## CITY OF FORT LAUDERDALE OUTDOOR EVENT APPLICATION

Fee must accompany application

Application received: At least 60 days prior to event \$100.00 59 to 30 days prior to event \$150.00 29 to 14 days prior to event \$200.00 14 to 7 days prior to event \$250.00\* Less than 7 days prior to event \$300.00\* \*Must be approved by City Manager or designee

Application must be fifled out completely! Please submit by EMAIL at least 60 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
- Environmental issues/effects on surrounding areas

6. Environmental issues/effects on surrounding arcos
Event name: Farmers' Market at Broward Health
Event name: 1 (A) (X) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C
Purpose of event (check one): [] Fundraiser [] Awareness & Recreation & Other  Farmers Market
Requested location: Broward Health main campus, located
Requested location: Broward Flechts Avenue, Ft. Laudevale, FL. at 1600 S. Andrews Avenue, Ft. Laudevale, FL.
Estimated daily attendance: Sparadic attendance by hospital staff and patients throughout the day, Estimated less than 400.  Requested dates and time of event:  DAY  BEGIN  END
1101E PO'
EVENT DAY 1: EVERY TUESday 8 GM/PM 3 AMOM)
EVENT DAY 2:
EVENT DAY 3: SEDU. 3, 2013
SETUP: Q: O(A)MPINI
BREAKDOWN:
Has this event been held in the past? Yes X No
If yes, please list past dates and locations:
Detailed event description (include activities, entertainment, vendors, etc.): Facmers' marker
on haspital property on private side street between
hospital's main entrance and main parking garage.
hospitals main entrance at a variety of
Neckly farmers market will construct ams/jellies,
verdors, including produce, horizon tems typica
hospital's main entrance and main parting granger.  Neekly farmers' market will consist of a variety of vendors, including produce, honey, jams/jellies, flowers, plants, prep. foods, and other items typical found at farmers' markets.

PART II: APPLICANT
Organization name: Florida Fresh Market, Ent. Inc.
Address: 16471 BW 19 St. City, State, Zip: Miramar, FL 3302
Phone: 305-318-6148 Fax:
Corporation name: <u>Same as above</u> (as it appears in articles of incorporation)
(as it appears in articles of montportation)
Date of incorporation: 12/(1 State incorporated in: FL Federal ID #:
Two authorizing officials for the organization:  President: AMY COSO NOVA  Phone: 305-318-6148
Exercitary: ector! Iris Casanova Phone: 305-318-6148
Event Coordinator: $1 \text{ ris or Amy } Ca6anova \text{ Will you be on-site? } \underline{X} \text{ Yes}  \text{No}$ Title: $\underline{D} \text{ inectors}  \text{Phone: } \underline{305-3/8-6/48}  \text{Celt: } \underline{305-3/8-6/48}$
Title: Directors Phone: 305-3/8-6/48 Celt: 305-3/8-6/48
E-mail address: icasa 2604@ qol.com Fax:
Additional Contact: Amy Casanova Will you be on-site?YesNo
Title: <u>President</u> Phone: 786-760-8940 Cell:
E-mail address: ica6a2684@ aol.com Fax:
Event production company (if other than applicant): <u>Same as applicant</u>
Address: City, State, Zip:
Contact person:Title:
Phone: (day) (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 X 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 X 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?  YesNo  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 (850) 921-1530.
Are you planning to play or have music?  If yes, what music format(s) will be used? (amplified, acoustic, recorded, live, disc jockey, etc):
List the type of equipment you will use (speakers, amplifier, drums, etc):
Will you use any type of soundproofing equipment? YesNo
List the days and times music will be played:
How close is the event to the nearest residence?
Will your event require road closings?  If yes, list requested streets and times in detail: _private hospital road
Will your event require road closings?  If yes, list requested streets and times in detail: private hospital road    ocated between facility's main entrance to main   ocated between facility's main entrance to main   ****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
Will any recyclable materials be utilized at this event?  (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? YES  Contact Name: Iris Casanova Phone: 305-318-6148  This prounds must be cleaned up immediately after completion of event. Recycling should be
Contact Name: +1 15 COSO( VOVO Phone: 303 31.8 COSO A Decided on the second of count. 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 or Fort Laudergale. You are responsible for securing recycling services. Langet Junet Townsend at Jtownsend@fortlaudergale.gov or (954) 828-1916.

