

CITY OF FORT LAUDERDALE OUTDOOR EVENT APPLICATION

\$100 Fee must accompany application

Application must be filled out completely!

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 REQUES Event name: Light The Nig								
Event name: Light The Night Walk Purpose of event (check one): X Fundraiser Awareness Recreation Other								
Requested location: _ Huize	nga Plaza							
Estimated daily attendance: _3,000_								
Requested dates and time of event: DATE DAY BEGIN END								
EVENT DAY 1: _11/	3/12Satu	<u>rday</u>	_ <u>5:00</u> PM	<u>8:00</u> /PM				
EVENT DAY 2:			AM/PM	AM/PM				
EVENT DAY 3:			AM/PM	AM/PM				
SETUP: <u>11/</u>	2/12 Frida	<u>ay</u>	<u>5:00</u> PM					
BREAKDOWN: <u>11</u>	/3/12 <u>Satu</u>	rday	_ <u> </u>	3:30PM				
Has this event been held in the past? X YesNo								
If yes, please list past dates and locations: <u>It has been held at Huizenga Plaza since 2006. Previously:</u> Pompano Park (2003), Hollywood North Beach (2004-2005								

<u>Detailed</u> 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: <u>2 Oakwood Blvd. Suite 200</u> City, State, Zip: <u>Hollywood, FL 33020</u>
Phone:954-744-5228 Fax:954-744-5301
Non-Profit Organization? X YesNo 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: Phone:954-315-8227
Secretary: Lisa Gaeta Phone: 954-745-7515
Event Coordinator: Sheriann Namer Will you be on-site? X 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: <u>Jill Nugent</u> Will you be on-site? <u>X</u> YesNo
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): <u>Leslie Rowe Events</u>
Address: City, State, Zip:
Contact person: Leslie RoweTitle:
Phone: (day) (cell) (cell)
E-mail address:leslie@leslieroweevents.com Fax:
PART III: EVENT INFORMATION
Are you planning to charge admission?Yes _X_NoYesX_NoYes
Are you requesting to fence the event?YesX_No
Are you planning on having any type of concession?Yes _X_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? If yes, how will the beverages be served? (Draft truck, or	Yes <u>X</u> No old plate, mini-bar, beer tub, table service, etc.)
Are you planning on serving free alcoholic beverages? If yes, to whom will it be given?	Yes <u>X</u> No
Are you planning to have any type of amusement rides? If yes, name of company:	Yes <u>X_</u> No
What type of rides are you planning?(All rides must be approved by the State of Florida Buprior to opening. Contact Ron Jacobs at jacobsr@doac	
Are you planning to play or have music? If yes, what music format(s) will be used? (amplified,	<u>X</u> Yes <u> No</u> acoustic, recorded, live, disc jockey, etc):
Amplied, DJ	
List the type of equipment you will use (speakers, amp	olifier, drums, etc):
Speakers, Amplifiers	
Will you use any type of soundproofing equipment?	Yes <u>X</u> No
List the days and times music will be played:Saturd	ay, Nov. 3 rd – 4:00pm-8:00pm
How close is the event to the nearest residence?	
Will your event require road closings? If yes, list requested streets and times in detail :8:00pm	<u>X</u> Yes <u> </u>
PLEASE NOTE - You are required to secure barricades and attach a layout of your traffic plan, including the placement cones, and message boards, as well as the name of the coapproved by the Police Dept. which may terminate any event of the coapproved by the Police Dept.	and number of barricades, signs, directional arrows, mpany you will be using. Your traffic plan must be
Will your road closings affect access to parking spaces, parking	garages, or parking lots? <u>X</u> Yes No
Will any parking lots or garages be used during your event?	_X Yes No
If yes, which one(s)?2 nd Street City Garage	
How many spaces? 200 PLEASE NOTE - All road closings and use of parking spaces inaccessible parking spaces will be billed to the event organize call Keela Black at 828-3794.	
Will you be using electricity? <u>X</u> Yes <u>No</u> Events requiring electricity are the responsibility of the applica Building Department at (954) 828-5191 before setting up.	nt. All permits must be obtained through the City's
Company:	_ License #:
Name of electrician:	Phone:

Will any recyclable materials be utilized at this event? YesX No (Including: clean paper, cardboard, glass, plastic, aluminum, milk or juice boxes.)
Who will provide clean up services for garbage and recyclables? <u>Emerald Cleaning</u>
Contact Name: Annette Counihan Phone: 954-524-3161
<u>PLEASE NOTE</u> - All grounds must be cleaned up immediately after completion of event. Recycling should be done at all City facilities and parks. You are responsible for securing recycling services. For more information, contact Janet Townsend at <u>Jtownsend@fortlauderdale.gov</u> or (954) 828-5956.
PART IV: APPLICANT'S ACCEPTANCE
The information I have provided on this application is true and complete to the best of my knowledge.
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.
Sheriann Namer (Electronic Signature) Applicant Name Campaign Director Title
January 5, 2012
Date
Please

Susan Fyfe Molnar, Outdoor Event Coordinator

1350 W. Broward Boulevard, Fort Lauderdale, FL 33312

Phone: (954) 828-5362 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

1.	Are you planning to have canopies (no sides) for this event? X YesNo					
	How many and what sizes? Approx 30 - ranging in size from 10x10 to 20x40					
	Name of Company: <u>Leslie Rowe Events at 786 402 2331</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? X YesNo					
	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.					
Bui	** <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 Building Department 954-828-6520.					
3.	Are you planning to have fireworks? X YesNo					
	Name of company conducting the show:					
4.	Are you having food vendors?Yes _X_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.					
<u>OP</u>	PERATIONS/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	e 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_X_ NO					
2. \	What is your estimated sustained attendance?					
3.	On-site contact? NAME Sheriann Namer PHONE 954-744-5228					
	ninimum of 4 hours will be charged for all special event details. 45 minutes will be added to the pre and post ent 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				
		es, A Hold-Harmless Agreement must be sign E MILLION DOLLARS <u>must be provided.</u>	ed and Liability co	overage of	a <u>minimum</u> of	
2.	Is this a	new or previously held event?	N	ew	Previous X_	
	If y	es, Previous date(s)? <u>2006-2011</u>				
3.	Any esta	ablished security, traffic, or other appropriate	plan(s)? Y	es <u>X</u> No_		
		es, besides Fort Lauderdale Police, who will y vate security company, volunteers, etc.)	ou be using for th	is plan?		
4.		have an established detail of off-duty officers? es, who is your Police department contact?	? Y	es	No_X_	
5.	Any not	able entertainers or special circumstances sch		/ent? es	No <u>X</u>	
	Wh	o/What?				
6.	Is there	alcohol being sold or given away?	Υ	'es	No <u>X</u>	
7.	Are there	e any road closures required?	`	/es_X	No	
	If s	o what roads/intersections? Las Olas Blvd.				
8.	What is y	our estimated attendance? 3,000				
als ho Ev	o unders urly rate ents "Cos	d the off duty rate for Police personnel for Al tand there is a 24 hour cancellation requirement and costs to be incurred by the event orga at Estimate" worksheet developed at the Spec as will be paid within two (2) weeks of the pay	ent to avoid the 3 nizer will be quot cial Events logistic	hour minir ed on the s meeting	num payment ր City of Ft. Lau	oer officer. The derdale Special
Na	me		Date			