

RESOLUTION No. 16-151

A RESOLUTION OF THE MAYOR AND THE CITY COUNCIL OF THE CITY OF DORAL, FLORIDA, APPROVING AN OUTDOOR EVENT PERMIT FOR THE MUSCULAR DYSTROPHY ASSOCIATION TO HOST THE “MDA MUSCLE WALK” AT DORAL CENTRAL PARK, LOCATED AT 3000 NW 87 AVENUE ON SATURDAY, NOVEMBER 5, 2016 FROM 6:30AM TO 2:00PM; PROVIDING CONDITIONS; PROVIDING FOR IMPLEMENTATION; AND PROVIDING FOR AN EFFECTIVE DATE

WHEREAS, the Muscular Dystrophy Association (“Applicant”) seeks approval from the City of Doral for an Outdoor Event Permit, as per the Application, which is attached hereto as Exhibit “A”; and

WHEREAS, staff has recommended that Council approve the Applicant’s proposed Outdoor Event Permit to host the “MDA Muscle Walk” on Saturday, November 5, 2016 from 6:30am to 2:00pm at Doral Central Park located at 3000 NW 87th Ave, Doral, FL 33172, subject to the conditions 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 “MDA Muscle Walk” is hereby approved subject to the following conditions:

1. Compliance with the comments made by the City of Doral Parks and Recreation Department, as provided in Exhibit “B”;
2. Payment of City fees, as provided in Exhibit “C”. Park fees are waived;
3. Compliance with the comments made by the City of Doral Police Department, as provided 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.

All exhibits attached 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, 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 MDA Muscle Walk Class _____
 Promoter/Organization Muscular Dystrophy Association
 Facility Address 3000 NW 87th Avenue Dates 11/5/16 to _____
 Hours of Operation 6:30 am to 2 pm Estimated Attendance/Day 300

TYPE OF EVENT:

- Music
- Parade
- Art Show
- TV Commercial
- Movie Filming
- Athletic
- Other (specify) Nonprofit Muscle walk

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] 7.15.16

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

Date of Application

Name of Person or Organization (Permittee) The Muscular Dystrophy Assoc.

Mailing Address 550 Fairway Dr., Ste 201, Deerfield Beach, FL 33441

Represented By Regina Morales Title Dir. of Bus. Develop.

Phone 561-742-3748 Fax 561-742-3793

Is your organization For-profit _____ Non-Profit

Location or Park Area requested Doral Central Park (JC Bermudez)

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

The space will be used by muscular dystrophy families & friends for the walk. Also by sponsors for the event. The event funds local clinics, support groups, summer camps etc for all our families living with muscular dystrophy
What type of entertainment is planned, include performer(s) name(s) and/or group(s) name(s)

If donated, we hope to have a D.J.

Dates of Event Nov. 5th, 2016

Rain Date (if any) _____

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

From 6:30 am To 2:00 pm

Hours of Operations _____

Estimated Size of Crowd: Participants 300 Spectators _____

Who is the contact person for your event?

Name Regina Morales

Address 550 Fairway Dr. Ste, 201, Deerfield Beach FL 334

Agency M.D.A

Telephone 561-742-3748

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. MDA - 12th Annual Golf tournament sponsored by Sailormen, Inc. held at Don Shula's Miami Lakes - 12th year held (May 12th, 2016) - Dave Bergly 305-821-1150 (ext 330)

2. Ed Morse Golf Tournament held at Breakers West, West Palm Beach. Event has been sponsored by Ed Morse Group for over 15+ years. Dennis Drucker@edmorse.com or Sandra Del Amo-Bualuisw 561-653-6323

3. Miami Muscle Walk - held at Zoo Miami 2015 & 2014 for MDA. Valery Neal - Zoo Miami 305-251-4400 ext 849 42

4. Palm Beach Muscle Walk @ Roger Dean Stadium held 2016, 2015, 2014

5. Lock-ups - family & friends raise money for MDA at different participating restaurants.

* Publix - Publix Bowls - yearly event all across Florida to raise \$ for MDA.
 Do you owe anyone money for expenses incurred or revenue promised from prior events?

