

CITY OF FORT LAUDERDALE OUTDOOR EVENT APPLICATION

\$100 Fee must accompany application

Application must be filled 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 requirements6. Environmental issues/effects on surrounding areas

Event name: 30th Birthdaid	@ Quas	colecte
Purpose of event (check one): Fundraiser Awareness	٥	Other
Requested location: 1541 Cardow TRa	xxl	
Estimated daily attendance:		
Requested dates and time of event:	BEGIN	END
	Ama	200-
EVENT DAY 1: 9/19/13 Secturally	6.00 AM/PI	D Z: WAM/PM
EVENT DAY 2:	AM/PI	1AM/PM
EVENT DAY 3:	AM/PI	1AM/PM
SETUP:	AM/PI	4
BREAKDOWN:		AM/PM
Has this event been held in the past?YesNo		
If yes, please list past dates and locations:		
Detailed event description (include activities, entertainment, v	endors, etc <u>.):</u>	irthday
Party For James Flo	migan	
,		

PART II: APPLICANT
Organization name: Quarterdeale Cordan Inc.
Address: 1541 Corclara Road City, State, Zip: 17 Lacol, F133316
Phone: 954-524-6163 Fax: 954-467-3014
Corporation name: Caracteristic Cordova IV. (as it appears in articles of incorporation)
Date of incorporation: $4/17/1986$ State incorporated in: FL Federal ID #: 597665484
Two authorizing officials for the organization: President: First Zaffere Phone: 954-535-7042 Secretary: From Zaffere Phone: 954-535-7042
Event Coordinator: Joseph Printz Will you be on-site? No Title: GM Phone: 954-534-663 Cell: 954-817-6516 E-mail address: 96-000000000000000000000000000000000000
Additional Contact:YesNo
Title: Cell:
E-mail address: Fax:
Event production company (if other than applicant):
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?Yes No If yes, how much? \$
Are you requesting to fence the event?YesNo
Are you planning on having any type of concession? 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, cold plate, mini-bar	No , beer tub, table service, etc.)
Are you planning on serving free alcoholic beverages?Yes If yes, to whom will it be given?	X_No
Are you planning to have any type of amusement rides?Yes If yes, name of company:	No
What type of rides are you planning?(All rides must be approved by the State of Florida Bureau of Fair Rides a prior to opening. Contact Ron Jacobs at (850) 921-1530.	and all permits must be secured
Are you planning to play or have music? If yes, what music format(s) will be used? (amplified, acoustic, recorded,	No live, disc jockey, etc):
List the type of equipment you will use (speakers, amplifier, drums, etc):	
Will you use any type of soundproofing equipment? Yes List the days and times music will be played: How close is the event to the nearest residence?	XNO 200pm fil 12:00ci
Will your event require road closings?Yes If yes, list requested streets and times in detail :Yes	No
****PLEASE NOTE***** You are required to secure barricades and/or directs Please attach a layout of your traffic plan, including the placement and number arrows, cones, and message boards, as well as the name of the company you we be approved by the Police Dept. which may terminate any event occurring without Will your road closings affect access to parking spaces or parking lots?Yes ****PLEASE NOTE***** All road closings which result in loss of revenue from be billed to the event organizer and must be paid in full before the event. Please	er of barricades, signs, directional ill be using. Your traffic plan must the proper use of barricades. No inaccessible parking spaces will
Will any recyclable materials be utilized at this event? (Materials that can be recycled include all clean paper, cardboard, glass, cans, and milk or juice boxes.) Please refrain from the use of Styrofoam	
Contact Name: Phone: Phone:	on, a private company or in some

