

CITY OF FORT LAUDERDALE OUTDOOR EVENT APPLICATION

\$100 Fee must accompany application

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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

Event	name: <u>CARIBE</u>	ARTS FEST				
Purpose of event (check one): ☐ Fundraiser X Awareness						
Reque	sted location:	RIVERFRONT PR	OPERTY, Downtown, Ft	Lauderdale		
Estima	ited daily attenda	nce: <u>upwards</u>	of 1500	·		
Reque	sted dates and ti	me of event: DATE	DAY	BEGIN	END	
	EVENT DAY 1:	_09/28/2012	FRIDAY	5pmAM/PM	_10 PM_AM/PM	
	EVENT DAY 2:	09/29/2012	SATURDAY	11AMAM/PM	_11PM _AM/PM	
	EVENT DAY 3:	09/30/2012	_SUNDAY	11AMAM/PM	8PMAM/PM	
	SETUP:	09/27/2012	THURSDAY	9amAM/PM		
	BREAKDOWN:	09/30/2012	SUNDAY	_12:30 am_AM/PM		
las th	is event been he	ld in the past?	Yes <u>X</u> _No			
	If yes, please li	st past dates and	locations:			
-		·				
)etail	eđ event descrip	tion (include activ	/ities, entertainment, ve	ndors, etc <u>.):</u>		
Caribb	ean themed fes	stival featuring C	aribbean artists, music	c, performing arts and	much more	

PART II: APPLICANT	
Organization name: SOBE JAZZ FESTIVAL, INC.	
Address: 253 NE 2 ND STREET, UNIT 2203 City, State	e, Zip: <u>MIAMI FL, 33132</u>
Phone: _954-804-3281 / 754-234-3590 Fax:	
Non-Profit Organization? <u>X</u> YesNo Tax ID #:_	38-3841545
Corporation name: <u>SOBE JAZZ FESTIVAL, INC.</u> (as it appears in arti	icles of incorporation)
Date of incorporation:03/31/2011 State incorporated	in: <u>FL</u> Federal ID #: <u>38-3841545</u>
Two authorizing officials for the organization: President: ALFONSO BROOKS	Phone: <u>646 – 296-3613</u>
Vice President:EWART BURTON	Phone: <u>305-763-4509</u>
Event Coordinator:DAVID MUIR Will you b	oe on-site? X Yes No
Title: OPERATIONS MANAGER Phone: 954-804-3281	Cell:
E-mail address: <u>info@caribeartsfest.com</u>	Fax:
Additional Contact: MICHELLE MCKOY Will	you be on-site?XYesNo
Title: PRODUCTION MANAGER Phone:	754-234-3590 Celi: <u>754-234-3590</u>
E-mail address: <u>info@caribeartsfest.com</u>	Fax:
Event production company (if other than applicant):ROC	KAZ MVMT
Address: <u>253 NE 2ND STREET, UNIT 2203</u> City, S	State, Zip: MIAMI FL 33132
Contact person:ALFONSO BROOKSTitl	e: PRESIDENT
Phone: (day) _ 305-763-4509 (night)	(cell) <u>646-296-3613</u>
E-mail address: <u>brooks@rockazmvmt.com</u>	Fax:
PART III: EVENT INFORMATION	
Are you planning to charge admission? If yes, how much? \$ FREE	Yes X No
Are you requesting to fence the event?	Yes <u>X</u> No
Are you planning on having any type of concession? If yes, State Health Dept. must be notified 10 days p	X Yes No

	TABLE SERVICE (PROFITECH CONCESSIONAIRE WILL CONTROL ALL BEVERAGES)			
Are you	I planning on serving free alcoholic beverages?X_YesNo If yes, to whom will it be given?VIP & ARTISTS			
	If yes, name of company:YesX_No			
	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	I planning to play or have music? If yes, what music format(s) will be used? (amplified, acoustic, recorded, live, disc jockey, etc):			
	Amplified Live Music, Disc Jockey, Live Bands			
	List the type of equipment you will use (speakers, amplifier, drums, etc):			
	Amplifiers / drums / guitars, horns, Keyboards & Vocals			
	Will you use any type of soundproofing equipment? Yes X No Will remain @ city ordinance decibel level at all times.			
e	List the days and times music will be played:Event day: Saturday September 29, 2012 3pm - 11pm			
	How close is the event to the nearest residence?LOCATED IN THE ENTERTAINMENT DISTRICT			
Will you	If yes, list requested streets and times in detail :YesXNo			
Please arrows,	LEASE NOTE ***** You are required to secure barricades and/or directional traffic signs for road closings attach a layout of your traffic plan, including the placement and number of barricades, signs, directional cones, and message boards, as well as the name of the company you will be using. Your traffic plan must oved by the Police Dept. which may terminate any event occurring without the proper use of barricades.			
Willyou	nroad glosings affect access to parking spaces or parking lots?Yes _xNo			
**** <u>P</u>	LEASE NOTE***** All road closings which result in loss of revenue from inaccessible parking spaces will be the event organizer and must be paid in full before the event. Please call Keela Black at 828-3794.			
**** <u>Pi</u> billed to Will any	LEASE NOTE***** All road closings which result in loss of revenue from inaccessible parking spaces will be the event organizer and must be paid in full before the event. Please call Keela Black at 828-3794. The recyclable materials be utilized at this event? (Materials that can be recycled include all clean paper, cardboard, glass, plastic drink containers, aluminum cans, and milk or juice boxes.) Please refrain from the use of Styrofoam plates and cups.			
**** <u>pi</u> billed to Will any	the event organizer and must be paid in full before the event. Please call Keela Black at 828-3794. recyclable materials be utilized at this event? (Materials that can be recycled include all clean paper, cardboard, glass, plastic drink containers, aluminum			

