



CITY OF FORT LAUDERDALE OUTDOOR EVENT APPLICATION

\$100 Fee
must
accompany
application

Application must be filled out completely!

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: VETERANS DAY PICNIC

Purpose of event (check one): Fundraiser Awareness Recreation Other VETERANS DAY PICNIC

Requested location: VIRGINIA YOUNG PARK (RIO VISTA BLVD.) IN RIO VISTA.

Estimated daily attendance: 150

Requested dates and time of event:

	DATE	DAY	BEGIN	END
EVENT DAY 1:	<u>NOV. 2, 2013</u>	<u>SATURDAY</u>	<u>11</u> AM/PM	<u>3</u> AM/PM
EVENT DAY 2:	_____	_____	_____ AM/PM	_____ AM/PM
EVENT DAY 3:	_____	_____	_____ AM/PM	_____ AM/PM
SETUP:	<u>NOV. 1, 2013</u>	<u>FRIDAY</u>	<u>5:00</u> AM/PM	
BREAKDOWN:	<u>NOV. 2, 2013</u>	<u>SATURDAY</u>		<u>6</u> AM/PM

Has this event been held in the past? Yes No

If yes, please list past dates and locations: _____

Detailed event description (include activities, entertainment, vendors, etc.): A PRIVATE RIO VISTA RESIDENT WOULD LIKE TO UTILIZE THE PARK IN FRONT OF HER HOME TO HOST A PICNIC, COMMEMORATING VETERANS AND HONORING THE U.S. COAST GUARD AND THEIR FAMILIES WITH A DAY OF FUN, RECREATIONAL ACTIVITIES AND CARNIVAL THEMED FOOD. HUGH'S CATERING WILL OVERSEE ALL EVENT OPERATIONS AND BE THE POINT OF CONTACT FOR ALL/ANY ADDITIONAL VENDORS. (BOUNCE HOUSE, SACK RACES/TUG OF WAR, BALLOON ARTISTS, FACE PAINTING - ALL TO TAKE PLACE INSIDE PARK - RESIDENT LIVES AT 924 S. RIO VISTA BLVD.)

PART II: APPLICANT

Organization name: PRIVATE RESIDENT — SUZANNE MAAS

Address: 924 S. RIO VISTA BLVD. City, State, Zip: FT. LAUDERDALE, FL 33316

Phone: N/A Fax: N/A

Corporation name: _____
(as it appears in articles of incorporation)

Date of incorporation: _____ State incorporated in: _____ Federal ID #: _____

Two authorizing officials for the organization:

President: _____ Phone: _____

Secretary: _____ Phone: _____

Event Coordinator: TAYLOR SPECTORSKY Will you be on-site? Yes No

Title: EVENT COORDINATOR Phone: (954) 303-3257 Cell: SAME ^{OFFICE} (954) 563-4844

E-mail address: TAYLOR@HUGHSCATERING.COM Fax: (954) 563-7894

Additional Contact: J.J. O'CONNOR Will you be on-site? Yes No

Title: MAAS - CONTACT Phone: 916-365-1316 Cell: SAME

E-mail address: N/A Fax: _____

Event production company (if other than applicant): HUGH'S CATERING

Address: 4351 NE 12TH TERRACE City, State, Zip: OAKLAND PARK, FL 33334

Contact person: TAYLOR SPECTORSKY Title: EVENTS COORDINATOR

Phone: (day) (954) 563-4844 (night) (954) 303-3257 (cell) (954) 303-3257

E-mail address: TAYLOR@HUGHSCATERING.COM Fax: (954) 563-7894

PART III: EVENT INFORMATION

Are you planning to charge admission? _____ Yes No
If yes, how much? \$ _____

Are you requesting to fence the event? _____ Yes No

Are you planning on having any type of concession? _____ Yes No
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? Yes No
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? Yes No OPERATING UNDER
If yes, to whom will it be given? GUESTS OVER 21 YEARS OLD. HUGH'S CATERING
(NOT OPEN TO THE PUBLIC) LICENSE TO SERVE.

Are you planning to have any type of amusement rides? Yes No
If yes, name of company: BOUNCE HOUSE ONLY - IF WE GET THIS PERMIT!

What type of rides are you planning? BOUNCE HOUSE ONLY.
(All rides must be approved by the State of Florida Bureau of Fair Rides and all permits must be secured prior to opening. Contact Ron Jacobs at (850) 921-1530.)

Are you planning to play or have music? Yes No
If yes, what music format(s) will be used? (amplified, acoustic, recorded, live, disc jockey, etc):
DJ - IF WE'RE PERMITTED.

List the type of equipment you will use (speakers, amplifier, drums, etc):
SPEAKERS, MICROPHONE - DURING EVENT TIMES ONLY.

