



City of Margate  
DEVELOPMENT REVIEW COMMITTEE  
Application for Outdoor Event

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

Submittal Date (official use):

06-25-15 P12:15 RCVD

Project Name		Northwest Medical Center Summer Safety Fest
Address		2801 N State Road 7 Margate, FL 33063
Acreage	Folio Number	
Existing Use		Hospital Parking Lot
Legal Description		Hospital community outreach and summer safety fair

DRC # 07-15-01

Paid: \$500.00

☐ 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	

Property Owner Name		Northwest Medical Center
Address		2801 N State Road 7 Margate, FL 33063
Phone Number		(954) 974-0400
Fax Number	954-984-0351	
Email Address	abbe.rosen@hcahealthcare.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 ½ of the Margate City Code.

Property Owner's Signature

Date

# CITY OF MARGATE



## HOLD-HARMLESS AGREEMENT

### RE: OUTDOOR EVENT

Event Name/Description: Northwest Medical Center Summer Safety Community Outreach

Event Location: Northwest Medical Center Parking Lot 2801 N State Road 7 Margate, FL 33063

Date(s) Of Event: Saturday, July 11, 2015

9am - 11 30am (Saturday)

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:

Petitioner's Printed Name:

Abbe Rosen

Petitioner's Official Title:

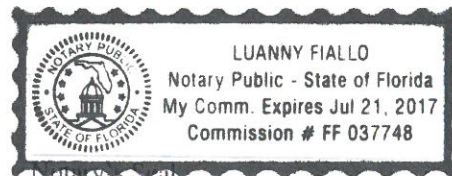
Director of Marketing

Organization/Corporation:

Northwest Medical Center

Subscribed and sworn to before me this 24 day of June 20 15.

Signature of Notary



Personally known to me.

Produced identification:



PUBLIC HEARING SIGN REMOVAL BOND AGREEMENT  
In accordance with Ordinance #1500.485

I, Abbe Rosen, petitioner of record and on behalf of the property owner, hereby agree that the subject public hearing sign shall be removed within two (2) business days following a final determination by the governing body. Further, it is understood that by complying with this section, the \$150 cash bond will be returned to the petitioner of record.

If said public hearing sign is not removed in two (2) business days, I hereby authorize the administration of the City of Margate to remove said sign, billing the costs of the removal of the sign to the owner of the property.

I understand that the \$150 (one hundred fifty dollar) cash bond shall be forfeited and applied against the cost of removal to the City of Margate if said public hearing sign is not removed in two (2) business days.

Northwest Medical Center  
Business Name  
2801 N. STATE  
Address MARGATE FL 33063  
[Signature]  
Signature  
6/16/15  
Date

OFFICE USE ONLY	
Date of Decision	
Tabled to date certain?	
Two Business Days (after decision)	
COMPLETED	Y N
If YES, initiate check request to Finance (603-0000 270-18-00)	
If NO, inform Finance to deposit Bond (001-0000-369-90-01)	





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
3/9/2015

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).

<b>PRODUCER</b> Gil, Garden, Avetrani Insurance Group 10689 N. Kendall Drive Suite 208 Miami FL 33176	<b>CONTACT NAME:</b> Martha Salazar <b>PHONE (A/C, No, Ext):</b> (305) 630-4777 <b>E-MAIL ADDRESS:</b> msalazar@ggaig.com <b>FAX (A/C, No):</b> (305) 279-3022
<b>INSURED</b> Que Belle Events, LLC 1987 NW 88 Court, #202 Doral FL 33172	<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: Western World Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:

**COVERAGES** **CERTIFICATE NUMBER:** CL153906533 **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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			NPP8152779	3/18/2015	3/18/2016	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Employee Benefits \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
Certificate holder is listed as additional insured with respect to the general liability.