Date	Event	Person	Amount Owed
NO			

OUTDOOR EVENT BUDGET

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

DETAILED REVENUE

Source	Price	Total Amount of Income
We are completely a fundraising event.		
Total Revenue		

DETAILED EXPENDITURES

Item	Total Amount of Expense
Budget not to exceed -	\$ 13,000
If needed but we work on donations from everyone:	
Food	
tables	
DJ.	
Total Expenses	
Net Income Expected	

DETAILED IN KIND SERVICES

* We ask for all to be donated because all money raised goes directly to fund our local families w/ the Clinics, equipment, support groups, Summer camps, Research

Item	Value of Contribution
Total Value	

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

All income goes to fund research, UM Clinic, equipment needed for families, support groups, Summer camp etc.

OUTDOOR EVENT SALE OF GOODS

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

Item	Price

OUTDOOR EVENT ACTIVITIES/ELEMENTS

List all Co-Sponsors

Name	Address	City, State Zip	Phone Number
NUMotion			
Quantum			
TD Medical			

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

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 No _____

Indicate size and number of tents 10x10 (no greater) (Approx. 8-10)

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? Those provided by the park (wheelchair accessible)

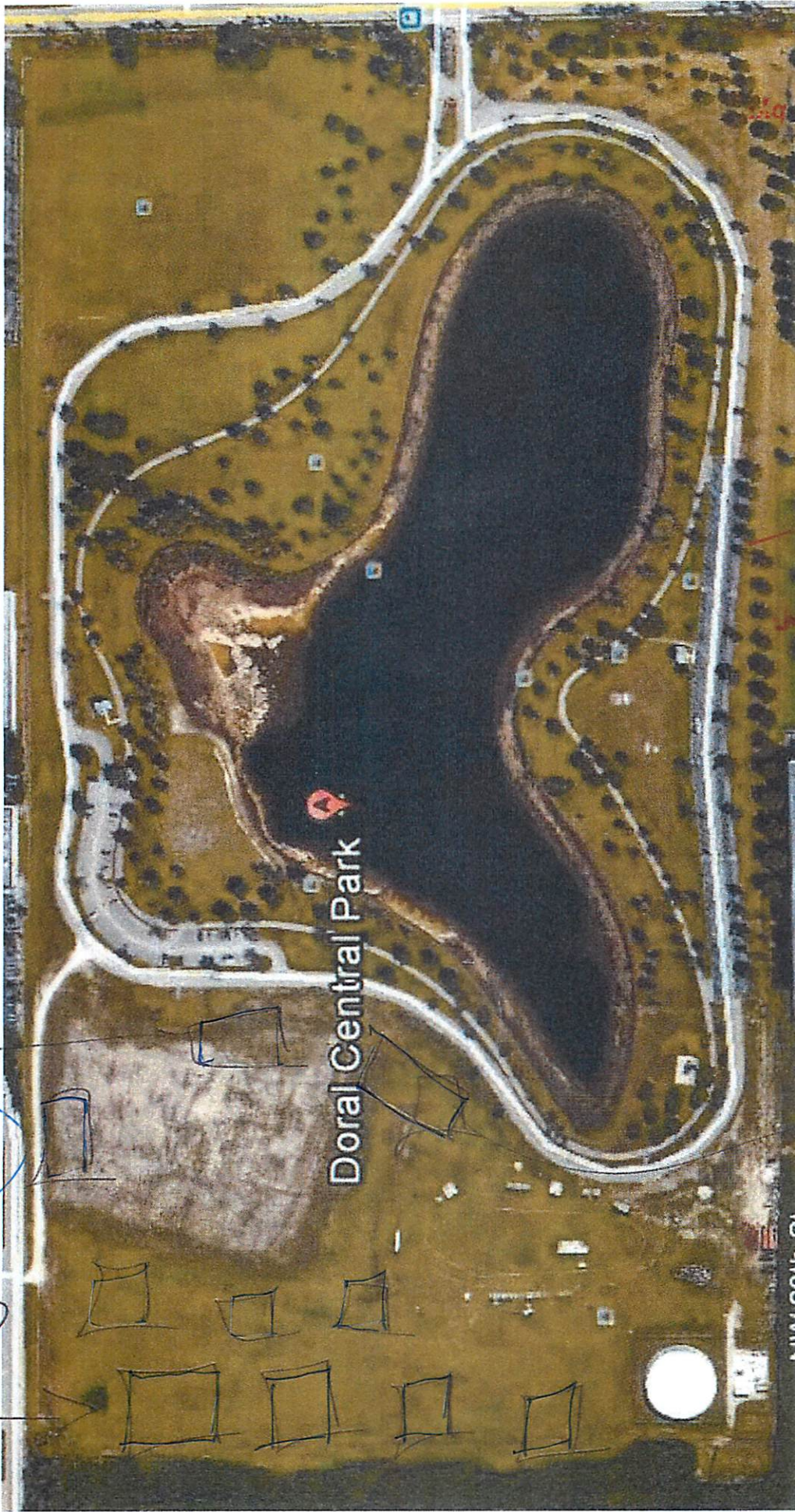
Number of toilets 6 (must show location and distance of the restroom facilities on the Site Plan)

