



City of Margate
DEVELOPMENT REVIEW COMMITTEE
Application for Outdoor Event

5790 Margate Blvd., Margate, FL 33063
954-972-6454

Submission Date (official use):

RECEIVED
NOV 19 2015

BY: _____

DRC # 12-15-01

Paid: \$250.00

Project Name		Northwest Medical Center Holiday Event	
Address		2801 N State Road 7 Margate, FL 33063	
Acreage	Folio Number		
Existing Use		Parking lot	
Legal Description		Hospital Community Outreach and Holiday Event	

Check this box if you would like to rent the City's portable stage for your promotional event.

Petitioners interested in renting the City's portable stage for their promotional event shall be charged \$50/hr with a minimum rental of four hours for the use of the stage, plus labor costs of \$75/hr. Rentals shall be subject to availability. Official rental forms and agreements are available from, and are to be filed with, the Parks and Recreation Department.

Agent/Contact Name		Que Belle Events LLC	
Address		1987 NW 88th Court Suite 202, Doral, FL 33172	
Phone Number	786-412-1745	Fax Number	
Email Address		aramos@quebelle.com / hbermudez@quebelle.com	

Property Owner Name		Northwest Medical Center	
Address		2801 N State Road 7 Margate, FL 33063	
Phone Number	954-974-0400	Fax Number	
Email Address		abbe.rosen@ncahealthcare.com	

OWNER'S AFFIDAVIT: I certify that I am the owner of record for the above referenced property and give authorization to file this petition. I understand that I, or a representative on my behalf, must be present at the DRC meeting. I further understand that my petition will be subject to the regulations of Chapter 16 of the Margate City Code.


Property Owner's Signature

11/17/2015
Date

City of Margate
*** CUSTOMER RECEIPT ***

Batch ID: RRODI 11/23/15 00 Receipt no: 26738

Type	SvcCd	Description	Amount
EN		ECDV PROMOTIONAL EVENT	
	Qty	1.00	\$250.00

QUE BELLE EVENTS, LLC
1987 NW 88TH CT., STE 202
DORAL, FL 33172-2699
305-492-7962

APPLICATION FOR OUTDOOR EVENT

NORTHWEST MEDICAL CENTER
HOLIDAY EVENT ON 12/5/2015

DRC-12-15-01

2801 N STATE ROAD 7, MARGATE

BY QUE BELLE EVENTS, LLC

1987 NW 88TH CT., STE 202

DORAL, FL 33172

786-412-1745

ARAMOS@QUEBELLE.COM OR

HOERMVDE2@QUEBELLE.COM

Tender detail

CK Ref#:	2292	\$250.00
Total tendered:		\$250.00
Total payment:		\$250.00

Trans date: 11/23/15 Time: 16:15:44

HAVE A GREAT DAY!



NORTHWEST
MEDICAL CENTER

November 19th, 2015

City of Margate
5790 Margate Blvd
Margate, FL 33063

Dear Mr. Andrew Pinney:

Please be advised that Northwest Medical Center is hosting an outdoor Community Outreach and Holiday Event on Saturday, December 5, 2015, on our property located at, 2801 N State Road 7, Margate, FL 33063. We have authorized Que Belle Events LLC to produce this event on our behalf and therefore request permits for the event.

Should you have any questions, please feel free to contact me via phone or e-mail.

Erica.Gulrich@hcahealthcare.com | (954) 978-4004.

Sincerely,

Erica Gulrich

Chief Executive Officer

Northwest Medical Center

CITY OF MARGATE



HOLD-HARMLESS AGREEMENT

RE: OUTDOOR EVENT

Event Name/Description: Northwest Medical Center Holiday Event

Event Location: Northwest Medical Center Parking lot 291 N State Road 7

Date(s) Of Event: Saturday, December 5th, 2015 MARGATE, FL 32003 11AM-2PM

Property Legal Description:

Pursuant to the requirements set forth in Section 3.24, of Article III, of Appendix A, of the Code of the City of Margate, Florida, the petitioner(s) appearing before the Development Review Committee for the promotional outdoor event described above do(es) hereby agree to indemnify, defend, and hold the City of Margate harmless for any claim or suit arising out of the planning, organizing, or operation of this promotional outdoor event.

