

Application No. _____

City of Hallandale Beach

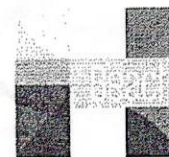
Planning and Zoning Division

400 South Federal Highway

Hallandale Beach, FL 33009

Phone (954) 457-1378

Fax (954) 457-1488



Hallandale Beach
PROGRESS. INNOVATION. OPPORTUNITY.

TEMPORARY USE-SPECIAL EVENT AUTHORIZATION

A PREMISE PERMIT and associated inspections may be required to assure the safe use of a property or portions thereof for assembly and/or of those temporary structures occupied.

This checklist is for the convenience of the applicants and the City to ensure basic submission information is provided. Applicants are responsible for submitting required documents and adhering to the requirements of Ordinance 2014-11. Failure to provide any listed items shall result in an incomplete application which will not be accepted by the City. The completeness of the submittal will be determined by staff.

Submission Checklist	
	SUBMITTED
1. Application has been fully completed, including full address, location and legal description of the subject property.	<input type="checkbox"/>
2. Cover Letter providing a full description of the proposed use, including specific dates, hours of operation & legal description of the property, etc.	<input type="checkbox"/>
3. Survey or site plan depicting the proposal, detailed location, available parking, existing structures, proposed temporary structures, proposed signage, sanitary facilities and existing or proposed lighting, operational plan, etc.	<input type="checkbox"/>
4. A notarized statement signed by the owner of property authorizing the proposed use.	<input type="checkbox"/>
5. If the event is held on City property, a Certificate of insurance naming the City as additional insured must be provided.	<input type="checkbox"/>

Please submit 45 days prior to Event; or

Please submit 60 days prior for event requiring City Commission approval; or

Please submit 30 days prior for outdoor sales

Application Details

Date of Application Submission: 9-10-19 Folio #: _____
(Broward County Property Appraiser (BCPA) Property ID No.)

Date(s) of event 10-12-19 Hours of operation 8 am/pm am To: 4 am/pm

Type of event Concert

Location/Subject Property: Pegasus Park

Applicant's Name: Colin Raeburn Phone: 212-470-8767

Email Address: colinraeburn@yahoo.com

Agent's Name (if applicable): _____ Phone: _____

Email Address: _____

Type of event ☐ Indoor Event ☒ Outdoor Event

Description of proposed event: A concert for 2000 people at Pegasus Park

Application No. _____

Is the applicant the owner of the property: ☐ Yes ☒ No*

Name of property owner: Gulfstream Park

**If owner of property is other than the applicant, a notarized statement by the property owner authorizing the proposed use must be attached to this application.*

Estimated Daily Attendance: 2000 people

Amount of off-street parking provided: 200,000 sq (specify on site plan) Number of Vehicles: 1500
Must obtain decal for staff and crew by production company

Temporary structures to be erected (Select all that apply):
*Refer to the Building Division for Premise Permit information:
(954)457-1382*

☒ Tents 10' x 10'

☒ Stages

☒ Portable toilets

☐ Other:

☒ Generator Use: What Size? 120 Kw

Restroom Facilities provided:

☒ Yes

☐ No

Lighting available:

☒ On Site

☒ To Be Provided

Type of special event signs, banner or decorations: NONE

Will this event require road closure? ☐ Yes ☒ No

Location of Road closure: _____

County roads → Broward County Transit: (954) 357-8300, State roads → Florida Department of Transportation: (954)555-5555, City roads → Engineering Dpt. ext #1601

Was this event advertised ☒ Yes ☐ No (If yes, means of advertisement. Attach copy of advertisement.)

Type of Food Service to the Public: Caribbean Cuisine

Will alcoholic beverages be served? ☒ Yes ☐ No

Will Police Service be requested? ☒ Yes ☐ No

Will Fire Protection Services or Emergency Medical Services be requested? ☐ Yes ☒ No

Do you have Commercial General Liability Insurance? ☒ Yes ☐ No

If so, in what amount? 2,000,000

Individual responsible for providing additional information regarding this application:

Name: Colin Raeburn Telephone: 212-470-8767
Address: 7216 Chesapeake Circle, Boynton Beach FL 33436

"I swear or affirm under penalty of perjury as provided for in Florida Statutes that the foregoing information is true to the best of my knowledge."

Signature of Applicant

Colin Raeburn

Print Name

Sworn to and subscribed before me at

4026 White Plains Rd this 11 day of September 20 19
Bronx NY 10466

Personally know

Colin Raeburn

or produced ID

899936804

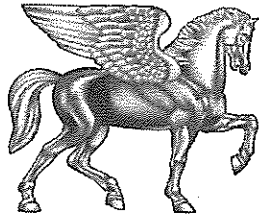
Type of ID produced

NYS Driver License

Maell Grillo

Notary Public





GULFSTREAM
PARK

COVER LETTER

To whom it may concern;

Please see attached event application and forms requested for the use of Pegasus Park at Gulfstream Park by Carnival Kingdom Miami for a concert on October 12th from 8pm to 4am.

