RESOLUTION No. 17-37

A RESOLUTION OF THE MAYOR AND THE CITY COUNCIL OF THE CITY OF DORAL, FLORIDA, APPROVING AN OUTDOOR EVENT PERMIT FOR CHEVY'S RESTAURANT MIAMI TO HOST THE "CINCO DE MAYO 2017" EVENT AT 8191 NW 12 STREET, DORAL, FLORIDA 33126, ON FRIDAY, MAY 5, 2017 FROM 4:00PM TO 2:00AM; PROVIDING FOR IMPLEMENTATION; AND PROVIDING FOR AN EFFECTIVE DATE

WHEREAS, the Chevy's Restaurant Miami ("Applicant") seeks approval from the City of Doral for an Outdoor Event Permit, pursuant to the Application, attached hereto as Exhibit "A", which is incorporated herein and made a part hereof by this reference; and

WHEREAS, staff has recommended that Council approve the Applicant's proposed Outdoor Event Permit to host "Cinco de Mayo 2017" event on Friday, May 5, 2017 from 4:00pm to 2:00am at 8191 NW 12th Street, Doral, Florida 33126, 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 confirmed, adopted, and incorporated herein and made a part hereof by this reference.

Section 2. Approval. The outdoor event permit for "Cinco de Mayo 2017" event is hereby approved subject to the following conditions:

- 1. Compliance with the comments made by the City of Doral Police Department, as specified in Exhibit "B"; and
- Acquisition of all required permits and performance of all inspections prior to event start date, consistent with the City of Doral Building Department requirements.

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

<u>Section 4.</u> <u>Effective Date.</u> The Resolution shall become effective immediately upon adoption.

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

| Mayor Juan Carlos Bermudez | Yes |
|----------------------------|-----|
| Vice Mayor Pete Cabrera | Yes |

Councilwoman Christi Fraga Absent/Excused

Councilwoman Claudia Mariaca Yes Councilwoman Ana Maria Rodriguez Yes

PASSED and ADOPTED this 8 day of March, 2017.

JUAN CARLOS BERMUDEZ, MAYOR

ATTEST:

CONNIE DIAZ, CMC

CITY CLERK

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

WEISS, SEROTA, HELFMAN, COLE & BIERMAN, P.L.

CITY ATTORNEY

EXHIBITS

☐ Public Property Event Permit ☐ Special Private Property Event Permit



CITY OF DORAL PLANNING & ZONING DEPARTMENT OUTDOOR EVENT PERMIT

| \cap | , | da Mana | 2017 | |
|-------------------------|---------------------|------------------------------|----------------------------------|-----------------|
| Special Event | inco | ar mayo | | ass |
| Promoter/Organiza | tion | Wys Ros | toward Mia | Υvì |
| Facility Address 81 | 1 WN 191 | 2"54. Doral, F | 1.33126 Dates 05 | 05/17 05/6/17 |
| Hours of Operation | 4 PM | to _ 2 AM | Estimated Attenda | ance/Day 1200 |
| TYPE OF EVENT | Τ: | | | |
| Music |] Parade | Art Show | TV Commercial | ☐ Movie Filming |
| Athletic | Other (specify) | | | |
| EXTRAORDINA | RY USES: | | | |
| Animals | Firearms | Explosives/Fireworks | Road Closures | Cooking |
| Alcoholic Beverages | served [†] | Tents/temp structures | Aircraft | |
| Other (specify) | | | | |
| * For events where alco | oholic beverages | will be served, page three o | f this application must be fille | d out. |
| Approved: (Initi | ials & Date |) | | |
| City Manager | | | | _ |
| Planning & Zoning [| Director | | | _ |
| Building Official | | July 1 | 2.7.17 | _ |
| Permit(s) F | Required? Ye | s NoTy | pe(s) BEP | - |
| Parks & Recreation | Director | *** | | |
| Police Department | | | | _ |
| Fire Department | | and the second | | ··· |
| | | | | |

Please be advised that a Building permit and fee may be required.

