

Facility Application Request Form

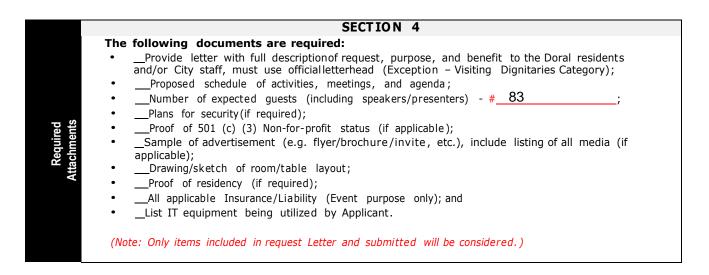
Please complete this form and send it to the Public Affairs Department via Karla.Fernandez@cityofdoral.com. Your Request Form will be reviewed, and you will be contacted accordingly. You may not proceed with an invitation or advertisement of the event until your request has been approved. For requests approved administratively, application must be received with all required documentation, a minimum of (2) weeks prior to proposed event date. For requests requiring Council approval, please allow a minimum of (2) months prior to proposed event date.

<u>Note:</u> Type Use Categories requiring Council approval also require this Form and are routed to the Requestor/sponsoring Councilmember.

Name of Requestor/Sponsor: Julie Hoppe/ Divine Savior Academy

Date: 8/27/2024

	SECTION 1		
	Applicant Name: Julie Hoppe		
	Agency Name: Divine Savior Academy		
t	Office Address: 10311 NW 58th St Doral, FL 33178		
can	Contact No.: 786-612-7285 E-mail: julie.hoppe@divinesavioracademy.com		
Applicant	SECTION 2		
	Meeting/Event Title: Tour of City Hall		
	Date(s): From November 14, 2024 To		
	Weekend or Observed Holiday [X] No [] Yes		
c	Time: Begins: <u>9 am</u> Ends: <u>11 am</u>		
Date/Time/Location	Frequency: X One Time Request, Annual, Monthly, Other:		
ime	Preferred Facility Location: [] Government Center 1 st Floor Multipurpose Room		
te/T	check only one] [] Government Center 1 st Floor Lobby		
Da	[] City Council Chambers		
	[] Government Center 3 rd Floor Training Room		
q	[] Police Training and Community Center		
Requested	Council's Participation Requested* [X] Yes [] No *The City reserves the right to extend an invitation to any elected body or charter official.		
	SECTION 3		
	Please refer to the Use of Facility Guidelines for Category Definition [check only one]		
Use	[] Government Collaboration [] Sister Cities Program		
of I	[] Government Collaboration[] Sister Cities Program[] Public Education Institution[] Visiting Dignitary[X] Non-profit Organization[] Civic Association		
Type of Use			



SECTION 5

Select purpose of use: [select only one]

[] Meeting or

For Logistical Purpose

[] Event (select event type below)

[] Workshop [] Reception [] Symposium [] Ceremony [] Gala [] Other:

Select if applicable:

- [] Open to City residents "Only"
- [] Open with no restrictions "Open to all"
- [] Use of facility for art or cultural purpose
- [] Food and drinks will be served
- [] Media attending/recording during use of Facility

The following exhibit to this application is fully incorporated herein as if set forth herein:

- Exhibit A Use of Facility Guidelines
- Exhibit B Facility Use Policies and Procedures

By signing this Application, the Applicant affirms receiving and reviewing the Facility y Application Request Form, Use of Facility Guidelines, and Policies and Procedures.

This Applicant further certifies that the Applicant's policy-making body shall adhere to all stipulated requirements per the City's Policies and Procedures.

Applicant Name & Title: <u>Julie Hoppe 3rd Grade Teacher</u> (Print Name/Title)			
Applicant Signature:	8/27/2024		
V 'ADMINISTRATION USE ONLY			
	Date		
Approved Denied by:			
Public Affairs Department	Date		
Approved as to Form & Legal Sufficiency for the			
Use and Reliance of the City of Doral Only: Office of the City Attorney	Date		
ApprovedDenied by:			
Office of the City Manager	Date		
If applicable:			

Revised November 15, 2023