

**CITY OF FORT LAUDERDALE  
OUTDOOR EVENT APPLICATION**



\$100 Fee  
must  
accompany  
application

**Application must be filled out completely, in DARK ink or type, and submitted 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

Before receiving final approval from the City Commission, the applicant (and production company, if applicable) must furnish the City of Fort Lauderdale with an original certificate of liability insurance in the amount of at least one million dollars (\$1,000,000) or greater as deemed satisfactory by the City Risk Manager. *The insurance must name the City of Fort Lauderdale as an additional insured.* If alcohol is being served at the event, a certificate of liquor liability insurance in the amount of \$500,000 naming the City as additionally insured must also be provided.

**PART I: EVENT REQUEST**

Event name: **5K For A Better Day**

Purpose of event: **Charity Run**

Requested location: **Broward General Hospital**

Estimated daily attendance: **400**

Requested dates and time of event (NOT including set up and tear down)

	DATE	DAY	BEGIN	END
<b>EVENT DAY 1:</b>	<b>2/23/13</b>	<b>Saturday</b>	<b>7:30 AM</b>	<b>9:30 AM</b>
EVENT DAY 2:	_____	_____	_____ AM/PM	_____ AM/PM
EVENT DAY 3:	_____	_____	_____ AM/PM	_____ AM/PM

Set up for event will begin on: **February 23<sup>rd</sup> at 4:30 AM**

Date . . . . . Time

Break down will be completed by: **February 23<sup>rd</sup> at 10:30 AM**

Date . . . . . Time

Will your event require road closings? **Yes**

If yes, list requested streets and times in **detail**:

This is a fundraising 5K Run for the Pediatric Cancer Program @ Broward General Medical Center (BGMC), which will begin @ the Parking Garage @ BGMC. The route proceeds as follows:

- North on S. Andrews Av to SW/ SE 5 St
- West on SW 5 St to Flagler Dr
- North on Flagler Dr to Sw 1 Av to S. New River Drive West (SNRD-W)
- East on SNRD-W along SNRD-E/ Riverwalk to SE 6 Av (top of the Tunnel)
- South on SE 6 Av (along the west side of the Tunnel) to SE 6 St
- West on SE 6 St to 5 Av
- North on SE 5 Av to SNRD-E/ Riverwalk
- West along SNRD-E/ Riverwalk to SE 3 Av
- South along the west sidewalk side of the 3<sup>rd</sup> Av Bridge and into the curb lane of SE 3 Av to SE 14 St
- West on SE 14 St to SE 1 Av
- South on SE 1 Av to the Finish Line @ the Parking Garage @ BGMC

**\*\*Posts 1 - 4 will also cover Posts 33 - 36 as secondary positions as noted.**

**\*\*\*\*PLEASE NOTE\*\*\*\* You are required to secure barricades and/or directional traffic signage from a traffic sign rental company. A layout of your traffic plan must be attached to this application and must include 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. who may terminate any event taking place without the proper use of barricades. If you need assistance in this area you may contact Gina Rivera at (954) 828-5786.**

Will your road closings affect access to parking spaces or parking lots? **No**

**\*\*\*\*PLEASE NOTE\*\*\*\* According to City policy, 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 will be allowed to take place. For additional details regarding this charge, please call Keela Black at 828-3794.**

Has this event been held in the past? **Yes**

If yes, please list past dates and locations: **2/28/09 Broward General**

## **PART II: APPLICANT**

Organization name: **The Greater Fort Lauderdale Road Runners Club**  
(as it appears in articles of incorporation)

Address: **PO Box 2512,**

City, State, Zip Code: **Fort Lauderdale, FL 33303-25112**

Phone: **954-245-9015** Fax: **954-786-8645**

Non Profit Organization? **Yes** Tax ID #: **85-8013231043C-2**

Corporation name: **The Greater Fort Lauderdale Road Runners Club**

Date of incorporation: **9/17/1972** State incorporated in: **FL**

Federal ID #: **59-6583560**

Two authorizing officials for the organization:

President: **Cynthia A. Raes – Barnard** Phone: **954-461-5515**

Secretary: **Ellen Bor** Phone: **954-670-9869**

Event Coordinator: **Robert A. Barnard**

Title: **Race Director** Phone: (cell) **954-245-9015**

E-mail address: **bob@gflrrc.org** Fax:

Additional contact Person: \_\_\_\_\_

Title: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail address: \_\_\_\_\_ Fax: \_\_\_\_\_

