



Application For TEMPORARY USE PERMIT (TUP)

| St. Vincent Catholic Church | | |
|-----------------------------|---------------------|--------------------|
| 6350 NW 18th Street | Phone: | 954-972-0434 |
| | | stvincent7@aol.com |
| | 6350 NW 18th Street | |

| TUP Description: | Annual Brazilian Festiva | al |
|---------------------|--------------------------------------|-------------------------------------|
| TUP Address: 63 | 350 NW 18th Street | Anticipated Attendance: 4000 |
| Μ | argate, FL 33063 | _{Date(s):} Jun 1 - 2, 2019 |
| Hours of Operatio | n: 4pm-11pm/9am-9pm | Set-up/Clearing Dates: June 5 2019 |
| Specific Activities | Brazilian Typical Food | I, Entertainment for the Kids, |
| Square Danc | ce for Adults and Children | , Music. |
| - | n of water, electric, restrooms, and | |
| | | rooms by Waste Management, |
| Security by N | Aargate Police | |
| Fireworks display | ?: Yes No | |

Application fee: \$250 for TUP's which require City Commission approval; \$75 for all others. 501 Tax exempt organizations (other than 501c4) are exempt from this fee.

Applications shall include:

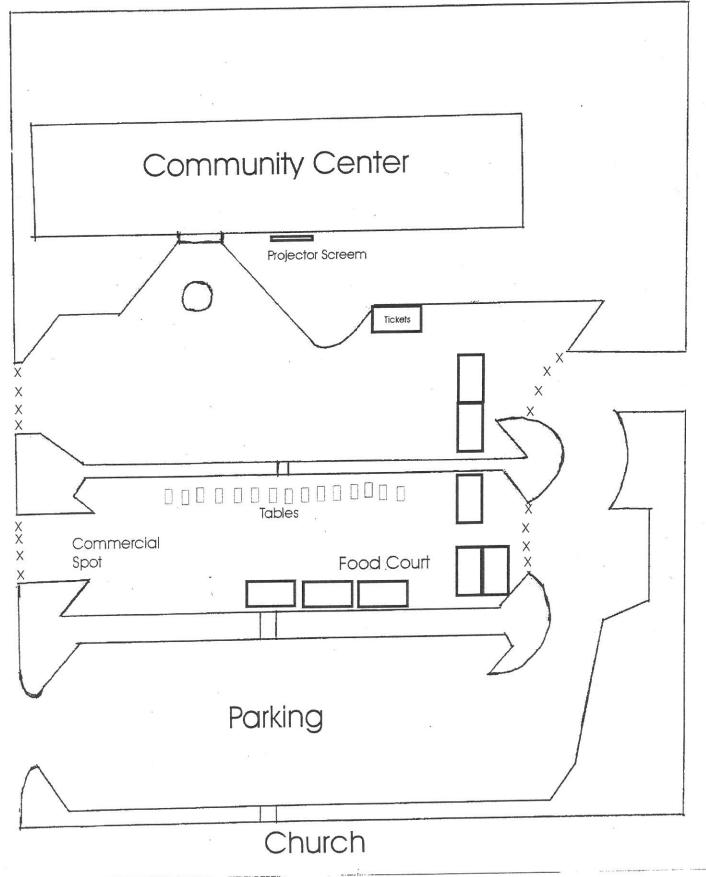
- Notarized affidavit from property owner, granting permission.
- Detailed site plan.
- Executed hold harmless agreement.
- Current insurance certificate naming the City as additional insured.
- Additional information including signage, parking, traffic circulation, building and fire prevention regulations, applicable food vendor or catering licenses from the Florida Department of Business and Professional Regulations.

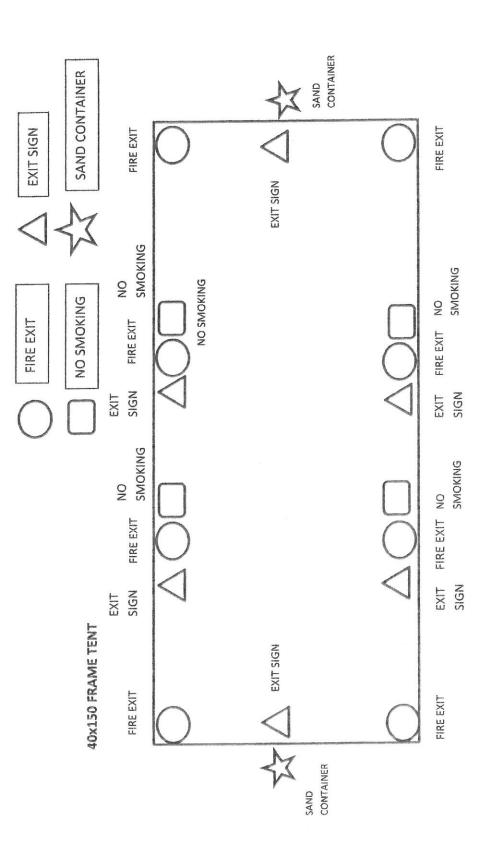
Applications must be submitted at least 30 days prior to the start date of a TUP approved administratively. Applications must be submitted at least 90 days prior to the start date of a TUP approved by the City Commission.