Will your special event have live or taped music?

Yes No _____ Type of music D.J.

Describe who, where and what music will be presented

motivated / energetic music



Electrical Reviewed by Paul Hansen
N/A 7/14/16

Separate Park show to outside
N/A 7/14/16

Building Reviewed by Antonio Erna
N/A A Harwood

Plumbing Reviewed by Jorge Gutierrez
N/A 7/14/16

PLEASE SHOW LOCATION AND DISTANCE OF REST ROOM
REST ROOM
CEPITO

Vendor
Sponsor
TENTS
10x10 Tents
51 AMMS
reorganized
table.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
5/27/2016

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 USI Insurance Services LLC 2375 E. Camelback Road #250 Phoenix Office Phoenix AZ 85016	CONTACT NAME: Vicki Negbee PHONE (A/C, No, Ext): 602-749-4211 E-MAIL ADDRESS: vicki.negbee@usi.biz	FAX (A/C, No):
	INSURER(S) AFFORDING COVERAGE	
INSURED MUSCUDYS Muscular Dystrophy Association, Inc. Julie Faber, Executive VP & CFO 222 South Riverside Plaza #1500 Chicago IL 60606-3208	INSURER A: Philadelphia Indemnity Insurance Co	NAIC # 18058
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES

CERTIFICATE NUMBER: 1572061439

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 <input checked="" type="checkbox"/> 15,000 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:	Y		PHPK1475539	4/1/2016	4/1/2017	EACH OCCURRENCE	\$1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,000
							MED EXP (Any one person)	\$20,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	\$2,000,000
							PRODUCTS - COMP/OP AGG	\$2,000,000
								\$
	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) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				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)

The General Liability policy includes an automatic Additional Insured endorsement that provides Additional Insured status to the Certificate Holder, only when there is a written contract or agreement that requires such status, and only with regard to operations performed by you or on your behalf for which the state or governmental agency or subdivision or political subdivision has issued a permit or authorization. Miami Muscle Walk taking place 11/05/16 at Doral Central Park located in Doral, FL

CERTIFICATE HOLDER**CANCELLATION**

City of Doral 8401 NW 53rd 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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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED – STATE OR GOVERNMENTAL
AGENCY OR SUBDIVISION OR POLITICAL
SUBDIVISION – PERMITS OR AUTHORIZATIONS**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

State Or Governmental Agency Or Subdivision Or Political Subdivision:

Any State or Political Subdivision if required by a signed contract.

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

A. Section II – Who Is An Insured is amended to include as an additional insured any state or governmental agency or subdivision or political subdivision shown in the Schedule, subject to the following provisions:

1. This insurance applies only with respect to operations performed by you or on your behalf for which the state or governmental agency or subdivision or political subdivision has issued a permit or authorization.

However:

- a. The insurance afforded to such additional insured only applies to the extent permitted by law; and
- b. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

2. This insurance does not apply to:

- a. "Bodily injury", "property damage" or "personal and advertising injury" arising out of operations performed for the federal government, state or municipality; or
- b. "Bodily injury" or "property damage" included within the "products-completed operations hazard".