<b>CERTIFICATE HOLDER</b> Margate 5790 Margate Blvd 954-972-6454 Margate, FL 33063	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. <b>AUTHORIZED REPRESENTATIVE</b> Derek Rodriguez/MS
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Que Belle Events LLC  
1987 NW 88th Court  
Suite 202  
Doral, FL 33172

# Packing Slip

Date	Invoice #
6/10/2015	4223

<b>Ship To</b>  Northwest Medical Center 2801 N State Road 7 Margate, FL 33063
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Ship	Via	Event Date	PICK UP	Project
7/11/2015	Hand Deliver	Summer Fest Luau	071015	Summer Fest

Quantity	Item Code	Description
	Discount HCA	IF PAID PRIOR TO July 21st, 2015 (\$153.75 SAVINGS) Event Date: Saturday, July 11, 2015 Time: 9am- 11:30am Set up: Friday, July 10, 2015 10AM Breakdown: Saturday, July 11, 2015 Location: Outside perimeter of main building (we will develop site plan) Project: Summer Fest Luau
2	Snowcone Machine HCA	Snow cone Machine includes one flavor syrup for approximately 140 servings (client must provide ice)
1	Snowcone Machine Extra F...	We suggest 2 stations to accommodate 500 guests Snowcone Machine extra syrup flavor for an additional 360 servings to accommodate a total of 500 servings.
2	Popcorn Machine HCA	Popcorn Machine - Includes servings for 140
1	Popcorn Supplies	We suggest 2 stations to accommodate 500 guests Popcorn Machine additional servings 360 servings to accommodate 500 guests
	Awesome Slide	Awesome Slide Combo - Large Bouncer, with Climbing Wall and 15' slide in one unit that measures 15'x25'
	Generator	Generator
	Event Attendant	Event Attendant to assist with crowd control
	Discount	Courtesy Discount
	Toddler Zone	Toddler Zone - unit allows toddlers ages 6 and under to enjoy all the fun of a bouncer for smaller kids
	Generator	Generator
2	Event Attendant	Event Attendant to assist with crowd control
2	Face Painting	Face Painter for three (3) hours

Above pricing is an estimate based on an inquiry. An invoice will follow after estimate approval.



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7/11/2015	Hand Deliver	Summer Fest Luau	071015	Summer Fest

Quantity	Item Code	Description
	Game Masters	<p>Game Master to entertain children with a variety of activities for three (3) hours (\$175/hour) Utilize existing building electrical</p> <p>Games to include:            LIMBO            Hula Hoop Dancing</p>
	Petting Zoo	<p>Safari Animals            Includes 2 hours of entertainment            Animals are brought out one at a time to teach guests about them. They walk around allowing guests to pet them. Package includes 15-20 exotic animals that may include but not limited to: Kangaroos, porcupines, fox, chinchillas, pythons, anteater, sloth, tortoise, sugar glider, leopard gecko, alligator, skunk, ferrets, hedgehog, bearded dragon, tarantula, cockatoo, macaw</p> <p><b>**Subject to availability upon approval of Agreement</b></p>
	Ponies	<p>Two Ponies in each set for three hours unless otherwise specified each additional hour is \$150/hour/set</p>
	Decor	<p>Event Design and Decor - Luau Theme            Picture Spot            Themed backdrop            Decorations and Props for picture spot for guests to take their own pictures (suggestion- create a #hashtag to have guests post their pictures for social media)</p> <p>Filler decor to place around event area</p> <p>Swaggers placed sporadically in the tents</p>

Above pricing is an estimate based on an inquiry. An invoice will follow after estimate approval.



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Ship	Via	Event Date	PICK UP	Project
7/11/2015	Hand Deliver	Summer Fest Luau	071015	Summer Fest

Quantity	Item Code	Description
2	Tent 10x10 HCA	10x10 Frame Tent 100 Sq Ft (seats 10-15 people banquet style) 2 - For Concessions
8	Water Barrels HCA	Water Barrels to secure tent on asphalt or cement NEED WATER ACCESS IN CLOSE PROXIMITY
8	Water Barrel Covers HCA	(Building & Zoning requires for each leg to have a water barrel or stake) Water Barrel Covers (White)
12	Rectangular Table 8 HCA	Rectangular Table 8' (seats 8- 10) 2 - Registration Tent 1 - Face Painter 4 - Concessions 2 - Crafts 3 - Teddy Bear Clinic
12	90x156 Linens HCA	90 x 156 Linens (floor length for 8' Tables) Color: Luau Mix TBD
5	Umbrella Table	Umbrella Table - Round Table 60" with hole for umbrella, canvas umbrella and 6 chairs (Umbrella Color: BEIGE)
5	120 Round HCA	120" round linens Color: Luau Mix TBD
74	WS Chairs HCA	White Samsonite Chairs 20- Guest seating 4 - Face Painters 4 - Registration Tent 16 - Crafts
6	Trash Can	Garbage Receptacles - Garbage bags not included
1	Porta Potties	**SANITATION Individual Porta Potties
1	Service	Handwashing Station

Above pricing is an estimate based on an inquiry. An invoice will follow after estimate approval.



