#### **RESOLUTION No. 23-150**

A RESOLUTION OF THE MAYOR AND THE CITY COUNCIL OF THE CITY OF DORAL, FLORIDA, APPROVING A SPECIAL EVENT PERMIT REQUESTED BY ENGAGE LIVE, LLC, TO HOST THE "HOUSE OF HORROR HAUNTED CARNIVAL" TO BE HELD AT MIAMI INTERNATIONAL MALL, LOCATED AT 1625 NW 107 AVENUE, DORAL, FL 33172 FROM THURSDAY, SEPTEMBER 28 TO TUESDAY, OCTOBER 31, 2023, VARYING IN TIMES FROM 5:30 PM TO 12:00 AM; PROVIDING FOR IMPLEMENTATION; AND PROVIDING FOR AN EFFECTIVE DATE

WHEREAS, Engage Live, LLC (the "Applicant") seeks approval from the City of Doral ("City") for a special event permit to host the "House of Horror" event at International Shopping Mall in the City ("Event"), as more particularly set forth in their application, which is attached hereto as Exhibit "A"; and

**WHEREAS,** the annual Event is marketed as South Florida's premier Halloween themed attractions, and features amusement rides and haunted houses; and

WHEREAS, staff recommends that the Mayor and City Council approve the proposed special event permit for the Event from Thursday, September 28, 2023 to Tuesday, October 31, 2023 at International Shopping Mall, according to the schedule provided, which varies from 5:30 pm to 12:00 a.m.

## NOW, THEREFORE, BE IT RESOLVED BY THE MAYOR AND THE CITY COUNCIL OF THE CITY OF DORAL, FLORIDA, AS FOLLOWS:

**Section 1. Recitals.** The foregoing recitals are confirmed, adopted, and incorporated herein and made as part hereof by this reference.

**Section 2. Approval.** The special event permit application, attached hereto as

Exhibit "A" for the "House of Horror" is hereby approved subject to the following

conditions:

- 1. The Applicant shall secure all necessary and required building, electrical, plumbing, or other permits, and shall immediately furnish proof of such permits upon request from the City.
- 2. The Applicant shall be required to have all inspections and approvals prior to the event date.
- 3. Sanitary facilities shall be provided by the Applicant and shall be of the type and in a sufficient number as to meet the requirements established by the Building Department.
- 4. The Applicant is responsible for providing adequate security at the special event. The police department may require the Applicant to provide and pay for security personnel for crowd control and traffic direction purposes. The county fire rescue department may require the Applicant to provide and pay for fire watch personnel.
- 5. The Applicant shall comply with the comments made by the City of Doral Police Department and pay all applicable fees no later than 14 days in advance of the event.
- 6. The Applicant shall provide to the City of Doral an acceptable certificate of insurance naming the city as an additional insured four weeks prior to the event date.
- 7. If applicable, the Applicant shall secure a maintenance of traffic (MOT) permit from the City of Doral Public Works Department and/or Miami-Dade County Department of Transportation and Public Works prior to event start date.

Section 3. Effective Date. This Resolution shall become effective immediately

upon its adoption.

The foregoing Resolution was offered by Vice Mayor Pineyro who moved its adoption.

The motion was seconded by Councilmember Puig-Corve and upon being put to a vote,

the vote was as follows:

| Mayor Christi Fraga         | Yes |
|-----------------------------|-----|
| Vice Mayor Rafael Pineyro   | Yes |
| Councilwoman Digna Cabral   | Yes |
| Councilwoman Maureen Porras | Yes |
| Councilman Oscar Puig-Corve | Yes |

PASSED AND ADOPTED this 13 day of September, 2023.