OUTDOOR EVENT APPLICATION

Date of Application

| Name of Person or Organization (Permittee) Chuy & Kestuwart |
|--|
| Mailing Address 8191 NW 12th St. Doral, Fl. 33126 |
| Represented By Faris Bushing Title Managing Partru |
| Phone 954-684-2568 Fax 305-436-9426 |
| Is your organization For-profit Non-Profit |
| Location or Park Area requested A+ ReS+WWitt |
| Describe fully the space required for your event, and how your event will contribute to the benefit of the community WE WE GOING TO HWE ON OUTDOOK |
| event in our parking fort. It has become the |
| premier Cinco de Mayo Party in Miami bringing |
| exposure to the city of Doral. |
| What type of entertainment is planned, include performer(s) name(s) and/or group(s) name(s) |
| |
| Cinco de Mayo includes outdoor Festivities |
| such as Live Mariachia, Face painting, a Dive |
| band and two two D's. |
| Dates of Event Friday 05/05/17 |
| Rain Date (if any) |
| Period of Requested Use (Including Set-up / Tear-down and Clean-up time): |
| From 05/5/174PM To ZAM. (05/6/17) |
| Hours of Operations 4 PM - ZAM |
| Estimated Size of Crowd: Participants 5414 100 Spectators 1200 |
| Who is the contact person for your event? |
| Name Tony Kowoosi |
| Address 8191 NW. 12th St. DOTAL, F1. 33126 |
| Agency Chary's Restaurant |
| 715 397-7883 - COV-954-439-4441 |

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. NOWO **Z016** Cinco Miami 305-392-2883 1.000 2015 Mano Mianu 305-392-2883 1200 estaurant Hiami 305-392-2883 1700 2013 10m0 Miami 305-397-2883 ushnaq 3.000 2017 OWOM 305-392-2663 Bushnag Miami 3.000 Do you owe anyone money for expenses incurred or revenue promised from prior events? **Amount Owed** Date Event Person

OUTDOOR EVENT BUDGET

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

DETAILED REVENUE

| Source | · Price | Total Amount of Income |
|--|---|------------------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | Total Revenue | |
| | DETAILED EXPENDITURES | |
| | ltem | Total Amount of Exper |
| | | |
| | | |
| Mart van verskerene verskerene verskeren versker enhandelsk half de een het verskeren enhande enhandelsk half de een bestel verskeren enhandelsk half de een bestel verskeren en bestel ve | | |
| | | |
| | | |
| | | |
| | | |
| | Total Expenses | |
| | Net Income Expected | |
| | DETAILED IN KIND SERVICES | |
| | Item | Value of Contribution |
| | . 110 | |
| | NA | |
| | | |
| | | |
| | | |
| | | |
| | Total Value | |
| | | |
| escribe the intended use | e of net income generated from this speci | ai event |
| | | |
| | | |
| | | |
| | | |