Event production company (if other than applicant): \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Contact person: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: (day) \_\_\_\_\_ (night) \_\_\_\_\_ (cell) \_\_\_\_\_

E-mail address: \_\_\_\_\_ (fax) \_\_\_\_\_

### **PART III: EVENT INFORMATION**

Detailed event description: **5K Run / Walk**

Are you planning to charge admission? **Yes**  
If yes, how much? \$25 / \$30

Are you requesting to fence the event? **No**

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

Are you planning on selling alcoholic beverages? **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? **No**  
If yes, who will you be giving it to? \_\_\_\_\_

Are you planning to play or have music? **Yes**

If yes, please describe in detail (Amplified? Acoustic? Type?)  
Amplified & Acoustic at race site and Acoustic on the Course

Are you planning to have any type of amusement rides? **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](mailto:jacobsr@doacs.state.fl.us) or (850) 488-9790).

Who will provide clean up services?: **GFLRRC Volunteers**  
(Company name)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

\*Note: All grounds must be cleaned up **immediately** after completion of event.

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: \_\_\_\_\_

Name of electrician: \_\_\_\_\_ Phone: \_\_\_\_\_

License #: \_\_\_\_\_

All security requirements will be determined by the City of Fort Lauderdale Police Department. EMS is required by City Ordinance to be onsite during all outdoor events.

**Please attach a copy of your proposed event site plan including stage(s), other types of entertainment, activities, booths, restrooms, dumpsters, fencing, etc.**

The information I have provided on this application is true and complete to the best of my knowledge. If this application is approved, I understand that **I must furnish an original certificate of General Liability insurance naming the City of Fort Lauderdale as additionally insured, and an original certificate of liquor liability insurance 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.

**In addition, when approval for the event is given by the City Commission, that approval is contingent upon review and approval of the event agreement by the City Attorney's Office.**

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

Please return completed application at least 90 days ahead of your planned event, along with \$100.00 application fee (payable to the City of Fort Lauderdale) to:

**Jeff Meehan**  
**Outdoor Event Coordinator**  
**1350 W. Broward Boulevard**  
**Fort Lauderdale, FL 33312**

E-mail address: [smolnar@fortlauderdale.gov](mailto:smolnar@fortlauderdale.gov)  
Phone: (954) 828-5362 Fax: (954) 828-5650

## IRE DEPARTMENT QUESTIONNAIRE

### PREVENTION

1. Are you planning to have canopies (no sides) for this event? **Yes**

How many and what sizes? **(8) 10 x 10 / (2) 10 x 20**

Name of Company: **GFLRRC**

**A building permit is required. Please contact Lt. Jeff Lucas at 954-828-5892.**

2. Are you planning to have tents (have sides) for this event? **No**

How many and what sizes? \_\_\_\_\_  
\_\_\_\_\_

Name of Company: \_\_\_\_\_

**In addition to 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. Please contact Lt. Jeff Lucas at 954-828-5892.**

3. Are you planning to have fireworks? **No**

Name of company conducting the show: \_\_\_\_\_

**A Fireworks permit is required for all pyrotechnics displays. Please contact Lt. D'Agostino at 954-828-5884.**

4. Are you having food vendors? **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 \$50 - \$60 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 plus people in attendance (sustained attendance)
- \* One command person if two or more rescue units/carts. One more rescue unit/cart per 5,000 additional people.

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**

2. What is your estimated sustained attendance? **550**

3. On-site contact?

NAME **Cynthia Raes – Barnard** PHONE **954-461-5515**

A minimum of 4 hours will be charged for all special event details. 30 minutes will be added to the pre and post event times (totaling 1 hour), allowing for travel and preparation for the event.

**POLICE DEPARTMENT QUESTIONNAIRE**

1. Does your event require use of police vehicles? **Yes**

If yes, you must provide a certificate of liability insurance that includes automobile comprehensive and collision, and worker's compensation, for damage or incidents that occur in non-police action while in our employment, in addition to the required \$1,000,000 general liability naming the City as additional insured as required for all events

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

Previous date(s)? **2/25/12**

Any established security, traffic, or other appropriate plan(s)? **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**

If yes, who is your Police department contact?

5. Any notable entertainers or special circumstances scheduled for your event?

**No**

Who/What? \_\_\_\_\_

I understand the off duty rate for Police personnel for ALL special events is calculated at a 3-hour minimum rate. 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.

  
Signature

8/13/12  
Date