CHRISTI FRAGA, MAYOR

ATTEST:

CONNIE DIAZ, MMC CITY CLERK

APPROVED AS TO FORM AND LEGAL SUFFICIENCY FOR THE USE AND RELIANCE OF THE CITY OF DORAL ONLY:

VALERIE VICENTE, ESQ. for NABORS, GIBLIN & NICKERSON, P.A. CITY ATTORNEY

# EXHIBIT "A"





### City of Doral Outdoor Event Application

| Special Event Name:    | House of Horror Haunted Carnival                   |                          |                      |  |
|------------------------|--|--------------------------|----------------------|--|
| •                      | d And Live Engage, LLC                             | Event Address:           | 1625 NW 107 Avenue   |  |
| City: Doral State:     | FL Zip Code: 331                                   | 72 Dates: 9/28/2         | 2023 to 10/31/2023   |  |
| S<br>Event Hours: From | FL Zip Code: 331<br>EE ATTACHED SCH1<br>(am/pm) to | EDVLE<br>(am/pm) Estimat | ed Attendance:60,000 |  |

#### **Applicant Information**

| Applicant's Name:  | Anthony All  | pelo            |        |               | C            |
|--------------------|--------------|-----------------|--------|---------------|--------------|
| Applicant Address: | 2301 NW 87   | Ave.; 6th Floor | Cit    | y: Doral      | State: FL    |
| Zip Code: 33172    | 2 Telephone: | 305.206.8252    | Email: | talbelo@engag | elivellc.com |

|                 | Promoter/Company Information                     |
|-----------------|--|
| Organizer Name: | Loud And Live Engage, LLC.                       |
| -               | 2301 NW 87 Ave.; 6th Floor City: Doral State: FL |
| Telephone:      | 321.5967 Email: Inavarro@engagelivellc.com       |



## HOUSE OF HORROR HAUNTED CARNIVAL | 2023

#### **Event Location:**

• Miami International Mall

1625 NW 107 Avenue

Doral, FL 33172

#### **Event Dates:**

• Thursday, September 28, 2023 – Tuesday, October 31, 2023

#### **Hours of Operation:**

- Monday's: CLOSED
  - Exception: Open on Monday, October 30, 2023, from 6:00PM 11:00PM
- Tuesday's: 6:00PM 11:00PM
- Wednesday's: 6:00PM 11:00PM
- Thursday's: 6:00PM 11:00PM
- Friday's: 5:30PM Midnight
- Saturday's: 5:30PM Midnight
- Sunday's: 5:30PM 11:00PM

#### **General Event Information**

#### **TYPE OF EVENT:**

Grand Opening Parade 5K Run/Walk Corporate/Business Groundbreaking/New Project

Athletic/Sports Holiday Themed Store Anniversary Other (specify):

#### **SPECIAL CONSIDERATIONS:**

Animal 🗌 Cooking 🖌 Alcoholic Beverages 🖌 Road Closures 🗌 Firework 🗌 Food Trucks 🖌

Other (specify): Amusement attractions

**Event Description:** House of Horror Haunted Carnival is a Halloween event

featuring amusement rides, and haunted houses, held at the old Sears building

at Miami International Mall and the surrounding parking lot areas..

 Purpose of Event:
 House of Horror Haunted Carnival is South Florida's premier

 Halloween themed attraction backed by a \$500K valued media campaign promoting

the City of Doral.

Period of Requested Use (Including Set-up / Tear-down and Clean-up time): From 07.01.2023 To 11.15.2023

| Yes          | No |  |
|--------------|----|--|
| $\checkmark$ |    | Is this event open to the general public?  |
| $\checkmark$ |    | Will there be an admission fee? If yes, please provide amount(s): <u>\$20 - \$40</u> |
| $\checkmark$ |    | Will alcoholic beverages be served/sold Yes 🖌 No Type various Price varies           |
| $\checkmark$ |    | Will you have music? Live 🖌 Taped 🖌 Type of music TBD                                |
| $\checkmark$ |    | Will there be on-site registration?  |
| <b>I</b> BD  |    | Will there be sponsors or vendors on-site? If yes, please list them below.           |

6



#### **Outdoor Event Budget**

#### **Detailed Revenue**

| Source      | Price         | Total Amount of Income |
|-------------|---------------|------------------------|
| Admission   | \$ 42         | \$ 2,502,600           |
| Concessions | \$ 1,000      | \$ 42,000              |
|             |               |                        |
|             | Total Revenue | \$ 2,544,600.00        |

#### **Detailed Expenditures**

| ltem                  | Total Amount of Expense |
|-----------------------|-------------------------|
| Amusement Attractions | \$ 950,000              |
| Marketing             | \$ 500,000              |
| Opeartions            | \$ 1,063,600            |
|                       |                         |
| Total Expenses        | \$ 2,513,600            |
| Net Income Expected   | \$ 31,000               |

#### **Outdoor Event History**

List any events sponsored by your organization and where they were held. Please include, the event name, date, total attendance, and any incidents during the event (if any).

