RESOLUTION No. 16-233

A RESOLUTION OF THE MAYOR AND THE CITY COUNCIL OF THE CITY OF DORAL, FLORIDA, APPROVING AN OUTDOOR EVENT PERMIT FOR THE INDY MORGADO CANCER FOUNDATION TO HOST THE "4 ANNUAL BLAZING BBQ COOK-OFF AND FALL FESTIVAL" AT THE FIREFIGHTER'S MEMORIAL BUILDING, LOCATED AT 8000 NW 21 STREET, DORAL, FLORIDA, 33122 ON SATURDAY, NOVEMBER 12, 2016 FROM 11:00AM TO 4:00PM; PROVIDING FOR IMPLEMENTATION; AND PROVIDING FOR AN EFFECTIVE DATE

WHEREAS, the Indy Morgado Cancer Foundation ("Applicant") seeks approval from the City of Doral for an Outdoor Event Permit, as per the application attached hereto as Exhibit "A", which is incorporated herein and made a part hereof by this reference; and

WHEREAS, staff has recommended that Council approve the Applicant's proposed Outdoor Event Permit to host the "4th Annual Blazing BBQ Cook-Off & Fall Festival" on Saturday, November 12, 2016 from 11:00am to 4:00pm at Firefighter's Memorial Building located at 8000 NW 21st Street, Doral, Florida 33122.

NOW THEREFORE, BE IT RESOLVED BY THE MAYOR AND CITY COUNCIL OF THE CITY OF DORAL, FLORIDA, AS FOLLOWS:

Section 1. Recitals. The above recitals are true and correct and incorporated herein.

Section 2. Approval. The outdoor event permit for the "4th Annual Blazing BBQ Cook-Off & Fall Festival" is hereby approved subject to the following condition(s):

- 1. Compliance with the comments made by the City of Doral Police Department, as specified in Exhibit "B"; and
- 2. Payment of all department costs, as specified in Exhibit "C".

All exhibits are incorporated herein and made a part hereof by this reference.

<u>Section 3.</u> <u>Implementation.</u> The City Manager and the City Attorney are hereby authorized to take such further action as may be necessary to implement the purpose and provisions of this Resolution.

<u>Section 4.</u> <u>Effective Date.</u> This Resolution shall take effect immediately upon adoption.

The foregoing Resolution was offered by Councilmember Fraga who moved its adoption.

The motion was seconded by Councilmember Rodriguez and upon being put to a vote, the vote was as follows:

Mayor Luigi Boria

Yes

Vice Mayor Pete Cabrera

Not Present at Time of Vote

Councilwoman Christi Fraga

Yes Yes

Councilwoman Ana Maria Rodriguez Councilwoman Sandra Ruiz

Not Present at Time of Vote

PASSED AND ADOPTED this 2 day of November, 2016

LUIGI BORIA, MAYOR

ATTEST

CONNIE DIAZ, CMC

CITY CLERK

APPROVED AS TO FORM AND LEGAL SUFFIENCY FOR THE USE AND RELIANCE OF THE CITY OF DORAL ONLY:

WEISS, SEROTA, HELFMAN, COLE & BIERMAN, P.L.

CITY ATTORNEY

EXHIBITS

Public P	roperty	Event Pe	ermit	
Special I	Private	Property	Event	Permit



CITY OF DORAL PLANNING & ZONING DEPARTMENT OUTDOOR EVENT PERMIT

Special Event4th Annual Blazing BBQ Cookoff and Fall Festival Class							
Promoter/Organization Indy Morgado Cancer Foundation							
Facility Address 8000 NW 21st Street, Doral, FI 33122 Dates 11/12/16 to 11/12/16							
Hours of Operation 11 am. to 4 pm. Estimated Attendance/Day 200-400 19							
TYPE OF EVENT:							
Music Parade Art Show TV Commercial Movie Filming							
Athletic Other (specify) Family Fall Festival with Cookoff; Fundraiser for NonProfit							
EXTRAORDINARY USES:							
Animals Explosives/Fireworks Road Closures Cooking							
Alcoholic Beverages served [‡] Tents/temp structures Aircraft							
Other (specify)							
* For events where alcoholic beverages will be served, page three of this application must be filled out.							
Approved: (Initials & Date)							
City Manager							
Planning & Zoning Director							
Building Official 8,24,14							
Permit(s) Required? Yes No_X Type(s) B E P F							
Parks & Recreation Director							
Police Department							
Fire Department							

Please be advised that a Building permit and fee may be required.

