

## DOCUMENT ROUTING FORM

① of 10 agreements  
Circled 12/16/12

NAME OF DOCUMENT: Event Agreements with the City of Fort Lauderdale as follows: 1) Cypress Creek Round Up; 2) Caribes Art Fest; 3) Tap 42 Beer Fest; 4) Where the Cars Are; 5) Shooters Halloween Party; 6) Halloween Rod Run; 7) Light the Night Walk; 8) Boat Parade; 9) Las Olas Octoberfest

Approved Comm. Mtg. on September 18, 2012 CAM# 12-2062

12 DEC 3 PM 4:06

ITEM: ☒ M - 6 ☐ PH -      ☐ O -      ☐ CR -      ☐ R -     

Routing Origin: ☐ CAO ☐ ENG. ☐ COMM. DEV. ☐ OTHER     

Also attached: ☐ copy of CAR ☐ copy of document ☐ ACM Form ☐ #      originals

By:                      forwarded to:                       
Initials

1.) Approved as to Content:                     

Department Director

Capital Improvements defined as having a life of at least 10 years and a cost of at least \$50,000 and shall mean improvements to real property (land, buildings, fixtures) that add value and/or extend useful life, inc. major repairs such as roof replacement, etc. Term "Real Property" include: land, real estate, realty; real.

Please Check the proper box: CIP FUNDED ☐ YES ☐ NO  
Capital Improvement Projects

2.) Approved as to Funds Available: by                      Date:               
Finance Director

Amount Required by Contract/Agreement \$                      Funding Source:                     

Dept./Div.                      Index/Sub-object                      Project #             

3.) City Attorney's Office: Approved as to Form: #              Originals to City Mgr. By:                     

Harry A. Stewart      Cole Copertino      X Robert B. Dunckel     

Ginger Wald      D'Wayne Spence      Paul G. Bangel     

Carrie Sarver      DJ Williams-Persad     

4.) Approved as to content: Assistant City Manager:

By:                      By:                       
Stanley Hawthorne, Assistant City Manager Susanne Torriente, Assistant City Manager

5.) Acting City Manager: Please sign as indicated and forward :#      originals to Mayor.

6.) Mayor: Please sign as indicated and forward :#      originals to Clerk.

7.) To City Clerk for attestation and City seal.

### INSTRUCTIONS TO CLERK'S OFFICE

8.) City Clerk: retains one original document and forwards      original documents to                     

☐ Copy of document to                      ☐ Original Route form to                     

☐ Attach      certified copies of Reso. #              ☐ Fill-in date

RECEIVED  
FT. LAUDERDALE  
CITY ATTORNEY'S OFFICE  
2012 OCT -9 PM 2:19

12/6

**CITY OF FORT LAUDERDALE**  
**OUTDOOR EVENT AGREEMENT**

THIS AGREEMENT is made by and between:

CITY OF FORT LAUDERDALE, a municipal corporation of the State of Florida, referred to hereinafter as "City",

and

THE LEUKEMIA & LYMPHOMA SOCIETY, INC., a foreign non-profit corporation operating under the laws of Florida, whose principal place of business is 1311 Mamaroneck Avenue, Suite 310, White Plains, NY 10605 and who is referred to hereinafter as "Applicant" or "Sponsor".

WHEREAS, the Applicant wishes to hold an outdoor event and has submitted an application pursuant to the requirements of Section 15-182 of the Code of Ordinances of the City of Fort Lauderdale, Florida; and

WHEREAS, the Applicant is willing to obtain the requisite insurance, and is willing to indemnify and hold harmless the City of Fort Lauderdale for any damage to persons or property that might occur during or as a result of the outdoor event; and

WHEREAS, on September 18, 2012, by Motion, the City Commission of the City of Fort Lauderdale authorized the proper City officials to execute this Agreement.

NOW, THEREFORE, in consideration of the mutual promises made herein, the parties agree as follows:

The foregoing recitals are true and correct, and:

**1. Effective Date.**

The Effective Date of this Agreement is the date upon which City Commission approval is granted.

**2. Outdoor Event.**

The Applicant is permitted to operate or sponsor the "Light the Night Walk" (referred to hereinafter as the "Event") outdoors only at the location(s) and time(s) set forth in the attached Outdoor Event Agreement Schedule One, which is attached hereto and made a part hereof.