Please let us know if any additional information is required to expedite this permitting process.

Warm Regards,

A handwritten signature in black ink, appearing to be 'Ray Briels', written over a large, stylized circular flourish.

Ms. Ray Briels

Director of Catering Sales

Gulfstream Park Events

901 S. Federal Highway

Hallandale Beach, FL 33009

D: 954.457.6957

C: 954.243.5221

GULFSTREAM

RACING & CASINO PARK

September 11, 2019

Colin Raeburn
Carnival Kingdom Miami
7216 Chesapeake Circle
Boynton Beach FL 33436

RE: Oct. 12th concert
Letter of Consent
via email

Dear Mr. Raeburn:

Please be advised that Gulfstream Park Racing Association, Inc. consents and hereby authorizes Carnival Kingdom Miami to do all that is necessary to stage a concert event on the Gulfstream Park property on October 12, 2019.

If you have any questions, or need anything further, please do not hesitate to contact either myself, or Ray Briels, Director of Catering Sales, Gulfstream Park Events.

Thank you for your cooperation and attention to this matter.


GULFSTREAM PARK RACING ASSOCIATION, INC.

By: 

RICHARD PATTERSON, JR.,
Staff Attorney

Sworn to and subscribed before me this 11th day of September, 2019 by Richard Patterson, Jr, Staff Attorney at Gulfstream Park, who is personally known to me, and did take an oath.