OUTDOOR EVENT APPLICATION

	Date of Application
Name of Person or Organization (Permittee) Indy Morgado	Cancer Foundation
Mailing Address17831 SW 70 Place, Southwest Ranches, FL 3	33331
Represented ByCristina Morgado	Title President
Phone954.410.8261 Fax N/A	
Is your organization For-profit No	n-Profit
Location or Park Area requested Local 1403 Union Hall, 8000 N	IW 21st Street, Doral, FL
Describe fully the space required for your event, and how your eventhe community The 4th Annual Blazing BBQ Cookoff and Fall Festival is a fund	
Cancer Foundation featuring an all firefighter cookoff, kids ga	mes and activities, contests for
adults and families, raffles, live music and entertainment. Out	door space required is use of the
facility parking lot for cookoff teams, kids activities, and ente	rtainment.
What type of entertainment is planned, include performer(s) name(s) Band: Three Feet Closer	, , , , , ,
Dates of Event November 12, 2016	
Rain Date (if any) None	
Period of Requested Use (Including Set-up / Tear-down and Clean-u	p time):
From <u>5 am</u> To <u>6 pm</u>	
Hours of Operations 11 am - 4 pm	
Estimated Size of Crowd: ParticipantsSp	pectators200 - 400
Who is the contact person for your event?	
NameCristina Morgado	
Address8475 SW 141st Street, Palmetto Bay, Fl 33158	
Agency Indy Morgado Cancer Foundation	
Telephone 954.410.8261	

OUTDOOR EVENT HISTORY

	nts sponsored by your o date, total attendance,		•
	on, and contact name for	• • • • • • • • • • • • • • • • • • • •	ion of event, phone
			oer 16, 2013 at the Local
1403 Union Hall, 8000	NW 21st Street, Doral, I	L with 8 cookoff teams	competing, local vendors,
· · ·	rting and about 200 att Cancer Foundation was	-	naugural fundraising event
•	eidi or Bianca 305.593.6		
2. The 2nd Annual Blazi	ng BBQ Cookoff and Fal	l Fest was held on Nove	ember 8, 2014 at the Local
1403 Union Hall, 8000	NW 21st Street, Doral,	FL with 6 cookoff team	s competing, local vendors,
• •	orting and about 200 at Cancer Foundation was	•	nnual fundraising event
Union Hall Contact: H	eidi or Bianca 305.593.6	5100	
	Miami, FL with 6 cookoff	teams competing, loca	al vendors,
	oorting and about 200 a o Cancer Foundation w		tannual fundraising event
Marlins Stadium Cor		as a mage success.	
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5			
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•		, , , , , , , , , , , , , , , , , , ,	
Do you owe anyone mo	oney for expenses incur	red or revenue promise	ed from prior events?
Date	Event	Person	Amount Owed
	Manager Property and the Control of		
Į.		Ī.	,

OUTDOOR EVENT BUDGET

Detail fully the intended use, type of business and scope of operation

DETAILED REVENUE

Source	· Price	Total Amount of Income
Event Raffle (inside)	Varied	\$2000
Donations	Varied	\$1000
	Total Revenue	\$3000

DETAILED EXPENDITURES

ltem	Total Amount of Expense
Event Promotional Items (tshirts, cups, bags) (sold inside)	\$1000
Supplies	\$500
	61500
Total Expenses	\$1500
Net Income Expected	\$1500

DETAILED IN KIND SERVICES

ltem	Value of Contribution
Band	\$800
Bounce House	\$200
Firefighter Truck Presentation	\$100
	Total Value \$1100

Describe the intended use of net income generated from this special event
All funds raised at the event will go towards helping firefighters, as well as their families, when
they have been diagnosed with any occupational illness. The Indy Morgado Cancer Foundation
offers aid and support to these firefighters and families whether it is financial, emotional,
educational or simply being a part of a strong supportive community.

OUTDOOR EVENT ACTIVITIES/ELEMENTS

List all Co-Sponsors

Name	Address	City, State Zip	Phone Number		
Local 1403 FF Union	8000 NW 21st Street	Doral, Fl	305.593.6100		
US Foods					
Power Party Events	•				

What is the principal business activity of these co-sponsors?

