

**CITY OF NORTH MIAMI
RECREATION SERVICES DEPARTMENT
Insurance Agreement**

Permit # _____

Date of Receipt: _____

Method of Payment: _____

****THIS PERMIT APPLICATION, ALONG WITH THE ORIGINAL INSURANCE CERTIFICATE, MUST BE RECEIVED IN COMPLETE FORM AT LEAST 14 WORKING DAYS PRIOR TO THE EVENT DATE**

1. Type of event (Please be specific): _____

2. Describe the purpose / nature of event or activity _____

3. Park/Facility Name: _____ Exact Location/Shelter# _____

4. Date (s) of event _____ Time (s) of event _____ To _____

Setup Time _____ Departure time _____

5. Organization or person requesting use _____

Address _____ City _____ St _____ Zip _____

Telephone #: Home _____ Work _____ Cell _____

6. E-mail address _____

7. Person responsible to accept all conditions _____

8. Number of Participants expected _____ Chaperone requirements _____

Verbiage _____

9. Signage: # _____ Size: _____ Placement _____

10. Utilities: Lighting (Y/N) _____ Water Supply (Y/N) _____ Other Electrical needs _____

11. List equipment (# and type) you will bring into facility: _____

12. List services requested from City personnel: (see addendum) _____

13. Please check box (s) if necessary Beach Access Road Closure _____
(ROUTE)

14. Food Services: Concessions (list Items & prices) / catering (list company, food & equipment)

15. Insurance: Original Certificate (attached) naming _____
As additional insured for date of event showing general liability Insurance with combined single limit
of \$1,000,000 per occurrence for bodily injury and property damage. Risk Management Approval:
Initials and Date _____ Type _____

16. Tax Exempt: Yes No ID # _____ (Copy of certificate must be attached to application)

17. Parking: Spaces required _____ Spaces available _____

If any unforeseen circumstances occur and/or permittee fails to meet the requirements the City has yet forth, the City of North Miami shall have the right to control, cancel or stop the event in progress. The sponsor or responsible party agrees to indemnify and hold harmless the City of North Miami, its officers, employees and agents from and against all loss, costs expenses, including attorneys' fees, claims, suits and judgments, whatsoever, in connection with injury to or death of any person or persons or loss of or damage to property resulting from any and all operations performed by the sponsor, its officers, employees and agents under any of the terms of this special event permit.

18. Attendance Premium per event: \$75.00 0 - 100 \$105.00 101- 200
 \$150.00 201-350 \$213.00 351-500 \$0.43/pers. 501-5000

*I have read the packet titled "City of North Miami Special Event Permit Application Instructions" and understand and accept the conditions enclosed in this packet.

Date: _____ Signature _____ (Responsible party)

DO NOT WRITE BELOW: OFFICE USE ONLY

FEES: APPLICATION: _____ SERVICES: _____
MATERIALS : _____ RENTALS: _____
GATE ENTRY: _____ TOTAL: _____

DATE RECEIVED FOR REVIEW _____ DIRECTOR / DESIGNEE _____

COMMENTS: _____

FINAL RESOLUTION: APPROVAL DENIAL
DATE: _____ DIRECTOR / DESIGNEE _____

CONDITIONS: _____