

# 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 REOUEST	.5		
Event name: Solth Florida	•		
Purpose of event (check one):     Fund	draiser   Awareness	☐ Recreation   母 Oth	er <u>Showrase</u> Scothish cult
Requested location: <u>Snyder Pa</u>	IVK-3299	SOUTHWES	T 4 AV
		4 33315	
Estimated daily attendance: 3000	,		
Requested dates and time of event: <b>DATE</b>	DAY	BEGIN	END
EVENT DAY 1: Malch 2, 20	3 Saturday		10 AM/EM
EVENT DAY 2:		AM/PM	AM/PM
EVENT DAY 3:		AM/PM	AM/PM
SETUP: 31113	Friday	_8(AM)PM	
BREAKDOWN: 3/3/13	Sunday		_5_AM/PM
Has this event been held in the past?	Y	28 years	
If yes, please list past dates a			s prior Stadium
Castival site 1301 No	W 55 ST. F	T. LAUDÁRDALI	2
<u>Detailed</u> event description (include ac			
HIGHLAND DANCE COM			
TENT WITH CELTIC	•	•	
SCOTTIBLE GOODS: FTI			

PART II: APPLICANT					
Organization name: Scottish American Society of South Florida					
Address: P.O. Box 100667 City, State, Zip: F7. Laud, F1 33309					
Phone: <u>954-460-5000</u> Fax:					
Non-Profit Organization? YesNo Tax ID #: 59-1777860Z					
Corporation name: <u>Scothsh American Society of South Florido</u> TNC. (as it appears in articles of incorporation)					
Date of incorporation: 8/2/83 State incorporated in: FL Federal ID #: 59-17778602					
Two authorizing officials for the organization:  President: Robert Enterine Phone: 154-368-0614					
Secretary: Faul West Phone:					
Event Coordinator: Robert Pitchie Will you be on-site? 1 Yes No					
Title: <u>Wesident</u> Phone: <u>754-368-0614</u> Cell:					
E-mail address: pi pervar egmail, com Fax:					
Additional Contact: Ed West Will you be on-site? X YesNo					
Title: LOGISTICS COOL duator Phone: Cell:					
E-mail address: fly westwingsenotmail.com 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?					
Are you requesting to fence the event?Yes					
Are you planning on having any type of concession? YesNo  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?  YesNo 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?YesYes
Are you planning to have any type of amusement rides? Yes 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 <u>prior</u> to opening. Contact Ron Jacobs at <u>jacobsr@doacs.state.fl.us</u> or (850) 488-9790).
Are you planning to play or have music? Y_YesNo If yes, what music format(s) will be used? (amplified, acoustic, recorded, live, disc jockey, etc):
amplified scottion bards and baggipes
List the type of equipment you will use (speakers, amplifier, drums, etc):
ALL ABOUR
Will you use any type of soundproofing equipment?YesYeo
List the days and times music will be played: 514T MARCH 2, 2013 8:00 AM TO 9:00
How close is the event to the nearest residence? OVER A MILE
Will your event require road closings?  If yes, list requested <b>streets and times in detail</b> :
<u>PLEASE NOTE</u> - 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 your road closings affect access to parking spaces, parking garages, or parking lots?
Will any parking lots or garages be used during your event?
If yes, which one(s)? Only within Englier Park
How many spaces?  PLEASE NOTE - All road closings and use of parking spaces and/or garages which result in loss of revenue from inaccessible parking spaces will be billed to the event organizer and must be paid in full before the event, Please call Keela Black at 828-3794
Will you be using electricity?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: Larry Conboy Phone:

Will any recyclable materials be utilized at this event? Yes No (Including: clean paper, cardboard, glass, plastic, aluminum, milk or juice boxes.)
Who will provide clean up services for garbage and recyclables? Republic Industries Event Staff
Contact Name: ROBERT A. RITCHIK Phone: 754 368 0614

<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 Jtownsend@fortlauderdale.gov 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.

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.

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Applicant Name	SCOTT154	AM.	ERICAN		Title	
	SOCIETY	OF	50014	BL.		
			IN	۷.		
Date					,	

Please **email** completed application at least 90 days ahead of your planned event to:

### smolnar@fortlauderdale.gov.

Please mail the \$100.00 application fee (payable to the City of Fort Lauderdale) to:

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 OUESTIONNAIRE

## **PREVENTION**

1.	Are you planning to have canopies (no sides) for this event?No
	How many and what sizes? 50 - 10×10 2 40×70 2 20×20 2 20×30
	Name of Company: TBD  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?YesNo
	How many and what sizes?
	Name of Company:
Bui	** <u>PLEASE NOTE</u> ***** All permits required by the Florida Building Code must be obtained through the Iding Department (including but not limited to electrical, structural, plumbing). Contact the Building Department 954-828-6520.
3.	Are you planning to have fireworks?YesYo
	Name of company conducting the show:
4.	Are you having food vendors? YesNo
	, 5
	How many and what kind? 5-6 Scottish Goods Such as fish & Chips, Meat pies,
<u>OP</u>	How many and what kind? 5-6 Scottish foods Such as fish & Chips, Med pies, Naked goods, etc.  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
	How many and what kind? 5-6 Scottish foods Such as fish & Chips, Med ples, Naved goods, etc.  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.
Spe	How many and what kind?      South Goods Such as fish & Chips, Med pies, Naved Goods, etc.     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
Spe	How many and what kind?    — G Cothish Goods Such as frish the pies, Waked goods, etc.  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  **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
Spe The	How many and what kind?      Such   S
The 1.	How many and what kind?      South Color   South Color   South Color

1. Does your event require use of police vehicles?		Yes	No_ <u>X</u>	•
If yes, A Hold-Harmless Agreement must be ONE MILLION DOLLARS must be provide		y coverage of	a <u>minimum</u> of	
2. Is this a new or previously held event?		New	Previous X	
If yes, Previous date(s)? 3007, 700%	, 2003, 2010;	2012	28 years	
3. Any established security, traffic, or other approp	riate plan(s)?	Yes	No	
If yes, besides Fort Lauderdale Police, who (private security company, volunteers, etc.)		or this plan?		
ROTE at gates, SAGGF	volunteers t	or overni	3ht security	
4. Do you have an established detail of off-duty off If yes, who is your Police department conta	icers?	Yes_X	No	
John Labardera				
5. Any notable entertainers or special circumstance	es scheduled for you	ur event? Yes	No_*X	
Who/What?				
6. Is there alcohol being sold or given away?		Yes_x	No	
7. Are there any road closures required?		Yes	NoX	
If so what roads/intersections?			<del> </del>	
8. What is your estimated attendance? 3000				
I understand the off duty rate for Police personnel also understand there is a 24 hour cancellation requhourly rate and costs to be incurred by the event Events "Cost Estimate" worksheet developed at the All payments will be paid within two (2) weeks of the	uirement to avoid the organizer will be of Special Events log	ne 3 hour mini quoted on the istics meeting	mum payment per o City of Ft. Lauderd	fficer. The lale Special
AND PAR	· .			
Name ROBERT A. RITCHIE	Date			

POLICE DEPARTMENT OUESTIONNAIRE

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