Name	Activity			
Local 1403 FF Union, MDFR Firefighters Union	Donating Venue (Union Hall)			
US Foods Corporation	Donating food for cookoff competition			
Power Party Events, Party Supplies	Donating Bounce House for kids			
Dade County Federal Credit Union	Title Sponsor			

Will alcoholic beverages be served at your event?	Yes _	No
	Beer _	Price <u>Suggeste</u> d Donation
	Wine	Price
Describe who, where and what time the alcoholic World of Beer will be donating beer and distribut		
They will provide their own staff for serving. Distr	ibution License attach	ed to application.
Will your special event require tents? (Requires a under any size tent)	permit if greater than	10' x 10' or if cooking
Yes No		
Indicate size and number of tents 1-3 tents, 10x10), for entry and display	
What are the electrical requirements of the Event	?	
Generator(s) - Size in Watts	OR Fed from Building	Electrical
Number of lights and outlets to be used		
What type of restroom facilities will be provided?	Restrooms located ins	ide Union Hall Building
Number of toilets 6 (must she facilities on the Site Plan)	ow location and distan	ce of the restroom
Will your special event have live or taped music?		
Yes No Type	of music Band for live	music
Describe who, where and what music will be present and will be performing near the side of the built		

INTERNAL REVENUE SERVICE P. O. BOX 2508 CINCINNATI, OH 45201

Date: JUN 20 2012

INDY MORGADO CANCER FOUNDATION INC 17831 SW 70TH PLACE SOUTHWEST RANCHES, FL 33331

Employer Identification Number: 45-3142704 DI.N . 17053306338001 Contact Person: ID# 31503 CHRIS BROWN Contact Telephone Number: (877) 829-5500 Accounting Period Ending: December 31 Public Charity Status: 170(b)(1)(A)(vi) Form 990 Required: Effective Date of Exemption: September 6, 2011 Contribution Deductibility: Addendum Applies:

Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

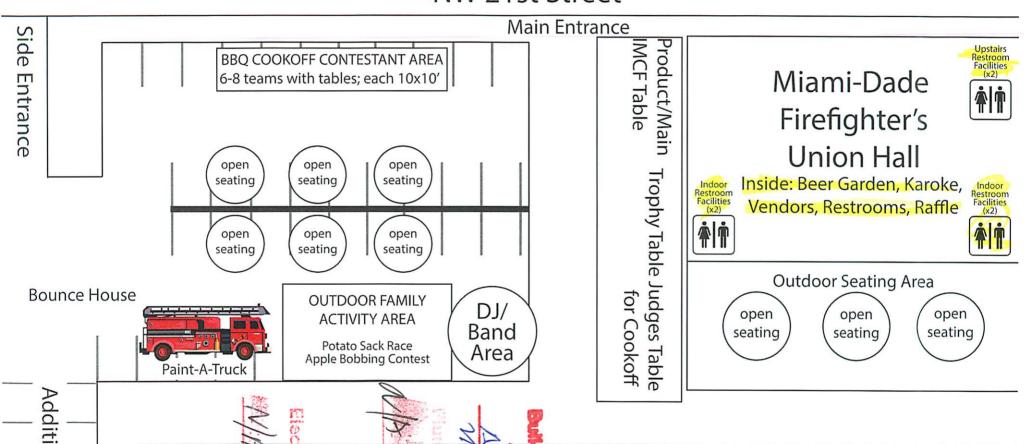
Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. We determined that you are a public charity under the Code section(s) listed in the heading of this letter.

Please see enclosed Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, for some helpful information about your responsibilities as an exempt organization.



<<< Additional Parking >>>

NW 21st Street



Lake



INDY MORGADO CANCER FOUNDATION



17831 SW 70 Place, SW Ranches, Fl 33331 954.410.8261 www.TheIMCF.com

August 22, 2016

Hold Harmless Letter

We agree to hold The City of Doral, its agent and authorized personnel harmless and relieve them from any responsibility or liability for any legal action or damage, cost or expense (including attorney's fees) resulting from damage and/ or personal injury that should occur on the premises.

Sincerely,

Cristina Morgado

President, Indy Morgado Cancer Foundation



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS



Detail by Entity Name

Florida Not For Profit Corporation

INDY MORGADO CANCER FOUNDATION, INC.

