



CITY OF FORT LAUDERDALE OUTDOOR EVENT APPLICATION

\$100 Fee
must
accompany
application

Application must be filled out completely

Please submit by EMAIL at least 90 days ahead of your planned event

The application will be reviewed by our administrative staff to determine the following criteria:

1. Facility requested
2. Compliance with City ordinances
3. Special permits required
4. Charges your organization will incur when City assistance and/or services are required
5. Security requirements
6. Environmental issues/effects on surrounding areas

PART I: EVENT REQUEST

Event name: My Candles of Hope CHARITY CAR SHOW

Purpose of event (check one): Fundraiser Awareness Recreation Other _____

Requested location: 5300 Powerline RD, Ft Lauderdale
FL, 33309

Estimated daily attendance: 500

Requested dates and time of event:

	DATE	DAY	BEGIN	END
EVENT DAY 1:	<u>10/7/12</u>	<u>SUNDAY</u>	<u>10</u> AM/PM	<u>5</u> AM/PM
EVENT DAY 2:	_____	_____	_____ AM/PM	_____ AM/PM
EVENT DAY 3:	_____	_____	_____ AM/PM	_____ AM/PM
SETUP:	_____	_____	_____ AM/PM	
BREAKDOWN:	_____	_____		_____ AM/PM

Has this event been held in the past? Yes No

If yes, please list past dates and locations: 9/25/2011 @ Xtreme Indoor Karting parking lot

Detailed event description (include activities, entertainment, vendors, etc.): Car show, DJ, vendors - No Food vendors, only non-Profit vendors, business vendors OR Vendor selling car related items

PART II: APPLICANT

Organization name: My Candles of Hope Foundation.

Address: 7150 NW 1st Ave City, State, Zip: Parkland FL 33067

Phone: 754-235-0580 Fax: 954-603-1475

Non-Profit Organization? Yes No Tax ID #: 27-4520397

Corporation name: My Candles of Hope Foundation, INC.
(as it appears in articles of incorporation)

Date of Incorporation: 12/2010 State incorporated in: FL Federal ID #: 27-4520397

Two authorizing officials for the organization:

President: Jennifer Huckleberry Phone: 954-754-235-0580

Secretary: Michael Huckleberry Phone: 954-687-8345

Event Coordinator: Elizabeth Rizzuto Will you be on-site? Yes No

Title: Marketing Director Phone: _____ Cell: 954-554-0442

E-mail address: Elizabeth@extremeindoorkarting.com Fax: _____

Additional Contact: _____ Will you be on-site? Yes No

Title: _____ Phone: _____ Cell: _____

E-mail address: _____ Fax: _____

Event production company (if other than applicant): N/A

Address: _____ City, State, Zip: _____

Contact person: _____ Title: _____

Phone: (day) _____ (night) _____ (cell) _____

E-mail address: _____ Fax: _____

PART III: EVENT INFORMATION

Are you planning to charge admission? Yes No
If yes, how much? \$ _____

Are you requesting to fence the event? Yes No

Are you planning on having any type of concession? Yes No
If yes, State Health Dept. must be notified 10 days prior to event. Call John Litscher at 954-632-8094.

Are you planning on selling alcoholic beverages? Yes No
If yes, how will the beverages be served? (Draft truck, cold plate, mini-bar, beer tub, table service, etc.)

Are you planning on serving free alcoholic beverages? Yes No
If yes, to whom will it be given? _____

Are you planning to have any type of amusement rides? Yes No
If yes, name of company: _____

What type of rides are you planning? _____
(All rides must be approved by the State of Florida Bureau of Fair Rides and all permits must be secured prior to opening. Contact Ron Jacobs at jacobsr@doacs.state.fl.us or (850) 488-9790).

