

# CITY OF FORT LAUDERDALE OUTDOOR EVENT APPLICATION

\$100 Fee must accompany application

Application must be filled out completely, in DARK ink or type, and submitted 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			en e			
Event name: TRAWLER FEST FT. LAUDERDALE 2013						
Purpose of event (check one): ☐ Fundraiser ☐ Awareness X Recreation ☐ Other <u>BOAT SHOW</u>						
Requested location: BAHIA MAR FT. LAUDERDALE BEACH, 801 SEABREEZE BOULEVARD, FT. LAUDERDALE, FL 33316 – Ph: 954.764.2233						
Estimated daily attendance: 200						
Requested dates and time of event: <b>DATE</b>	DAY	BEGIN	END			
EVENT DAY 1: 01/31/2013	THURSDAY	<u> 10 AM</u>	<u>5 /PM</u>			
EVENT DAY 2: <b>02/01/2013</b>	FRIDAY	10 AM	<u>5 /PM</u>			
EVENT DAY 3: <b>02/02/2013</b>	SATURDAY	<u>10 AM</u>	<u>5 /PM</u>			
SETUP: <u>01/28 &amp; 29/13</u>	MON & TUE	<u>9 AM</u>	<u>6 /PM</u>			
BREAKDOWN: <b>02/04/2013</b>	MONDAY	<u>5 PM</u>	<u>8 /PM</u>			
Has this event been held in the past? X_YesNo						
If yes, please list past dates and locations: <u>JANUARY 29-31, 2010, JANUARY 27-29, 2011, AND FEBRUARY 2-4, 2012 BAHIA MAR FT. LAUDERDALE BEACH, 801 SEABREEZE BOULEVARD, FT. LAUDERDALE, FL 33316</u>						

<u>Detailed</u> event description (include activities, entertainment, vendors, etc.): <u>BOAT SHOW FEATURING</u> <u>TRAWLER VESSELS, SEMINARS AND CLASSES FOR BOATING ENTHUSIASTS, 60+ EXHIBITORS SHOWCASING THEIR PRODUCTS IN A 50' x 130' TENT ON THE GROUNDS OF THE BAHIA MAR FT. LAUDERDALE BEACH.</u>

# **PART II: APPLICANT** Organization name: ACTIVE INTEREST MEDIA Address: 300 N. CONTINENTAL BLVD, SUITE 650 City, State, Zip: EL SEGUNDO, CA 90245 Fax: 310.356.4110 Phone: **310.356.4100** Non-Profit Organization? \_\_\_\_Yes X No Tax ID #: FLORIDA SALES TAX ID: 16-8012052889-4 Corporation name: ACTIVE INTEREST MEDIA (as it appears in articles of incorporation) Date of incorporation: 10/2003 State incorporated in: CALIFORNIA Federal ID #:59-1652459 Two authorizing officials for the organization: President: ANDREW W. CLURMAN Phone **303.625.1603** Secretary: MACKAYNA LEIGHLAND Phone: 310.356.4135 Event Coordinator: **CYNTHIA SALVATORE** Will you be on-site? **X** Yes No Title: **EVENTS MANAGER** Phone: **410.990.9086**, **EXT. 26** Cell: **410.610.8370** E-mail address: CINDY@PASSAGEMAKER.COM Fax: 410.990.9095 Additional Contact: **ROB DORFMEYER** Will you be on-site? **X** Yes Title: GENERAL MANAGER Phone: 410.990.9086, EXT. 19 Cell: 216.533.9187 E-mail address: RDORFMEYER@PASSAGEMAKER.COM Fax: 410.990.9095

Event Production Company (if other than applicant): N/A				
Address:	_ City, State, Zip:			
Contact person:				
Phone: (day) (night)	(cell)			
F-mail address:	Fax:			

### PART III: EVENT INFORMATION

Are you planning to charge admission?
If yes, how much? **\$15.00** 

**X** Yes \_\_\_\_No

Are you requesting to fence the event?

