MIAMI LAKES
Growing Beautifully

Community Services Department

FACILITY RENTAL APPLICATION

Your application shall be submitted no later than 2 weeks prior to the activity

Thank you for selecting the Town of Miami Lakes as the site for your event. The information requested in this application will be used to determine your eligibility for a permit for use of a Town facility. Please note that your submission of your application should in no way be construed as final approval of your request; it is considered a request for a permit only. To issue a permit, all required documents must be obtained and submitted no later than 1 week prior to the event. Cancellation requests must be received by email at least two weeks prior to the event. Emergencies will be taken into consideration.

All documentation including certificates of insurance, forms, and floor plans must accompany this signed, notarized application and the originals submitted to:

Town of Miami Lakes
Department of Community Services
6601 Main Street
Miami Lakes, FL 33014
parks@miamilakes-fl.gov

Questions? Please call Ms. Jessica Ferralls at (305) 556-0771 or email ferrallsj@miamilakes-fl.gov
Applicant will receive notice by way of email once the facility use permit has been approved.
Once applicant is notified of approval, all applicable fees must be paid with a credit or debit card within 1 week of receiving approval in order to confirm reservation.

1

CONTACT INFORMATION

1) Name of Person/Entity seeking the Permit:_____

☐ For Profit Organization

☐ Non-Profit Organization Tax Exempt #_____

☐ Private Party

2) Contact Information for Entity/Person:

Contact Name: _____ Email:_____

_____
Street Address

_____
City State Zip

Primary Phone #:_____-_____-_____ Secondary #: _____-_____-_____

CONTACT INFORMATION

3) Contact Information for Persons who will be on-site during facility rental:

Name: _____ Cell Phone #:_____-_____-_____

Name: _____ Cell Phone #:_____-_____-_____

4) Please list any sponsors of the activity:

Name of Sponsor: _____ Phone #:_____-_____-_____

_____
Street Address

_____
City State Zip

Name of Sponsor: _____ Phone #:_____-_____-_____

_____
Street Address

_____
City State Zip

2

FACILITY RENTAL INFORMATION

Please see Page 8 for fee schedule and available rental time

1) Date requested: _____

2) Start time (*must include set up time*): _____

End time (*must include break down time*): _____

*****Applicant must arrive and vacate the premises by time requested*****

3) Which facility are you requesting?

☐ **Roberto Alonso Community Center (RACC) - 16500 NW 87th Avenue 33018**

☐ **Small (up to 50 guests)** ☐ **Medium (up to 90 guests)** ☐ **Large (up to 130 guests)**

OR

☐ **Youth Center Park East (YCPE) - 6075 Miami Lakes Dr E 33014**

Includes Lobby, Foyer, 2 Courtyards, Game Room & 2 Outdoor Pavilions (up to 90 guests)

DOES NOT INCLUDE CLASS/STUDY ROOM

FACILITY RENTAL INFORMATION

4) Name of Activity: _____

5) What type of activity is this?

☐ **Meeting** ☐ **Private Party** ☐ **Fundraiser** ☐ **Religious**

☐ **Community Event** ☐ **Political** ☐ **Fair** ☐ **Other**_____

6) Description of Activity:

_____

_____

_____

_____

7) Will this activity be open to the public? ☐ **Yes** ☐ **No**

8) Will admission be collected? ☐ **Yes** ☐ **No**

If yes, please state the admission or ticket fee: $_____

9) ENTERTAINMENT/AMPLIFIED SOUND

Will there be amplified music, a DJ, live music or sound? ☐ **Yes** ☐ **No**

If yes, please check one of the following: ☐ **DJ*** ☐ **Live Music*** ☐ **Portable radio**

Name of DJ/Live Music Performer: _____

*DJ and Live Music Performer must hold liability insurance of $1,000,000 or greater per occurrence. Please attach the Certificate of Insurance naming the Town of Miami Lakes (6601 Main Street, Miami Lakes, FL 33014) as the Certificate Holder and listing the Town of Miami Lakes and the Miami Dade County School Board as an additional insured). **Please see Page 10.**