OUTDOOR EVENT ACTIVITIES/ELEMENTS

| List all Co-Sponsors | | | |
|--|--|--|--|
| Name | Address | City, State Zip | Phone Number |
| | | | |
| | • | | • |
| | | | |
| | | | |
| | usiness activity of these tme | | tivity |
| INA | une | ^- | dvity |
| <u></u> | | | |
| | | | |
| | | | |
| Will alsoholis hoverage | es be served at your eve | ent? Yes X | No |
| rvill alcoholic beverage | is be served at your eve | | |
| | | Beer | Price 45.00 |
| | | V | Price \$ 5.00 |
| | | Wine | Price W |
| | 1 1 | oolic heverages will be ser | ved |
| Doscriba who where a | and what time the alcor | | 100 |
| Describe who, where a | and what time the alcor | ione beverages iiii oc dei | |
| | | Fiday | |
| | PM - ZAM | Friday | |
| 41 | PM-ZAM | Friday | |
| いました Will your special event | PM-ZAM | Figures a permit if greater that | |
| いました Will your special event | PM-ZAM | Friday | |
| Will your special event under any size tent) | PM-ZAM | res a permit if greater tha | n 10' x 10' or if cooking |
| Will your special event under any size tent) Yes | require tents? (Require No | res a permit if greater tha | n 10' x 10' or if cooking |
| Will your special event under any size tent) Yes | require tents? (Require No | res a permit if greater tha | |
| Will your special event under any size tent) Yes | require tents? (Require tents?) No er of tents | res a permit if greater that (2): (2) (1) 7 | n 10' x 10' or if cooking |
| Will your special event under any size tent) Yes Indicate size and number with the electrical size and | require tents? (Require tents?) (Require tents?) (Require tents?) (Requirements of the Expression of t | res a permit if greater that it is a permit if greater that the permit is greater than the permit is | n 10' x 10' or if cooking |
| Will your special event under any size tent) Yes Number and number and number and number and number are the electrical | require tents? (Require tents?) (Require tents?) (Require tents?) (Requirements of the Expression of t | res a permit if greater that (2): (2) (1) 7 | n 10' x 10' or if cooking |
| Will your special event under any size tent) Yes | require tents? (Require tents? (Require tents?) The requirements of the Expression watts \$5 K | res a permit if greater that (a) (b) 7 (b) Vent? W OR Fed from Building | n 10' x 10' or if cooking |
| Will your special event under any size tent) Yes | require tents? (Require tents? (Require tents?) The requirements of the Experiments of the Experiments of the Experiments and outlets to be use | res a permit if greater that (a) (b) 7 vent? W OR Fed from Buildings | n 10' x 10' or if cooking 0 X 30 _ ① Z 0 X |
| Will your special event under any size tent) Yes | require tents? (Require tents? (Require tents?) The requirements of the Experiments of the Experiments of the Experiments and outlets to be use | res a permit if greater that (a) (b) 7 vent? W OR Fed from Buildings | n 10' x 10' or if cooking 0 X 30 _ ① Z 0 X |
| Will your special event under any size tent) Yes | require tents? (Require tents? (Require tents?) The requirements of the Expression of the Expression of the Expression of the Expression facilities will be provided to the Expression of the Expression facilities will be provided to the Expression of the Expressio | res a permit if greater that (a) (b) 7 (b) 2 (c) 4 (d) 6 (d) 7 (d) | n 10' x 10' or if cooking OX30 - OZOX ng Electrical |
| Will your special event under any size tent) Yes | require tents? (Require value) (Require tents? (Require value) | res a permit if greater that (a) (b) 7 (b) 2 (c) 4 (d) 6 (d) 7 (d) | n 10' x 10' or if cooking OX30 - OZOX ng Electrical |
| Will your special event under any size tent) Yes | require tents? (Require value) (Require tents? (Require value) | res a permit if greater that (a) (b) 7 vent? W OR Fed from Buildings | n 10' x 10' or if cooking OX30 - OZOX ng Electrical |
| Will your special event under any size tent) Yes | require tents? (Require value of tents 100) I requirements of the Estand outlets to be used of facilities will be provided on facilities will be provided | res a permit if greater that (a) (b) 7 (b) 7 (c) 7 (c) 8 (d) 7 (d) 7 (d) 7 (d) 7 (d) 7 (d) 8 (d) | n 10' x 10' or if cooking OX30 - OZOX ng Electrical |
| Will your special event under any size tent) Yes | require tents? (Require value of tents 100 | res a permit if greater that (a) (b) 7 (b) 7 (c) 7 (c) 8 (d) 7 (d) 7 (d) 7 (d) 7 (d) 7 (d) 8 (d) | n 10' x 10' or if cooking O X 30 - () Z O X Ing Electrical ance of the restroom |

OUTDOOR EVENT SALE OF GOODS

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

| Item | Price |
|---------------------|---------|
| 2001 | \$ 5.00 |
| Bor. Margaritas | |
| Margaritas | \$ 5.00 |
| 1 144 0 901 1 101 9 | 4 0:00 |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | 1 |

Jan Bul Hanging Partner alla017
Signed by Permittee Title Date



To whom it may concern:

This letter is to certify that Chevys Fresh Mex does not hold the City of Doral with any responsibility or liability from any events occurring at our annual Cinco de Mayo event to be held Friday May 5th 2017 at 8191 NW 12 St., Miami.

