



Mission MSA
540 N Dearborn St #101196

SMB#83089

Chicago, IL, 60610

(866)-737-4999

Dear City of Doral,

On behalf of Mission MSA, a nonprofit organization dedicated to raising awareness and supporting research for multiple system atrophy (MSA), I am writing to formally express our intent to host a community event, the "Path to a Cure" 5K Walk, within the City of Dora on Sunday, February 8, 2026 at 9:00 am.

This event will be held in partnership with the University of Miami's Movement Disorders Clinic and is intended to bring together patients, care partners, medical professionals, and community members to increase awareness of MSA—a rare and progressive neurodegenerative disease.

The Path to a Cure 5K is a non-competitive, casual walk/run designed to foster connection, hope, and education rather than athletic performance. We anticipate a modest attendance of approximately 50 to 70 participants. The event will include a simple 5K route, light refreshments, and informational materials about MSA and ongoing research efforts. No street closures or major infrastructure will be required beyond standard safety measures and coordination with local authorities as advised by the City.

We believe that hosting this event in Doral will offer a beautiful and accessible setting for our community. We are fully committed to complying with all city guidelines and permitting requirements to ensure a safe and positive experience for all attendees.

Thank you for considering our request. Please let us know if any additional information, documentation, or logistical details are needed to support our application. We deeply appreciate your time and support in helping us bring this important awareness event to life.

Sincerely,

Ella Cox

Volunteer & Operations Coordinator

Mission MSA



City of Doral Special Event Permit Application Packet

What is considered a special event?

Special events are concerts, festivals, races, walks, circuses, carnivals, shows, exhibitions, grand opening promotions, concerts, and other similar activities or gatherings taking place in City venues or privately owned property, whether operated partially or totally indoors, outdoors, on stage, under tents or with the use of temporary buildings or structures, to which members of the general public are invited as participants or spectators. Special events shall not be permitted to be located or operated in the City except as provided in this article.

For demonstrations and assemblies, please contact the Police Department at 305-593-6699.

What you should know:

Please contact the planning and zoning department at pzspeialevents@cityofdoral.com for a brief pre-application meeting.

Special events that require city council approval:

- Events expecting 400 or more participants
- Events longer than three (3) consecutive days
- Events held on City property
- Events with significant impact on city services, impact on traffic, parking, noise, etc.
- Event application submitted less than 45 days prior to the event.

Fees

- \$350.00 plus \$15.00 technology fee
- Between 89 days - 60 days additional \$200.00
- Between 59 days - 45 days additional \$400.00
- Less than 45 days prior to the event \$1,000.00 fee and requires City Council approval

Please contact the **Building Department at 305-593-6700** for information about required building permits.

Permits Required for:

- Tents larger than 10 x 10
- Generators larger than 10 kw
- Stage
- Portable toilets

Exceptions to the special events regulations:

- A minor special activity, on private property which is defined as special event and is self-contained that has a total attendance of less than 100 persons, has a limited impact on traffic, parking and noise in surrounding neighborhoods, and does not alter the use, occupancy, occupant load, or facility count of the facility proposed to be used.
- Corporate events located on business premises that does not require any city services. The sponsor of the proposed special activity shall submit all details of such proposed activity to the planning and zoning department at least 30 days in advance of the event.
- Events by a self-insured governmental entity.
- Outdoor retail events in which the owner or lessee of the property used for a retail use is selling his/her/its merchandise on site may be exempt from the provisions of this article, provided that: such an outdoor retail event is contained wholly on the retail property (shall not occupy public sidewalks, rights-of-way, or property or other private property); event areas may not occupy any required parking spaces; four feet of clear passage is maintained in any occupied private sidewalks; adequate sanitary facilities are available in the subject retail business to accommodate patrons.