10) FOOD/BEVERAGES

Will food or beverages be served? ☐ **Yes** ☐ **No**

Are you planning to serve alcohol*? ☐ **Yes** ☐ **No**

*If requesting to serve alcohol, a rider listed on the certificate of general liability insurance to indemnify and hold harmless the Town of Miami Lakes, its officers, agents, and employees, and volunteers, from any and all claims for liability arising directly or indirectly out of the sale or consumption of alcoholic beverages is required along with the approved State of Florida license or permit authorizing sale or consumption of alcoholic beverages. **The sale of alcoholic beverages at the facility is strictly prohibited.**
Alcoholic beverages must be given away only. **Please see Page 10.**

Will there be a caterer*? ☐ **Yes** ☐ **No** **Name of Caterer:** _____

*If requesting to use a caterer they must hold liability insurance of $1,000,000 or greater per occurrence. Please attach the Certificate of Insurance naming the Town of Miami Lakes (6601 Main Street, Miami Lakes, FL 33014) as the Certificate Holder and listing the Town of Miami Lakes and the Miami Dade County School Board as an additional insured). Caterer must also provide a copy of permit acquired through the Miami Dade County Department of Environmental Health. **Please see Page 10.**

Will you need a Refrigerator & Microwave? ***(Roberto Alonso Community Center applicants only)*** ☐ **Yes** ☐ **No**

Youth Center does not have a refrigerator or microwave

FACILITY RENTAL INFORMATION

11) TABLES/CHAIRS

Did you want to use tables and chairs that are already at the facility? ☐ **Yes** ☐ **No**

If yes, there will be an additional fee for the use and set up of any tables/chairs (Please see Page 8).

How many tables and chairs will you need? ***Round & Rectangular tables fit 8 comfortably***

_____ **Round Tables** *(5 ft in diameter)* _____ **Rectangular Tables** *(6 ft long)* _____**Card Tables** _____ **Chairs**

12) Will you be using the Game Room Amenities? ***(Youth Center applicants only)*** ☐ **Yes** ☐ **No**

Please attach site plan of where you would like the tables and chairs set up. Any additional tables and chairs other than what the facilities have available on the scheduled date will need to be rented by the applicant. Please note that there is no guarantee that tables and chairs will be available for the requested date. Rental items must be dropped off at the start time of the activity and picked up at the end time of the activity. Rental items cannot be left in the facility prior to or after each activity.

13) DECORATIONS

Will you be using decorations*? ☐ **Yes** ☐ **No**

If so, what kind? _____

*Decorations must be free standing. The use of confetti, glass containers, nails, staples or hanging items from lights, ceilings, or wall are strictly prohibited without the prior consent of the Town. All decorations must be removed and properly discarded at the end of each activity.

14) SECURITY/POLICE

Plans for security/licensed emergency medical services, if any:_____

_____

If you are hiring a security company, please provide company name, phone number, and on-site contact number:

_____

Please attach license of company. Security Company must be unarmed. Security Company must hold liability insurance of $1,000,000 or greater per occurrence. Please attach the Certificate of Insurance naming the Town of Miami Lakes (6100 Main Street, Miami Lakes, FL 33014) as the Certificate Holder and listing the Town of Miami Lakes and the Miami Dade County School Board as an additional insured.

15) INSURANCE INFORMATION

Individual residents are not required to provide a certificate of insurance. If an organization or business, please attach a current certificate of insurance. The Town of Miami Lakes requires that all organizations or businesses carry a general liability limit of no less than $1,000,000 per occurrence. The certificate of insurance must name the Town of Miami Lakes (6100 Main Street, Miami Lakes, FL 33014) as the certificate holder and the Town of Miami Lakes and the Miami Dade County School Board as an additional insured.