Petitioner's Signature: *AR*

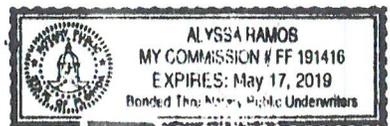
Petitioner's Printed Name: Abbe Rosen

Petitioner's Official Title: Director of Marketing

Organization/Corporation: Northwest Medical Center

Subscribed and sworn to before me this 17th day of November 2015

[Signature]
Signature of Notary



Notary's Seal

Personally known to me.
 Produced identification.



Health Care Indemnity, Inc.
 P.O. Box 555
 Nashville, TN 37202-0555
 Phone: 615/344-5193
 Fax: 855-775-0393
 Email: Corp.Insurance@HCAHealthcare.com

Certificate of Insurance

Date: 11/18/2015
 COI#: 32251 - 2015

This is to certify to:
 (Name of Certificate Holder)

City of Margate, Florida
 5790 Margate Boulevard
 Margate, FL 33063

that the described insurance coverages as provided by the indicated policy has been issued to:

Named Insured:
 Address:

HCA HOLDINGS, INC. AND SUBSIDIARY ORGANIZATIONS
 EXISTING NOW OR HEREAFTER CREATED OR ACQUIRED
 ONE PARK PLAZA
 NASHVILLE, TN 37202-0550

The Policy identified below by a policy number is in force on the date of Certificate issuance. Insurance is afforded only with respect to those coverages for which a specific limit of liability has been entered and is subject to all the terms of the Policy having reference thereto. This Certificate of Insurance neither affirmatively nor negatively amends, extends or alters the coverage afforded under any policy identified herein.

POLICY NO.	POLICY PERIOD	
HCI-10115	Effective: 1/1/2015 Expiration: 1/1/2016	

TYPE OF INSURANCE	LIMITS OF LIABILITY	
Comprehensive General Liability - Occurrence Form	\$1,000,000	Each and Every Occurrence
<ul style="list-style-type: none"> • Bodily Injury • Property Damage • Products and Completed Operations • Personal and Advertising Injury 	\$1,000,000	Aggregate
Health Care Professional Liability Occurrence Form	\$0 \$0	Each and Every Occurrence Aggregate

SPECIAL CONDITIONS/OTHER COVERAGES:

The Named Insured Includes: Northwest Medical Center COID: 30995

City of Margate, Florida is additional insured as respects the General Liability portion of this policy as the Named Insured's interest appears in the Hold Harmless Agreement as it pertains to the events to be held throughout the calendar year.

Cancellation: Should any of the above described policies be canceled before the expiration date thereof, the issuing company will endeavor to mail ninety days written notice to the above named certificate holder, but failure to mail such notice shall impose no obligation or liability of any kind upon the company.


 Countersigned (Authorized Signature)


 Authorized Signature

Certificate of Flame Resistance



Registered Fabric
or Concern Number

F-12123

Issued By:

Trivantage, LLC
1831 North Park Ave.

Glen Raven, NC 27217



Date treated or manufactured:

09/30/2014

This is to certify that the materials described below have been treated with a flame-retardant chemical or are inherently nonflammable.

FOR: A 1 TENTS AND STRUCTURES

ADDRESS: 234 WEST 24TH ST

CITY: HIALEAH

STATE: FL 33010

Certification is hereby made that: (Check "a" or "b")

- (a) The articles described at the bottom of this Certificate have been treated with a flame-retardant chemical approved and registered by the State Fire Marshal and the application of said chemical was done in conformance with the laws of the State of California and the Rules and Regulations of the State Fire Marshal.

Name of chemical used: _____ Chemical Registration #: _____

Method of application: _____

- (b) The articles described at the bottom of this Certificate are made from a flame-resistant fabric or material registered and approved by the State Fire Marshal for such use.

Trade Name of flame-resistant fabric or material used: RENTERS CHOICE 16 OZ Registration #: F-12123