### 3. General Requirements.

- (1) If the Event includes use of fireworks, in advance of the Event the Applicant shall obtain a fireworks permit from the City's Fire Department. The Applicant shall comply with all applicable state laws regarding the use of fireworks.
- (2) The Applicant shall provide sanitary facilities of the type and in a sufficient number specified by the requirements established by the City's Department of Sustainable Development.
- (3) The Applicant shall coordinate with the City's Department of Sustainable Development who will schedule appropriate City staff to conduct electrical inspections of all electrical facilities whether power is supplied by local utilities or is self-provided by generator systems. The Applicant shall permit the City staff to conduct electrical inspections of all electrical facilities.
- (4) If the Event includes the sale or distribution of any food or beverages, the Applicant shall comply with all applicable state, county and City health code requirements.
- (5) If the Event includes use of tents, awnings, or canopies, in advance of the Event the Applicant shall submit current flameproof certificates to the City's Fire Department. The Applicant shall not hold or sponsor the Event until the Fire Department has provided written approval of the use of any tents, awnings, or canopies.
- (6) In advance of the Event the Applicant shall submit a written plan to the City police department that regards crowd control and traffic direction. The Applicant shall not hold or sponsor the Event until the police department has provided written approval of the Applicant's plan. The Applicant shall bear the cost of staff necessary to implement the crowd control and traffic direction plan. Police costs shall be exempt from prior notice requirements.
- (7) In advance of the Event the Applicant shall submit a written plan to the City's Fire Department that regards fire safety and EMS. The Applicant shall not hold or sponsor the Event until the Fire Department has provided written approval of the Applicant's plan. The Applicant shall bear the cost of staff necessary to implement the fire safety and EMS plans. Fire and EMS costs shall be exempt from prior notice requirements.
- (8) Unless the Applicant meets the requirements for exception found in Section 15-

184 of the Code of Ordinances of the City of Fort Lauderdale, Florida, in advance of the Event the Applicant shall provide a certificate of insurance satisfactory to the City's Risk Manager. The certificate shall show that the Applicant has obtained comprehensive general liability insurance with a policy limit of not less than one million dollars (\$1,000,000.00) combined single limit coverage, which shall include property damage, bodily injury, and death. The "City of Fort Lauderdale" shall be named as an additional insured. If the Event includes the dispensing, serving, sale, or distribution of any alcoholic beverage, the Applicant shall in addition provide liquor liability insurance with a policy limit of not less than of five hundred thousand dollars (\$500,000.00). The Applicant shall not hold or sponsor the Event until the City's Risk Manager has provided written approval of the Applicant's certificate of insurance or insurance policy.

- (9) The Applicant shall indemnify and hold harmless the city for any damage to person or property that occurs during or as a result of the operation of the Event.
- (10) In advance of the Event the Applicant shall submit a written plan to the City's Parks and Recreation Department that indicates the proposed location of any temporary structure, such as a barricade, fence, tent, concession stand, ticket booth, grandstand. The written plan shall include information about the planned removal of any temporary structure after the Event. The Applicant shall not hold or sponsor the Event or erect any temporary structure until the City's Parks and Recreation Department has provided written approval of the Applicant's temporary structure plan. The Applicant shall bear the cost necessary to implement the temporary structure plan.
- (11) The sale, possession, or consumption of any alcoholic beverage at the Event is subject to approval by the City Commission in accordance with Section 15-183 of the Code of Ordinances of the City of Fort Lauderdale, Florida.

#### **4. Restoration of public property.**

If the Event includes use of public property the Applicant shall be responsible for, and shall maintain, all areas of the public property used. Maintenance means the prompt and complete removal of Event-generated trash or debris and the repair or restoration of any public property that was damaged as a result of the Event. Public property means real and personal property that is not privately owned and includes, but is not limited to, any sidewalk or paved surface, any tree, plant, shrub, bench, light fixture, traffic signal, parking meter, trash barrel or sign.

The City shall inspect the Event site location(s) for damage within twenty-four hours of the conclusion of the Event and the City shall provide the Applicant with a written report of any damage found on public property. The report shall state the cost of repair(s) necessary to

restore the public property. Within fourteen days of the Applicant's receipt of this report the Applicant shall pay the cost of repair or challenge the City's report by a writing addressed to the Director of the City's Parks and Recreation Department. Resolution of any such challenge shall be made by the City Manager; the Applicant agrees to abide by the City Manager's decision.