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Ship	Via	Event Date	PICK UP	Project
7/11/2015	Hand Deliver	Summer Fest Luau	071015	Summer Fest

Quantity	Item Code	Description
	Delivery Setup & Knockdown Northwest Delivery Fee HCA Permit	Delivery Setup & Knockdown Delivery to the Northwest Medical area Permit Application Processing- This does not include Permit Fee from Government Agency or Architect and Engineer fees Final pricing will be advised within 7 days of agreement approval

Above pricing is an estimate based on an inquiry. An invoice will follow after estimate approval.





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 Suite 202  
 Doral, FL 33172

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Date	Invoice #
6/10/2015	4223

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Ship	Via	Event Date	PICK UP	Project
7/11/2015	Hand Deliver	Summer Fest Luau	071015	Summer Fest

Quantity	Item Code	Description
	HCA Terms	<p>Client agrees to pay Que Belle Events LLC for products and services rendered in the amount stated as "Total." 100% of the Total is due twenty (20) days from the later of receipt of invoice or full performance of Service. Client will receive two percent (2%) off the pricing set forth if payment is made in full within ten (10) days following the later of the full performance of Service or receipt of invoice. Any missing or damaged rentals will be the financial responsibility of the client. Should changes occur during the course of the event, approval will be required from the client to proceed with said changes. Changes that affect the approved estimate and invoice financially will be billed separately after the event. This remaining balance will be due twenty (20) days following the invoice date. A finance charge of one percent (1%) per month will be assessed to any balances after twenty (20) days from the invoice date. Client will be responsible for attorney's fees and balances that go unpaid in addition to the finance rate of twelve percent (12%) annually. Client agrees not to pursue, offer or hire any employee, staff member, or vendor that is employed or hired by Que Belle Events LLC. In turn Que Belle Events LLC agrees not to pursue, offer or hire any employee, staff member, or vendor that is employed or hired by the Client. Client may cancel an event up to seven (7) business days prior to scheduled event due to forecasted bad weather. The deposit may then be applied to rescheduling the event for a future date but not to exceed 6 months from the originally scheduled date. In the event of a Hurricane or equivalent severe weather warnings being officially issued by local, state or national government Que Belle Events LLC will make reasonable efforts to contact the Client and reschedule the event. If Client shall cancel for any other reason other than bad weather, Client is liable for 70% of the total invoice if canceled within thirty (30) days of the event; 80% of the total invoice if canceled within fifteen (15) days of the event and 100% of the total invoice if canceled within ten (10) days of the event. In no event will funds be returned to the Client.</p> <p>Sales Tax</p>

Above pricing is an estimate based on an inquiry. An invoice will follow after estimate approval.