If you have any additional questions, please feel free to contact me.

Faris Bushnaq Managing Partner 8191 NW 12 St. Miami, FL 33126 (305) 392-2883

February 1, 2017

City of Doral

Chevys has been hosting Cinco de Mayo fiesta since 1996. We have become the number one destination for this great cultural event. We are committed to organizing a fun and safe event for all our patrons and guests. Cinco de Mayo is a signature event in the heart of Doral and signifies the battle of Puebla in 1847 where Mexico defeated the French forces in an important victory to ensure themselves of independence. This historical event signifies freedom and is celebrated in all Mexican Restaurants all around the world.

Cinco de Mayo has become a marquee event in the City of Doral where we celebrate this great cultural event with Live Mariachis and Great Mexican Food.

, The following information and measures are going to be taken to insure a successful and safe event:

- Security- we have contracted City of Doral Miami Dade police to provide security for the event. A total of 5 police officers with one sergeant will be securing the event. In addition a team of 6 private security personnel will assist in the security and organization of the event.
- 2. Restrooms- We are renting twelve portable toilets plus two handicap toilets
- 3. Master of Ceremonies- We will utilize the services of a professional master of ceremonies to coordinate safety, responsible drinking and directing crowd and also insuring guests are parking in the proper areas.
- 4. Parking- We have received permission from Adler Management Company for the use of their parking areas. We had to provide insurance information liability and a deposit was given. We are responsible for the clean-up of their parking lots after the party and provided them a \$3,500 deposit for guarantee. We also provided them with our insurance

information listing them as secondary insurers.

5. All our flyers and ads in the newspapers encourage responsible alcohol consumption.

6. Cleanup- We have contracted the services of a cleaning crew during the event to maintain a clean and safe environment they will also be back in the morning to complete a detail

cleaning of all surrounding areas.

7. Responsible alcohol service, with the partnership of our vendors we are using two

computerized ID machines, placing wrist bands on all guests over 21.

8. Lighting- we have six double lighting poles, each with 1,000 watts. In addition we will

have extra lighting all through-out the event

Once again, we are committed and determined to organize a great fun event and safe for

everyone.

If you have any additional questions please do not hesitate in contact me.

Faris Bushnaq Manager Partner

Chevys Fresh Mex Restaurant

(305) 395-2883

February 1, 2017



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 9/27/2016

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 | | | CONTACT Maeghan Trosclair | |
|-------------------|-----------|-----------------------------|--|---------------------------------------|
| Eagan Insurance A | Agency, L | .TC | | 04) 836-9621 |
| 2629 N. Causeway | Blvd. | | E-MAIL ADDRESS: trosclairm@eaganins.com | |
| P. O. Box 8590 | | | INSURER(S) AFFORDING COVERAGE | NAIC # |
| Metairie | LA | 70002 | INSURER A :Liberty Mutual Fire Insurance | |
| INSURED | | | INSURER B Liberty Mutual Insurance Group | |
| Southeast Restaur | rant Grou | p - Main, L.L.C. | INSURER C: | |
| 1201 Canal St. Ur | nit C-2 | | INSURER D: | |
| | | | INSURER E: | · · · · · · · · · · · · · · · · · · · |
| New Orleans | LA | 70112 | INSURER F: | |
| COVERAGES | | CERTIFICATE NUMBER:16-17WC; | 15-17 all others 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 | TYPE OF INSURANCE | ADDL | | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | |
|------|--|------|--------------------|----------------------------|----------------------------|--|--|
| A | X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR | | | | | EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ | 1,000,000 300,000 |
| | | x | TB2-691-463093-035 | 9/30/2015 | 3/1/2017 | MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ | 10,000 |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | GENERAL AGGREGATE \$ | 2,000,000 |
| | POLICY PRO: X LOC | | | | | PRODUCTS - COMP/OP AGG \$ | 2,000,000 |
| `— | AUTOMOBILE LIABILITY | | | | | COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ | 1,000,000 |
| A | X ANY AUTO ALL OWNED AUTOS AUTOS SCHEDULED AUTOS AUTOS NON-OWNED AUTOS | | AS2-691-463093-015 | 9/30/2015 | 3/1/2017 | BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ | ************************************** |
| | AUTOS AUTOS | | | | | Underinsured motorist S | 1,000,000 |
| | X UMBRELLA LIAB X OCCUR | | | | | EACH OCCURRENCE \$ | 10,000,000 |
| A | DED X RETENTIONS 10,000 | 1 | TH7-691-463093-055 | 9/30/2015 | 3/1/2017 | AGGREGATE \$ | 10,000,000 |
| В | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | N/A | WC7-691-463093-126 | 9/30/2016 | 3/1/2018 | X PER OTH- E.L. EACH ACCIDENT S E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$ | 1,000,000 1,000,000 1,000,000 |
| A | Liquor Liability | | TO2-691-463093-045 | 9/30/2015 | 3/1/2017 | Liquor Each Occurrence Liquor Aggregate | 1,000,000 2,000,000 |