Coverage: _____

Insurance Company: _____

Agent: _____ **Agent's Phone Number:** _____ - _____ - _____

3

FEE WAIVER REQUEST

Fee waivers are limited to the waiver of one event per year per organization and are granted only for:

- **Activities that benefit the Town of Miami Lakes community**
- **501 (c)(3) Not-for-Profit Organizations that do not have existing facility use agreements with the Town**
- **Town Co-Sponsored Events**

☐ **Yes, I am requesting a fee waiver for this activity.**

If requesting a fee waiver, please attach the following documentation to this application:

- **Proof of 501 (c)(3) status if applicable**
- **A signed and notarized statement certifying that all volunteers and organizers have passed a level 1 background check in accordance with the Town of Miami Lakes Administrative Order 07-01 (attached).**

4

INDEMNIFICATION

For and in consideration of the Town of Miami Lakes consent to allow the Applicant to hold an activity within the facilities of the Town of Miami Lakes, the Applicant agrees as follows:

The Applicant jointly and severally, hereby hold harmless, indemnify and defend the Town of Miami Lakes, its representatives, officers, agents, affiliates, employees, the administration and elected and appointed officials from and against all liability, suits, actions, claims, costs, expenses, or demands (including, without limitation, suits, actions, claims, costs, expenses, or demands resulting from death, personal injury and property damage) or expenses of every kind and character, including reasonable attorney's fees, costs and appeals, arising or resulting in whole or in part, as a result of any tort, intentional action, negligent acts, or omissions on the part of the Applicant or any of the participants of the activity outlined in this application. This indemnification shall survive the termination of the activity and Facility Rental Application and shall be in full force and effect beyond the term or termination of this Facility Rental Application, however terminated. This indemnification provision includes claims made by the entitlement, if any, to immunity under section 440.11, Florida Statutes. Nothing contained herein shall be construed as a waiver of any immunity or limitation of liability the Town may have under the doctrine of sovereign immunity of section 768.28, Florida Statutes.

☐ **I have read in its entirety and I agree to the Facility/Recreation Room Rental Rules and Regulations listed on the next page. I have received a copy for my reference.**

Signature of Applicant: _____ Date: _____/_____/_____

Printed Name:_____ Phone #: _____-_____-_____

Street Address: _____ City: _____ State: _____ Zip: _____

STATE OF FLORIDA COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ day of 20____, by (name of person acknowledging.)

_____
Signature of Notary

Type of Identification Produced:_____

Notary Stamp

ROBERTO ALONSO COMMUNITY CENTER

For official Use only:

Date:_____

Time:_____

Name:_____

_____

Contact#:_____

_____

Occasion:_____

_____

Round Tables:_____

Rectangular Tables:_____

Card Tables:_____

Chairs per table:_____

Total # of Chairs:_____

Approved

Alcohol:_____

DJ:_____

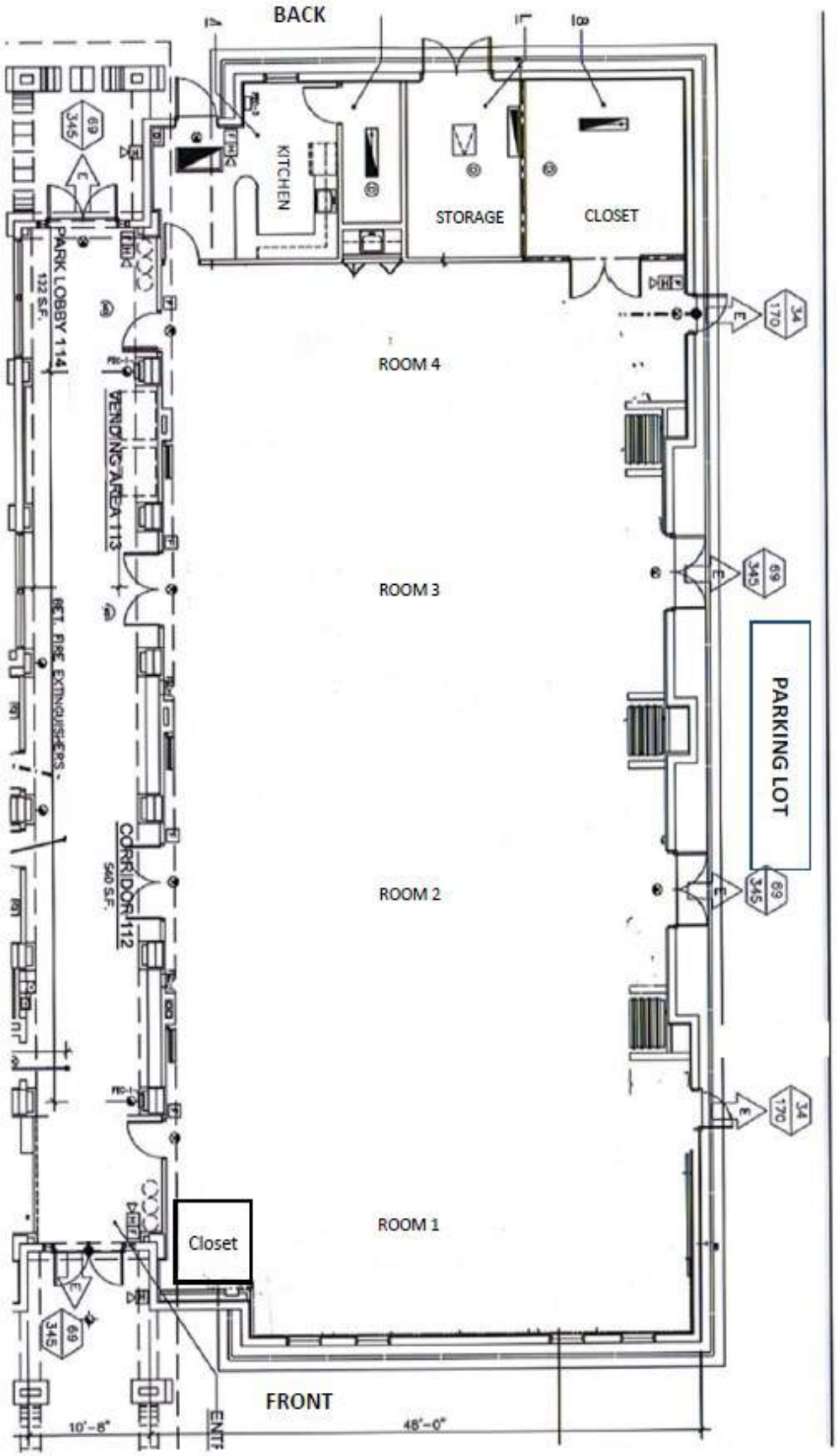
Caterer:_____

_____

_____

_____

_____



Youth Center Park East

***Please note: all furniture available during the week (couches, pub tables, and stools) are stored during rentals.**

However, the air hockey table, basketball pop-a-shot, ping pong table and foosball table *cannot* be moved.

For official Use only:

Date:_____

Time:_____

Name:_____

_____

Contact#:_____

_____

Occasion:_____

_____

Round Tables:_____

Rectangular Tables:_____

Chairs per table:_____

Total # of Chairs:_____

Approved

Alcohol:_____

DJ:_____

Caterer:_____

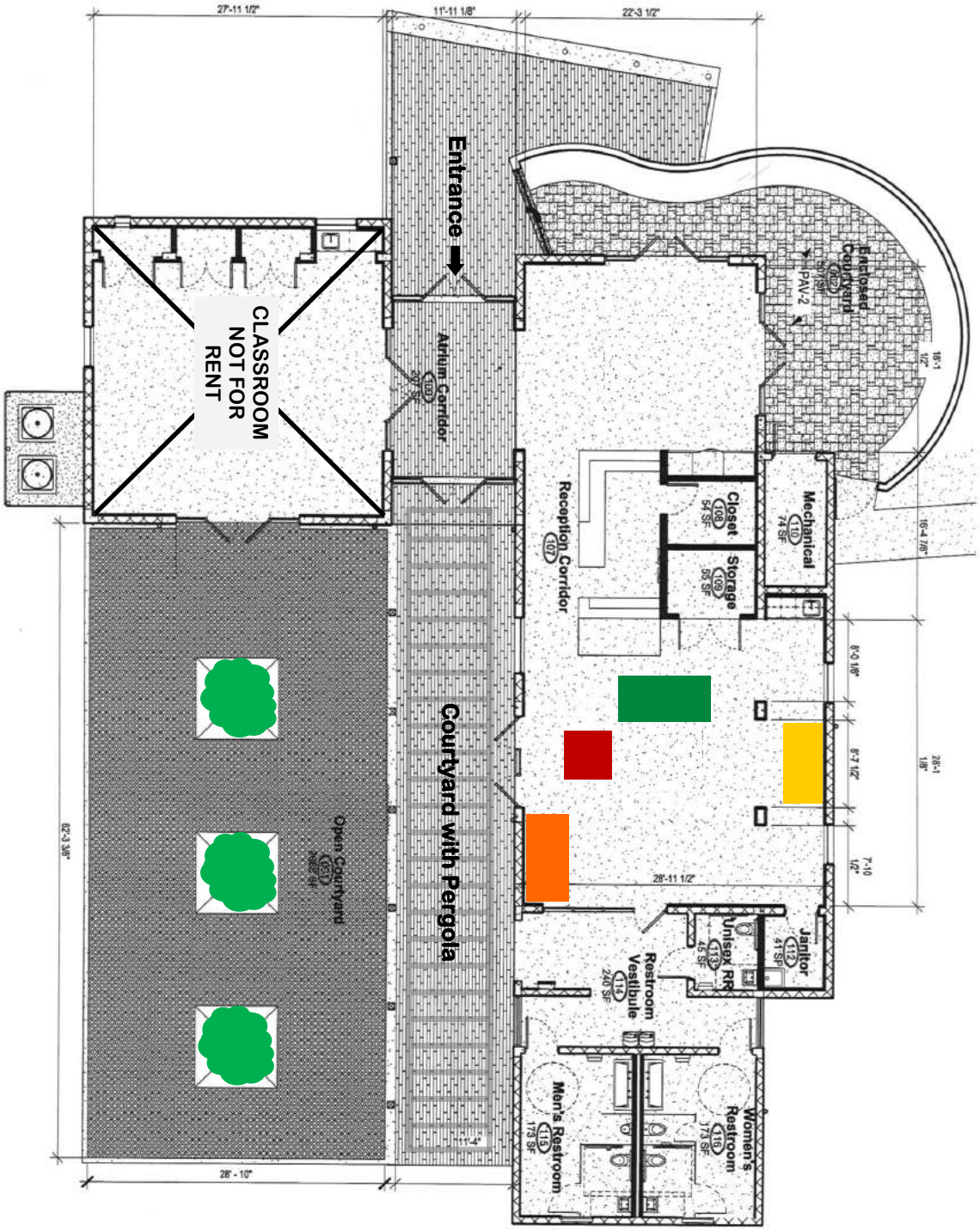
Key

= Foosball Table

= Basketball Pop-A-Shot

= Air Hockey Table

= Ping Pong Table



Number of Rental Furniture On-Site For Youth Center Park East

Round Tables: 5

Rectangular Tables: 10

Chairs: 90

Please see Page 4 for table dimensions

BUILDING AND ROOM FEES

Roberto Alonso Community Center

Rental Hours: 12 pm - 10 pm

	*RESIDENT	*NON-RESIDENT
Large Room (130 people)		
3 Hour Minimum Rental	**$120.00**	**$240.00**
Each Additional Hour	**$35.00**	**$70.00**
After Hours Fee (10 pm—11 pm Saturdays only)	**$100.00**	**$200.00**
Security Deposit (refundable; see Page 9)	**$200.00**	**$200.00**
Medium Room (90 people)		
3 Hour Minimum Rental	**$100.00**	**$200.00**
Each Additional Hour	**$25.00**	**$50.00**
After Hours Fee (10 pm—11 pm Saturdays only)	**$100.00**	**$200.00**
Security Deposit (refundable; see Page 9)	**$200.00**	**$200.00**
Small Room (50 people)		
3 Hour Minimum Rental	**$80.00**	**$160.00**
Each Additional Hour	**$15.00**	**$30.00**
After Hours Fee (10 pm—11 pm Saturdays only)	**$100.00**	**$200.00**
Security Deposit (refundable; see Page 9)	**$200.00**	**$200.00**
Furniture Rental (Tables & Chairs)	**$50.00**	**$100.00**

***Resident = All Town & Unincorporated Miami-Dade County Residents**
***Non-Resident = Incorporated areas (Cities) & Non-Miami-Dade County Residents**