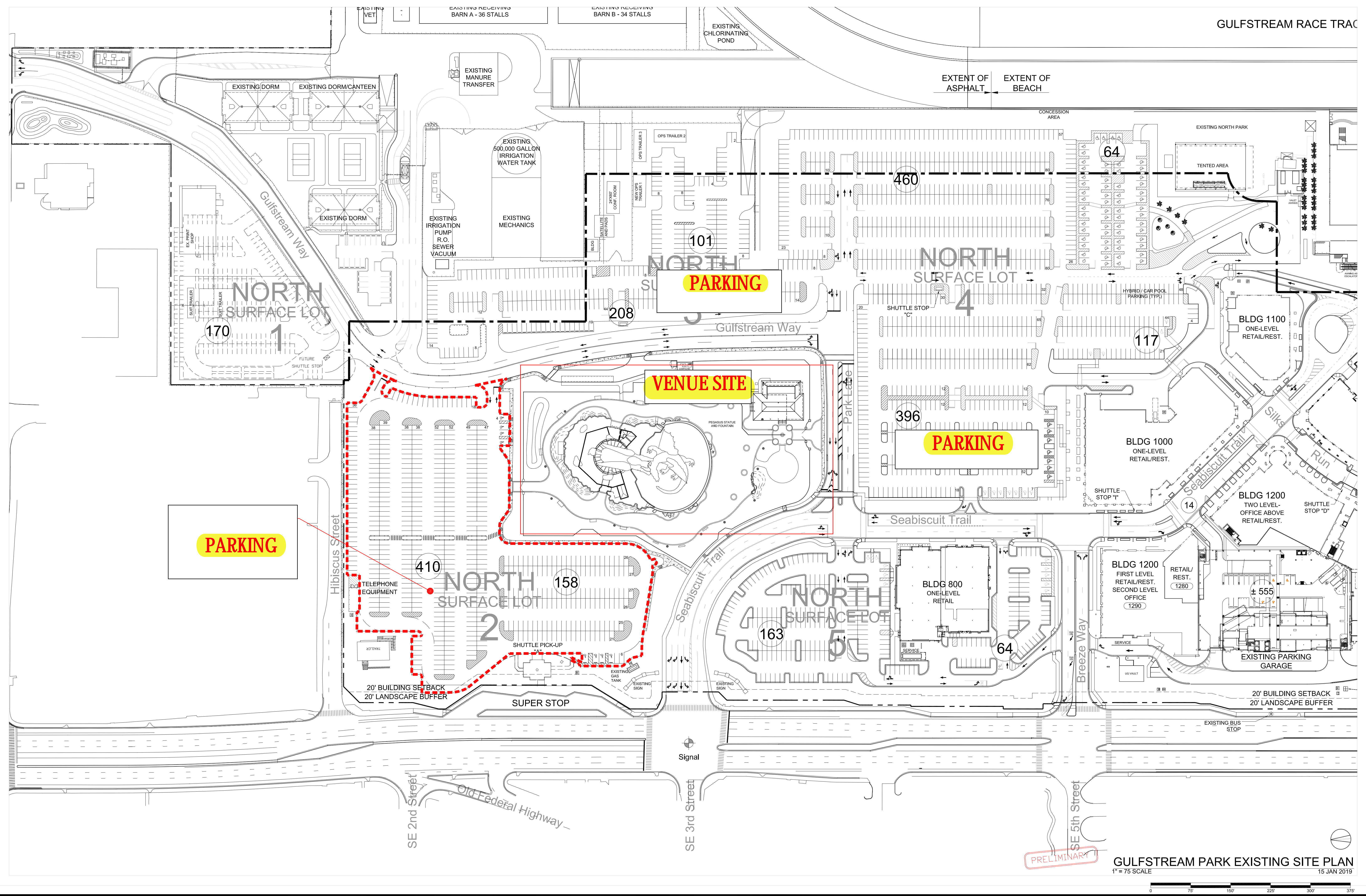




Notary Public

My Commission Expires:

07/01/2022



PRELIMINARY



**STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION**

**DIV OF ALCOHOLIC BEVERAGES & TOBACCO
2601 BLAIR STONE ROAD
TALLAHASSEE FL 32399-0783**

850.487.1395

**ORCHID CONCESSIONS INC
GULFSTREAM PARK FOOD AND BEVERAGE
901 S. FEDERAL HIGHWAY
HALLANDALE BEACH FL 33009**

Congratulations! With this license you become one of the nearly one million Floridians licensed by the Department of Business and Professional Regulation. Our professionals and businesses range from architects to yacht brokers, from boxers to barbecue restaurants, and they keep Florida's economy strong.

Every day we work to improve the way we do business in order to serve you better. For information about our services, please log onto www.myfloridalicense.com. There you can find more information about our divisions and the regulations that impact you, subscribe to department newsletters and learn more about the Department's initiatives.

Our mission at the Department is: License Efficiently, Regulate Fairly. We constantly strive to serve you better so that you can serve your customers. Thank you for doing business in Florida, and congratulations on your new license!



**STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND
PROFESSIONAL REGULATION**

**BEV1618540 ISSUED: 03/05/2019
TOB-DUAL LICENSE
RETAILER OF ALCOHOLIC BEVERAGES
ORCHID CONCESSIONS INC
GULFSTREAM PARK FOOD AND BEVERAGE
CONSUMPTION ON PREMISES ONLY**

IS LICENSED under the provisions of Ch. 565 FS.
Expiration date : MAR 31, 2020 L1903050001231

DETACH HERE

RON DESANTIS, GOVERNOR

HALSEY BESHEARS, SECRETARY

**STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
DIV OF ALCOHOLIC BEVERAGES & TOBACCO**

LICENSE NUMBER	SERIES TOBACCO
BEV1618540	12RT DUAL LICENSE

The RETAILER OF ALCOHOLIC BEVERAGES
Named below IS LICENSED
Under the provisions of Chapter 565 FS.
Expiration date: MAR 31, 2020
CONSUMPTION ON PREMISES ONLY

**ORCHID CONCESSIONS INC
GULFSTREAM PARK FOOD AND BEVERAGE
901 SOUTH FEDERAL HIGHWAY
HALLANDALE FL 33009**



ISSUED: 03/05/2019

DISPLAY AS REQUIRED BY LAW

SEQ # L1903050001231



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
9/10/2019

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 Francis L. Dean & Associates of Illinois, LLC 12800 University Drive Suite 125 Fort Myers, FL 33907 fdean.com/RedirectIL.htm	CONTACT NAME:	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
	E-MAIL ADDRESS: applicationsIL@fdean.com	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A : U.S. Fire Insurance Company	
	INSURER B :	
	INSURER C :	
INSURED SPORTS AND RECREATION PROVIDERS ASSOCIATION (PURCHASING GROUP) AND ITS PARTICIPATING MEMBERS: CARNIVAL KINGDOM MIAMI MERVIN HARRIS 7216 CHEESAPEAKE CIR E206 BOYNTON BEACH, FL 33436	INSURER D :	
	INSURER E :	
	INSURER F :	
	NAIC #	
	21113	

COVERAGES **CERTIFICATE NUMBER:** USS428964 **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	X		SRPGAPML-101-0719	10/11/2019 12:01 AM	10/16/2019 12:01 AM	GENERAL AGGREGATE	\$ 2,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						PRODUCTS - COMP/OP AGG	\$ 2,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						PERSONAL & ADV INJURY	\$ 1,000,000
							EACH OCCURRENCE	\$ 1,000,000
							FIRE DAMAGE (Any one fire)	\$ 300,000
							MED EXP (Any one person)	\$ 5,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC							
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> HIRED AUTO	<input type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)	\$
								\$
	UMBRELLA LIAB						EACH OCCURRENCE	\$
	EXCESS LIAB						AGGREGATE	\$
	DED	RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS	\$
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y / N					E.L. EACH ACCIDENT	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> N / A					E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$
							AD&D MAXIMUM MEDICAL DEDUCTIBLE	
							TERMS OF PAYMENT	

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

Covered Vendor Type: Event Planner. Certificate Holder is named as additional insured with respect to the operations of the Named Insured. Coverage is hereby primary and non-contributory. Waiver of Subrogation applies in favor of the certificate holder.