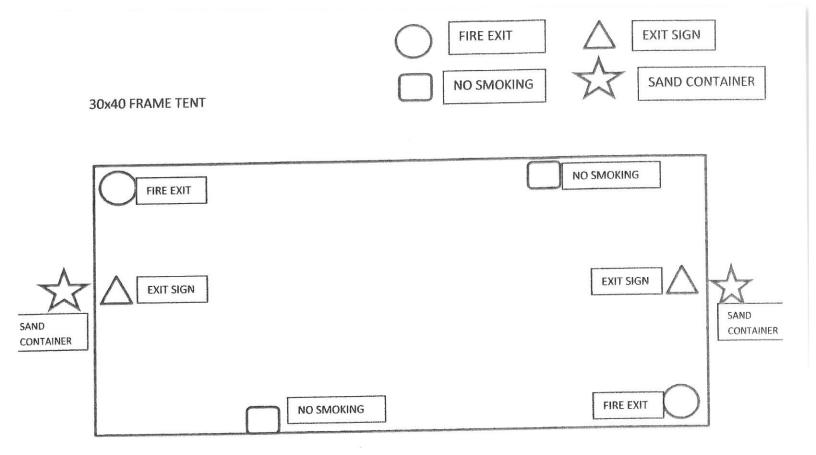
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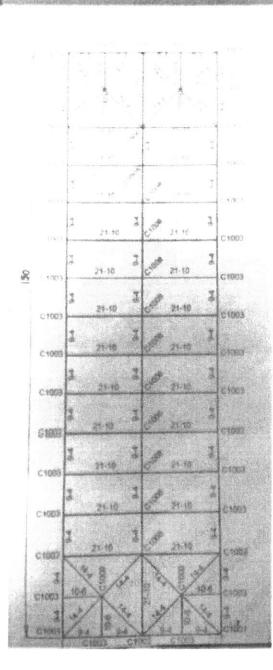
NW 18th Street







40X150 FRAME TENT



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| | Come | aliment database and | C1001 |
| 2 | 6 Way | Crown | C1006 |
| 28 | Side T | ee Joint | C 1003 |
| 6 | 6 Way | Side Tee | C1002 |
| 4 | 6 Way | Hip Joint | IC 1009 |
| 10 | Ridge | Top Tee | Choos |
| 12 | Cable | 40 ft Silver | C840x |
| 20 | Rafter | Crossbar | C 10330 |
| 46 | Canop | y Pins | P102 |
| | | ha ha a | Manual Street, |
| | | oles | Color |
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| 16 | a provide the second | Hip Rafter | Red |
| 8 | A. C. Seller Market | Raher | Green |
| | | Spreader | White |
| 20 | | II Photo H | Black |
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| o andres | 14'-4" | Rafter Pole | Red |
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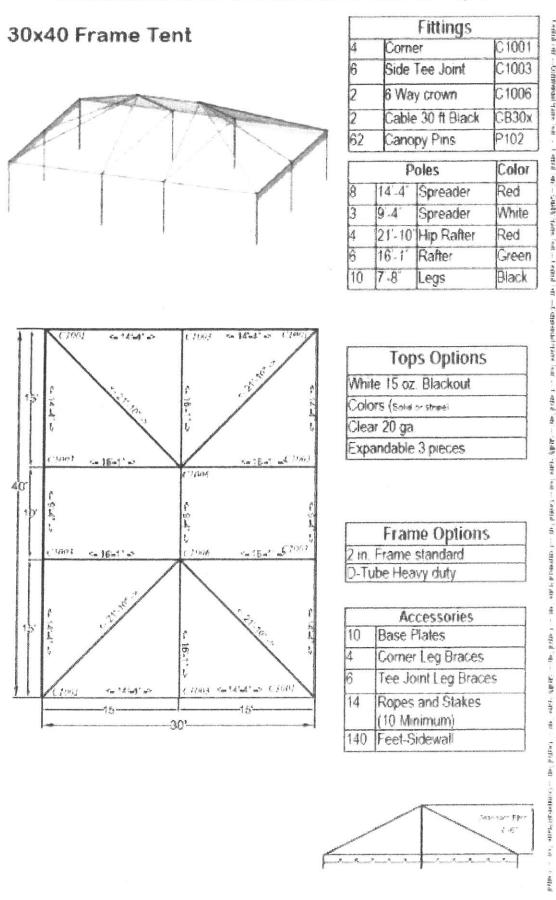
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Central Tent Phone 1:661-290-3375 Fax 1:661-222-7816 Toll-Free 1:800-997-8358 Fage: 29

