

## **CITY OF FORT LAUDERDALE** OUTDOOR EVENT APPLICATION

Noblication musics filles on completered 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

| PART I: EVENT REQUEST                      |                   |                    |                                       |
|--|-------------------|--------------------|---------------------------------------|
| Event name: Light Up                       | Downtown          | 1                  | · · · · · · · · · · · · · · · · · · · |
| Purpose of event (check one): KFund        | aiser 🛛 Awareness | Recreation D Other | er                                    |
| Requested location: Stiles r               | laza/Yolc         | )<br>              |                                       |
| 333 East Las                               | olas Blud         | FORLauderd         | ale, FL                               |
| Estimated daily attendance: 400            |                   |                    |                                       |
| Requested dates and time of event:<br>DATE | DAY               | BEGIN              | END                                   |
| EVENT DAY 1: 11/27/12_                     | TUCSday           | <u>5</u> AM/PM     | 8AM/PM                                |
| EVENT DAY 2:                               |                   | AM/PM              | AM/PM                                 |
| EVENT DAY 3:                               | · .               | AM/PM              | AM/pm                                 |
| SETUP: <u>11/27/12</u>                     | TUESDOY           | 10 AM/PM           |                                       |
| BREAKDOWN: 11 27 12                        | TUESday           |                    | 10 AM/EM                              |
| Has this event been held in the past?      | X Yes No          | ,                  | · .                                   |
| If yes, please list past dates and         |                   | plaza//            | 020                                   |
| The last tuesday                           | in Novemb         | icr for the 1      | alt 10 years.                         |
| Detailed event description (Include activ  |                   |                    | <i>3</i>                              |
| music and ent                              | ertainmer         | H. food an         | d beverage                            |
| provided by Yo                             |                   |                    |                                       |
| and camival                                |                   | U                  |                                       |

## PART II: APPLICANT

| ganization name: Jack & Jill Children's Center, Inc  |
|--|
| Idress: 1315 W. Broward BIVd. city, state, zip: FOVA Lauderdale, FL 333  |
| one: 154.463 8772 Fax: 954.468.8773  |
| rporation name: Jack & JNI Children's Center, IMC.<br>(as it appears in articles of incorporation)             |
| te of Incorporation: 1954 State incorporated in: FL Federal ID #: 59-0637870                                   |
| vo authorizing officials for the organization;<br>esident: <u>SNGNNON_PYONGSZKA</u> Phone: <u>954.463.8772</u> |
| eretary: BNH SIKES Phone: <u>954.917.5510</u><br>Naiv  |
| ent Coordinator: Jennifer Swercheck-Will you be on-site? Xyes No   |
| le: Development Managerchone: 954.463.8772.x218 cell: 724.272.7891   |
| nail address: jSwercheck@jackandjillcenter.orgFax: 964.463.8773  |
| ditional Contact: Shannon Prohaszka Will you be on-site? VyesNo  |
| e: <u>EXECUTIVE ANCTORPhone</u> : 964.463.8772 cell: 954.319.7819  |
| nail address: <u>sprohaszka@jackandjMcanter-My</u> Fax: <u>954.463.8773</u>                                    |
| ent production company (if other than applicant):  |
| dress: City, State, Zip:   |
| ntact person:Title:  |
| one: (day) (night) (cell)  |
| nail address: Fax:   |
| ART III: EVENT INFORMATION   |
| you planning to charge admission? <u>X</u> Yes No  |
| you requesting to fence the event?   |
| you planning on having any type of concession?YesYesYesYesYesYesYesYes   |

| Are you planning on selling alcoholic beverages?YesYesNo<br>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?<br>If yes, to whom will it be given? <u>TO attenders</u> 21 and over.  |
| Are you planning to have any type of amusement rides? <u>X</u> Yes <u>No</u><br>If yes, name of company: <u>AN STAN EVENTS</u>   |
| What type of rides are you planning? <u>Children's (ULVNIVal ndes (SMall)</u><br>(All rides must be approved by the State of Florida Bureau of Fair Rides and all permits must be secured <u>prior</u> to opening. Contact Ron Jacobs at (850) 921-1530.   |
| Are you planning to play or have music? X Yes No<br>If yes, what music format(s) will be used? (amplified, acoustic, recorded, live, disc jockey, etc):<br>Amplificat INC OR recorded music.   |
| 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: 11/27/12 from 500pm to 8:00pm  |
| How close is the event to the nearest residence?   |
| Will your event require road closings?YesNo<br>If yes, list requested streets and times in <b>detail</b> :   |
| private Drive (SEHM AVE) partial closure. Does not<br>effect parking. Requesting barricades.   |
|  |
| **** <u>PLEASE NOTE</u> ***** You are required to secure barricades and/or directional traffic signs for road closings.<br>Please attach a layout of your traffic plan, including the placement and number of barricades, signs, directional<br>arrows, cones, and message boards, as well as the name of the company you will be using. Your traffic plan must<br>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? <u>Yes</u> No<br>**** <u>PLEASE NOTE</u> ***** All road closings which result in loss of revenue from inaccessible parking spaces will<br>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? <u>Yes</u> No<br>(Materials that can be recycled include all clean paper, cardboard, glass, plastic drink containers, aluminum<br>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? $\underline{TBD}$  |
| Contact Name: Phone:<br>**** <u>NOTE</u> **** All grounds must be cleaned up <b>immediately</b> after completion of event. Recycling should be<br>done at all City facilities and parks. Recycling may be provided by your organization, a private company or in some<br>cases by the City of Fort Lauderdale. You are responsible for securing recycling services. Contact Janet Townsend<br>at <u>Jtownsend@fortlauderdale.gov</u> or (954) 828-5956.                          |
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Will you require electricity? Yes \_\_\_\_\_No Events requiring electricity are the responsibility of the applicant. All permits must be obtained through the City's Department of Sustainable Development Building Services Division at (954) 828-5191 before setting up.