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Blanket additional insured if required by written contract in respects to General Liability.

| CERTIFICATE HOLDER | CANCELLATION |
|--|--|
| Adler Realty Services, LLC, AOA Office, LLC 1200 NW 78 Ave | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. |
| Suite 109 | AUTHORIZED REPRESENTATIVE |
| Miami, FL 33126 | C Tranani CIC/MAEGH |

© 1988-2014 ACORD CORPORATION. All rights reserved.

Additional Named Insureds

| | Additional Na | illeu ilisuleus |
|---|--|--|
| | Other Named Insureds | |
| • | Chevy's Fresh Mex | Doing Business As |
| | Mazza Mediterranean Cuisine | Doing Business As |
| | Newk's Eatery | Doing Business As |
| | NOLA Brasserie | Doing Business As |
| | PPE Development, LLC | Limited Liability Company, Additional Named Insured |
| | PPE Properties, LLC | Limited Liability Company, Additional Named Insured |
| | Scutheast Restaurant Development - Mobile, LLC | Limited Liability Company, Additional Named Insured |
| | Southeast Restaurant Development, LLC | Limited Liability Company, Additional Named Insured |
| | Southeast Restaurant Group - Marigny, LLC | Limited Liability Company, Additional Named Insured |
| | Southeast Restaurant Group - Miami, LLC | Limited Liability Company, Additional Named Insured |
| | Southeast Restaurant Group - TB, LLC | Limited Liability Company, Additional Named Insured |
| | Southeast Restaurant Group - TM, LLC | Limited Liability Company, Additional Named Insured |
| 1 | Southeast Restaurant Group NOLA-Dallas, LLC | Limited Liability Company, Additional Named Insured |
| | Southeast Restaurant Group-Eastbank, LLC | Limited Liability Company, Additional Named Insured. |
| | Southeast Restaurant Group-Harvey, LLC | Limited Liability Company, Additional Named Insured |
| | Southeast Restaurant Ventures, Inc. a LA Corp | Corporation, Additional Named Insured |
| | SRG NWKS - Lake Charles, LLC | Limited Liability Company, Additional Named Insured |
| | Taco Bell | Doing Business As |

Doing Business As

Doing Business As

COPYRIGHT 2007, AMS SERVICES INC

TGI Friday's

the Marigny Brasserie

OFAPPINF (02/2007)