B. With respect to the insurance afforded to these additional insureds, the following is added to Section III – Limits Of Insurance:

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

- 1. Required by the contract or agreement; or
- 2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.



Consumer's Certificate of Exemption

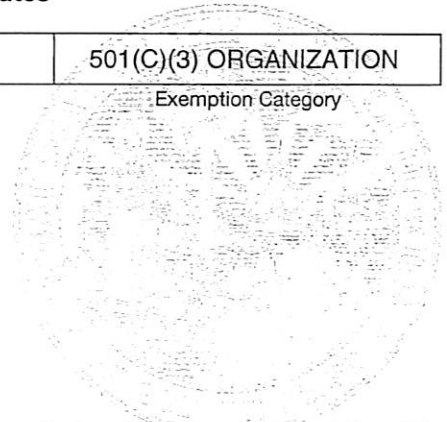
DR-14
R. 04/11

Issued Pursuant to Chapter 212, Florida Statutes

85-8012566459C-9	05/31/2014	05/31/2019	501(C)(3) ORGANIZATION
Certificate Number	Effective Date	Expiration Date	Exemption Category

This certifies that

MUSCULAR DYSTROPHY ASSOCIATION INC
3300 E SUNRISE DR
TUCSON AZ 85718-3208



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.

Helping Kids and Adults Live Longer & Grow Stronger



MDA is leading the fight to free individuals — and the families who love them — from the harm of muscular dystrophy, ALS and related muscle-debilitating diseases that take away physical strength, independence and life. Together with our supporters, we're helping kids and adults live longer and grow stronger. Here's how:

Finding research breakthroughs across diseases

MDA takes a big-picture perspective across neuromuscular diseases to uncover breakthroughs that will accelerate treatments and cures. The power in this research approach is that knowledge and information from one disease can often yield progress in others to speed urgently needed answers for families.

Here are some of MDA's current highlights:

- Funding 200 MDA research projects in 12 countries
- Invest \$75,000 every business day in research
- Awarded 103 MDA research grants in 2015 with a total funding commitment of \$27.3 million
- Contributed to dozens of clinical trials now underway



Caring for kids and adults from day one

MDA provides early diagnosis, highly specialized care and access to promising clinical trials at MDA Care Centers in top hospitals and health care facilities across the United States and Puerto Rico.

In 2015, MDA:

- Provided care and support to 100,000 individuals
- Offered best-in-class, comprehensive care at more than 150 MDA Care Centers
- Coordinated 50,000 visits at MDA Care Centers, with families seeing multiple health care specialists in a single appointment
- Provided information to 3.6 million visitors on mda.org



Empowering families with services and support

From support groups and educational seminars to assistance with durable medical equipment and giving kids with muscular dystrophy the best week of the year at MDA Summer Camp, MDA empowers families in hometowns across America with help and support they need today.

Consider MDA's impact last year:

- 3,800 kids experienced MDA Summer Camp at no charge to their families
- 140 support groups were hosted with 1,200 different sessions
- 350,000 volunteers powered MDA's work in hometowns across America



Take Action to Help Families Live Unlimited



For Strength,
Independence & Life

The freedom to walk, to talk, to run and play. To laugh, to hug. To eat. To breathe. Each day across the country, these everyday freedoms are taken away from kids and adults with muscular dystrophy, ALS and related diseases that weaken muscle strength and severely limit mobility.

You can change that.

Together, we can free families from the harm of these devastating diseases so they can live unlimited.

Join us at mda.org to save and improve the lives of the courageous families we serve.

“MDA means hope. It means strength. It means courage. MDA has been great helping [our son] overcome everyday limitations, and I can’t be more thankful.”

— Josh Lybrand, whose son Ethan has Duchenne muscular dystrophy



Make a donation to fund more research and care for families.



Participate in an event. From joining one of MDA’s Muscle Walks, to running a half marathon on MDA Team Momentum to attending a black-tie gala, you’re sure to find an activity that inspires you from MDA’s 9,500 events nationwide.



