

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

Requested location: <u>SE</u> Ave.	12 Ave from East	Las Olas Blvd. Nort	h to the center driveway c	of the property at 229 S
Estimated daily attenda	ance: <u>250</u>			
Requested dates and t	ime of event: DATE	DAY	BEGIN	END
EVENT DAY 1:	Each Sunday in O	ct., Nov., Dec.,	9 AM	2 <u>PM</u>
EVENT DAY 2:			AM/PM	AM/PM
EVENT DAY 3:			AM/PM	AM/PM
SETUP:	Same Day		<u>8</u> AM	
BREAKDOWN:	Same Day			<u>4</u> PM
Has this event been he	eld in the past? Y	'es		
If yes, please I	ist past dates and	locations: One Sund	day per month since 2004.	

Organization name: <u>Las Olas Association, Inc.</u>	
Address: 904 East Las Olas Blvd.	City, State, Zip: Fort Lauderdale, FL 33301
Phone: 954-523-5001	Fax: <u>954-523-5355</u>
Non-Profit Organization? Yes Tax ID #:59-229268	3
Corporation name: <u>Las Olas Association, Inc.</u> (as it appear	s in articles of incorporation)
Date of incorporation: State inco	orporated in: Federal ID #:
Two authorizing officials for the organization: President: <u>Luke Morrman</u>	Phone:
Secretary: Purvin Punjara	Phone:
Event Coordinator: Marc Leach	Will you be on-site? No
Title: <u>Director</u> Phone: <u>954-46</u>	62-4166 Cell: <u>954-383-5376</u>
E-mail address: Lasolaschemist@bellsouth.net_	Fax: <u>954-462-4286</u>
Additional Contact: Rachel O'Neill	Will you be on-site? Yes
Title President Phone: 954-426-84	436 Cell: <u>954-214-9933</u>
E-mail address racheloneill@bellsouth.net	Fax: <u>954-426-8436</u>
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? If yes, how much? \$	No
Are you requesting to fence the event?	No
Are you planning on having any type of concession? If yes, State Health Dept, must be notified 10	No Didays prior to event Call John Litscher at 954-632-8094

PART II: APPLICANT

	planning on selling alcoholic beverages? yes, how will the beverages be served? (Dra	ıft truck, cold pla	No ate, mini-bar, beer tub, table service, etc.)
	planning on serving free alcoholic beverages If yes, to whom will it be given?		No
Are you	planning to have any type of amusement rid If yes, name of company:	es?	No
	What type of rides are you planning? (All rides must be approved by the State of F prior to opening. Contact Ron Jacobs at jaco	Florida Bureau of	
	planning to play or have music? If yes, what music format(s) will be used? (a	mplified, acousti	No ic, recorded, live, disc jockey, etc):
	List the type of equipment you will use (spea	akers, amplifier, (drums, etc):
	Will you use any type of soundproofing equip	oment?	YesNo
	List the days and times music will be played:		
	How close is the event to the nearest resider	ntial use?	
J	r event require road closings? If yes, list requested streets and times in de y of the property at 229 SE 12 Ave.	tail: <u>SE 12 Ave f</u>	Yes from East Las Olas Blvd. North to the center
Please a	attach a layout of your traffic plan, includin	g the placemen name of the con	and/or directional traffic signs for road closing t and number of barricades, signs, direction mpany you will be using. Your traffic plan mus urring without the proper use of barricades.
**** <u>Pl</u>	r road closings affect access to parking space LEASE NOTE ***** All road closings which If to the event organizer and must be paid in	result in loss of i	revenue from inaccessible parking spaces will
_	recyclable materials be utilized at this event (Materials that can be recycled include all cle cans, and milk or juice boxes.) Please refrair	an paper, cardb	No oard, glass, plastic drink containers, aluminun f Styrofoam plates and cups.
Who wil	provide clean up services for garbage and r	ecyclables? Rach	nel O'Neill
			(Company name)
****	Contact Name:	Pho	one: <u>954-214-9933</u> diately after completion of event. Recyclable
material a private	<u>.EASE NOTE</u> ^^^^ All grounds must be cle Is should be recycled at all City facilities and perfection of the city of Formula and the city of Formula at the city of the city of Formula at the city of the	parks. Recycling ort Lauderdale. Y	service may be provided by your organization ou are responsible for securing recycling
Will vou	require electricity? No		