Will you use any type of soundproofing equipment? Yes No
List the days and times music will be played: SATURDAY, NOVEMBER 2, 2013 11am -> 3am

How close is the event to the nearest residence? PARK IS SURROUNDED BY RESIDENCES.

Will your event require road closings? Yes No
If yes, list requested streets and times in detail: REQUESTED THAT SOUTH RID VISTA BLVD.
BE CLOSED (WITH HIRED POLICE SECURITY DETAIL) BETWEEN SE 9TH AVENUE
AND WHERE S. RID VISTA BLVD. MEETS S.E. 10TH STREET.

******PLEASE NOTE****** 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 or parking lots? Yes No
******PLEASE NOTE****** All road closings 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 any recyclable materials be utilized at this event? Yes No
(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.

Who will provide clean up services for garbage and recyclables? HUGH'S CATERING
Contact Name: TAYLOR SPECTORSKY Phone: (954) 303-3257

******NOTE****** All grounds must be cleaned up **immediately** after completion of event. Recycling should be done at all City facilities and parks. Recycling may be provided by your organization, a private company or in some cases by the City of Fort Lauderdale. You are responsible for securing recycling services. Contact Janet Townsend at Jtownsend@fortlauderdale.gov or (954) 828-5956.

Will you require electricity? Yes No

MUST OBTAIN THIS PERMIT FIRST!

Events requiring electricity are the responsibility of the applicant. All permits must be obtained through the City's Department of Sustainable Development Building Services Division at (954) 828-5191 before setting up.

Company: TENTS & EVENTS (SEPARATE TENT PERMIT) 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.

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.

Name of applicant: TAYLOR A. SPECTORSKY Title: EVENT COORDINATOR, THAT'S CATERING

Date: 10/1/13

Please **email** completed application at least 96 days ahead of your planned event to: jmeehan@fortlauderdale.gov

Please mail the \$100.00 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 QUESTIONNAIRE

PREVENTION

1. Are you planning to have canopies (no sides) for this event? Yes No **MOST LIKELY A**
How many and what sizes? 1 TENT - NOT SURE OF THE SIZE - 20' X 40' TENT.

Name of Company: TENT & EVENTS (THEY WILL OBTAIN BUILDING PERMIT
A building permit is required. Please contact Capt. Bruce Strandhagen at 954-828-5080. **UPON APPROVAL OF**

2. Are you planning to have tents (with sides) for this event? Yes No **SPECIAL EVENTS PERMIT.**
How many and what sizes? _____

Name of Company: TENTS & EVENTS -
A building permit, exit signs, emergency lights, fire extinguishers, and "No Smoking" signs are required for tents. A fire watch at overtime rate may apply. Contact Capt. Bruce Strandhagen at 954-828-5080.

******PLEASE NOTE****** 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 Department of Sustainable Development Building Services Division at 954-828-6520.

3. Are you planning to have fireworks? Yes 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 No

How many and what kind? HUGH'S CATERING IS PROVIDING ALL FOOD. **PREPARED & COOKED ON PRIVATE PROPERTY**

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.

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 NO

2. What is your estimated sustained attendance? 150

3. On-site contact? NAME TAYLOR SPICOTORSKY PHONE (954) 303-3257

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 DEPARTMENT QUESTIONNAIRE

1. Does your event require use of police vehicles? Yes No

If yes, A Hold-Harmless Agreement must be signed and Liability coverage of a minimum of **ONE MILLION DOLLARS** must be provided.

2. Is this a new or previously held event? New Previous

If yes, Previous date(s)? _____

3. Any established security, traffic, or other appropriate plan(s)? Yes No

If yes, besides Fort Lauderdale Police, who will you be using for this plan?
(private security company, volunteers, etc.)

SEE ATTACHED PLAN FOR ROAD CLOSURE.

4. Do you have an established detail of off-duty officers? Yes No
If yes, who is your Police department contact?

WILL BE REQUESTING ~~SECURITY~~ SECURITY DETAIL THROUGH P.D. UPON APPROVAL OF THIS PERMIT.

5. Any notable entertainers or special circumstances scheduled for your event? Yes No

Who/What? _____

6. Is there alcohol being sold or given away? Yes No

7. Are there any road closures required? Yes No

If so what roads/intersections? S. RIO VISTA BLVD. - BETWEEN S.E. 9TH AVENUE AND S.E. 10TH STREET.