- Latin GRAMMY Accoustic Sessions (Miami 2017) 1,000 Guests

   Latin GRAMMY Accoustic Sessions (LA 2017) 1,000 Guests

   Latin GRAMMY Accoustic Sessions (Dallas 2017) 1,000 Guests

   Latin GRAMMY Accoustic Sessions (Dallas 2017) 1,000 Guests

   Latin GRAMMY Accoustic Sessions (Dallas 2017) 1,000 Guests
- 2. Latin GRAMMY Street Party (Miami 2003 2005) 25,000 Guests Latin GRAMMY Street Party (Dallas 2015) 40,000 Guests
- 3. McDonald's Privat Latin GRAMMY Concert (Las Vegas 2025 2018) 30,000 Guests House of Horror Haunted Carnival (Doral 2004 - 2018, 2021 & 2022) 55,000 Guests

| Building Department Initial Review  |      |
|---|------|
| Building Trade  |      |
| Will your event require tents? Size:       Various       Quantity:       20       If larger than 10×10, please explain how the tent(s) will be grounded?       Tents will have         water barrels and/or concrete holding them down.       Tents will be grounded?       Tents will have | No   |
| Will your event require a stage, or platform? Size: Quantity:         Other temporary structure(s)? Please, explain:  | V    |
| Office Use Only   |      |
| Permit Required: Yes 🔲 No 🛄 Staff: Date:  |      |
| Electrical Trade  |      |
| Ye  | s No |
| Will a generator be used? Size (Watts): Quantity: Quantity:   |      |
| Will light towers be used? Quantity: 6  |      |
| Any other electrical need(s) not specified? Please, explain:  |      |
| Office Use Only   |      |
| Permit Required: Yes No Staff: Date:  |      |
| Plumbing Trade  |      |
| What type of restroom facilities will be provided? Existing Building Portable Toilets<br>What is the distance of the path to the restrooms nearest the main event? 50 (ft.)<br>(Restrooms located more than 500 feet from general event area will require a permit)                         | -    |
| Office Use Only   |      |
| Permit Required: Yes 📃 No 📃 Staff: Date:  |      |

#### **Public Works Department**

#### **Traffic Impact Initial Review**

| Will your event involve any partial or complete road/lane closures? Yes No 🗹 if yes, please provide additional information below. |                  |                    |          |
|---|------------------|--------------------|----------|
| Will your event involve any par   | tial or complete | sidewalk closures? | Yes No   |
| Proposed event will occupy: One lane 🗌 Two Lanes 🛄 Half Street 🔲 Full Street 🗌  |                  |                    |          |
| How many of the following?  | Vehicles         | Pedestrians        |          |
| Street Name:  |                  |                    |          |
| From:   | to               |                    |          |
| Beginning Date:   | _Time:           | _ Ending Date:     | Time:    |
| Street Name:  | 11               |                    | <u> </u> |
| From:   | to               |                    |          |
| Beginning Date:   | Time:            | _ Ending Date:     | Time:    |

| Street Name:    |       |              |       |
|-----------------|-------|--------------|-------|
| From:           |       | _ to         |       |
| Beginning Date: | Time: | Ending Date: | Time: |

You may be required to hire off-duty police officers for traffic control and ensure the safety of participants and/or spectators.

