use tax on real property rented, transient rental property rented, tangible personal property purchased or rented, or services purchased.



## Important Information for Exempt Organizations

DR-14  
R. 04/11

1. You must provide all vendors and suppliers with an exemption certificate before making tax-exempt purchases. See Rule 12A-1.038, Florida Administrative Code (F.A.C.).
2. Your *Consumer's Certificate of Exemption* is to be used solely by your organization for your organization's customary nonprofit activities.
3. Purchases made by an individual on behalf of the organization are taxable, even if the individual will be reimbursed by the organization.
4. This exemption applies only to purchases your organization makes. The sale or lease to others of tangible personal property, sleeping accommodations, or other real property is taxable. Your organization must register, and collect and remit sales and use tax on such taxable transactions. Note: Churches are exempt from this requirement except when they are the lessor of real property (Rule 12A-1.070, F.A.C.).
5. It is a criminal offense to fraudulently present this certificate to evade the payment of sales tax. Under no circumstances should this certificate be used for the personal benefit of any individual. Violators will be liable for payment of the sales tax plus a penalty of 200% of the tax, and may be subject to conviction of a third-degree felony. Any violation will require the revocation of this certificate.
6. If you have questions regarding your exemption certificate, please contact the Exemption Unit of Account Management at 800-352-3671. From the available options, select "Registration of Taxes," then "Registration Information," and finally "Exemption Certificates and Nonprofit Entities." The mailing address is PO Box 6480, Tallahassee, FL 32314-6480.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
09/19/2012

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).

<b>PRODUCER</b> 1-305-592-6080 Arthur J. Gallagher Risk Management Services, Inc.  8200 N.W. 41st Street Suite 200 Miami, FL 33166	<b>CONTACT NAME:</b> <b>PHONE (A/C, No, Ext):</b> _____ <b>FAX (A/C, No):</b> _____ <b>E-MAIL ADDRESS:</b> _____ <b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A: UNDERWRITERS AT LLOYDS LONDON</b> NAIC # 15792 <b>INSURER B: LM INS CORP</b> 33600 <b>INSURER C:</b> _____ <b>INSURER D:</b> _____ <b>INSURER E:</b> _____ <b>INSURER F:</b> _____
<b>INSURED</b> ARCHDIOCESE OF MIAMI ST. KEVIN CATHOLIC SCHOOL 4001 SW 127TH AVENUE  MIAMI, FL 33175	

**COVERAGES**                      **CERTIFICATE NUMBER: 29117614**                      **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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> <b>CLAIMS-MADE</b> <input checked="" type="checkbox"/> <b>OCCUR</b>  GENTL AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> <b>POLICY</b> <input type="checkbox"/> <b>PRO-JECT</b> <input type="checkbox"/> <b>LOC</b>			PK1006811	04/01/12	04/01/13	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ Included
							MED EXP (Any one person)	\$ Nil
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 1,000,000
							PRODUCTS - COM/PO/AGG	\$ 1,000,000
								\$
A	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> <b>ANY AUTO</b> <input type="checkbox"/> <b>ALL OWNED AUTOS</b> <input type="checkbox"/> <b>SCHEDULED AUTOS</b> <input checked="" type="checkbox"/> <b>HIRED AUTOS</b> <input checked="" type="checkbox"/> <b>NON-OWNED AUTOS</b>			PK1006811	04/01/12	04/01/13	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> <b>OCCUR</b> <b>EXCESS LIAB</b> <input type="checkbox"/> <b>CLAIMS-MADE</b>  <b>DED</b> <input type="checkbox"/> <b>RETENTION \$</b> <input type="checkbox"/>						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	EW5 65N 289881-012	04/01/12	04/01/13	<input checked="" type="checkbox"/> <b>WC STATUTORY LIMITS</b> <input type="checkbox"/> <b>OTHER</b>	
							E.L. EACH ACCIDENT	\$ 500,000
							E.L. DISEASE - EA EMPLOYEE	\$ 500,000
							E.L. DISEASE - POLICY LIMIT	\$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
Limits shown for insurer A and B are inclusive of defense and insured retention.  
PURSUANT AND SUBJECT TO THE POLICY'S TERMS, DEFINITIONS, CONDITIONS AND EXCLUSIONS THE CERTIFICATE HOLDER IS AN ADDITIONAL INSURED SOLELY WITH RESPECTS TO GENERAL LIABILITY COVERAGE AS EVIDENCED HEREIN AS REQUIRED BY WRITTEN AGREEMENT FOR LIABILITY ARISING OUT OF THE OPERATIONS OF THE NAMED INSURED IN CONNECTION WITH THE USE OF ITS FACILITIES REFERENCED TO SCHOOL SPORT TEAMS ACTIVITIES, PRACTICES AND OR GAMES.  
DATE(S): FROM ONE TIME EVENT AND/OR ANY DAY EVENT AS NEEDED WITHIN THE ABOVE MENTIONED POLICY PERIOD.