Filing Information

 Document Number
 N11000008392

 FEI/EIN Number
 45-3142704

 Date Filed
 09/06/2011

 Effective Date
 09/01/2011

State FL

Status ACTIVE

Last Event AMENDMENT
Event Date Filed 05/24/2012

Event Effective Date NONE

Principal Address

17831 SW 70 PLACE SOUTHWEST RANCHES,, FL 33331

Mailing Address

17831 SW 70 PLACE SOUTHWEST RANCHES,, FL 33331

Registered Agent Name & Address

PANAGOS, PETER J 2893 EXECUTIVE PARK DR STE #102 WESTON, FL 33331

Name Changed: 05/24/2012

Address Changed: 05/24/2012

Officer/Director Detail

Name & Address

Title P

MORGADO, CRISTINA V

17831 SW 70 PLACE

SOUTHWEST RANCHES, FL 33331

Title VP



Outdoor Events Submittal Checklist

Event Organizer: Indy Morgado Concer Foundation Event Date: November 12, 2016

I.	Outdoor Event Application
NA II.	*Fee (350.00)
III.	Hold Harmless Letter
IV.	**Site Plan [
V.	Insurance Warding) 10/18/16
VI.	Owner's Letter of Approval Pending + Lis. 8-22-16 Received 8/30/16
VII.	***Consumer's Certificate of Exemption OR Letter from Department of Treasury (IRS)

^{*} Note: If application was submitted less than 7 days prior to the event, there is an additional late charge of \$200.00.

^{**} Note: Please attach a diagram of the set-up for the event. Show as much detail as possible. Show crowd flow, controls, seating, and parking. Also show configuration and sizes of stage(s), concession booths, tent(s) location, portable toilets, and fire protection equipment.

^{***} ONLY FOR NON-PROFIT ORGANIZATIONS

DADE COUNTY ASSOCIATION OF FIRE FIGHTERS CHARITIES

8000 N.W. 21st Street, Suite 222, Miami, FL 33122-1605

Phone: (305) 593-6100 - Fax: (305) 591-9654

Omar Blanco President

Brian Lynch First Vice President Michelle Steele Second Vice President Paul Blake Treasurer

Maria Chin Secretary



August 22, 2016

City of Doral 8401 N.W. 53rd Terrace Doral FL 33166

RE: Blazing Barbecue Cook-off, IMCF

This is to inform you that as the operator of the above address, I am approving this event at my facility. The Indy Morgado Cancer Foundation has secured November 12, 2016 for their charity cook-off. There is no charge for the event as they're a qualified charity. If you have any questions, feel free to reach me.

Thank you

Omar "OB" Blanco President, IAFF Local 1403 Metro-Dade Firefighters



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/14/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS SERTIFICATE 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(les) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on