The Flame-Retardant Process Used Will Not Be Removed By Washing

ALBERT E JOHNSON

VICE PRESIDENT, BUS. DEVELOPME

Name of Applicator or Production Superintendent

Title

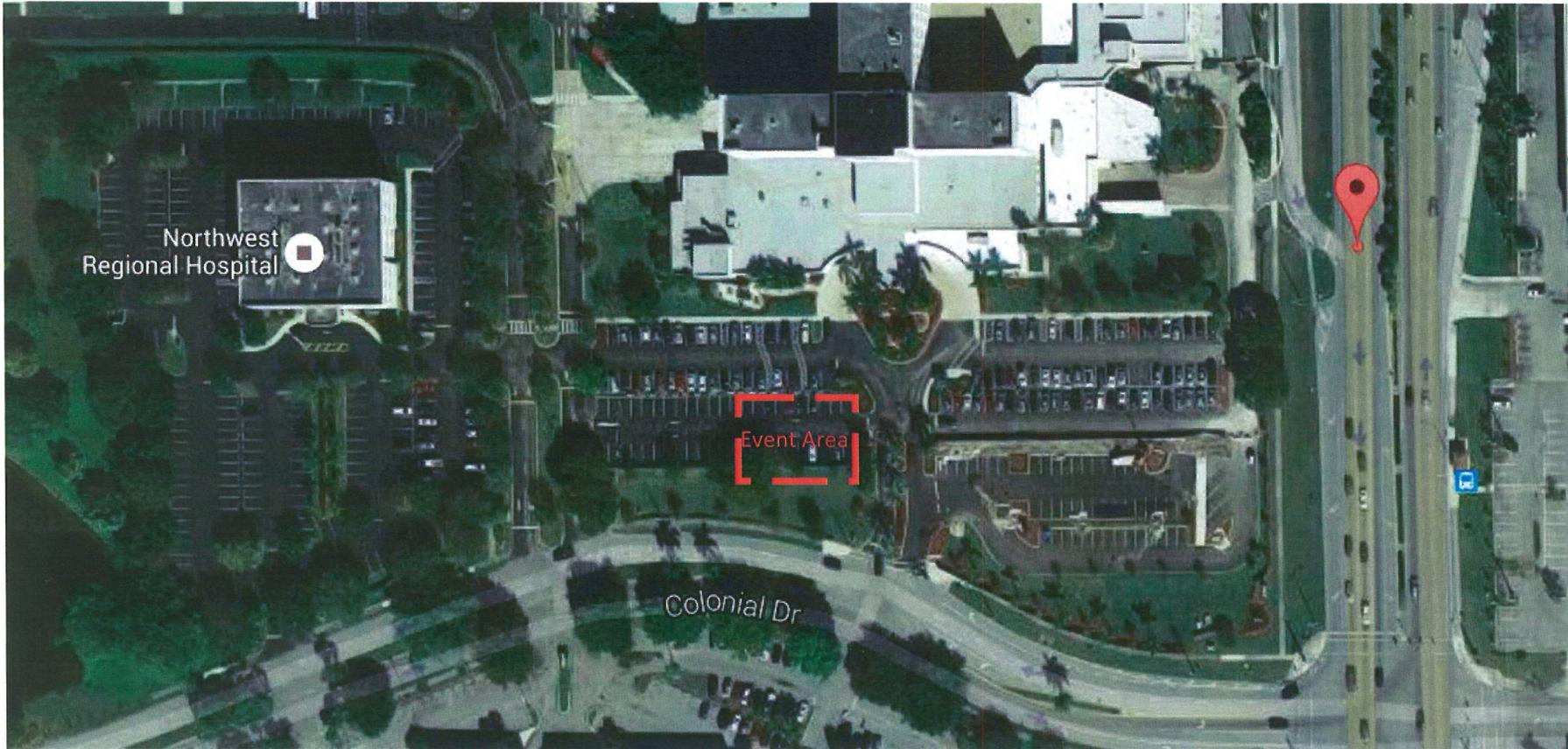
RCN # 0000000001017237076 000000000
CUSTOMER ORDER NO. _____
CUSTOMER INVOICE NO. 651330
YARDS OR QUANTITY 515.00
DESCRIPTION Renter's Choice Blackout 61" 16-oz White (Standard Pack 100 Yards)
ITEM NUMBER 968340

We hereby certify the above to accurately reflect the information contained within a "CERTIFICATE OF FLAME RESISTANCE" issued to Trivantage, LLC from the registrant set forth above. A copy of the original Certificate of Flame Resistance is available upon request to Trivantage, LLC and the registration information set forth above is on record with the California State Fire Marshal.

MAILING ADDRESS

A 1 TENTS AND STRUCTURES
234 WEST 24TH ST
HIALEAH, FL 33010

Northwest Regional Hospital – Holiday Community Event Saturday, December 5th 11:00am – 2:00pm



Event Produced by Que Belle Events LLC (305) 492-7962