

Date Received:



Community Services Department

FOR OFFICE USE

Facility _____

Date _____

From: _____ To _____

< _____ Guests _____ Furniture _____

Event _____

\$ _____

FACILITY RENTAL APPLICATION

Your application shall be submitted no later than 30 (thirty) days prior to the activity

Thank you for selecting the Town of Miami Lakes as the site for your activity. 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, certificates of insurance, and permits must be obtained and submitted no later than 30 days prior to the activity. Cancellation requests must be received by email at least two weeks prior to the activity. Emergencies will be taken into consideration.

All documentation including certificates of insurance, forms, and site 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. Mayra Duarte at (305) 556-0771 or email duartem@miamilakes-fl.gov Applicant will receive notice by way of phone, email, or by mail that the facility use permit has been approved 30 to 45 days prior to the activity. Once applicant is notified of approval, all applicable fees must be paid with a credit card within 72 hours of receiving approval in order to confirm reservation.

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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:

Street Address

City State Zip

Phone #: _____ - _____ - _____ Fax#: _____ - _____ - _____

Contact Name: _____ Contact Email: _____

Cellular Phone Number: _____ - _____ - _____

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

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FACILITY RENTAL INFORMATION

1) Date requested: _____

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

End time (must include break down time): _____

3) Which room size 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)

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

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

DOES NOT INCLUDE CLASS/STUDY ROOM

Please see next page for room fee schedule

Building and Room Fees

Roberto Alonso Community Center	*RESIDENT	*NON-RESIDENT
Rental Hours: 12 pm—10 pm, 11 pm latest		
<i>Large Room (130 people)</i>		
3 Hour Rental	\$120.00	\$240.00
Additional Hour(s)	\$35.00	\$70.00
After Hours Fee/Hour	\$100.00	\$200.00
Security Deposit	\$200.00	\$200.00
<i>Medium Room (90 people)</i>		
3 Hour Rental	\$100.00	\$200.00
Additional Hour(s)	\$25.00	\$50.00
After Hours Fee/Hour	\$100.00	\$200.00
Security Deposit	\$200.00	\$200.00
<i>Small Room (50 people)</i>		
3 Hour Rental	\$80.00	\$160.00
Additional Hour(s)	\$15.00	\$30.00
After Hours Fee/Hour	\$100.00	\$200.00
Security Deposit	\$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	**RESIDENT	**NON-RESIDENT
Rental Hours: 12 pm—6 pm		
<i>Game Room plus 2 Pavilions (90 People)</i>		
3 Hour Rental	\$170.00	\$340.00
Additional Hour(s)	\$35.00	\$70.00
Security Deposit	\$300.00	\$300.00
Furniture Rental* <i>(Does not include High Top Tables, Televisions, Sofas, Stools)</i>	\$50.00	\$100.00

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

****Non-Resident = Non-Miami-Dade County Residents**

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, what type of equipment will be used? 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 attached instructions.**

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.**

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 attached instructions.**

Will you need a Refrigerator & Microwave ? (RACC 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 **Building and Fees** page).

How many tables and chairs will you need?

_____ Round Tables _____ Rectangular Tables _____ Card Tables _____ Chairs

12) Will you be using the Youth Center Game Room Amenities? 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: _____

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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) .

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CHECKLIST

- Filled out all applicable questions?
- Attached a site plan?
- Attached all applicable certificates of insurance and necessary permits?
- Attached a special event permit if requesting to serve alcohol or have a caterer?
- Read and understood the Park Rules and Regulations and the Rules and Regulations relating to Facility and Recreation Room Rentals (see back page)?
- Read and understood the fee schedule for use of the facilities?
- Signed the waiver of indemnification?

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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 Application or Authorized Agent: _____ Date: ____/____/____

Printed Name: _____ Title: _____

Street Address: _____ City: _____ State: _____

Zip: _____ Phone #: _____-_____-_____

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) 558-0382.
- A “Special Event Permit Application” shall be required for any event involving the catering of food or the serving or selling of alcohol. All permit forms, applicable payments, and applicable insurance documentation for a special event must be submitted no later than 30 business days prior to the event date or otherwise specified by the Community and Leisure Services Department.
- 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 person 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 Community and Leisure Services Department.
- For the setup and clearing of tables and chairs, the permit holder shall consent with the Community and Leisure Services Department. 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 Community and Leisure Services Department 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 persons permitted for the rental area. The rental time includes set-up and clean-up.
- The renter assumes all risk in use of the facility and shall be solely responsible for all damages, accidents and injury of persons 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, equipment, staples and tacks must be removed and properly discarded. Immediately following the event, the permittee shall dispose of all trash in the trash receptacles adjacent to each facility.
- 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 Community and Leisure Services Department 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.