Youth Center Park East

Rental Hours: 11 am - 6 pm

	*RESIDENT	*NON-RESIDENT
Game Room + 2 Pavilions (90 people)		
3 Hour Minimum Rental	**$170.00**	**$340.00**
Each Additional Hour	**$35.00**	**$70.00**
Security Deposit (refundable; see Page 9)	**$300.00**	**$300.00**
Furniture Rental (Tables & Chairs) ***(Does not include Pub Tables, Stools, Televisions, Sofas)***	**$50.00**	**$100.00**

****Resident = All Town & Miami-Dade County Residents**
****Non-Resident = Non-Miami-Dade County Resident**

FACILITY/RECREATION ROOM RENTAL RULES AND REGULATIONS

Please read, detach from application, and keep this page with you.

- **All Town of Miami Lakes Park Rules and Regulations apply. For a copy of the Town of Miami Lakes Park Rules and Regulations, please visit our website at www.miamilakes-fl.gov or call (305) 556-0771.**
- Reservations are on a first-come, first-served basis. Rentals will be limited to certain days and times and will not disrupt any events scheduled by the Town of Miami Lakes ("Town") and its partner organizations.
- Smoking is prohibited throughout the community center(s) and facilities pursuant to Florida Law.
- Under no circumstances are groups or individuals using the community centers allowed to remove chairs, tables, or any other equipment from the community centers, unless authorized in writing by the Town.
- Use of kitchens, concessions, closets or storage facilities shall be permitted solely upon the written authorization of the Town.
- Control of the lights, thermostats, and other equipment and locking and unlocking of doors are the responsibilities of the Town supervisor on duty, who shall be informed of any special needs required by persons using the community centers and any deviations of the schedule.
- Proper attire, including shirts and shoes are required.
- Animals are not allowed. Animals under the custody and control of a law enforcement officer and dogs accompanying a disabled person are excluded from this section.
- No applicant or guest shall sell or drink alcoholic beverages in the Parks or bring such beverages into such Park areas except for Town sponsored or approved events contingent upon prior written authorization by the Town Manager and when or after appropriate permits have been issued.
- In accordance with the Americans with Disabilities Act of 1990, all persons who are disabled and who need special accommodations should contact (305) 364-6100 two business days prior to the facility/recreation room rental.
- Fees may be modified by resolution from time to time.
- No person shall have the permanent/exclusive use of the community centers and/or certain areas of the community centers unless authorized by the Town Council.
- Decorations must be free-standing. The use of confetti, glass containers, nails, staples, as well as, hanging of decorations from the lights, ceiling, and/or on the walls is strictly prohibited without the consent of the Department of Community Services.
- For the setup and clearing of tables and chairs, the applicant shall consent with the Department of Community Services. The Department will ensure that tables and chairs are set up before, and cleared after, the event.
- **Weather Policy:** Fees will be processed and rental agreement will be upheld regardless of weather conditions. Severe weather conditions are exceptions. If the weather is deemed unsafe by an employee of the Town of Miami Lakes, the rental fee and deposit will be refunded upon request. A written request must be submitted to the Town's Department of Community Services no later than 15 business days after the event date. Rescheduling of the reservation will be allowed under these same conditions.
- The designated area will be reserved for the exact number of hours and may not exceed the maximum number of guests permitted for the rental area. The rental time includes set-up and clean-up.
- The applicant assumes all risk in use of the facility and shall be solely responsible for all damages, accidents and injury of guests or property and hereby covenants and agrees to indemnify and hold harmless the Town and their officers and employees from any and all claims, suits, losses, damages including attorneys fees at the trial and appellate court level, paralegal charges and investigation costs, or injury of persons or property. Insurance requirements shall be at the Town's discretion.
- When vacated, the facility shall be returned in the same condition as received. All party decorations, signage, and equipment must be removed and properly discarded prior to the agreed upon time on the application.
- Electrical outlets are available in the facilities. The permittee is responsible for any damage resulting from overloading electrical outputs.
- If any of the above rules and regulations are violated, the Town has the right to call police, to terminate the activity and to exercise any other right as provided herein.
- The Town may cancel or revoke the right to use the facility for failure of permittee to follow these rules.
- The Town may cancel or revoke the permit as deemed necessary by the Department of Community Services and waive the requirements of the rules and regulations or make additional conditions regarding the use of the facility which are in the public interest.
- All applicants must submit a completed application in order to be considered for approval. This includes: filling out and checking off all necessary information on Pages 1 - 4, checking off the 'Agreement' box on Page 5, and filling out and getting information notarized on Page 5.
- The following will be required depending on what the applicant checked off on Pages 3 and 4: a floor plan of the requested facility and the proper additional documents for a vendor or alcohol (Please see Page 10 for requirements).
- The security deposit submitted at the time of payment will be refunded 7-10 business days after your reservation. Facility must pass inspection at the conclusion of your event in order to receive security deposit. It will go back into the same account that was used.