If SUBROGATION IS WAIVED, subject this certificate does not confer rights to	to the	term	is and conditions of ate holder in lieu of s	the uch	pólicy, certa endorsemen	ain policies r t(s).	nay require an endorser	nent. A	statement on
PRODUCER				Tcc	ONTACT NAME:	Mass Mercha	ndising		
K&K Insurance Group, Inc.				PF	AND	1-877-648-64	PAU	60-459-5	502
1712 Magnavox Way				E-I	MAIL				
Fort Wayne IN 46804					ADDRESS: info@eventinsurance-kk.com PRODUCER				
				CL	JSTOMER ID:	INCIDEDIC) AE	FORDING COVERAGE		NAIC#
INSURED 200029	4336	CP#	770	IN	SURER A: Nati		I Insurance Company		23787
Indy Morgado Cancer Foundation		O		-	SURER B:				
17831 SW 70th Place				IN	SURER C:				-
Southwest Ranches, FL 33331			•	IN	SURER D:				
A Member of the Sports, Leisure & Enterta	aınmer	nt RPC	ن	-	SURER E:				
				_	SURER F:			<u>_</u>	
COVERAGES			CERTIFICATE NUME	BER	: 2000275810			REVISIO	N NUMBER:
THIS IS TO CERTIFY THAT THE POLICIES OF NOTWITHSTANDING ANY REQUIREMENT, TE ISSUED OR MAY PERTAIN, THE INSURANCE SUCH POLICIES. LIMITS SHOWN MAY HAVE I	ERM OF AFFOR BEEN R	R CON RDED REDUC	IDITION OF ANY CONTR BY THE POLICIES DESC	RACT	T OR OTHER D ED HEREIN IS	OCUMENT WI SUBJECT TO	TH RESPECT TO WHICH TH	IIS CERTIF	FICATE MAY BE
INSR LTR TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF (MW/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMI	TS	
A X COMMERCIAL GENERAL LIABILITY	X		6BRPG000000585400	0	11/12/16	11/13/16	EACH OCCURRENCE		\$1,000,000
CLAIMS-MADE X OCCUR		ļ			12:01 AM	12:01 AM	DAMAGE TO RENTED PREMISES (Ea Occurrence)		\$300,000
		ļ							\$5,000
							MED EXP (Any one person)		\$1,000,000
							PERSONAL & ADV INJURY		
GEN'L AGGREGATE LIMIT APPLIES PER:	1						GENERAL AGGREGATE		\$5,000,000
POLICY PROJECT LOC	1	1					PRODUCTS - COMP/OP AGG		\$1,000,000
OTHER:	1	ļ					PROFESSIONAL LIABILITY		
AUTOMOBILE LIABILITY	-						LEGAL LIAB TO PARTICIPANTS COMBINED SINGLE LIMIT (Ea		
l —		i					accident)		
ANY AUTO OWNED SCHEDULED]						BODILY INJURY (Per person)		
AUTOS ONLY AUTOS				ì			BODILY INJURY (Per accident) PROPERTY DAMAGE		
HIRED NON-OWNED AUTOS ONLY	1 1	- 1			1		(Per accident)		
X Not provided while in Hawaii									
UMBRELLA OCCUR					_		EACH OCCURRENCE		
EXCESS LIAB CLAIMS-MADE	1 1						AGGREGATE	-	
DED RETENTION									
WORKERS COMPENSATION	N/A						PER STATUTE OTHER		
AND EMPLOYERS' LIABILITY	''''								
EXECUTIVE OFFICER/MEMBER							E.L. EACH ACCIDENT		
EXCLUDED? (Mandatory in NH) If yes, describe under]						E.L. DISEASE - EA EMPLOYEE		
DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT		
MEDICAL PAYMENTS FOR PARTICIPANTS							PRIMARY MEDICAL	ļ	
	لــــــــــــــــــــــــــــــــــــــ						EXCESS MEDICAL		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHI Event: 4th Annual Blazing BBQ Cookoff and Event Dates: 11/12/2016 The certificate holder is added as an additi	d Fall F	est	Attendar Event Lo	nce: ocal	: 199 tion: Firefighte	r's Memorial I	Building, 8000 NW 21st Stre	eet, Doral amed insi	FL 33122 ured.
CERTIFICATE HOLDER				CAN	ICELLATION				
0, 0,0							ESCRIBED POLICIES BE CA		
8401 NW 53rd Terrace							OTICE WILL BE DELIVERED	IN ACCO	RDANCE WITH
Doral, FL 33166 Owner/Manager/Lessor of Premises				THE POLICY PROVISIONS.					
Owner/wanager/Lessor of Flemises			1	AUTHORIZED REPRESENTATIVE					
					Scott head and				

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FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS





Detail by Entity Name

Florida Not For Profit Corporation

INDY MORGADO CANCER FOUNDATION, INC.

Filing Information

Document Number N11000008392 FEI/EIN Number 45-3142704 **Date Filed** 09/06/2011 **Effective Date** 09/01/2011

State FL

Status **ACTIVE**

AMENDMENT Last Event **Event Date Filed** 05/24/2012

Event Effective Date NONE

Principal Address

17831 SW 70 PLACE SOUTHWEST RANCHES,, FL 33331

Mailing Address

17831 SW 70 PLACE SOUTHWEST RANCHES,, FL 33331

Registered Agent Name & Address

PANAGOS, PETER J 2893 EXECUTIVE PARK DR STE #102 WESTON, FL 33331

Name Changed: 05/24/2012

Address Changed: 05/24/2012

Officer/Director Detail

Name & Address

Title P

MORGADO, CRISTINA V 17831 SW 70 PLACE SOUTHWEST RANCHES, FL 33331 Title VP

MORGADO, SHARON 17831 SW 70 PLACE SOUTHWEST RANCHES, FL 33331

Title VP

MORGADO, NICOLAS A 17831 SW 70 PLACE SOUTHWEST RANCHES, FL 33331

Annual Reports

Report Year	Filed Date
2014	01/14/2014
2015	03/31/2015
2016	04/22/2016

Document Images

04/22/2016 ANNUAL REPORT	View image in PDF format
03/31/2015 ANNUAL REPORT	View image in PDF format
01/14/2014 ANNUAL REPORT	View image in PDF format
01/16/2013 ANNUAL REPORT	View image in PDF format
05/24/2012 Amendment	View image in PDF format
01/09/2012 ANNUAL REPORT	View image in PDF format
09/06/2011 Domestic Non-Profit	View image in PDF format