<b>CERTIFICATE HOLDER</b>  CITY OF DORAL  8300 NW 53 ST SUITE 202 DORAL, FL 33166  USA	<b>CANCELLATION</b>  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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Last year's Application  
2014



CITY OF DORAL  
PLANNING & ZONING DEPARTMENT  
OUTDOOR EVENT PERMIT

Special Event ST Kevin Cross Country Invitational Class

Promoter/Organization ST Kevin Catholic School

Facility Address 4001 SW 127 Ave / SC Bermuda Park Dates 9/12 to 9/12

Hours of Operation 11am to 6:30pm Estimated Attendance/Day 500

TYPE OF EVENT:

- Music
- Parade
- Art Show
- TV Commercial
- Movie Filming
- Athletic
- Other (specify) set up from 11am 3pm, Race starts at 4pm, Clean up at 6pm.

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 [Signature] 8-20-14

Building Official [Signature] 8.15.14

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

Parks & Recreation Director \_\_\_\_\_

Police Department \_\_\_\_\_

Fire Department \_\_\_\_\_



Council meeting: Sept 9  
PPW Deadline: August 19

### OUTDOOR EVENT APPLICATION TRACKING SHEET

Event Name: St. Kevin Cross Country Invitational

Organization Name: St. Kevin Catholic School

Submitted Date: 7/28/15 Event Date: 9/18/15

#### BUILDING DEPARTMENT

Date SUBMITTED: 07-28-15 10:44 IN *(MP)*

Date RETURNED: 07-28-15 15:06 IN *(MP)*  
*no permit required. 7/29/15*

#### POLICE DEPARTMENT

Date SUBMITTED: 07-28-15 10:44 IN *(MP)*

Date RETURNED: \_\_\_\_\_

#### PLANNING AND ZONING DEPARTMENT

SUBMITTED: 07-28-15 10:44 IN *(MP)*

RETURNED: \_\_\_\_\_  
*email sent to applicant regarding site plan (tents), and that event will be taken to the August Council meeting.*

*7/21, 7/24. Complete 7/21*

#### PARKS AND RECREATION DEPARTMENT

Date SUBMITTED: 07-28-15 10:44 IN *(MP)*

RETURNED: \_\_\_\_\_

#### PUBLIC WORKS DEPARTMENT

SUBMITTED: \_\_\_\_\_

RETURNED: \_\_\_\_\_

*Loggen in 7/22/15*



### Outdoor Events Submittal Checklist

Event Organizer: *St. Kevin Catholic School*

Event Date: *9/18/15*

- I. Outdoor Event Application  (~~Pending~~ *Site plan, ~~map~~*) ; ~~Fee = ~~(Signature)~~~~ *7/20/15*
- ~~W/A~~ II. \*Fee (350.00)  *Non-Profit*
- III. Hold Harmless Letter
- IV. \*\*Site Plan  (~~Pending email response~~) ~~Info (signature?)~~ *7/28/15*
- V. Insurance
- ~~VI.~~ Owner's Letter of Approval  *Doral Central Park*
- VII. \*\*\*Consumer's Certificate of Exemption OR Letter from Department of Treasury (IRS)   
*Pending 7/28/15*

\* 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