| | _ |
|-------|---|
| ACORE | 8 |
| ACONE | |

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 9/27/2016

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). CONTACT Maeghan Trosclair PRODUCER PHONE (504) 836-9600 FAX (A/C, No): (504) 836-9621 Eagan Insurance Agency, LLC E-MAIL ADDRESS: trosclairm@eaganins.com 2629 N. Causeway Blvd. NAIC # INSURER(S) AFFORDING COVERAGE P. O. Box 8590 INSURER A Liberty Mutual Fire Insurance LA 70002 Metairie INSURER B Liberty Mutual Insurance Group Southeast Restaurant Group - Main, L.L.C. INSURER C : INSURER D : 1201 Canal St. Unit C+2 INSURER E : INSURER F : 70112 New Orleans CERTIFICATE NUMBER:16-17WC; 15-17 all others **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 COVERAGES 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. POLICY EFF POLICY EXP LIMITS ADDL SUBR POLICY NUMBER NSR LTR TYPE OF INSURANCE 1,000,000 EACH OCCURRENCE
DAMAGE TO RENTED
PREMISES (Ea occurrence) X COMMERCIAL GENERAL LIABILITY 300,000 CLAIMS-MADE X A 10,000 3/1/2017 9/30/2015 MED EXP (Any one person) TB2-691-463093-035 1,000,000 PERSONAL & ADV INJURY 2,000,000 GENERAL AGGREGATE GEN'L AGGREGATE LIMIT APPLIES PER: 2,000,000 PRODUCTS - COMP/OP AGG POLICY PRO-X LOC COMBINED SINGLE LIMIT (En accident) 1,000,000 OTHER AUTOMOBILE LIABILITY BODILY INJURY (Per person) ANY ALITO RODILY INJURY (Per accident) SCHEDULED AUTOS NON-OWNED AUTOS 3/1/2017 ALL OWNED AUTOS 9/30/2015 AS2-691-463093-015 PROPERTY DAMAGE (Per scrident) 1,000,000 HIRED AUTOS Underinsured motorist 10,000,000 EACH OCCURRENCE UMBRELLA LIAB X X OCCUR 10,000,000 AGGREGATE EXCESS LIAR LAIMS-MADE A 9/30/2015 3/1/2017 TH7-691-463093-055 DED X RETENTIONS 10,000 X | PER STATUTE WORKERS COMPENSATION 1,000,000 AND EMPLOYERS' LIABILITY E.L. EACH ACCIDENT ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? 1,000,000 E.L. DISEASE - EA EMPLOYEE 3/1/2018 9/30/2016 HC7-691-463093-126 (Mendatory in NH)
If yes, describe under
DESCRIPTION OF OPERATIONS E.L. DISEASE - POLICY LIMIT | \$ 1,000,000 1,000,000 Liquar Each Occurrence 9/30/2015 3/1/2017 TO2-691-463093-045 Liquor Liability 2,000,000 Liquor Aggregate DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schodule, may be attached if more space is required) RE:Chevy's Miami Cinço de Mayo Event. Blanket additional insured and blanket waiver of subrogation if required by written contract in respects to General Liability. CANCELLATION **CERTIFICATE HOLDER** SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. City of Doral 8401 NW 53rd Terrace 2nd Floor AUTHORIZED REPRESENTATIVE Doral, FL 33166

© 1988-2014 ACORD CORPORATION. All rights reserved.

CIC/MAEGH

ACORD 25 (2014/01) INS025 (201401)