Will you require electricity? Yes No Events requiring electricity are the responsibility of the applit Department of Sustainable Development Building Services D		
Company:	License #:	
Name of electrician:	Phone:	
PART IV: APPLICANT'S ACCEPTANCE		
The information I have provided on this application is true a	nd complete to the be	st of my knowledge.
Before receiving final approval from the City Commission, applicable) must furnish an original certificate of General Li additionally insured in the amount of at least one million do the City Risk Manager, and an original certificate of liquor liabeing served.	ability insurance nami llars (\$1,000,000) or (ng the City of Fort Lauderdale as reater as deemed satisfactory by
I understand that a Parks and Recreation sponsored activity notified if any conflicts arise.	has precedence over	the above schedule and I will be
I understand that the City of Fort Lauderdale Police Depart EMS is required by City Ordinance to be onsite during all out		II security requirements and that
I understand that the City has a noise ordinance. If at enforcement personnel, code enforcement personnel, prepresentative that the entertainment or music is causing volume to an acceptable level as determined by City staff. I may be directed to shut down the music or entertainment approvisions of the noise control ordinance and understand to physical arrest, or the shutting down of the event.	parks and recreation a noise disturbance, if a second noise distu for the remainder of t	personnel, or any other city I will be directed to lower the rbance arises during the event, I he event. I agree to abide by al
Name of applicant, Date	<u>General</u> Title	il Manager
Please email completed application at least 96 days ahead of imeehan@fortlauderdale.gov Please mail the \$100.00 application fee (payable to the City of Jeff Meehan, Outdoor Event Coordinator 1350 W. Broward Boulevard, Fort Lauderdale Phone: (954) 828-6075 Fax: (954) 828-56	of Fort Lauderdale) to: e, FL 33312	
Please include the following with the application: * Event site plan – including stage(s), other entertain canopies, dumpsters, fencing, generators, etc.	nment locations, ac	tivities, booths, restrooms,

* 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	
PR	EVENTION	
1.	Are you planning to have canopies (no sides) for this event? X	No
	How many and what sizes?	
	Name of Company: Best Rental	
	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?	5
	Name of Company:	
	A building permit, exit signs, emergency lights, fire extinguishers, and "No tents. A fire watch at overtime rate may apply. Contact Capt. Bruce Stran	o Smoking" signs are required for dhagen at 954-828-5080.
Buil	** <u>PLEASE NOTE</u> ***** All permits required by the Florida Building Code mu lding Department (including but not limited to electrical, structural, plumbing). tainable Development Building Services Division at 954-828-6520.	
3.	Are you planning to have fireworks?YesNo	
	Name of company conducting the show:	Agostino at 954-828-5884.
4.	Are you having food vendors?YesNo	
	How many and what kind?	
	A fire extinguisher is required for each food booth. If a propane tarmust be secured on the outside of the booth. A Fire inspection is rethe inspection is during non-working hours the cost will be \$75 pe	quired for all food booths. If
OP	ERATIONS/EMS	
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 (sustaine) * 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	e and other risk factors.
1. [Does your event require EMS medical standby services based on the guidelines	above? YESNO
2. V	What is your estimated sustained attendance? 200	
3. (On-site contact? NAME Joseph Trintz PHONE	954-8176516
	inimum of 4 hours will be charged for all special event details. 45 minutes wilnt times (totaling 1.5 hours), allowing for travel and preparation for the event.	be added to the pre and post

POLICE DEPARTMENT OUESTION	NNAIRE			
1. Does your event require use of police vehicles?	Yes	No		
If yes, A Hold-Harmless Agreement must be signed and Liability ONE MILLION DOLLARS <u>must be provided.</u>	coverage	of a <u>minimum</u> of		
2. Is this a new or previously held event?	New	Previous		
If yes, Previous date(s)?				
3. Any established security, traffic, or other appropriate plan(s)?	Yes	No_X		
If yes, besides Fort Lauderdale Police, who will you be using for (private security company, volunteers, etc.)	this plan?			
4. Do you have an established detail of off-duty officers? If yes, who is your Police department contact? 5. Any notable entertainers or special circumstances scheduled for your	Yes // event? Yes	No	•	
Who/What?				
6. Is there alcohol being sold or given away?	Yes_X	No		
7. Are there any road closures required?	Yes	_ No		
If so what roads/intersections?				
8. What is your estimated attendance? 200				
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				