6601 Main Street • Miami Lakes, Florida, 33014

Office: (305) 364-6100 • Fax: (305) 558-8511

Website: www.miamilakes-fl.gov

OFFICE USE ONLY

Approval Signatures Required:

Daniel Angel
Business Operations Supervisor

Tony Lopez, CPRE
Chief of Operations

Comments:

Rental Date ____/____/____

\$ ____ **From:** ____ **To:** ____

\$ ____ **From:** ____ **To:** ____

\$ ____ **From:** ____ **To:** ____

\$ ____ **Use of Furniture**

\$ ____ **Total Amount Due** **Requesting Fee Waiver**

Fee for Use: _____

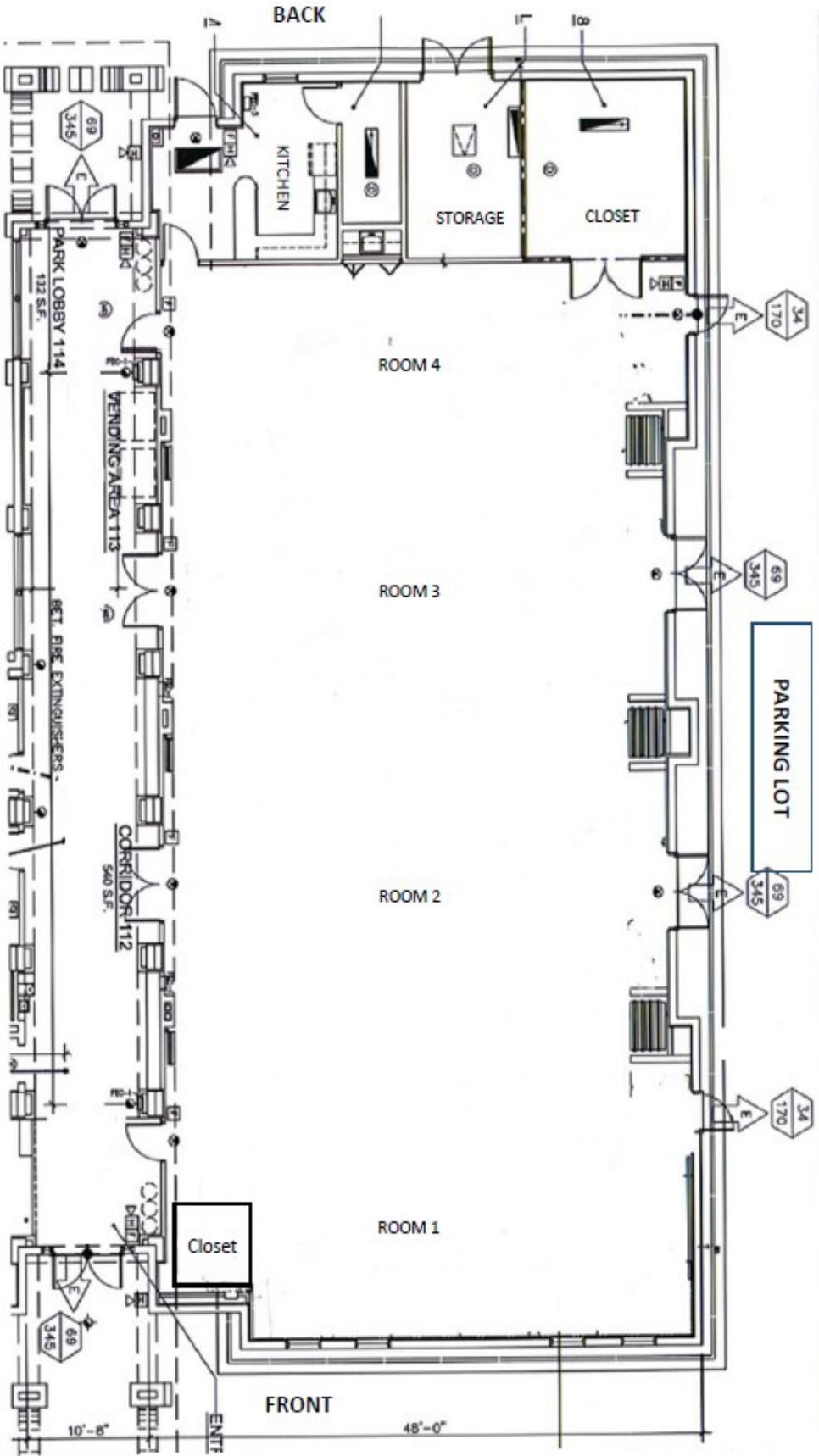
Date Fee Received: _____ **Received From:** _____

Miami Lakes Resident? **Yes** **No**

Fee Waiver Approved: **Yes** **No**

Alex Rey, Town Manager

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

For official Use only:

Date: _____

Time: _____

Name: _____

Contact#: _____

Occasion: _____

Round Tables: _____

Rectangular Tables: _____

Chairs per table: _____

Total # of Chairs: _____

Approved

Alcohol: _____

DJ: _____

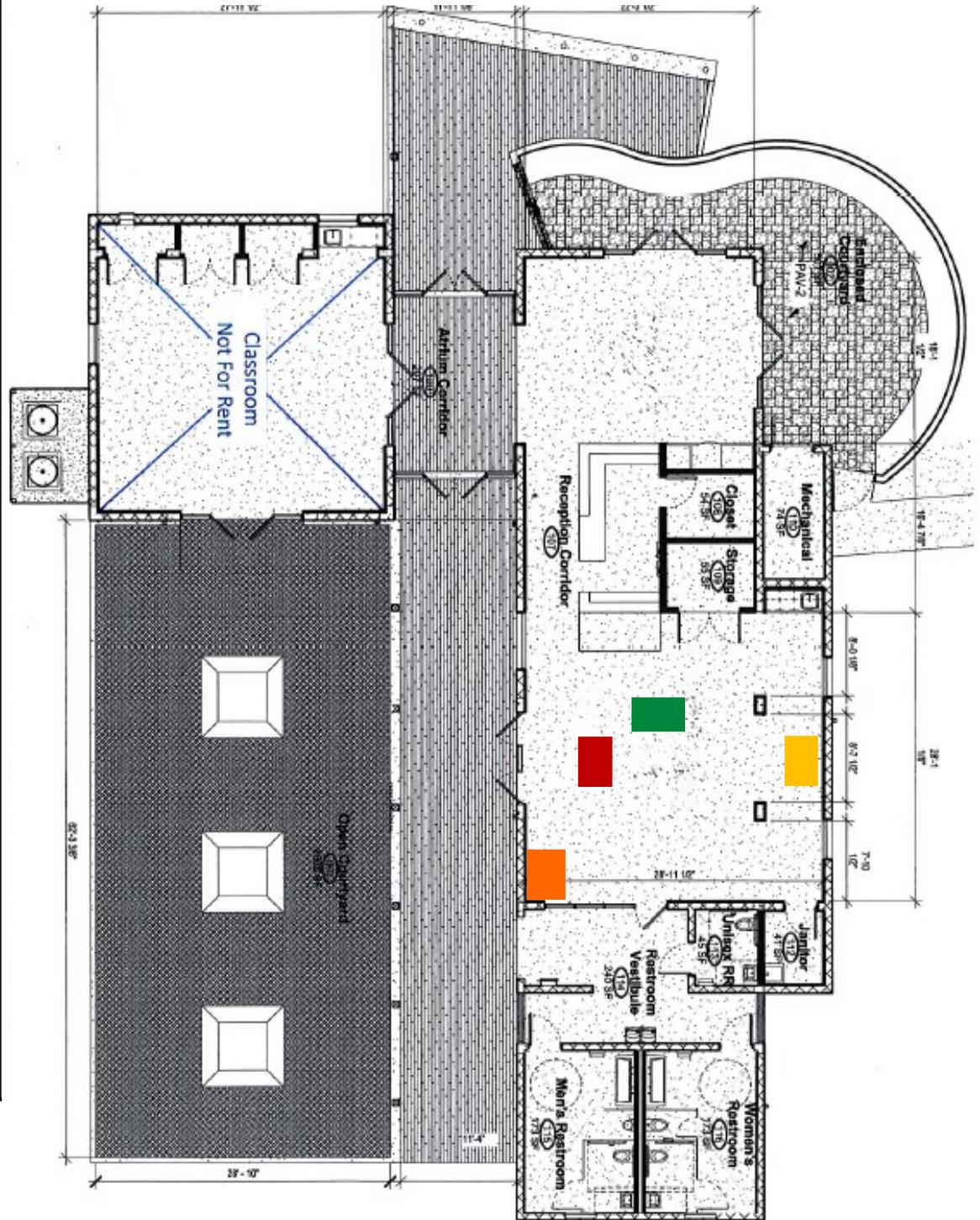
Caterer: _____

Key

- = Foosball Table
- = Basketball Pop-A-Shot
- = Air Hockey Table
- = Ping Pong Table

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

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



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

Round Tables: 5
 Rectangular Tables: 10
 Chairs: 90



Facility Rental

Certificate of Liability Insurance Requirements

In order to approve a **Caterer, DJ or alcohol** at a facility in Miami Lakes we must receive a certificate of liability insurance (COLI) directly faxed or 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.

**** Note: Certificates must be received in our office no later than fourteen (14) days prior to the scheduled event or the application 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.

For the Royal Oaks Park
the following should show as Certificate Holder and additionally insured:

**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**

For the West Park
the following should show as Certificate Holder and additionally insured:

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

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.

Please reference name of person reserving the facility and email or fax the Certificate of Insurance to
duartem@miamilakes-fl.gov or fax: 305-558-7974