Emergency vehicles must have access without delay.

| Office U                             | Ise Only |
|--------------------------------------|----------|
| MOT Permit Required: Yes No Staff: _ | Date:    |

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| 000                  | May 23, 2023  |
| 000                  |   |
| 000                  |   |
| 000                  |   |
| 000                  | City of Doral   |
| 000                  | 8401 NW 53 <sup>rd</sup> Terrace  |
| 0 0 0                | Doral, FL 33166   |
| 0 0 0                |   |
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| 000                  | To Whom it May Concern:   |
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| 0 0 0                | l (We) agree to hold the City of Doral, its agents, and authorized personnel harmless and relieve |
| 000                  | them from any recomministive on lightlithe for any legal action and the                           |
| 000                  | them from any responsibility or liability for any legal action or damage, cost of expense         |
| 0 0 0                | (including attorney's fees) resulting from damage, and/or personal injury that should occur on    |
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| 000                  | Anthony Albelo  |
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| 000                  | EngageLive!   |
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| 0 0 0                | REBECCALOPEZ The foregoing instrument was acknowledged  |
| 0 0 0                | Commission # GG 299915 before me me The 74 h day of the   |
| 0 0 0                | Expires June 8, 2023  |
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|---|---|--------------|--|--|-------------------------------|----------------------------|---|----------------|-----------------------|
| Ą   | CORD <sup>®</sup> C   | ER'          | RTIFICATE OF LIABILITY INSURANCE   |  |                               |                            | CE  |                | • •                   |
| C<br>B  | HIS CERTIFICATE IS ISSUED AS A M<br>ERTIFICATE DOES NOT AFFIRMATI<br>ELOW. THIS CERTIFICATE OF INS<br>EPRESENTATIVE OR PRODUCER, AN | VELY<br>URAN | OR NEGA  | TIVELY AMEND,<br>NOT CONSTITUT                                       | EXTEND OR AL                  | TER THE CO                 | VERAGE AFFORDED E                               | TE HO<br>BY TH | LDER. THIS            |
| IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed.<br>If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on<br>this certificate does not confer rights to the certificate holder in lieu of such endorsement(s). |   |              |  |  |                               |                            |   |                |                       |
| <u> </u>  |   |              | 954-883-29   |  | CONTACT<br>NAME:              | 1.                         |   |                |                       |
| Tane<br>2900  | <sup>DUCER</sup><br>enbaum Harber of Florida<br>0 SW <u>149th Avenue</u>  |              |  | PHONE<br>(A/C, No, Ext): 954-883-2900 FAX<br>(A/C, No): 954-517-7400 |                               |                            |   |                |                       |
|   | amar, FL 33027-6605<br>enbaum Harber of Florida   |              |  |  | E-MAIL<br>ADDRESS:            |                            |   |                |                       |
|   |   |              |  | -  | INSURER(S) AFFORDING COVERAGE |                            |   |                | NAIC #                |
| INSURED   |   |              |  |  | INSURER A : Everes            | rd Casualty                | Insurance Co                                    |                | 29424                 |
| Loud  | f and Live Inc.   |              | -  |  |                               |                            |   | 1              |                       |
| Nels  | age Live, LLC<br>on Albareda  |              |  |  | INSURER D :                   |                            |   |                |                       |
|   | NW 87th Ave, 6 Floor<br>I, FL 33172   |              |  |  | INSURER E :                   |                            |   |                |                       |
|   |   |              |  |  | INSURER F :                   |                            |   |                |                       |
| COVERAGES CERTIFICATE NUMBER:   |   |              |  |  | REVISION NUMBER:              |                            |   |                |                       |
| IN  | HIS IS TO CERTIFY THAT THE POLICIES<br>IDICATED. NOTWITHSTANDING ANY RE<br>ERTIFICATE MAY BE ISSUED OR MAY F                        | QUIRE        | MENT, TER  | M OR CONDITION (   | OF ANY CONTRAC                | T OR OTHER                 | DOCUMENT WITH RESPE                             | ст то          | WHICH THIS            |
| E   | XCLUSIONS AND CONDITIONS OF SUCH I  | POLICI       | ES. LIMITS 5   | SHOWN MAY HAVE I   | BEEN REDUCED B                | PAID CLAIMS                | D HEREIN IS SUBJECT T                           |                | THE TERMS,            |
| INSR  | TYPE OF INSURANCE   | ADDL SU      |  | POLICY NUMBER  | POLICY EFF<br>(MM/DD/YYYY     | POLICY EXP<br>(MM/DD/YYYY) | LIMITS  |                |                       |
| A   | X COMMERCIAL GENERAL LIABILITY  |              |  |  | 08/15/2022                    |                            | EACH OCCURRENCE                                 | \$             | 1,000,000             |