Are you planning to play or have music? Yes No
If yes, what music format(s) will be used? (amplified, acoustic, recorded, live, disc jockey, etc):

Disc Jockey

List the type of equipment you will use (speakers, amplifier, drums, etc):

Speakers, Amplifier, CD Player

Will you use any type of soundproofing equipment? Yes No

List the days and times music will be played: _____

How close is the event to the nearest residence? _____

Will your event require road closings? Yes No
If yes, list requested streets and times in detail: _____

******PLEASE NOTE****** You are required to secure barricades and/or directional traffic signs for road closings. Please attach a layout of your traffic plan, including the placement and number of barricades, signs, directional arrows, cones, and message boards, as well as the name of the company you will be using. Your traffic plan must be approved by the Police Dept. which may terminate any event occurring without the proper use of barricades.

Will your road closings affect access to parking spaces or parking lots? Yes No
******PLEASE NOTE****** All road closings which result in loss of revenue from inaccessible parking spaces will be billed to the event organizer and must be paid in full before the event. Please call Keela Black at 828-3794.

Will any recyclable materials be utilized at this event? Yes No
(Materials that can be recycled include all clean paper, cardboard, glass, plastic drink containers, aluminum cans, and milk or juice boxes.) Please refrain from the use of Styrofoam plates and cups.

Who will provide clean up services for garbage and recyclables? Xtreme Indoor Karting

Contact Name: Elizabeth Rizzuto Phone: 954-554-0442

******NOTE****** All grounds must be cleaned up **immediately** after completion of event. Recycling should be done at all City facilities and parks. Recycling may be provided by your organization, a private company or in some cases by the City of Fort Lauderdale. You are responsible for securing recycling services. Contact Janet Townsend at jtowndsend@fortlauderdale.gov or (954) 828-5956.

Will you require electricity? Yes No

Events requiring electricity are the responsibility of the applicant. All permits must be obtained through the City's Building Department at (954) 828-5191 before setting up.

Company: N/A License #: _____

Name of electrician: _____ Phone: _____

PART IV: APPLICANT'S ACCEPTANCE

The information I have provided on this application is true and complete to the best of my knowledge.

Before receiving final approval from the City Commission, I understand that I (and the production company, if applicable) must furnish an original certificate of General Liability insurance naming the City of Fort Lauderdale as additionally insured in the amount of at least one million dollars (\$1,000,000) or greater as deemed satisfactory by the City Risk Manager, and an original certificate of liquor liability insurance in the amount of \$500,000 if alcohol is being served.

I understand that a Parks and Recreation sponsored activity has precedence over the above schedule and I will be notified if any conflicts arise.

I understand that the City of Fort Lauderdale Police Department will determine all security requirements and that EMS is required by City Ordinance to be onsite during all outdoor events.

I understand that the City has a noise ordinance. If at any time during the event it is determined by law enforcement personnel, code enforcement personnel, parks and recreation personnel, or any other city representative that the entertainment or music is causing a noise disturbance, I will be directed to lower the volume to an acceptable level as determined by City staff. If a second noise disturbance arises during the event, I may be directed to shut down the music or entertainment for the remainder of the event. I agree to abide by all provisions of the noise control ordinance and understand that my failure to do so may result in a civil citation, a physical arrest, or the shutting down of the event.

Jennifer Huckleberry
Name of applicant

President
Title

7/20/12
Date

Please email completed application at least 90 days ahead of your planned event to:
smolnar@fortlauderdale.gov.

Please mail the \$100.00 application fee (payable to the City of Fort Lauderdale) to:
Susan Fyfe Molnar, Outdoor Event Coordinator
1350 W. Broward Boulevard, Fort Lauderdale, FL 33312
Phone: (954) 828-5362 Fax: (954) 828-5650

Please include the following with the application:

- * **Event site plan – including stage(s), other entertainment locations, activities, booths, restrooms, canopies, dumpsters, fencing, generators, etc.**
- * **Traffic/detour plan - including the placement and number of barricades, signs, directional arrows, cones, message boards, and name of the barricade and/or traffic signs company being used.**

FIRE DEPARTMENT QUESTIONNAIRE

PREVENTION

1. Are you planning to have canopies (no sides) for this event? Yes No
How many and what sizes? Small 10x10 Personnel Tents
Name of Company: N/A
A building permit is required. Please contact Capt. Bruce Strandhagen at 954-828-5080.