Will you require electricity?  Yes No  Events requiring electricity are the responsibility of the applicant. All permits must be obtained through the department of Sustainable Development Building Services Division at (954) 828-5191 before setting	ough the City's Jup.					
Company: License #:	·					
Name of electrician: Phone:	<del>iliya da amar qara qara qara amar qara a</del>					
PART IV: APPLICANT'S ACCEPTANCE						
The information I have provided on this application is true and complete to the best of my knowled	ge.					
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 sched notified if any conflicts arise.	lule and I will be					
I understand that the City of Fort Lauderdale Police Department will determine all security require EMS is required by City Ordinance to be onsite during all outdoor events.	rements and that					
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.						
Name of applicant (ris Casanova Title	or					
04-(6-13 Date						

Please email completed application at least 96 days ahead of your planned event to:

## jmeehan@fortlauderdale.gov

Please mall the \$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

Phone: (954) 828-6075 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

i.	Are you planning to have canopies (no sides) for this event? X YesNo
	How many and what sizes? Standard portable (0x10 tents which vendors (a
	Name of Company: NA Set up and breakdown on their own 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 XNo
	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.
Bul	** <u>PLEASE NOTE</u> ***** All permits required by the Florida Building Code must be obtained through the ilding Department (including but not limited to electrical, structural, plumbing). Contact the Department of stainable Development Building Services Division at 954-828-6520.
3.	Are you planning to have fireworks? Yes X No
	Name of company conducting the show:
4.	Are you having food vendors? Yes No
	How many and what kind? Prepared God vendors such as kettle coen, and row, are pas, bar becue/acill.  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.
OP	ERATIONS/EMS
Spe	* 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.
	Does your event require EMS medical standby services based on the guidelines above? YESNOX
2. V	What is your estimated sustained attendance? 1655 than 400, dispersed throughout
3.	What is your estimated sustained attendance? 155 than 400, dispersed throughout the day, consisting primarily of nospital on-site contact? NAME Staff + patients HONE IT IS Casarova (305) 318-6(48
An	ninimum of 4 hours will be charged for all special event details. 45 minutes will be added to the pre and post int times (totaling 1,5 hours), allowing for travel and preparation for the event.

1. Does your event require use of police vehicles?	Yes	No_X_	
If yes, A Hold-Harmless Agreement must be signed and Lial ONE MILLION DOLLARS must be provided.	bility coverage of	a <u>minimum</u> of	
2. Is this a new or previously held event?	New X	Previous	·
If yes, Previous date(s)?		a variante quant de majorità de mineralistica designatura de la varia de la va	
3. Any established security, traffic, or other appropriate plan(s)?	Yes	No	
If yes, besides Fort Lauderdale Police, who will you be using (private security company, volunteers, etc.)	g for this plan?		
Hospital in house security	The company of the second of second of second or		
4. Do you have an established detail of off-duty officers?  If yes, who is your Police department contact?	Yes	No.X	•
Any notable entertainers or special circumstances scheduled for  Who/What?	your event? Yes	No_X	
6. Is there alcohol being sold or given away?	Yes	No_X	
7. Are there any road closures required?	Yes	No	
If so what roads/intersections? <u>Private road</u> any thru traffic, <u>located ag</u> 8. What is your estimated attendance?  1000 hospin	dinot u ljacent rance + tal's m	sed for to hosp paralle ain par	r ital's il to ting garage
I understand the off duty rate for Police personnel for ALL special ealso understand there is a 24 hour cancellation requirement to avoid hourly rate and costs to be incurred by the event organizer will be Events "Cost Estimate" worksheet developed at the Special Events All payments will be paid within two (2) weeks of the payroll being to Name	d the 3 hour minli be quoted on the logistics meeting	mum payment ( City of Ft. Lau	per officer. The Iderdale Special

POLICE DEPARTMENT QUESTIONNAIRE

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AS WALKINAY) CLOXO TOKOL MAIN PARKING BARAGE LA-10XIO TENTS LINE-US LINE OF TENTS UNE OF I S. OF WALL SPZ BROWARD HEALTH EZIZAZEE