**5. Reimbursement of expenses.**

Should the City incur expenses as a result of the Event the City shall provide the Applicant with an invoice of expenses. Within fourteen days of the Applicant's receipt of any invoice the Applicant shall pay the invoice or challenge the City's invoice by a writing addressed to the Director of the City's Parks and Recreation Department. Resolution of any such challenge shall be made by the City Manager; the Applicant agrees to abide by the City Manager's decision.

**6. Authority of the City of Fort Lauderdale City Manager.**

The City of Fort Lauderdale City Manager and his designee, the Director of the City of Fort Lauderdale Parks and Recreation Department (referred to hereinafter as "the Director") shall have the authority to suspend all or any part of the Event when the City Manager or the Director determines that the Event, or its attendees, or its spectators, pose(s) a threat to the public health, safety, or welfare. The City Manager also reserves the right to immediately revoke permission and to suspend or terminate the event or any portion of it if any of the elements of the agreement are violated.

**7. Compliance with laws.**

- (1) The Applicant shall at all times comply with all federal and state laws or statutes, and with the rules, regulations, and ordinances of City and any other governmental agency having jurisdiction including, but not limited to, those relating to noise, building, zoning, gambling, fire protection, liquor regulation, and hours of operation. The Applicant shall further take all precautions and use extreme care to conduct its operations in a safe and prudent manner with respect to its agents, employees and visitors to its Event.
- (2) The Applicant shall comply with the applicable sections of the Americans with Disabilities Act of 1990 (42 U.S.C. 126), which prohibits discrimination of handicapped individuals by denying them the right to participate in or benefit from the services provided at the Event. The Applicant understands that it is responsible for compliance with this Act. The Applicant guarantees that individuals with disabilities will be able to attend, enter, and use all the facilities at the Event.

- (3) The Applicant agrees to secure and pay for all licenses and permits required by any governmental agency having jurisdiction, including City. If the Event includes the use of any item that is or that may be protected from infringement, such as but not limited to copyrights, patents and trademarks, the Applicant shall, in advance of the Event, provide City with documentation that shows that the Applicant has obtained the applicable license, permit or permission and that all associated all fees have been paid in full. The provisions of this paragraph apply specifically, but not exclusively, to ASCAP, BMI, SESAC, and any other similar organization that may require written permission and payment of a fee for use of protected material

**8. Transfer of Rights.**

~~To the extent this Agreement creates rights that vest in the Applicant, the Applicant shall not transfer any rights to any other individual or entity.~~

**9. Venue.**

Venue to enforce the provisions of this agreement shall be Broward County, Florida.

**10. Incorporation.**

This Outdoor Event Agreement, together with the attached Schedule One constitute the whole of the Agreement between the parties. The written approvals issued by the various City departments or staff members and the various documents submitted by the Applicant, including the application, are supplemental to this Agreement. In the event of a conflict, the terms of this Agreement control.

**[THIS SPACE WAS INTENTIONALLY LEFT BLANK]**

IN WITNESS WHEREOF, the parties hereto have set their hands and seals this the 6<sup>th</sup> day of December, 2012.

WITNESSES:

CITY OF FORT LAUDERDALE

Safes Ali  
Safes Ali

[Witness print/type name]

Guia S. Penedo  
Guia S. Penedo

[Witness print/type name]

[Signature]  
Mayor

[Signature]  
City Manager

ATTEST:

Jonda K. Joseph  
City Clerk

Approved as to form:

[Signature]  
Assistant City Attorney

WITNESSES:

THE LEUKEMIA & LYMPHOMA  
SOCIETY, INC.

Michael Niekamp

By

John Walter

77  
[Witness print/type name]

JOHN WALTER, PRESIDENT

[Print/type name and title]

Kathryn Aiello

KATHRYN AIELLO

[Witness print/type name]

ATTEST:

(CORPORATE SEAL)

James T. Nangle  
Secretary CFO

STATE OF NEW YORK :  
COUNTY OF WESTCHESTER :

The foregoing instrument was acknowledged before me this 9<sup>th</sup> day of  
OCTOBER, 2012, by JOHN WALTER as PRESIDENT of THE LEUKEMIA &  
LYMPHOMA SOCIETY, INC. He/~~She~~ is personally known to me, ~~or has produced~~  
as identification.