2. Are you planning to have tents (with sides) for this event? Yes No
How many and what sizes? _____
Name of Company: _____
A building permit, exit signs, emergency lights, fire extinguishers, and "No Smoking" signs are required for tents. A fire watch at overtime rate may apply. Contact Capt. Bruce Strandhagen at 954-828-5080.

******PLEASE NOTE****** All permits required by the Florida Building Code must be obtained through the Building Department (including but not limited to electrical, structural, plumbing). Contact the Building Department at 954-828-6520.

3. Are you planning to have fireworks? Yes No
Name of company conducting the show: _____
A permit is required for all pyrotechnics displays. Contact Capt. Wendy D'Agostino at 954-828-5884.

4. Are you having food vendors? Yes No
How many and what kind? _____

A fire extinguisher is required for each food booth. If a propane tank is used for a fuel source, it must be secured on the outside of the booth. A Fire inspection is required for all food booths. If the inspection is during non-working hours the cost will be \$75 per hour.

OPERATIONS/EMS

Special Event Detail Guidelines:

- * One rescue unit/cart for 500 to 5,000 people in attendance (sustained attendance)
- * Two rescue-units/carts for 5,000 to 10,000 people in attendance (sustained attendance)
- * One more rescue unit/cart per 5,000 additional people
- * One command person if two or more rescue units/carts are required

The number of rescue units and paramedics is determined according to attendance and other risk factors.

1. Does your event require EMS medical standby services based on the guidelines above? YES _____ NO
2. What is your estimated sustained attendance? 500
3. On-site contact? NAME Elizabeth Rizzuto PHONE 954-554-0442

A minimum of 4 hours will be charged for all special event details. 45 minutes will be added to the pre and post event times (totaling 1.5 hours), allowing for travel and preparation for the event.

POLICE DEPARTMENT QUESTIONNAIRE

1. Does your event require use of police vehicles? Yes _____ No

If yes, A Hold-Harmless Agreement must be signed and Liability coverage of a minimum of **ONE MILLION DOLLARS** must be provided.

2. Is this a new or previously held event? New _____ Previous

If yes, Previous date(s)? 9/25/11

3. Any established security, traffic, or other appropriate plan(s)? Yes _____ No

If yes, besides Fort Lauderdale Police, who will you be using for this plan?
(private security company, volunteers, etc.)

4. Do you have an established detail of off-duty officers? Yes _____ No

If yes, who is your Police department contact?

5. Any notable entertainers or special circumstances scheduled for your event? Yes _____ No

Who/What? _____

6. Is there alcohol being sold or given away? Yes _____ No

7. Are there any road closures required? Yes _____ No

If so what roads/intersections? _____

8. What is your estimated attendance? 500

I understand the off duty rate for Police personnel for ALL special events is calculated at a 3-hour minimum rate. I also understand there is a 24 hour cancellation requirement to avoid the 3 hour minimum payment per officer. The hourly rate and costs to be incurred by the event organizer will be quoted on the City of Ft. Lauderdale Special Events "Cost Estimate" worksheet developed at the Special Events logistics meeting and provided to the organizer. All payments will be paid within two (2) weeks of the payroll being submitted.

Jennifer M. Hubbleberry
Name

7/20/12
Date

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

DEPARTMENT OF THE TREASURY

Date: JUN 20 2011

MY CANDLES OF HOPE FOUNDATION INC
C/O JENNIFER HUCKLEBERRY
7650 NW 61ST AVE
PARKLAND, FL 33067

Employer Identification Number:
27-4520397
DLN:
17053136321011
Contact Person:
LISA M VAN DER SLUYS ID# 95264
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
December 31
Public Charity Status:
509(a)(2)
Form 990 Required:
Yes
Effective Date of Exemption:
December 14, 2010
Contribution Deductibility:
Yes
Addendum Applies:
No

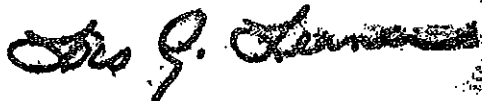
Dear Applicant:

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.

Sincerely,



Lois G. Lerner
Director, Exempt Organizations

Enclosure: Publication 4221-PC

Letter 947 (DO/CG)