Events requiring electricity are the responsibility of Building Department at (954) 828-5191 before sett	the applicant. All permits must be obtained through the City's ing up.
Company:	License #:
Name of electrician:	Phone:
PART IV: APPLICANT'S ACCEPTANCE	
The information I have provided on this application	is true and complete to the best of my knowledge.
applicable) must furnish an original certificate of Gadditionally insured in the amount of at least one r	nmission, I understand that I (and the production company, if General Liability insurance naming the City of Fort Lauderdale as million dollars (\$1,000,000) or greater as deemed satisfactory by f liquor liability insurance in the amount of \$500,000 if alcohol is
I understand that a Parks and Recreation sponsore notified if any conflicts arise.	ed activity has precedence over the above schedule and I will be
I understand that the City of Fort Lauderdale Police EMS is required by City Ordinance to be onsite duri	ce Department will determine all security requirements and that ng all outdoor events.
enforcement personnel, code enforcement personnel, representative that the entertainment or music is volume to an acceptable level as determined by Ci may be directed to shut down the music or entert	ce. If at any time during the event it is determined by law sonnel, parks and recreation personnel, or any other city is causing a noise disturbance, I will be directed to lower the ity staff. If a second noise disturbance arises during the event, I tainment for the remainder of the event. I agree to abide by all erstand that my failure to do so may result in a civil citation, a
Rachel O'Neill	<u>Event Organizer</u>
Name of applicant	Title
9/21/12 Data	
Date	
Please email completed application at least 90 day smolnar@fortlauderdale.gov.	
Please mail the \$100.00 application fee (payable to Susan Fyfe Molnar, Outdoor Event	
1350 W. Broward Boulevard, Fort L	

Please include the following with the application:

Phone: (954) 828-5362 Fax: (954) 828-5650

- * 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 QUESTIONNAIRE

PREVENTION

1.	Are you planning to have canopies (no sides) for this event? X YesNo					
	How many and what sizes? 10 X 10 Pop-ups – vendors bring their own					
	Name of Company:					
2.	Are you planning to have tents (with sides) for this event?YesXNo					
	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 ilding Department (including but not limited to electrical, structural, plumbing). Contact the Building Department 954-828-6520.					
3.	Are you planning to have fireworks?YesXNo					
	Name of company conducting the show:					
4.	Are you having food vendors?YesXNo					
	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>OF</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 NOX					
2. \	What is your estimated sustained attendance?40-50					
3.	On-site contact? NAMESame as above PHONE					
	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 DEPARTMI	ENT QUESTIO	NNAIRE	
1.	Does your event require use of police vehicles?		Yes	No_X
2.	Is this a new or previously held event?	New	Previous	X
	Previous date(s)? Sundays since 2004			<u>_</u>
3.	Any established security, traffic, or other appropriate	plan(s)?	Yes	No <u>X</u>
	If yes, besides Fort Lauderdale Police, who will y (private security company, volunteers, etc.)	you be using for	this plan?	
	N/A			
4.	Do you have an established detail of off-duty officers If yes, who is your Police department contact?	5?	Yes	NoX
	N/A			
5.	Any notable entertainers or special circumstances sch	neduled for your	r event? Yes	No <u>X</u>
	Who/What?N/A			
Th	understand the off duty rate for Police personnel for all he hourly rate and costs to be incurred by the event of tents "Cost Estimate" worksheet developed at the Special section in the section of the section in the sec	rganizer will be	quoted on the C	City of Ft. Lauderdale Special
	Same as above		<u>!</u>	
IVd	nme	Date		