(SEAL)

Kathleen Plank

Notary Public, State of ~~Florida~~ <sup>NEW YORK</sup> (Signature of  
Notary Taking Acknowledgment)

KATHLEEN PLANK

Name of Notary Typed, Printed or Stamped

My Commission Expires: 7/22/2014

01PL5063538

Commission Number

KATHLEEN PLANK  
NOTARY PUBLIC-STATE OF NEW YORK  
No. 01PL5063538  
Qualified in Westchester County  
My Commission Expires July 22, 2014



# Memorandum

To: Harry Stewart, City Attorney  
From: Jeff Meehan, Outdoor Event Coordinator  
Date: August 15, 2012  
Re: Request for Event Agreement

Light theNight Please ask your staff to prepare an event agreement for the above named event. Attached to this memo is the application, proof of corporate identification and Schedule 1, which should be attached to the agreement as an exhibit. In addition, the following City Departments have reviewed and approved the plans:

WS City Police Department has reviewed the application and requires does not require the applicant to pay for security personnel for crowd control and traffic direction purposes.

JA City Fire Department has reviewed the application and approved the proposed safety staffing plan.  
and

✓  
City Risk Manager has reviewed and approved the Certificate of Insurance.  
\_\_\_ comprehensive general liability insurance, one million dollars (\$1,000,000).  
\_\_\_ liquor liability insurance, five hundred thousand dollars (\$500,000).

S City Building Department has reviewed and approved the proposed use of temporary structures and electrical facilities.

JHM City Parks and Recreation Department has reviewed and approved the proposed set-up, clean-up plan.

BKG Other City Department: Parking Enforcement has reviewed and approved the proposed plan.

Please contact me at (954) 828-6075 if you have any questions. Thank you.

FLORIDA DEPARTMENT OF STATE  
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## Detail by Entity Name

### Foreign Non Profit Corporation

THE LEUKEMIA &amp; LYMPHOMA SOCIETY, INC.

### Filing Information

**Document Number** 814991  
**FEI/EIN Number** 135644916  
**Date Filed** 02/12/1961  
**State** NY  
**Status** ACTIVE  
**Last Event** NAME CHANGE AMENDMENT  
**Event Date Filed** 03/02/2000  
**Event Effective Date** NONE

### Principal Address

1311 MAMARONECK AVE.  
SUITE 310  
WHITE PLAINS NY 10605

Changed 02/22/2010

### Mailing Address

1311 MAMARONECK AVE.  
SUITE 310  
WHITE PLAINS NY 10605

Changed 02/22/2010

### Registered Agent Name & Address

PAYNE, PAMELA  
4360 NORTH LAKE BLVD.  
SUITE 109  
PALM BEACH GARDENS FL 33410 US

Name Changed: 05/08/2007

Address Changed: 05/08/2007

### Officer/Director Detail

#### Name & Address

Title PRES

WALTER, JOHN  
1311 MAMARONECK AVENUE, SUITE 310  
WHITE PLAINS NY 10605 US

Title CFO

JAMES, NANGLE T  
1311 MAMARONECK AVENUE, SUITE 310  
WHITE PLAINS NY 10605

Title VPF

GORDON, MILLER J  
1311 MAMARONECK AVENUE, SUITE 310  
WHITE PLAINS NY 10605

Title COB

CARROLL, SCOTT A  
312 WALNUT STREET  
CINCINNATI OH 45202

Title VCOB

DURST, TIMOTHY  
2001 ROSS AVENUE, STE 600  
DALLAS TX 75201

Title S/T

HOOKE, STEVEN  
6411 SW SWEETBRIAR COURT  
PORTLAND OR 97221

## **Annual Reports**

### **Report Year Filed Date**

2010	02/22/2010
2011	04/21/2011
2012	04/24/2012

## **Document Images**

<a href="#">04/24/2012 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
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<a href="#">05/22/2001 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/03/2000 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">03/02/2000 -- Name Change</a>	<a href="#">View image in PDF format</a>
<a href="#">04/26/1999 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/13/1998 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">03/25/1997 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">05/01/1996 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>

04/24/1995 -- ANNUAL REPORT [View image in PDF format](#)

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State of Florida, Department of State



**FLORIDA DEPARTMENT OF AGRICULTURE & CONSUMER SERVICES**  
**COMMISSIONER ADAM H. PUTNAM**

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May 8, 2012

Refer To: CH672

LEUKEMIA & LYMPHOMA SOCIETY, INC., THE  
ALTHEA SAMUELS  
ACCT MANAGER  
1311 MAMARONECK AVENUE 3RD FL  
WHITE PLAINS, NY 10605-5228

RE: LEUKEMIA & LYMPHOMA SOCIETY, INC., THE  
REGISTRATION#: CH672  
EXPIRATION DATE: February 23, 2013

Dear Sir or Madam:

The above-named organization/sponsor has complied with the registration requirements of Chapter 496, Florida Statutes, the Solicitation of Contributions Act. A COPY OF THIS LETTER SHOULD BE RETAINED FOR YOUR RECORDS.