Will you require electricity? Events requiring electricity are the responsibility of the applicant Building Department at (954) 828-5191 before setting up.	
Company:	License #:
Name of electrician:	Phone:
PART IV: APPLICANT'S ACCEPTANCE	
The information I have provided on this application is true and c	omplete to the best of my knowledge.
Before receiving final approval from the City Commission, I use applicable) must furnish an original certificate of General Liabili additionally insured in the amount of at least one million dollars the City Risk Manager, and an original certificate of liquor liabilibeing served.	ity insurance naming the City of Fort Lauderdale as (\$1,000,000) or greater as deemed satisfactory b
I understand that a Parks and Recreation sponsored activity ha notified if any conflicts arise.	s precedence over the above schedule and I will b
I understand that the City of Fort Lauderdale Police Department EMS is required by City Ordinance to be onsite during all outdoor	
I understand that the City has a noise ordinance. If at an enforcement personnel, code enforcement personnel, park representative that the entertainment or music is causing a noise to an acceptable level as determined by City staff. If a second directed to shut down the music or entertainment for the remained of the noise control ordinance and understand that my failure to or the shutting down of the event.	s and recreation personnel, or any other cit e disturbance, I will be directed to lower the volume noise disturbance arises during the event, I may be nder of the event. I agree to abide by all provision
Alfonso Digitally signed by Alfonso D'Niscio Brooks D'Niscio Brooks Brooks D'Niscio Brooks Brooks D'Niscio Brooks	
ALFONSO BROOKS Title	e: PRESIDENT
Date June 6, 2012	

Rease/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:

- \ast 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.

4 of 6

FIRE DEPARTMENT QUESTIONNAIRE

PR	EVENTION
1.	Are you planning to have canopies (no sides) for this event?No
	How many and what sizes?QTY: 10 SIZE: 10 X 10
	Name of Company:GLEN'S TENT RENTALS 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?YesXNo
	How many and what sizes?
	Name of Company:
Dep	** <u>PLEASE NOTE</u> ***** All permits required by the Florida Building Code must be obtained through the Building partment (including but not limited to electrical, structural, plumbing). Contact the Building Department at 954- 3-6520.
3.	Are you planning to have fireworks?YesXNo
	Name of company conducting the show:
4.	Are you having food vendors? X YesNo
	How many and what kind?Qty: 5 Caribbean food: jerk chicken, roast corn, hot dogs, pizza
ΟP	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	 * 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 NONO
2. V	What is your estimated sustained attendance? <u>upwards of 1500</u>
3. (On-site contact? NAME <u>David Muir / Michelle McKoy</u> PHONE <u>954-804-3281 / 754-234-3590</u>

5 of 6

A minimum of 4 hours will be charged for all special event details. 45 minutes will be added to the pre and post event times (totaling 1.5 hours), allowing for travel and preparation for the event.

POLICE DEPARTM	ENT QUESTIONNAIRE		
1. Does your event require use of police vehicles?	Yes	No X	
If yes, A Hold-Harmless Agreement must be sign ONE MILLION DOLLARS must be provided.	ned and Liability coverage o	f a <u>minimum</u> of	
2. Is this a new or previously held event?	New <u>X</u>	Previous	
If yes, Previous date(s)?			
3. Any established security, traffic, or other appropriate	plan(s)? Yes <u>X</u>	_ No	
If yes, besides Fort Lauderdale Police, who will to (private security company, volunteers, etc.)	you be using for this plan?		
GUARDIAN SECURITY, VOLUNTEERS			
4. Do you have an established detail of off-duty officers If yes, who is your Police department contact?	? Yes	No X	
However we will be securing Paid detail fr Police Dept.	om Special events depar	tment at Ft Lauderda	<u>le</u>
5. Any notable entertainers or special circumstances sci		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?		<u> </u>	
8. What is your estimated attendance? <u>upwards of 1</u>	<u>.500</u>		
I understand the off duty rate for Police personnel for Also understand there is a 24 hour cancellation required hourly rate and costs to be incurred by the event org Events "Cost Estimate" worksheet developed at the Spe All payments will be paid within two (2) weeks of the pa Alfonso Distributions Division Brooks Distributions Division Brooks Division Brooks Division Brooks Distributions Division Brooks Division Brooks Alfonso Brooks	nent to avoid the 3 hour mi anizer will be quoted on the ecial Events logistics meetin	nimum payment per officier. The City of Ft. Lauderdald	cer. The e Specia
Name	Date June 6, 2012		