Submittal Requirements

- Special event permit application
- Fee (please see above fees information)
- Hold harmless letter
- Site plan with details required by section 35-48(7) of the city's code.
- Owner's letter of approval, if applicable.
- Certificate of Insurance (the applicant shall provide a certificate of insurance satisfactory to the city manager or designee, such insurance to be comprehensive general liability insurance in a minimum amount as may be determined by the city's risk management division, naming the city as an additional insured)
- Copy of State of Florida Division of Alcoholic Beverages & Tobacco permit or copy of current DBPR license, if selling alcoholic beverages.
- Parking plan identifying the location of vendor parking, volunteer parking, and guest parking (traffic circulation plan).
- Details regarding whether a road closure will be requested including, the proposed road area, proposed use of closure area, and proposed closure hours.

I hereby acknowledge that all required permits should be approved before to the opening of this event and fees due should be paid no later than fourteen (14) days prior to this event.

Casie Colletti

Applicant's Signature

August 28, 2025

Date



City of Doral
Planning & Zoning Department
8401 NW 53 Terrace
Doral, FL 33166
Phone: (305) 593-6630

Location Type
Public Property ☐ Private Property ☐

Special Event Permit Application

Special Event Name: Path to a Cure

Event Organizer: Mission MSA Event Address: 7600 NW 98 PL , Doral, FL, 33178-0000

Dates: From: February 8, 2026 To: February 8, 2026

Event Hours: From: 9:00 am (am/pm) To: 2:00 pm (am/pm) Estimated Attendance: 50-75

Applicant Information

Applicant's Name: Casie Colletti Title: Community Engagement Manager

Applicant's Address: 540 N Dearborn St #101196 SMB#83089

City: Chicago State: Illinois Zip Code: 60610

Phone: 866-737-4999 Email: casie.colletti@missionmsa.org

Promoter/Company Information

Organizer's Name: Mission MSA

Organizer's Address: 540 N Dearborn St #101196 SMB#83089 City: Chicago State: IL

Telephone: 866-737-4999 Email: info@missionmsa.org

General Event Information

TYPE OF EVENT:

Grand Opening ☐ Parade ☐ 5K Run/Walk ☒ Corporate/Business ☐

Groundbreaking/New Project ☐ Athletic/Sports ☐ Holiday Themed ☐

Store Anniversary ☐

Other (specify): _____

SPECIAL CONSIDERATIONS:

Animals ☐ Cooking ☐ Alcoholic Beverages ☐ Road Closures ☐ Firework ☐

Food Trucks ☐

Other (specify): May have some attendees in wheelchairs _____

EVENT DESCRIPTION: Mission MSA's Path to a Cure events bring together patients and other community members affected by Multiple System Atrophy, a rare disease. We will host a 5K walk to raise funds and awareness, and guests will have a chance to hang out and take photos.

PURPOSE OF EVENT: To raise funds and awareness for Multiple System Atrophy.

Period of requested use (including set-up/ tear-down and clean-up time):

From: 7:00 am To: 2:00 pm

Yes No

- | | | | |
|-------------------------------------|-------------------------------------|--|----------------------------|
| ☒ | ☐ | Is this event open to the general public? | People will already be |
| ☒ | ☐ | Will there be an admission fee? If yes, please provide amount(s): | registered online and will |
| ☐ | ☒ | Will alcoholic beverages be served? Type _____ Price _____ | have paid \$40. |
| ☒ | ☐ | Will you have music? Live ☐ Recorded: ☒ | |
| ☒ | ☐ | Will there be on-site registration? | |
| ☐ | ☒ | Will there be sponsors or vendors on-site? If yes, please list the below: | |

Special Event Budget

Detailed Revenue

Source	Price	Total Amount of Income
Registration	\$40	around \$2000
Total Revenue		

Detailed Expenditures

Item	Total Amount of Expense
Facility rentals and special event permit	around \$500
Snacks and supplies (signage, water cups, etc.)	around \$500
Total Expenses	\$1000
Net Income Expected	\$1000 (rough estimate)

Outdoor Event History

List any events sponsored by your organization and where they were held. Please include, the event name, date, total attendance, and any incidents during the event (if any).