| Company: | License #: |   |
|----------|------------|---|
|          |            | and the second se |

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.

prohaszka Name of applicant

Director Executive

Date

Please email completed application at least 96 days ahead of your planned event to: imeehan@fortlauderdale.gov

Please mail 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 DEP  | ARTMENT OUESTIONNAIRE  |
|---|--|
| PREVENTION  |  |
| 1. Are you planning to have canoples (no side                                       | es) for this event?YesNo   |
| How many and what sizes?  | ·  |
| Name of Company:  |  |
| A building permit is required. Please co  | ntact Capt. Bruce Strandhagen at 954-828-5080.   |
| 2. Are you planning to have tents (with side  | s) for this event?YesNo  |
| How many and what sizes?  |  |
| Name of Company:  |  |
| A building permit, exit signs, emergenc<br>tents. A fire watch at overtime rate may | y lights, fire extinguishers, and "No Smoking" signs are required for<br>v apply. Contact Capt. Bruce Strandhagen at 954-828-5080.                                       |
|   | d by the Florida Building Code must be obtained through the<br>to electrical, structural, plumbing). Contact the Department of<br>sion at 954-828-6520.                  |
| 3. Are you planning to have fireworks?  | _Yes <u>X</u> No   |
|   | displays. Contact Capt. Wendy D'Agostino at 954-828-5884.  |
| 4. Are you having food vendors?   | Yes <u>X</u> No  |
| How many and what kind?   |  |
|   | h food booth. If a propane tank is used for a fuel source, it<br>e booth. A Fire inspection is required for all food booths. If<br>hours the cost will be \$75 per hour. |
| OPERATIONS/EMS  |  |
|   |  |
| The number of rescue units and paramedics is d                                      | etermined according to attendance and other risk factors.  |
| 1. Does your event require EMS medical standb                                       | y services based on the guidelines above? YES NO   |
| 2. What Is your estimated sustained attendance?                                     | 250-300  |
| 3. On-site contact? NAME Jennifer   | Birkholz PHONE 724.272.7891  |
|   | cial event details. 45 minutes will be added to the pre and post   |
|   | 5 of 6   |

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|    | POLICE DEPAR  | RTMENT OUESTIONNAIRE                                       |
|----|---|--|
|    | Does your event require use of police vehicles?   | Yes No   |
|    | If yes, A Hold-Harmless Agreement must be<br><b>ONE MILLION DOLLARS</b> must be provide             | e signed and Liability coverage of a <u>minimum</u> of ed. |
| 2  | Is this a new or previously held event?   | New Previous 🔀   |
|    | If yes, Previous date(s)? 月りりして   | 114 since 2001   |
| 3. | Any established security, traffic, or other appropr   | · · · · · · · · · · · · · · · · · · ·                      |
|    | If yes, besides Fort Lauderdale Police, who v (private security company, volunteers, etc.)          |  |
|    | volunteers an   | 1 FLPD (off duty)  |
| 4. | Do you have an established detail of off-duty offic<br>If yes, who is your Police department contac | icers? Yes <u>X</u> No<br>ct?                              |
|    | Officer La  | irry Abrams  |
| 5. | Any notable entertainers or special circumstances   | <b>f</b> ,   |
|    | Who/What?   |  |
| 6. | Is there alcohol being sold or given away?  | Yes No   |
| 7, | Are there any road closures required?   | Yes <u>X</u> No  |
|    | If so what roads/intersections? Privati   | c Drive (SE 4th Avenue)                                    |
|    | partial closure. De   |  |
|    | What is your estimated attendance? $400$  | U  |
| ~  |   |  |

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 payed within two (2) weeks of the payroll being submitted.

Date

Name