XYes \_\_\_\_No

	Are you	planning on sell	ng alcoholic be	verages?		Yes	X No	
					truck, cold pla			ole service, etc.)
	Are you	planning on ser If yes, to whom	ving free alcoho will it be given	olic beverages? ? musement rides'		Yes	X No	
	Are you	planning to have If yes, name of	e any type of a company:	musement rides	?	Yes	X No	· · · · · · · · · · · · · · · · · · ·
: ; ct				nning? the State of Flor acobs at <u>jacobs</u> r				must be secured
	-			? III be used? (amp		Yes ic, recorded,		ey, etc):
		List the type of o	equipment you	will use (speake	ers, amplifier,	drums, etc):		
		Will you use any	type of sound	proofing equipm	ent?	Yes	<u><b>X</b></u> No	
		List the days and	d times music v	vill be played: _	·			
		How close is the	event to the n	earest residentia	al use?			
,	Will you	r event require r If yes, list reque	oad closings? sted streets an	d times in <b>detai</b>	il:	Yes	<u><b>X</b></u> No	
	Please a arrows,	nttach a layout o cones, and mes	of your traffic <sub>i</sub> sage boards, as	plan, including to s well as the nai	the placemen me of the con	t and numben pany you w	er of barricad ill be using. Y	gns for road closi les, signs, directi our traffic plan r use of barricades
	**** <u>PI</u>	EASE NOTE**	*** All road cl	parking spaces o osings which res ost be paid in ful	sult in loss of i	revenue from		parking spaces w ck at 828-3794.
•	•		an be recycled		paper, cardb		olastic drink c	ontainers, alumir os.
•	Who wil	provide clean u	p services for g	arbage and recy	/clables? <u>PA</u>	SSAGEMAK	ER STAFF (Company	name)
	**** <u>Pl</u>		*** All ground	TORE Phone:	ed up <b>immed</b>	l <b>iately</b> after	completion of	<sup>e</sup> event. Recyclab

Will you require electricity?	Will	vou i	require	electricity	<b>/</b> ?
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X 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: YACHTING PROMOTIONS, Inc. D/B/A SHOW MANAGEMENT ELECTRIC

License #: STATE OF FL LICENSE: EC0001961

Name of electrician: **SCOTT KLEINPETER** Phone: **954-325-0340** 

### **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.

#### **CINDY SALVATORE**

**EVENTS MANAGER** 

Name of applicant

Title

### **MARCH 2, 2012**

Date

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

## smoinar@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 directional traffic signs company being used.

# FIRE DEPARTMENT OUESTIONNAIRE

# **PREVENTION**

- app.1

(384)

1. Are you planning to have canopies (no sides) for this event?Yes X No
How many and what sizes?
Name of Company:
2. Are you planning to have tents (with sides) for this event? X YesNo
How many and what sizes? TWO - 1 50' x 130' Pole Tent and 1 - 10' x 20' Frame Tent Name of Company: SHOW MANAGEMENT A building permit, exit signs, emergency lights, fire extinguishers, and "No Smoking" signs are required fo 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 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 X 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?
A fire extinguisher is required for each food booth. If a propane tank is used for a fuel source, is 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_X NO
2. What is your estimated sustained attendance? 600
3. On-site contact? NAME CINDY SALVATORE PHONE 410-610-8370 (Cell)

	POLICE DEPARTM	ENT OUESTION	VIVALKE	
1. Does your event require use of	police vehicles?	in the second of	Yes	No_ <b>X</b>
2. Is this a new or previously held	l event?	New	_ Previous	<u><b>X</b></u>
Previous date(s)?	RY 29-31, 2010, JA	NUARY 27-29,	2011, AND FE	BRUARY 2-4, 2012
3. Any established security, traffic	;, or other appropriate	plan(s)?	Yes_ <b>X</b> No	
If yes, besides Fort Lauder (private security company)		you be using for	this plan?	
PRIVATE SECURITY CO	MPANY			
4. Do you have an established de If yes, who is your Police of		<b>;?</b>	YesNo_ <b>X</b>	
5. Any notable entertainers or spe	ecial circumstances sc	heduled for your		
			Yes	No <u><b>X</b></u>
Who/What?				
I understand the off duty rate for The hourly rate and costs to be in Events "Cost Estimate" worksheet	curred by the event o	rganizer will be o	quoted on the Ci	ity of Ft. Lauderdale Special
NAME		Date		

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