8. What is your estimated attendance? 150

I understand the off duty rate for Police personnel for ALL special events is calculated at a 3-hour minimum rate. I also understand there is a 24 hour cancellation requirement to avoid the 3 hour minimum payment per officer. The hourly rate and costs to be incurred by the event organizer will be quoted on the City of Ft. Lauderdale Special Events "Cost Estimate" worksheet developed at the Special Events logistics meeting and provided to the organizer. All payments will be paid within two (2) weeks of the payroll being submitted.

Taylor A. SPECTORSKY
Name _____ Date 10/1/13



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/01/13

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Alexander and Greep Insurance 2727 E. Oakland Park Blvd. Ste 200 Ft. Lauderdale, FL 33306 Phone (954) 561-9496 Fax (954) 561-1350	CONTACT NAME: Marge		
	PHONE (A/C, No, Ext): (954)561-9496	FAX (A/C, No): (954)561-1350	
	E-MAIL ADDRESS: marge@alexandergreep.com		
INSURED Hugh's Catering, Gourmet To Go DBA 4351 N.E. 12 Terrace Oakland Park, FL 33334-	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : Capitol Insurance		
	INSURER B :		
	INSURER C :		
	INSURER D : Summit Insurance		
	INSURER E : Capitol Insurance		
INSURER F :			

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	N	N	BR02125685-01	04/15/2013	04/15/2014	EACH OCCURRENCE \$ 1,000,000.00 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000.00 MED EXP (Any one person) \$ 5,000.00 PERSONAL & ADV INJURY \$ 1,000,000.00 GENERAL AGGREGATE \$ 2,000,000.00 PRODUCTS - COMP/OP AGG \$ 2,000,000.00 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
D	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	N	520-43576	12/25/2012	12/25/2013
E	Liquor Liability	N	N	BR02125685-01	04/15/2013	04/15/2014	1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

For event on Saturday, November 2nd, 2013, from 11 am to 3 pm.

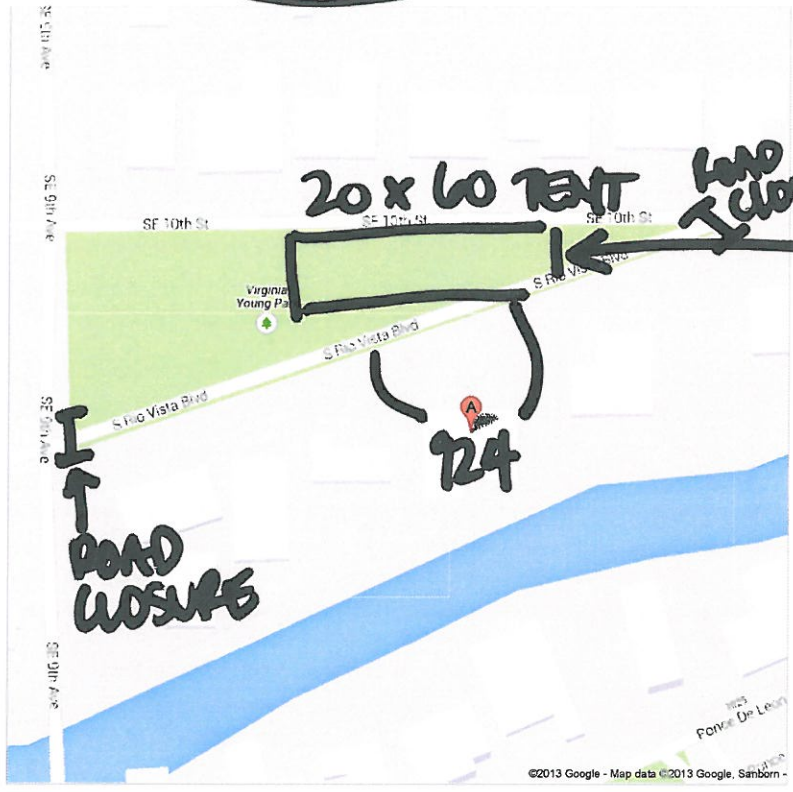
The city of Fort Lauderdale is listed as additional insured on policy.

CERTIFICATE HOLDER City of Ft. Lauderdale 100 N. Andrews Avenue Fort Lauderdale, FL. 33301	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
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Address 924 S Rio Vista Blvd
Fort Lauderdale, FL 33316

PLAN A:



ANIMAL ENCOUNTERS
FACE PAINTING
BALLOON ART

OPEN AIR IN PARK :
SACK RACES
TUG OF WAR
BOUNCE HOUSE

PLAN B: TO ENTERTAIN ABOVE ACTIVITIES ON PRIVATE PROPERTY

924. S. RIO VISTA BLVD. DRIVEWAY ↓

PIZZA OVER

FOOD SERVICE TO BE SERVED
ON PRIVATE PROPERTY
(BEER & WINE ONLY)

HUGH'S GRILLS

GARAGE