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FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS



Detail by Entity Name

Florida Not For Profit Corporation

FIRE FIGHTERS MEMORIAL BUILDING CORPORATION

Filing Information

Document Number N30281

 FEI/EIN Number
 65-0193375

 Date Filed
 01/20/1989

State FL

Status ACTIVE

Last EventAMENDMENTEvent Date Filed03/07/1991

Event Effective Date NONE

Principal Address

3000 NW 21ST ST.

STE. 222

MIAMI, FL 33122

Changed: 04/27/1994

Mailing Address

8000 NW 21ST ST.

STE. 222

MIAMI, FL 33122

Changed: 02/25/2009

Registered Agent Name & Address

Blanco, Omar, PD 8000 NW 21 ST SUITE 222 MIAMI, FL 33122

Name Changed: 03/29/2016

Address Changed: 05/12/2004

Officer/Director Detail

Name & Address

Title VPD

LYNCH, BRIAN 8000 NW 21 STREET, SUITE 222 MIAMI, FL 33122

Title S

CHIN, MARIA 8000 NW 21 STREET, SUITE 222 MIAMI, FL 33122

Title T

BLAKE, PAUL 8000 NW 21 STREET, SUITE 222 MIAMI, FL 33122

Title V

STEELE, MICHELLE 8000 NW 21 STREET, SUITE 222 MIAMI, FL 33122

Annual Reports

Report Year	Filed Date		
2014	03/06/2014		
2015	04/30/2015		
2016	03/29/2016		

Document Images

03/29/2016 ANNUAL REPORT	View image in PDF format
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03/06/2014 ANNUAL REPORT	View image in PDF format
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01/20/2011 ANNUAL REPORT	View image in PDF format
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05/02/1997 ANNUAL REPORT	View image in PDF format	
05/01/1996 ANNUAL REPORT	View image in PDF format	
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State of Florida, Department of State



OUTDOOR EVENT APPLICATION TRACKING SHEET

	Event Name: 4th Annual Blazing BBQ Cooks Organization Name: Indy Morgado Cancer 7	off and Fa	11 Festiva	/
	Event Name:			
	Organization Name: Indy Morgado Cancer 7	Foundation		
	Submitted Date: 8-72-16 Event Date: 11/12/11	6		
	BUILDING DEPARTMENT			
	Date SUBMITTED: 8-22-16	_		
	Date RETURNED:			
	No Peimits			
	POLICE DEPARTMENT			
P	Date SUBMITTED: 8-72-16	_		
(Date RETURNED:			
			regerds 8/29/16	no haildes
	PLANNING AND ZONING DEPARTMENT	Callel	olaglia	10 2011
	SUBMITTED: 8-22-16	Permis.	8/21110	
	RETURNED:			
	PARKS AND RECREATION DEPARTMENT			
	Date SUBMITTED:	_		
	RETURNED:			
	PUBLIC WORKS DEPARTMENT			
	SUBMITTED:			

RETURNED: __

City of Doral Police Department

For All The Right Reasons! ™



INVOICE

Attn: Off-Duty Coordinators

6100 NW 99th Avenue Doral, FL 33178

Phone 305-593-6699 Fax 786-871-1501 Invoice #100

Date: 10/18/2016

Acct# 0016000342100

To:
ATTN: Accounts Payable

Indy Morgado Cancer Foundation

17831 SW 70th Place

Southwest Ranches, FI 33331

For:
Off-Duty Police Services

stephanie.bortz@doralpd.com

DESCRIPTION	HOURS	RATE	AMOUNT
Off-Duty Services , (2) OFFICERS EVENT 11/12/16	6	\$51.30	\$615.60
		Total Due:	\$615.60

Make all checks payable to City of Doral Police Department

Total due within 15 days of receipt of invoice.

Overdue accounts subject to immediate suspension of Off-Duty services.

City of Doral - Outdoor Event

4th Annual Blazing BBQ Cookoff & Fall Festival - Indy Morgado Cancer Foundation City of Doral Report

No.	Participating City Departments	Required Fees	Notes
1	- Police - Department	\$ 615.60	
	Grand Total	\$ 615.60	