Every charitable organization or sponsor which is required to register under s. 496.405 must conspicuously display the registration number issued by the Department and in capital letters the following statement on every printed solicitation, written confirmation, receipt, or reminder of a contribution:

"A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE (800-435-7352) WITHIN THE STATE. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL, OR RECOMMENDATION BY THE STATE."

The Solicitation of Contributions Act requires an annual renewal statement to be filed on or before the date of expiration of the previous registration. The Department will send a renewal package approximately 60 days prior to the date of expiration as shown above.

Thank you for your cooperation. If we may be of further assistance, please contact the Solicitation of Contributions section.

Sincerely,

*Sebrina Jones*

Sebrina Jones  
Regulatory Consultant  
850-410-3687  
Fax: 850-410-3804  
E-mail: sebrina.jones@freshfromflorida.com



# CERTIFICATE OF LIABILITY INSURANCE

DATE(MMDD/YYYY)  
04/02/2012

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Aon Risk Services Northeast, Inc. Parsippany NJ Office 10 Lanidex Center West P.O. Box 608 Parsippany NJ 07054-0608 USA	<b>CONTACT</b> NAME: PHONE (A/C No. Ext): (866) 283-7122 FAX (A/C No.): (847) 953-5390 E-MAIL ADDRESS:	
	<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: Philadelphia Indemnity Ins Co NAIC # 18058 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	
<b>INSURED</b> The Leukemia & Lymphoma Society, Inc. 1311 Mamaroneck Avenue, Suite 310 White Plains NY 10605 USA		

**COVERAGES** **CERTIFICATE NUMBER: 570045800575** **REVISION NUMBER:**  
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. Limits shown are as requested

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MMDD/YYYY)	POLICY EXP (MMDD/YYYY)	LIMITS
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJ <input type="checkbox"/> LOC			PHPK847209	03/30/2012	03/30/2013	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000 MED EXP (Any one person) \$20,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$3,000,000 PRODUCTS - COMP/OP AGG \$3,000,000
	<b>AUTOMOBILE LIABILITY</b> ANY AUTO ALL OWNED AUTOS HIRED AUTOS SCHEDULED AUTOS NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
	<b>UMBRELLA LIAB</b> EXCESS LIAB DED RETENTION OCCUR CLAIMS-MADE						EACH OCCURRENCE AGGREGATE
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				WC STATUTORY LIMITS E.L. EACH ACCIDENT E.L. DISEASE-EA EMPLOYEE E.L. DISEASE-POLICY LIMIT

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
Regarding Event: 2 Mile walk - Light the Night. City of Fort Lauderdale, DDA is included as Additional Insured as respect General Liability policy.

**CERTIFICATE HOLDER****CANCELLATION**

City of Fort Lauderdale, DDA Attn: Sue Molner 1350 West Broward Blvd. Ft. Lauderdale FL 33312 USA	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE <i>Aon Risk Services Northeast Inc.</i>

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Holder Identifier :SFL

Certificate No : 570045800575



## CITY OF FORT LAUDERDALE OUTDOOR EVENT APPLICATION

\$100 Fee  
must  
accompany  
application

**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: Light The Night Walk

Purpose of event (check one): ☒ Fundraiser ☐ Awareness ☐ Recreation ☐ Other \_\_\_\_\_

Requested location: Huizenga Plaza

Estimated daily attendance: 3,000

Requested dates and time of event:

	DATE	DAY	BEGIN	END
EVENT DAY 1:	<u>11/3/12</u>	<u>Saturday</u>	<u>5:00PM</u>	<u>8:00/PM</u>
EVENT DAY 2:	_____	_____	_____AM/PM	_____AM/PM
EVENT DAY 3:	_____	_____	_____AM/PM	_____AM/PM
SETUP:	<u>11/2/12</u>	<u>Friday</u>	<u>5:00PM</u>	
BREAKDOWN:	<u>11/3/12</u>	<u>Saturday</u>		<u>8:30PM</u>