1. Path to a Cure Dallas - September 29, 2024 at Valley View Park in Dallas, TX. Roughly 80 attendees; no incidents.

2. Path to a Cure Chicago - October 6, 2024 in Chicago, IL. Roughly 80 attendees; no incidents.

3. _____

Building Department

Will your event require tents? Yes ☐ No ☒ Size: _____ Quantity: _____

Will your event require a stage, or platform? Yes ☐ No ☒ Size: _____ Quantity: _____
☐

Other temporary structure(s)? Please, explain:

No

Electrical Trade

Will a generator be used? Yes ☐ No ☒ Size (Watts): _____ Quantity: _____

Will light towers be used? Yes ☐ No ☒ Quantity: _____

Any other electrical need(s) not specified? Yes ☐ No ☐

An outlet or extension cord to hook up a mic and speaker
Please, explain: _____

Plumbing Trade

What type of restroom facilities will be provided? Existing Building ☒ Portable Toilets ☐

What is the distance of the path to the restrooms nearest the main event? _____(ft.)

Public Works Department
Traffic Impact Initial Review

Will your event involve any partial or complete road/lane closures? Yes ☐ No ☒
if yes, please provide additional information below.

Will your event involve any partial or complete sidewalk closures? Yes ☐ No ☒

Proposed event will occupy: One lane ☐ Two Lanes ☐ Half Street ☐ Full Street ☐

Street name _____

From _____ To _____

Beginning Date: _____ Time: _____

Ending Date: _____ Time: _____

2nd Street name _____

From _____ To _____

Beginning Date: _____ Time: _____

Ending Date: _____ Time: _____

3rd Street name _____

From _____ To _____

Beginning Date: _____ Time: _____

Ending Date: _____ Time: _____

You may be required to hire off-duty police officers for traffic control and ensure the safety of participants and/or spectators. Emergency vehicles must have access without delay.

Casie Colletti

Applicant's Signature

August 28, 2025

Date

****THIS IS ONLY A TEMPLATE. MUST PREPARE DOCUMENT ON COMPANY LETTERHEAD****

(COMPANY/FOUNDATION LETTERHEAD HERE)

Hold Harmless Letter Template

I (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.

Casie Colletti

(Authorized personnel printed name)

Casie Colletti

(Authorized personnel signature)

August 28, 2025

Date



Hold Harmless Letter

I (We), Mission MSA, 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.

Casie Colletti
(Authorized Personnel Printed Name)

Casie Colletti
(Authorized Personnel Signature)

9/29/25
(Date)



(<https://www.ilsos.gov/search/searchgoogle.html>)

 Driver's
Licenses & ID
Cards

 Vehicles,
Plates &
Titles

 Business
Services

 More
Services

Business Entity Search

Entity Information

Entity Name

MISSION MSA, INC.

File Number

75085524

Status

ACTIVE

Entity Type

CORPORATION

Type of Corp

NOT-FOR-PROFIT

Qualification Date (Foreign)

06-25-2025

State

TEXAS

Duration Date

PERPETUAL

Annual Report Filing Date

00-00-0000

Annual Report Year

Agent Information

REGISTERED AGENTS INC.
2501 CHATHAM RD STE R
SPRINGFIELD ,IL 62704

Agent Change Date

06-25-2025

Services and More Information

Choose a tab below to view services available to this business and more information about this business.