Registered Fabric  
or Concern Number

F-12123

# Certificate of Flame Resistance

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

Name of Applicator or Production Superintendent

VICE PRESIDENT, BUS. DEVELOPME

Title

RCN #

00000000001017237076 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**

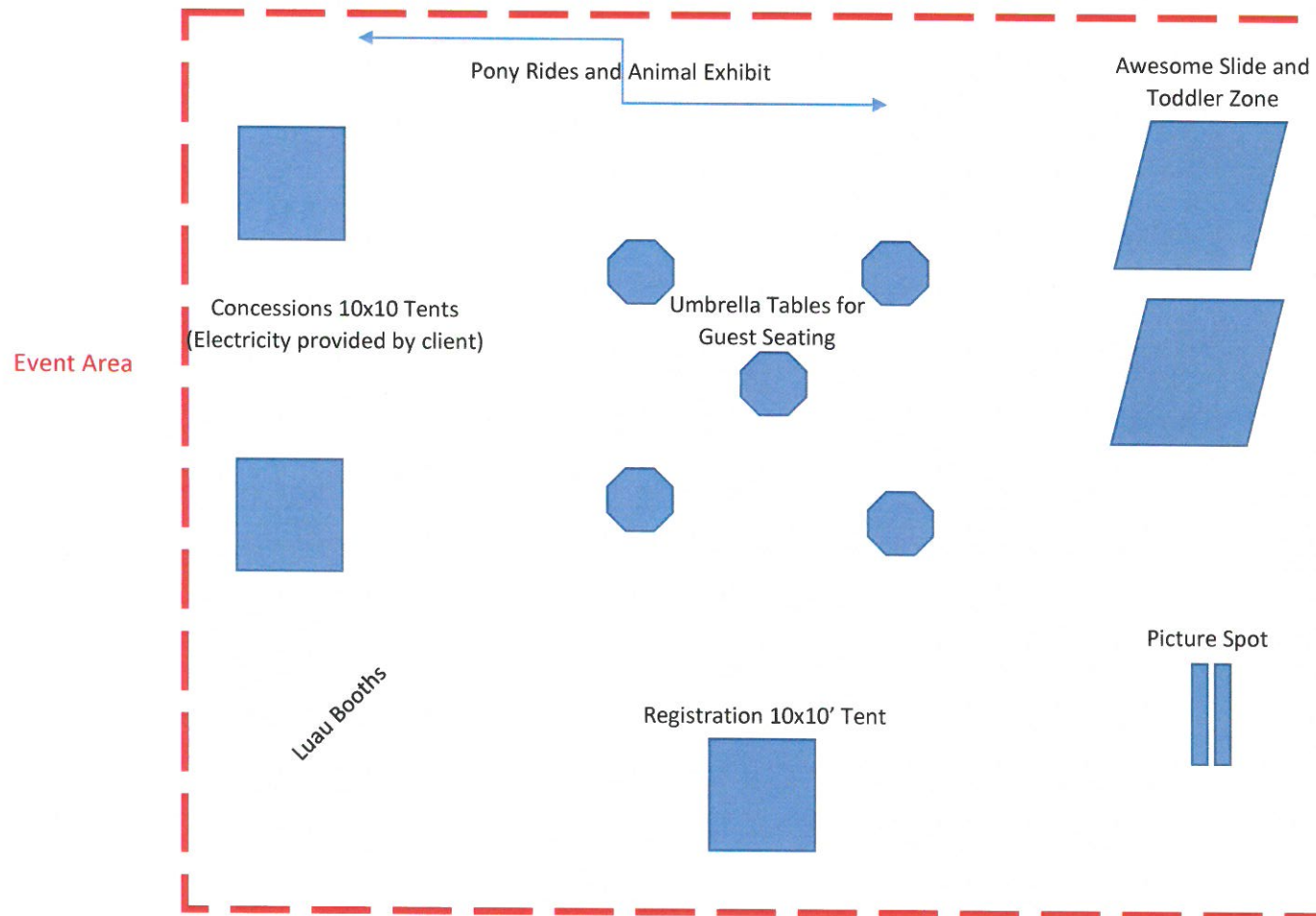
Northwest Regional Hospital – SummERfest Event Saturday, July 11, 2015 9:00am – 11:30am



2 – 10x10 Frame Tents will be utilized for the event

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

Northwest Regional Hospital – SummERfest Event Saturday, July 11, 2015 9:00am – 11:30am



Layout was created pending final walkthrough after the construction has terminated

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



City of Margate  
\*\*\* CUSTOMER RECEIPT \*\*\*

Batch ID: CONEILL      6/29/15 00      Receipt no: 137585

Type	SvcCd	Description	Amount
EQ		ECDV MISCELLANEOUS	
	Qty	1.00	\$250.00

QUE BELLE EVENTS LLC  
1987 NW 88TH CT STE 202  
DORAL, FL 33172-2699  
305-492-7962  
RE:DRC OUTDOOR EVENT  
NORTHWEST MEDICAL CENTER  
SUMMER SAFETY FEST

Tender detail

CK Ref#:	2186	\$250.00
Total tendered:		\$250.00
Total payment:		\$250.00

Trans date: 6/29/15      Time: 17:33:14

HAVE A GREAT DAY!