PROPERTY OWNER AFFIDAVIT AND PERMISSION TO PROCEED

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| Ι | hereby | certify | that | Ι | am the | owner | of | the | property | located | at |
|------|-----------------------|--|--------------|---------|--------------|----------------|----------|------------|--------------|--------------|------|
| | 635 | 50 Nu | 181 6 | M 5 | T. MA | REAK_ | FL | 330 | 063 | , | |
| | | | | | oorary Use I | Permit applie | cation, | and I h | nereby grant | authorizatio | n to |
| / | nr De | NNIS | PHE | NIX | t | o file this pe | tition f | for the sa | aid Tempora | ry Use Perm | it. |
| | Attle nt owner's n | W DI name | <u>DONI</u> | 2 | | ignature of o | wner | ¢ | volore | 1 | |
| Sub | scribed an | d sworn to | before r | ne this | | day of | 41 | RIC | 20 | 19. | |
| | Comm Expire | ERICK A. SCH ission # GG 03 is February 10, Thu Troy Fain Insurar | 7817 2021 | | | Lahi | 1 | (| la | 2 | |
| Prin | t or type na | ume of Nota | ry | | | ignature of) | otary | | / | | |
| 7 | / | nally know | | | | | | | £ | | |



RE: Temporary Use Permit

| TUP Name/Description: BRAZILIAN FESTIVAL - FESTA JUNINA |
|---|
| TUP Location: ST. VINCENT CATHOLIC CHURCH |
| Date(s) Of TUP: JUNE 1-2, 2019 |
| Property Legal Description: 10 ACRES |
| CHURCH_ COMMUNITY CENTER - CHAPEL- OFFICE |

Pursuant to the requirements set forth in Section 3.24 of the Margate Zoning Code, the applicant(s) for the above described Temporary Use Permit 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 Temporary Use Permit. ٨

| Applicant's Signature: |
|---|
| Applicant's Printed Name: REV. MATTHEW DIDONE |
| Applicant's Official Title: PASTOR |
| Organization/Corporation: ST. VINCENT CATHOLIC CHURCH |
| Subscribed and sworn to before me this day of |
| Produced identification. |

Produced identification:

| ACORD CER | FIFIC | ATE OF L | IABIL | ITY IN | SURA | | DATE(MM/DD/YYYY) 04/01/2019 |
|--|---|--|---|--------------------------------------|--|---|---|
| THIS CERTIFICATE IS ISSUED AS A CERTIFICATE DOES NOT AFFIRMAT BELOW. THIS CERTIFICATE OF INS REPRESENTATIVE OR PRODUCER, A | MATTER IVELY O URANCE ND THE (| OF INFORMATION R NEGATIVELY AM DOES NOT CONS CERTIFICATE HOLD | ONLY AND END, EXTEN TITUTE A C ER. | CONFERS N ID OR ALTI ONTRACT I | NO RIGHTS ER THE CO BETWEEN T | UPON THE CERTIFICA VERAGE AFFORDED E HE ISSUING INSURER | BY THE POLICIES R(S), AUTHORIZED |
| IMPORTANT: If the certificate holder i SUBROGATION IS WAIVED, subject to certificate does not confer rights to th | the teri | ms and conditions o | of the policy. | certain poli | e ADDITION/ cies may req | L INSURED provisions uire an endorsement. A | or be endorsed. If A statement on this |
| PRODUCER Aon Risk Services, Inc of Florida | | | CONTAC NAME: PHONE | (0(()) | 283-7122 | FAX (800) | 363-0105 |
| 1001 Brickell Bay Drive Suite 1100 Miami FL 33131 USA | | | (A/C. No E-MAIL ADDRE | Ext. | 203-7122 | (A/C. No.): (800) | 0.202-0102 |
| | | | ABORE | | | RDING COVERAGE | NAIC # |
| INSURED | | | INSURE | | | ate No. 2987 | AA1128987 |
| St. Vincent Catholic Church 6350 NW 18 St. | | | INSURE | | | Casualty Corp | 15105 |
| Margate FL 33063 USA | | | INSURE | | | | |
| | | | INSURE | | | | |
| | | | INSURE | | | | |
| | | E NUMBER: 570075 | | | R | EVISION NUMBER: | |
| THIS IS TO CERTIFY THAT THE POLICIES INDICATED. NOTWITHSTANDING ANY RE CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCK | PERTAIN, POLICIE | THE INSURANCE AF S. LIMITS SHOWN MA | FORDED BY | CONTRACT | OR OTHER I S DESCRIBE Y PAID CLAIN | DOCUMENT WITH RESPE | |
| | ADDL SUB | | IBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMI | |
| A COMMERCIAL GENERAL LIABILITY | | BP1027419 SIR applies per | policy ter | | 04/01/2020 tions | EACH OCCURRENCE | \$2,250,000 |
| CLAIMS-MADE X OCCUR X SIR \$250,000 | | | | | | PREMISES (Ea occurrence) | \$2,250,000 |
| X Med Pay Part of SIR | | | | | | MED EXP (Any one person) PERSONAL & ADV INJURY | Excluded \$2,250,000 |
| GEN'L AGGREGATE LIMIT APPLIES PER | | | | | | GENERAL AGGREGATE | \$2,250,000 |
| X POLICY PRO- JECT LOC | | | | | | PRODUCTS - COMP/OP AGG | \$2,250,000 |
| | | BP1027419 | | 04/01/2010 | 04/01/2020 | Agg. All Coverages | \$2,250,000 |
| | | SIR applies per | policy ter | | | COMBINED SINGLE LIMIT (Ea accident) | \$2,250,000 |
| X ANY AUTO | | | | | | BODILY INJURY (Per person) | |
| OWNED AUTOS ONLY AUTOS ONLY AUTOS ONLY ONLY AUTOS ONLY AUTOS ONLY | | | | | | BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) | |
| | | | | | | Self-Insured Retention | \$250,000 |
| UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE | | | | | | EACH OCCURRENCE | |
| DED RETENTION | - | | | | | AGGREGATE | |
| B WORKERS COMPENSATION AND | | SP4060247 | | 04/01/2019 | 04/01/2020 | X PER STATUTE OTH- ER | |
| ANY PROPRIETOR / PARTNER / EXECUTIVE | | \$250K Self Insu SIR applies per | | e Promoti | | E.L. EACH ACCIDENT | \$1,000,000 |
| OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under | NIA | SIK appiles per | portcy ten | | lions | E.L. DISEASE-EA EMPLOYEE | \$1,000,000 |
| DESCRIPTION OF OPERATIONS below | | | | | | E.L. DISEASE-POLICY LIMIT | \$1,000,000 |
| | | | | | | | |
| | | | | | | | |
| DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC | LES (ACORD | 101, Additional Remarks S | chedule, may be | attached if more | space is require | d) | · |
| E: Brazilian Annual Festival bei | ng held | at 6350 NW 18th S | t. Margate, | FL 33060 | from June | 1st - 2nd, 2019. | |
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| ERTIFICATE HOLDER | | | CANCELLA | TION | | | |
| | | | SHOULD A EXPIRATION POLICY PR | V DATE THERE | ABOVE DESCRI OF, NOTICE W | BED POLICIES BE CANCELI ILL BE DELIVERED IN ACCOR | LED BEFORE THE RDANCE WITH THE |
| St. Vincent Catholic Church 6350 NW 18th St. | | | AUTHORIZED R | EPRESENTATIV | E | | 1 |
| Margate FL 33063 USA | | | <u>م</u> | lon Ri | sk Serv | ices Inc. of Fi | LED BEFORE THE RDANCE WITH THE Chrida |
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St. Vincent Catholic Church

Bringing People Together

Mayor Anthony N. Caggiano C/o City of Margate 901 NW 66th Avenue Margate, FL 33063

April 1, 2019

Dear Mr. Caggiano

The Brazilian Community of St. Vincent Parish a non Profit Organization (Tax exempt # 85-8012529997C-1) is holding its Annual Festival on June 1st & 2nd, 2019. The event on June 1st will be from 4 pm until 11 pm and June 2nd, from 9:30 am until 9 pm.

It will be an indoor and outdoor with various activities, and we are expecting around 3000 people to attend. There will be no cost to enter de festival.

We are going to have food, drinks, games, dancing, entertainment, etc. The guesses can use our eight restrooms which four are located in the Community Center, two in the DePaul Center and two in the Church.

Sincerely in Christ Jesus,

Rev Matthew Didone, c.s. Pastor



St. Vincent Catholic Church

Bringing People Together

Mayor Anthony N. Caggiano C/o City of Margate 901 NW 66th Avenue Margate, FL 33063

April 1, 2019

Dear Mr. Caggiano

The Brazilian Community of St. Vincent Parish is holding its Annual Festival on June 1 & 2, 2019.

The festival started in 1997 and has been the Brazilian Communities annual and major fund raiser since that date.

The Festival is totally run by St. Vincent Parish and all proceeds will be going to our church.

Therefore, I give my full support and approval.

Sincerely in Christ Jesus,

Rev. Matthew Didone, c.s. Pastor

6350 NW 18th Street, Margate, FL 33063 • Telephone: (954) 972-0434 • Fax: (954) 971-0411 www.stvincentcatholicchurchmargate.org