The ACORD name and logo are registered marks of ACORD

C Trapani,

| Additiona | I Named Insureds |
|--|---|
| Additiona | Trained medical |
| Other Named Insureds | Doing Business As |
| Chevy's Fresh Mex | boang became to |
| Mazza Mediterranean Cuisine | Doing Business As |
| Newk's Eatery | Doing Business As |
| NOLA Brasserie | Doing Business As |
| PPE Development, LLC | Limited Liability Company, Additional Named Insured |
| PPE Properties, LLC | Limited Liability Company, Additional Named Insured |
| Southeast Restaurant Development - Mobile, LLC | Limited Liability Company, Additional Named Insured |
| Southeast Restaurant Development, LLC | Limited Liability Company, Additional Named Insured |
| Southeast Restaurant Group - Marigny, LLC | Limited Liability Company, Additional Named Insured |
| Southeast Restaurant Group - Miami, LLC | Limited Liability Company, Additional Named Insured |
| Southeast Restaurant Group - TB, LLC | Limited Liability Company, Additional Named Insured |
| Southeast Restaurant Group - TM, LLC | Limited Liability Company, Additional Named Insured |
| Southeast Restaurant Group NOLA-Dallas, LLC | Limited Liability Company, Additional Named Insured |
| Southeast Restaurant Group-Eastbank, LLC | Limited Liability Company, Additional Named Insured |
| Southeast Restaurant Group-Harvey, LLC: | Limited Liability Company, Additional Named Insured |
| Southeast Restaurant Ventures, Inc. a LA Corp | Corporation, Additional Named Insured |
| SRG NWKS - Lake Charles, LLC | Limited Liability Company, Additional Named Insured |
| Taco Bell | Doing Business As |
| TGI Friday's | Doing Business As |
| the Marigny Brasserie | Doing Business As |
| | |
| | |
| | |
| | |
| | |
| OFAPPINF (02/2007) | COPYRIGHT 2007, AMS SERVICES IN |



2325 EAST CAMELBACK ROAD, SUITE 1100, PHOENIX, ARIZONA 85016 T: (602) 778-6000 | F: (480) 449-7000

Owner / Tenant Agreement for Temporary Use Permit

ARC CAFEUSA001, LLC ("Owner"), hereby gives Southeast Restaurant Group-Miami, Inc. ("Tenant"), permission to use the property located at:

> . 8191 N.W. 12th Street Miami, FL 33126

to host a Cinco de Mayo celebration on May 5, 2017 from 4:00 p.m. until 2:00 a.m.

Owner:

Phone: 602.778.8700

Tenant will be responsible for the proper disposal of all rubbish, trash, and garbage and for maintaining the property free from litter and nuisance during the total period of operations up to and including any clean up time required to remove all trash, rubbish, garbage and litter resulting from the food services.

Tenant acknowledges that the consent herein granted by Owner, as successor-in-interest, shall in no way diminish the obligations of Tenant, as successor-in-interest, or rights of Owner under that certain Lease by and between Owner and Tenant dated December 31, 1997.

Tenant:

Southeast Restaurant Group-Miami, Inc., ARC CAFEUSA001, LLC, a Florida corporation a Delaware limited liability company By: ARC Properties Operating Partnership, L.P., its sole member Karen Halpert Name: Karen Halpert Title: Authorized Signatory Address: Address: 1205 St. Charles Avenue, Suite D 2325 E. Camelback Road, Suite 1100 New Orleans, LA 70130 Phone: 504- 454-9976 Phoenix, AZ 85016

City of Doral Police Department

For All The Right Reasons! ™

OF DOOR

INVOICE

Attn: Off-Duty Coordinators

6100 NW 99th Avenue Doral, FL 33178

Phone 305-593-6699

Fax 305-593-6696

Invoice #104

Date: 2/7/2017

To:

ATTN: Accounts Payable Chevys Restaurant 8191 NW 12 ST

305-392-2883

For:

Off-Duty Police Services

| DESCRIPTION | HOURS | RATE | AMOUNT |
|---|-------|------------|------------|
| Off-Duty Services ,(1) Lieutenant (7pm-2am) | 7 | \$58.03 | \$406.21 |
| Off-Duty Services ,(1) Sergeant (4pm-2am) | 10 | \$54.28 | \$542.80 |
| Off-Duty Services ,(4) Officer(4pm-2am) | 10 | \$51.51 | \$2,060.40 |
| Off-Duty Services ,(1) Sergeant (8pm-2am) | 6 | \$54.28 | \$325.68 |
| Off-Duty Services ,(4) Officer(8pm-2am) | 6 | \$51.51 | \$1,236.24 |
| | | Total Due: | \$4,571.33 |

Make all checks payable to City of Doral Police Department

Thank you for your business!