|   |   | Y            | SI8ML026   | 62221  |                               | 08/15/2023                 | DAMAGE TO RENTED<br>PREMISES (Ea occurrence) \$ |                | 1,000,000<br>Excluded |
|   | X Liquor Liability  |              |  |  |                               |                            | MED EXP (Any one person) \$                     |                | 1,000,000             |
|   |   |              |  |  |                               |                            | PERSONAL & ADV INJURY                           | \$             | 2,000,000             |
|   | GEN'L AGGREGATE LIMIT APPLIES PER:<br>X POLICY PRO-<br>JECT LOC   |              |  |  |                               |                            | GENERAL AGGREGATE<br>PRODUCTS - COMP/OP AGG     | \$<br>\$       | 1,000,000             |
|   | OTHER:  |              |  |  |                               |                            |   | \$             |                       |
| В   | AUTOMOBILE LIABILITY  |              |  |  |                               |                            | COMBINED SINGLE LIMIT<br>(Ea accident)          | \$             | 1,000,000             |
|   | X ANY AUTO  | 21UECDL8913  |  |  | 05/04/2023                    | 05/04/2024                 | BODILY INJURY (Per person) \$                   |                |                       |
|   | OWNED<br>AUTOS ONLY AUTOS   |              |  |  |                               |                            | BODILY INJURY (Per accident)                    | \$             |                       |
|   | AUTOS ONLY AUTOS ONLY   |              |  |  |                               |                            | PROPERTY DAMAGE<br>(Per accident)               | \$             |                       |
| A   | UMBRELLA LIAB X OCCUR   |              |  |  | 08/15/2022                    |                            | EACH OCCURRENCE                                 | \$             | 5,000,000             |
|   | X EXCESS LIAB CLAIMS-MADE   |              | SI8EX0   | 2129221  |                               | 08/15/2023                 | AGGREGATE                                       | s              | 5,000,000             |
|   | DED RETENTION \$  |              |  |  |                               |                            |   | \$             |                       |
| A   | WORKERS COMPENSATION<br>AND EMPLOYERS' LIABILITY  |              |  |  |                               |                            | X PER OTH-<br>STATUTE ER                        | _              |                       |
|   |   | N/A          | SI8WC009   | 58221  | 08/15/202                     | 2 08/15/2023               | E.L. EACH ACCIDENT                              | \$             | 1,000,000             |
| 1   | (Mandatory In NH)   |              |  |  |                               |                            | E.L. DISEASE - EA EMPLOYEE                      | \$             | 1,000,000             |
|   | DESCRIPTION OF OPERATIONS below   |              | _  |  |                               |                            | E.L. DISEASE - POLICY LIMIT                     | \$             | 1,000,000             |
|   |   |              |  |  |                               |                            |   |                |                       |
| _   |   |              |  |  |                               |                            |   |                |                       |
|   | CRIPTION OF OPERATIONS / LOCATIONS / VEHICL   |              | -  |  |                               | ore space is requir        | red)  |                |                       |
| City  | v of Doral is an additional insured,<br>an required by written contract, su   | with         | respects   | to General Liabi   | lity,<br>and                  |                            |   |                |                       |
| limi  | tation of the policy.   | Dject        |  |  | anu                           |                            |   |                |                       |
|   |   |              |  |  |                               |                            |   |                |                       |
|   |   |              |  |  |                               |                            |   |                |                       |
|   |   |              |  |  |                               |                            |   |                |                       |
| CE  | RTIFICATE HOLDER  |              |  |  | CANCELLATION                  |                            |   |                |                       |
|   |   |              |  | DORALC1  | CALCER TO L                   |                            |   |                |                       |
|   | City of Doral<br>8300 NW 53rd Street, Ste   |              | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE<br>THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN<br>ACCORDANCE WITH THE POLICY PROVISIONS. |  |                               |                            |   |                |                       |
|   | Doral, FL 33168   |              | AUTHORIZED REPRESENTATIVE  |  |                               |                            |   |                |                       |
|   |   |              |  |  |                               |                            |   |                | 1.1                   |

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