Available Services

Officers

Assumed Name

Old Corp Name

File History

Purchase Master Entity Certificate of Good Standing

Change of Registered Agent and/or Registered Office (<https://apps.ilsos.gov/corpagentchange/>)

Adopting Assumed Name (<https://apps.ilsos.gov/corpassumednameadoption/>)

THE MULTIPLE SYSTEM ATROPHY COALITION
INC
1660 INTERNATIONAL DR STE 600
MCLEAN VA 22102-4877



Consumer's Certificate of Exemption

Issued Pursuant to Chapter 212, Florida Statutes

DR-14
R. 01/18

85-8017878292C-7	09/30/2024	09/30/2029	501(C)(3) ORGANIZATION
Certificate Number	Effective Date	Expiration Date	Exemption Category

This certifies that

THE MULTIPLE SYSTEM ATROPHY COALITION
INC
1660 INTERNATIONAL DR STE 600
MCLEAN VA 22102-4877

is exempt from the payment of Florida sales and use tax on real property rented, transient rental property rented, tangible personal property purchased or rented, or services purchased.



Important Information for Exempt Organizations

DR-14
R. 01/18

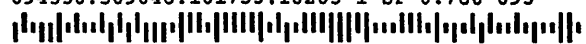
1. You must provide all vendors and suppliers with an exemption certificate before making tax-exempt purchases. See Rule 12A-1.038, Florida Administrative Code (F.A.C.).
2. Your *Consumer's Certificate of Exemption* is to be used solely by your organization for your organization's customary nonprofit activities.
3. Purchases made by an individual on behalf of the organization are taxable, even if the individual will be reimbursed by the organization.
4. This exemption applies only to purchases your organization makes. The sale or lease to others of tangible personal property, sleeping accommodations, or other real property is taxable. Your organization must register, and collect and remit sales and use tax on such taxable transactions. Note: Churches are exempt from this requirement except when they are the lessor of real property (Rule 12A-1.070, F.A.C.).
5. It is a criminal offense to fraudulently present this certificate to evade the payment of sales tax. Under no circumstances should this certificate be used for the personal benefit of any individual. Violators will be liable for payment of the sales tax plus a penalty of 200% of the tax, and may be subject to conviction of a third-degree felony. Any violation will require the revocation of this certificate.
6. If you have questions about your exemption certificate, please call Taxpayer Services at 850-488-6800. The mailing address is PO Box 6480, Tallahassee, FL 32314-6480.



Department of the Treasury
Internal Revenue Service

OGDEN UT 84201-0038

094538.569648.101733.16205 1 SP 0.780 693



MISSION MSA
540 N DEARBORN 101196 SMB 83089
CHICAGO IL 60610

094538



OGDEN UT 84201-0038

In reply refer to: 0443423794
July 22, 2025 LTR 147C 0
74-2926378 000000 00

00009612
BODC: TE

MISSION MSA
540 N DEARBORN 101196 SMB 83089
CHICAGO IL 60610

094538

Employer identification number: 74-2926378

Dear Taxpayer:

Thank you for your inquiry of July 11, 2025.

Your employer identification number (EIN) is 74-2926378. Please keep this letter in your permanent records. Enter your name and EIN on all federal business tax returns and on related correspondence.

You can get any of the forms or publications mentioned in this letter by visiting our website at [IRS.gov/forms](https://www.irs.gov/forms) or by calling 800-TAX-FORM (800-829-3676).

If you have questions, you can call 800-829-4933.

If you prefer, you can write to us at the address at the top of the first page of this letter.

When you write, include a copy of this letter, and provide your telephone number and the hours we can reach you in the spaces below.

Telephone number () _____ Hours _____

Keep a copy of this letter for your records.

Thank you for your cooperation.

OGDEN UT 84201-0038

In reply refer to: 0443423794
July 22, 2025 LTR 147C 0
74-2926378 000000 00
00009612
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0443423794

July 22, 2025 LTR 147C 0

74-2926378 000000 00

00009613

MISSION MSA
540 N DEARBORN 101196 SMB 83089
CHICAGO IL 60610

Sincerely yours,

Ms. Holcomb

Ms. Holcomb
Program Manager, AM OPS 1

Enclosures:
Copy of this letter



Use Pavillion #4 to gather, sign people in, and hang out during the event

#3

#4

Have walkers walk laps around this loop until they complete a 5k. Use small yard signs to mark it

#2

#1