CERTIFICATE HOLDER

GULFSTREAM PARK RACING ASSOCIATION, INC AND 445237 ONTARIO LIMITED, AND AFFILIATED COMPANIES, THEIR RESPECTIVE OFFICERS, DIRECTORS, MEMBERS, MANAGERS, EMPLOYEES, AGENTS AND REPRESENTATIVES
901 S FEDERAL HWY
HALLANDALE, FL 33009

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

Francis L. Dean

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – MANAGERS OR LESSORS OF PREMISES

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Policyholder CARNIVAL KINGDOM MIAMI

Policy Number SRPGAPML-101-0719/USS428964

Designation of Premises:

GULFSTREAM PARK RACING ASSOCIATION, INC AND 445237 ONTARIO LIMITED, AND AFFILIATED COMPANIES, THEIR RESPECTIVE OFFICERS, DIRECTORS, MEMBERS, MANAGERS, EMPLOYEES, AGENTS AND REPRESENTATIVES
901 S FEDERAL HWY
HALLANDALE, FL 33009

1. Designation of Premises (Part Leased to You): Refer to the **Schedule of Additional Insureds** shown on the Member Certificate of Insurance.
2. Name of Person or Organization (Additional Insured): Refer to the **Schedule of Additional Insureds** shown on the Member Certificate of Insurance.
3. Additional Premium:

(If no entry appears above, the information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

WHO IS AN INSURED (Section II) is amended to include as an insured the person or organization shown in the Schedule but only with respect to liability arising out of the ownership, maintenance or use of that part of the premises leased to you and shown in the Schedule and subject to the following additional exclusions:

This insurance does not apply to:

1. Any "occurrence" which takes place after you cease to be a tenant in that premises.
2. Structural alterations, new construction or demolition operations performed by or on behalf of the person or organization shown in the Schedule.

To the extent that any of the additional insureds named herein are liable for occurrences arising out of the named insured's negligent acts or omissions, the insurance afforded to the additional insureds under this endorsement is primary insurance over any other valid or collectible insurance which the additional insureds may have with respect to loss under any of the listed policies. Other insurance of any additional insured applicable to loss is non-contributory and excess over the coverage provided by this endorsement, and the amount of the company's liability under this policy shall not be reduced by the existence of such other insurance.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US

This endorsement modifies insurance provided under the following:

Policy Number: SRPGAPML-101-0719/USS428964
Insured: CARNIVAL KINGDOM MIAMI

COMMERCIAL GENERAL LIABILITY COVERAGE PART
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

SCHEDULE

Name Of Person Or Organization:

GULFSTREAM PARK RACING ASSOCIATION, INC AND 445237 ONTARIO LIMITED, AND AFFILIATED
COMPANIES, THEIR RESPECTIVE OFFICERS, DIRECTORS, MEMBERS,
MANAGERS, EMPLOYEES, AGENTS AND REPRESENTATIVES
901 S FEDERAL HWY
HALLANDALE, FL 33009

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

The following is added to Paragraph 8. **Transfer Of Rights Of Recovery Against Others To Us** of Section IV – Conditions:

We waive any right of recovery we may have against the person or organization shown in the Schedule above because of payments we make for injury or damage arising out of your ongoing operations or "your work" done under a contract with that person or organization and included in the "products-completed operations hazard". This waiver applies only to the person or organization shown in the Schedule above.

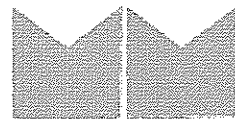


MIAMI CARNAVAL EXCLUSIVE CONCERT EVENT

CARNIVAL
**KINGDOM
DOES
MIAMI**

SATURDAY OCTOBER 12TH

LIVE IN CONCERT



**MACHEL
MONTANO**



**MONK
BAND**

ASHANTI

BUNJI GARLIN

& FAY ANN LYONS

WITH THE ASYLUM VIKINGS BAND

ALONGSIDE

RAVI B

& KARMA

WITH NISHA B



**GULFSTREAM
PARK**

591 FEDERAL HWY, HALLANDALE BEACH, FL 33009

www.SOSfestINC.com