MIAMI LAKES
Growing Beautifully

Certificate of Liability Insurance Requirements

In order to approve a vendor (including a **Caterer** and **DJ**) or **alcohol** at a facility in Miami Lakes we must receive a Certificate of Liability Insurance (**COLI**) directly emailed **from your insurance company's office or that of your vendor**. To expedite the approval process, please read the following instructions carefully and inform your insurance company of the requirements. You may refer to the example on Page 11.

****Certificates must be received in our office no later than 3-5 days prior to the scheduled event or the vendor will not be approved.****

The following information must be included when submitting a COLI:

The certificate of liability should carry coverage of **$1,000,000 per occurrence,** and alcohol rider liability *(if it applies)* of **$1,000,000.** According to the park the reservation is made for, the Certificate must show the proper entity as **additionally insured** with the correct address for each entity.

- **Royal Oaks Park** and the **Roberto Alonso Community Center**

The following should show as
Certificate Holder and additionally insured on *two* separate COLIs:

Town of Miami Lakes **6601 Main Street** **Miami Lakes, FL 33014**	**AND**	**Miami Dade County Public School Board** **1450 NE 2 Ave** **Miami, FL 33132**

- **Picnic Park West** and **Youth Center Park East**

The following should show as Certificate Holder and additionally insured:

Town of Miami Lakes
6601 Main Street
Miami Lakes, FL 33014

**If you are serving alcohol (this includes cider, beer, wine, and liquor) on your own, we will need a quote with your application.

**Caterers will need to submit a Food Handler's License in addition to insurance certificates.

The following clause should appear in the Description of Operations/Special Provisions block of ALL certificates:

The Certificate Holder is named additional insured as regards to the general liability policy.

In addition, the specific event and date needs to be mentioned under "**Description of Operation**" clause: Baby Shower, Birthday Party, Dinner Party, etc.

Any questions or necessary documents should be emailed to ferrallsj@miamilakes-fl.gov. Please reference the applicant's name.

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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 NAME:
PHONE (A/C, No, Ext):
FAX (A/C, No):
E-MAIL ADDRESS:

INSURED

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A :	
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

COVERAGES CERTIFICATE NUMBER: 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	GENERAL LIABILITY ☑ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☑ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☐ PRO-JECT ☐ LOC			MP0009001003931	03/25/2017	03/25/2018	EACH OCCURRENCE	$ 1,000,000.00
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000.00
							MED EXP (Any one person)	$ 5,000.00
							PERSONAL & ADV INJURY	$ 1,000,000.00
							GENERAL AGGREGATE	$ 2,000,000.00
							PRODUCTS - COMP/OP AGG	$ 1,000,000.00
								$
	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ ALL OWNED AUTOS ☐ SCHEDULED AUTOS ☐ HIRED AUTOS ☐ NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident)	$
							BODILY INJURY (Per person)	$
							BODILY INJURY (Per accident)	$
							PROPERTY DAMAGE (Per accident)	$
								$
	☐ UMBRELLA LIAB ☐ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE						EACH OCCURRENCE	$
							AGGREGATE	$
	☐ DED ☐ RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? ☐ (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N / A					☐ WC STATU-TORY LIMITS ☐ OTH-ER	
							E.L. EACH ACCIDENT	$
							E.L. DISEASE - EA EMPLOYE	$
							E.L. DISEASE - POLICY LIMIT	$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES

CERTIFICATE HOLDER

Town Of Miami Lakes
6601 Main Street
Miami Lakes, FL 33014

CANCELLATION

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

EXAMPLE