

CITY OF FORT LAUDERDALE OUTDOOR EVENT APPLICATION

Fee must accompany application

Application received:
At least 60 days prior to event \$100.00
59 to 30 days prior to event \$150.00
29 to 14 days prior to event \$200.00
14 to 7 days prior to event \$250.00*
Less than 7 days prior to event \$300.00*
*Must be approved by City Manager or designee

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 requirements
- 6. Environmental issues/effects on surrounding areas

| PART I: EVENT REQUEST | |
|--|--|
| Event name: FIU SAND VOLUMBAL IN Purpose of event (check one): □ Fundraiser □ Awareness □ | Recreation © Other |
| Requested location: SOUTH BEACH PARK FT FINE (5) SAND VOLLEYBOUL COUR | <u> </u> |
| Estimated daily attendance:\So | |
| Requested dates and time of event: DATE DAY | BEGIN END |
| EVENT DAY 1: 3412 FRIDA | 800 AM/PM 600 AM/PM |
| EVENT DAY 2: 3 5/16 SATURDAM | 800 AM/PM 600 AM/PM |
| EVENT DAY 3: | AM/PMAM/PM |
| SETUP: 3316 THESOM | 100 AM/PM |
| BREAKDOWN: 3516 SATURDAY | 600 AM/PM |
| Has this event been held in the past?YesNo | |
| If yes, please list past dates and locations: 2013 | SOUTH BEACH PARK FT. |
| LAUDERDALE BEACH | |
| Detailed event description (include activities, entertainment, venc | dors, etc.): Coluge, ATE SAND |
| VOLLEMBALL TOUCHAMENT WITH 3- | |
| ATHLETICS. SET UP TO INCLUDE | 하고 불합하다 그 사람들은 그는 사람들은 사람들이 가장 하는 사람들이 되었다. 그는 사람들이 가장 그를 받는 것이 되었다. |
| WITH OHE AMPLETED PLAY N | |
| OCCASIONAL AMMOUNCEMENTS, | |

| PART II: APPLICANT | |
|--|--|
| Organization name: FXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX | U Board of Trustees |
| Address: 11200 SW 8 STREET ARENA City | 1, State, Zip: MIAMI FL 33199 |
| Phone: 305 348 1043 Fax: | |
| Corporation name: | |
| (as it appears in articles o | fincorporation) |
| Date of incorporation: State incorporated in: | Federal ID #: |
| Two authorizing officials for the organization: President: Phone; | |
| | |
| Event Coordinator: DAVE SCOTT | |
| Title: ASST AD GAME OPS Phone: 305 3481 | 043 Cell: 305 905 0890 |
| E-mail address: DSCOTTE FIU. EDU | Fax: |
| Additional Contact: HACOIN | Will you be on-site? YesNo |
| Title: ASST AD FACILITIES Phone: 305 348 | 4327 Cell: 786 423 5735 |
| E-mail address: WHARDINE FIU. SDU | Fax: |
| Event production company (if other than applicant): | |
| Address: City, St | ate, 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? \$ | Yes VNo |
| Are you requesting to fence the event? | VYes No (BARRICADES) |
| Are you planning on having any type of concession? If yes, State Health Dept. must be notified 10 days prior to | YesNo event. Call John Litscher at 954-632-8094 |

| Are yo | u planning on selling alcoholic beverages? If yes, how will the beverages be served? (Draft truck, | Yes cold plate, mini-bar, | No beer tub, table service, etc. |) |
|--------------------------------------|--|--|--|--------------------|
| Are yo | u planning on serving free alcoholic beverages? If yes, to whom will it be given? | Yes | No | |
| Are yo | u planning to have any type of amusement rides? If yes, name of company: | Yes | VNo | |
| · | What type of rides are you planning?(All rides must be approved by the State of Florida Bu prior to opening. Contact Ron Jacobs at (850) 921-15. | reau of Fair Rides an | d all permits must be secur | ed |
| Are you | u planning to play or have music? If yes, what music format(s) will be used? (amplified, | 1 | No ive, disc jockey, etc): | |
| | PA ANNOUNCER USING | 1POD | | |
| ÷ | List the type of equipment you will use (speakers, amp | and the second s | | |
| | Will you use any type of soundproofing equipment? | and the second of the second | No | |
| | List the days and times music will be played: | ISAM - 6 | 00 PM | |
| | How close is the event to the nearest residence? | 600 FT | | |
| Will you | ur event require road closings? If yes, list requested streets and times in detail: | Yes | V _{No} | |
| | | a ang tang tang tang tang tang tang tang | | |
| arrows, be appi | LEASE NOTE***** You are required to secure barric attach a layout of your traffic plan, including the plan cones, and message boards, as well as the name of t roved by the Police Dept. which may terminate any even or road closings affect access to parking spaces or parki LEASE NOTE***** All road closings which result in lo | cement and number the company you will not occurring without no lots? | of barricades, signs, direct be using. Your traffic plan the proper use of barricade. | tiona mus s. |
| be bille | d to the event organizer and must be paid in full before | the event. Please ca | all Dee Paris at 828-3771. | vym |
| Will any | recyclable materials be utilized at this event? (Materials that can be recycled include all clean paper, cans, and milk or juice boxes.) Please refrain from the | Yes cardboard, glass, plause of Styrofoam pla | No astic drink containers, alumi ates and cups. | num |
| Who wil | Il provide clean up services for garbage and recyclables | FIU ST | AFF / VOLUNTER | 25 |
| **** <u>N</u> done at cases by | Contact Name: DAV SET SOTTEMENT OF SOUTH AND SOUTH OF SOU | Phone: 305 ely after completion by your organization | 5 348 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | be |
| at <u>Itowi</u> | nsend@fortlauderdale.gov or (954) 828-5956. | | a company and the second secon | */ P. TOTAL |