Has this event been held in the past? ☒ Yes ☐ No

If yes, please list past dates and locations: It has been held at Huizenga Plaza since 2006. Previously: Pompano Park (2003), Hollywood North Beach (2004-2005)

**Detailed** event description (include activities, entertainment, vendors, etc.): Light The Night is a 1 mile leisurely walk to celebrate and commemorate lives touched by cancer. Teams of friends & family members as well as corporate teams walk carrying illuminated balloons, white for survivors and red for supporters. We provide food and entertainment prior to the walk, which starts at sundown. There will also be kids activities such as a bounce house, face painting and balloon-maker.

## PART II: APPLICANT

Organization name: The Leukemia & Lymphoma Society

Address: 2 Oakwood Blvd. Suite 200 City, State, Zip: Hollywood, FL 33020

Phone: 954-744-5228 Fax: 954-744-5301

Non-Profit Organization? ☒ Yes ☐ No Tax ID #: 13-5644916

Corporation name: The Leukemia & Lymphoma Society  
(as it appears in articles of incorporation)

Date of incorporation: \_\_\_\_\_ State incorporated in: \_\_\_\_\_ Federal ID #: \_\_\_\_\_

Two authorizing officials for the organization:

President: John Greer Phone: 954-315-8227

Secretary: Lisa Gaeta Phone: 954-745-7515

Event Coordinator: Sheriann Namer Will you be on-site? ☒ Yes ☐ No

Title: Campaign Director Phone: 954-744-5228 Cell: 754-214-7044

E-mail address: Sheriann.Namer@lls.org Fax: 954-744-5301

Additional Contact: Jill Nugent Will you be on-site? ☒ Yes ☐ No

Title: Campaign Coordinator Phone: 954-744-5241 Cell: 954-655-4785

E-mail address: Jill.Nugent@lls.org Fax: 954-744-5301

Event production company (if other than applicant): Leslie Rowe Events

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

Contact person: Leslie Rowe Title: \_\_\_\_\_

Phone: (day) 786 402 2331 (night) \_\_\_\_\_ (cell) \_\_\_\_\_

E-mail address: leslie@leslieroweevents.com 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](mailto: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):

Amplified, DJ

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

Speakers, Amplifiers

Will you use any type of soundproofing equipment? ☐ Yes ☒ No

List the days and times music will be played: Saturday, Nov. 3<sup>rd</sup> - 4:00pm-8:00pm

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**: Las Olas Blvd - 6:00pm-

8:00pm

**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 you be providing adequate security for the event? ☒ Yes ☐ No

Will you be providing adequate security for the event? ☒ Yes ☐ No

Will you be providing adequate security for the event? ☒ Yes ☐ No

Will you be providing adequate security for the event? ☒ Yes ☐ No

Will you be using 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: \_\_\_\_\_ License #: \_\_\_\_\_

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



## FIRE DEPARTMENT QUESTIONNAIRE

### **PREVENTION**

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

How many and what sizes? Approx 30 – ranging in size from 10x10 to 20x40

Name of Company: Leslie Rowe Events at 786 402 2331

*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? 2 – 20x20

Name of Company: Leslie Rowe Events at 786 402 2331

*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? 3,000

3. On-site contact? NAME Sheriann Namer PHONE 954-744-5228

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 X 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 X

If yes, Previous date(s)? 2006-2011

3. Any established security, traffic, or other appropriate plan(s)? Yes X 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 X

If yes, who is your Police department contact?

5. Any notable entertainers or special circumstances scheduled for your 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 X No \_\_\_\_\_

If so what roads/intersections? Las Olas Blvd.

8. What is your estimated attendance? 3,000

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

\_\_\_\_\_  
Date

## SCHEDULE ONE

1. Name of Applicant: The Leukemia & Lymphoma Society
  2. Name of Outdoor Event: Light the Night Walk
  3. Date and time of Event: Saturday, November 3, 2012 (5 PM- 8 PM )
  4. Event Location: Huizenga Plaza- 32 East Las Olas Blvd
  5. Road Closings: Yes- Las Olas Blvd between Andrews Ave & SE 1<sup>st</sup> street (8 AM- 10 PM)
- 
6. Alcohol: No