Invoice Receipt

Invoice Date: 01/31/2017

Invoice Number: 20170131143713612220

Invoice Notes: PZ

Register:CR1

| Reference Number | Item Description | Amount |
|----------------------|---|---------|
| 20170131143740427444 | PZ-001.4000.329400-ZONING PLAN REVIEW FEES [OUTDOOR EVENT PERMIT SOUTHEAST REST. GROUP-MIAMI, INC.] | 350.00 |
| 20170131143755552669 | CHECK PAYMENT [SOUTHEAST REST. GROUP-MIAMI, INC11956] | -350.00 |
| | Total Due | 0.00 |



Outdoor Events Submittal Checklist

| Ev | ent Organizer: Chewi | s Restaurent - Miami | Event Date: May 5, 7017 |
|------|---------------------------|-----------------------------|------------------------------|
| l. | Outdoor Event Application | (co1) 2/2/17 | |
| II. | *Fee (350.00) | | |
| III. | Hold Harmless Letter 🔟 | | |
| IV. | **Site Plan 🗆 | | |
| ٧. | Insurance D (Pend | 2/2/17 | |
| VI. | Owner's Letter of Approv | al 🔟 | |
| VII. | ***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



March 8 Cancil bluts Feb 15

OUTDOOR EVENT APPLICATION TRACKING SHEET

| | Cinco de Meyo 20 | 17 |
|---------|--|--|
| | Event Name: Cinco de Meyo 20 Organization Name: Cheuy's Restaurant Submitted Date: 1-31-17 Event Date: 5-1 | t - Mami |
| | Organization Name: | |
| | Submitted Date: (-31-1) Event Date: (-31-1) |)-() |
| | BUILDING DEPARTMENT | |
| P | Date SUBMITTED: 2-2-17 Date RETURNED: 2-1-17 | |
| Pomits | Date RETURNED: 2-1-17 | |
| 14. | B, GP | |
| V | POLICE DEPARTMENT | in the bate |
| 1 | Date SUBMITTED: 2-2-17 | - emailed regardly best Permits (B, E,P) 2/1/17 |
| PANIMIT | Date SUBMITTED: 2-2-17 Date RETURNED: 2-7-17 | |
| | PLANNING AND ZONING DEPARTMENT | - emailed police parment 7 applicant. 2/7/17 |
| | SUBMITTED: 2-2-17 | * |
| | RETURNED: | |
| | | |
| | PARKS AND RECREATION DEPARTMENT | |
| | Date SUBMITTED: | |
| | RETURNED: | |
| | | |
| | PUBLIC WORKS DEPARTMENT | |
| | SUBMITTED: | |
| | RETURNED: | |
| | | |

City of Doral Police Department

For All The Right Reasons! ™

OF DOOR

INVOICE

Attn: Off-Duty Coordinators

6100 NW 99th Avenue Doral, FL 33178

Phone 305-593-6699

Fax 305-593-6696

Invoice #104

Date: 2/7/2017

To:

ATTN: Accounts Payable Chevys Restaurant 8191 NW 12 ST

305-392-2883

For:

Off-Duty Police Services

| DESCRIPTION | HOURS | RATE | AMOUNT |
|---|-------|------------|------------|
| Off-Duty Services ,(1) Lieutenant (7pm-2am) | 7 | \$58.03 | \$406.21 |
| Off-Duty Services ,(1) Sergeant (4pm-2am) | 10 | \$54.28 | \$542.80 |
| Off-Duty Services ,(4) Officer(4pm-2am) | 10 | \$51.51 | \$2,060.40 |
| Off-Duty Services ,(1) Sergeant (8pm-2am) | 6 | \$54.28 | \$325.68 |
| Off-Duty Services ,(4) Officer(8pm-2am) | 6 | \$51.51 | \$1,236.24 |
| | | Total Due: | \$4,571.33 |

Make all checks payable to City of Doral Police Department

Thank you for your business!

City of Doral - Outdoor Event

Cinco de Mayo 2017 - Chevy's Restaurant Miami

City of Doral Report

| No. | Participating City Departments | Required Fees | Notes |
|-----|--------------------------------|---------------|-------|
| 1 | Police Department | \$ 4,571.33 | |
| | Grand Total | \$ 4,571.33 | |