

CITY OF FORT LAUDERDALE OUTDOOR EVENT APPLICATION

\$100 Fee must accompany application

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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

Requested location: <u>La</u>		E 6 th Avenue, Fort La	uderdale	
Estimated daily attenda	nce: <u>220</u>			
Requested dates and ti	me of event: DATE	DAY	BEGIN	END
EVENT DAY 1:	December 1st	Sautrday	6PM_AM/PM	11PM_AM/PM
EVENT DAY 2:	N/A	N/A	AM/PM	AM/PM
EVENT DAY 3:			AM/PM	AM/PM
SETUP:	December 1 st	Saturday	10AM_AM/PM	
BREAKDOWN:	- Car Names	Carabia and Carabia	•	11:30AM/PM
las this event been he	ld in the past?	_X_YesNo	•	
If yes, please li	st past dates and	locations: Saturday,	December 17 th , 2011 at	Laura Ward Park
				·
Detailed event descrip	otion (include acti	vities, entertainment,	vendors, etc.):	
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PART II: APPLICANT							
Address: One NW 33 rd Terrace City, State, Zip: Lauderhill, FL 33311							
Phone: 954-792-2328	Fax: <u>954-449-1485</u>						
Corporation name: The Cooperative Fe	eding Program (as it appears in articles of incorporation)						
Date of incorporation: <u>09/12/1985</u>	State incorporated in: FL Federal ID #: 59-2696451						
Two authorizing officials for the organizal President: Russell T. Martin							
Secretary: Cara Solimine	Phone; 954-768-5351						
	Will you be on-site? X Yes No						
Title: <u>Director of Financial Development</u>	Phone: <u>954-792-2328</u> Cell: <u>954-882-7878</u>						
E-mail address: <u>frank.fernandez@lifenet</u>	4families.org Fax: <u>954-449-1485</u>						
Additional Contact: N/A	Will you be on-site?YesNo						
Title: P	hone: Cell:						
E-mail address:	Fax:						
Event production company (if other than	applicant): <u>N/A</u>						
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? If yes, how much? \$ 125.00	_X_YesNo						
Are you requesting to fence the event?	YesXNo						
Are you planning on having any type of c	oncession? Yes X No e notified 10 days prior to event. Call John Litscher at 954-632-8094.						

	If yes, to whom will it be given? Attendees who are over 21 years of age
Are you	I planning to have any type of amusement rides? Yes X No If yes, name of company:
	What type of rides are you planning?
Are you	planning to play or have music? X Yes No If yes, what music format(s) will be used? (amplified, acoustic, recorded, live, disc jockey, etc):
	Live Band and a DJ
·	List the type of equipment you will use (speakers, amplifier, drums, etc): speakers and amplifiers
	Will you use any type of soundproofing equipment? Yes X No
	List the days and times music will be played: Saturday, December 1st from 6pm to 11pm
	How close is the event to the nearest residence? <u>Unknown</u>
Viil you	r event require road closings? Yes X No If yes, list requested streets and times in detail :
Please arrows,	LEASE NOTE***** You are required to secure barricades and/or directional traffic signs for road closing attach a layout of your traffic plan, including the placement and number of barricades, signs, direction cones, and message boards, as well as the name of the company you will be using. Your traffic plan muroved by the Police Dept. which may terminate any event occurring without the proper use of barricades, are road closings affect access to parking spaces or parking lots?YesNo
Vill you	I FACE NOTEX XXX All wood along on which would be long of water to form the world of the
**** <u>P</u>	LEASE NOTE**** All road closings which result in loss of revenue from inaccessible parking spaces will d to the event organizer and must be paid in full before the event. Please call Keela Black at 828-3794.
**** <u>P</u> be bille	
**** <u>P</u> be bille Vill any	d to the event organizer and must be paid in full before the event. Please call Keela Black at 828-3794. recyclable materials be utilized at this event? (Materials that can be recycled include all clean paper, cardboard, glass, plastic drink containers, aluminur

	License #:
Name of electrician:	Phone:
PART IV: APPLICANT'S ACCEPTANCE	
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The information I have provided on this applica	ation is true and complete to the best of my knowledge.
applicable) must furnish an original certificate additionally insured in the amount of at least o	Commission, I understand that I (and the production company, of General Liability insurance naming the City of Fort Lauderdale and million dollars (\$1,000,000) or greater as deemed satisfactory be of liquor liability insurance in the amount of \$500,000 if alcohol
I understand that a Parks and Recreation spor notified if any conflicts arise.	sored activity has precedence over the above schedule and I will b
I understand that the City of Fort Lauderdale EMS is required by City Ordinance to be onsite	Police Department will determine all security requirements and the during all outdoor events.
representative that the entertainment or must volume to an acceptable level as determined to may be directed to shut down the music or en	nance. If at any time during the event it is determined by lar personnel, parks and recreation personnel, or any other cit ic is causing a noise disturbance, I will be directed to lower th y City staff. If a second noise disturbance arises during the event, itertainment for the remainder of the event. I agree to abide by a understand that my failure to do so may result in a civil citation, ent.
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Please email completed application at least 96 days ahead of your planned event to:

jmeehan@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 DEPARTMENT OUESTIONNAIRE

PREVENTION

1.	Are you planning to have canopies (no sides) for this event? X Yes No
	How many and what sizes? 40 X 60 Framed Tent w/ water barrels
	Name of Commun. TDD
	Name of Company: <u>TBD</u> 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 X 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.
**	** <u>PLEASE NOTE</u> ***** All permits required by the Florida Building Code must be obtained through the
Bui	Iding 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?YesX_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 X No
	How many and what kind?
ΛP	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. ERATIONS/EMS
YF.	<u>LKATIONS/ LPIS</u>
Spe	cial 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, 1	Does your event require EMS medical standby services based on the guidelines above? YES NOX
2. V	Vhat is your estimated sustained attendance? 200
3. (On-site contact? NAME_Frank Fernandez PHONE_954-882-7878
	inimum of 4 hours will be charged for all special event details. 45 minutes will be added to the pre and post nt times (totaling 1.5 hours), allowing for travel and preparation for the event.

	POLICE DEPARTMENT QUEST	IONNAIRE		
1:	Does your event require use of police vehicles?	Yes	No_X	
	If yes, A Hold-Harmless Agreement must be signed and Liab ONE MILLION DOLLARS must be provided.	ility coverage c	f a <u>minimum</u> of	÷
2.	Is this a new or previously held event?	New	Previous X	· · · · · · · · · · · · · · · · · · ·
	If yes, Previous date(s)?	÷	·	
3.	Any established security, traffic, or other appropriate plan(s)?	Yes <u>X</u>	No	
	If yes, besides Fort Lauderdale Police, who will you be using (private security company, volunteers, etc.)	for this plan?		
	Fort Lauderdale Police			******
4.	Do you have an established detail of off-duty officers? If yes, who is your Police department contact?	Yes	No_X	
5.	Any notable entertainers or special circumstances scheduled for y	our event? Yes	No_X	
	Who/What?			
6.	Is there alcohol being sold or given away?	Yes	No_X	
7.	Are there any road closures required?	Yes	No_X	
	If so what roads/intersections?			
8.	What is your estimated attendance? _220			
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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.

Name Sussession

07-26-12 Date

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