| | FIU GENELATORS |
|---|---|
| Will you require electricity? Events requiring electricity are the responsibility of the appli Department of Sustainable Development Building Services D | icant. All permits must be obtained through the City's |
| Company: | License #: |
| Name of electrician: | Phone: |
| PART IV: APPLICANT'S ACCEPTANCE | |
| The information I have provided on this application is true a | and complete to the best 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 libeing served. | ability insurance naming the City of Fort Lauderdale as |
| 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 | tment will determine all security requirements and that door events. |
| I understand that the City has a noise ordinance. If at enforcement personnel, code enforcement personnel, representative 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 provisions of the noise control ordinance and understand to physical arrest, or the shutting down of the event. | parks and recreation personnel, or any other city a noise disturbance, I will be directed to lower the if a second noise disturbance arises during the event, I for the remainder of the event, I agree to abide by all |
| | |
| Name of applicant | Title ASST AD 6AME OPS |
| 423 15 | |
| Date | |
| | |
| Please email completed application at least 60 days ahead of | of vour planned event to |

imeehan@fortlauderdale.gov

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

Jeff Meehan, Outdoor Event Coordinator

1350 W. Broward Boulevard, Fort Lauderdale, FL 33312

Phone: (954) 828-6075 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? | YesNo |
| How many and what sizes? | |
| Name of Company: | |
| 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? | |
| How many and what sizes? 13 10 10 | POP UP TENTS |
| Name of Company: FIU OWNED A building permit, exit signs, emergency lights, fire exting tents. A fire watch at overtime rate may apply. Contact Company. | nuishers, and "No Smoking" signs are required fo apt. Bruce Strandhagen at 954-828-5080. |
| **** <u>PLEASE NOTE</u> ***** All permits required by the Florida Bu Building Department (including but not limited to electrical, struct Sustainable Development Building Services Division at 954-828-65 | ural, plumbing). Contact the Department of |
| 3. Are you planning to have fireworks?YesNo | |
| Name of company conducting the show: | Capt. Wendy D'Agostino at 954-828-5884. |
| 4. Are you having food vendors? Yes No | |
| How many and what kind? | |
| A fire extinguisher is required for each food booth. If must be secured on the outside of the booth. A Fire is the inspection is during non-working hours the cost | nspection is required for all food booths. If |
| OPERATIONS/EMS | |
| Special Event Detail Guidelines: * One rescue unit/cart for 500 to 5,000 people in attendance * Two rescue units/carts for 5,000 to 10,000 people in attent * One more rescue unit/cart per 5,000 additional people * One command person if two or more rescue units/carts are | ndance (sustained attendance) |
| The number of rescue units and paramedics is determined accordi | ng to attendance and other risk factors. |
| 1. Does your event require EMS medical standby services based o | on the guidelines above? YESNO |
| 2. What is your estimated sustained attendance? 150/DAC | |
| 3. On-site contact? NAME DAVE SCOTT | PHONE 305 348 1043 |
| A minimum of 4 hours will be charged for all special event details. event times (totaling 1.5 hours), allowing for travel and preparatio | 45 minutes will be added to the pre and post in for the event. |

| POLICE DEPARTMENT QUE | SILUNNALKE | | |
|--|--|--|-----------------|
| 1. Does your event require use of police vehicles? | Yes | No_V | |
| If yes, A Hold-Harmless Agreement must be signed and L ONE MILLION DOLLARS must be provided. | iability coverage o | fa <u>minimum</u> of | · |
| 2. Is this a new or previously held event? | New | Previous V | ı |
| If yes, Previous date(s)? 2013 | | | |
| 3. Any established security, traffic, or other appropriate plan(s)? | Yes | No | |
| If yes, besides Fort Lauderdale Police, who will you be us (private security company, volunteers, etc.) | ing for this plan? | | , |
| ANDY FRAIN SERVICES | | | |
| Do you have an established detail of off-duty officers? If yes, who is your Police department contact? | Yes | No | |
| henoine | | | • |
| 5. Any notable entertainers or special circumstances scheduled for | or your event? Yes | No_1 | |
| Who/What? | | defendance of the second of th | |
| 6. Is there alcohol being sold or given away? | Yes | No_V | |
| 7. Are there any road closures required? | Yes | No | |
| If so what roads/intersections? | 4 | | |
| | · · · · · · · · · · · · · · · · · · · | | |
| 8. What is your estimated attendance? 150/DAM | | | |
| | *** | | |
| I understand the off duty rate for Police personnel for ALL special also understand there is a 24 hour cancellation requirement to avoid hourly rate and costs to be incurred by the event organizer will Events "Cost Estimate" worksheet developed at the Special Events All payments will be paid within two (2) weeks of the payroll being | old the 3 hour mini be quoted on the 5 logistics meeting | mum payment p | er officer. The |
| DANS SCOTT 42 Name Date | 3 15 | | |

FIU Sand Volleyball Invitational