Volunteer at your local MDA office, at an MDA Summer Camp or at an MDA fundraising event in your community.



Download our free MDA Amplify app on your smartphone from the app store to raise awareness on social media.



Every voice, every story and every dollar counts. Thank you for giving hope to MDA families and making urgently needed progress possible.

Designated a “Top-Rated Charity” by the American Institute of Philanthropy, MDA is the first nonprofit to receive a Lifetime Achievement Award from the American Medical Association for “significant and lasting contributions to the health and welfare of humanity.”

Muscular Dystrophy Association • mda.org
facebook.com/MDAnational
[@MDAnews](https://twitter.com/MDAnews)



Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

Print or type
 See Specific Instructions on page 2.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. Muscular Dystrophy Association	
2 Business name/disregarded entity name, if different from above	
3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶ _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Apply to accounts maintained outside the U.S.)</i>
5 Address (number, street, and apt. or suite no.) 550 Fairway Drive, Suite 201	Requester's name and address (optional)
6 City, state, and ZIP code Deerfield Beach, FL 33441	
7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number									
				-					
or									
Employer identification number									
1	3	-	1	6	6	5	5	5	2

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here	Signature of U.S. person ▶ <i>Juanita Moore</i>	Date ▶ <i>3-8-16</i>
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.
Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgages interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.



Outdoor Events Submittal Checklist

Event Organizer: *Muscular Dystrophy Association* Event Date: *11/5/16*

- I. Outdoor Event Application *update address on front page, # of tents, generators, size of platform, parking, direction of race (flow), distance of restrooms*
- II. N/A* *Fee (350.00) ** emailed applicant regarding above*
- III. Hold Harmless Letter *Pending*
- IV. **Site Plan
- V. Insurance
- VI. N/A* Owner's Letter of Approval *@ DCP*
- VII. ***Consumer's Certificate of Exemption OR Letter from Department of Treasury (IRS) *Pending*

* 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

Outdoor Event Park Fees

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

Name of Organization:	Muscular Dystrophy Association
Event Title:	MDA Muscle Walk
Event Duration:	6:30am - 2:00pm
Contact Person Name:	Regina Morales
Contact Person Telephone:	561-742-3748
Date of Event:	11/5/2016
Park:	Doral Central Park
Rental Location(s):	Zone E
Parking Zone(s):	Zone 2
Proposed Attendance:	300
Actual Attendance:	

Staff Fees Breakdown				
Employee Name	Title	Hourly Rate	# of Hours	Total
Saba Gonzalez	Park Manager	\$19.55	7.5	\$146.63
TBD	PSA	\$11.00	7.5	\$82.50
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
Staff Fees Total				\$229.13

Fees	Amount Charged	Amount Waived	Amount Refunded
	Rental Fee	\$225.00	\$0.00
Staff Fees	\$229.13	\$0.00	
Trash Container Disposal	\$0.00	\$0.00	
Restroom Holding Tank Cleaning	\$0.00	\$0.00	
Janitorial Supplies	\$100.00	\$0.00	
Parking Fee	\$0.00	\$0.00	
Additional Hour(s)	\$0.00	\$0.00	
Refundable Deposit	\$200.00	\$0.00	
Taxes	\$38.79	\$38.79	
Totals	\$592.91	\$38.79	\$0.00

Total Amount Charged	\$592.91
Total Amount Waived	\$38.79
Total Amount Refunded	\$0.00
Grand Total	\$554.13

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. Organization is to provide parking management.
7. Parking for event must take place in Zone 2 to avoid disruption to normal park activities.
8. Event activities must take place in Zone E.
9. Setup may begin at 6:30am on the day of the event.
10. Organization shall provide vehicular/bicycle traffic management between the event area and the inner loop sidewalk for pedestrians.



 **Parking Zones**

 **Rental Zones**

City of Doral - Outdoor Event
MDA Muscle Walk - Muscular Dystrophy Association
City of Doral Report

No.	Participating City Departments	Required Fees	Notes
1	- Police - Department	\$ 777.75	
3	- Parks & Recreation Department	\$ 554.13	
	Grand Total	\$ 1,331.88	