



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: Kayak Against Cancer

Purpose of event (check one): Fundraiser Awareness Recreation Other _____

Requested location: Fort Lauderdale beaches from Oakland Park Boulevard south to Port Everglades and Intra-Coastal Waterway from Inlet to back side of Bahia Cabana and Fire Station #49.

Estimated daily attendance: 200 total

Requested dates and time of event:

	DATE	DAY	BEGIN	END
EVENT DAY 1:	<u>July 26, 2014</u>	<u>Saturday</u>	<u>6:00</u> AM	<u>4:00</u> PM
EVENT DAY 2:	<u>N/A</u>	_____	_____ AM/PM	_____ AM/PM
EVENT DAY 3:	<u>N/A</u>	_____	_____ AM/PM	_____ AM/PM
SETUP:	<u>July 26, 2014</u>	<u>Saturday</u>	<u>4:30</u> AM	
BREAKDOWN:	<u>July 26, 2014</u>	<u>Saturday</u>		<u>4:00</u> PM

Has this event been held in the past? Yes No

If yes, please list past dates and locations: June 2001 thru June 2012 at same location described and requested above.

Detailed event description (include activities, entertainment, vendors, etc.): Kayak Race/Walk and fundraiser for the American Cancer Society of Broward County. Participants paddle kayaks along the ocean outside of the swim buoys to from Fort Lauderdale Beach Park to Oakland Park Boulevard and return for intermediate race. Advanced race participants continue south and enter Port Everglades and continue along Intra-Coastal to the back side of Bahia Cabana and Fire Station #49. Walkers walk along beach or sidewalk to Oakland Park Boulevard and return. We have support stations/beaching locations at Sunrise Boulevard and Oakland Park Boulevard, at north end of Fort Lauderdale Beach Park and just north of Port Everglades and we also have support vessels. Paddlers and walkers start at 8:00 AM and end at 12:00 PM. Post event Appreciation Party is held at Bahia Cabana from 1:00 PM to 4:00 PM.

PART II: APPLICANT

Organization name: Kayuba Dive Club

Address: 17505 SW 13 Street City, State, Zip: Pembroke Pines, Florida 33029

Phone: 954-541-0509 Fax: None

Corporation name: N/A
(as it appears in articles of incorporation)

Date of incorporation: N/A State incorporated in: _____ Federal ID #: _____

Two authorizing officials for the organization:

President: Charles H. Noonan Phone: 954-541-0509

Secretary: Anabelle Valencia Phone: 305-495-0175

Event Coordinator: Charles H. Noonan Will you be on-site? Yes No

Title: Founder and Event Coordinator Phone: 954-541-0509 Cell: 954-461-8400

E-mail address: kayuba@hotmail.com Fax: N/A

Additional Contact: Dick Trodick Will you be on-site? Yes No

Title: Co-Founder Phone: 954-572-8657 Cell: 954-325-2739

E-mail address: aj@americantrophy.net Fax: N/A

Event production company (if other than applicant): N/A

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? 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
If yes, to whom will it be given? _____

Are you planning to have any type of amusement rides? Yes No
If yes, name of company: _____

What type of rides are you planning? N/A
(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):

List the type of equipment you will use (speakers, amplifier, drums, etc):

N/A

Will you use any type of soundproofing equipment? Yes No

List the days and times music will be played: _____

How close is the event to the nearest residence? _____

Will your event require road closings? Yes No
If yes, list requested streets and times in **detail**: _____

******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 Dee Paris at 828-3771.

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? Our Staff

Contact Name: Charles H. Noonan Phone: 954-541-0509

******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

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: _____ 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.

Charles H. Noonan
Name of applicant

Founder and Event Coordinator
Title

6/11/2014
Date

Please **email** completed application at least 60 days ahead of your planned event to:

jmeehan@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 QUESTIONNAIRE

PREVENTION

1. Are you planning to have canopies (no sides) for this event? ___ Yes ___ No

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? ___ Yes ___ No

How many and what sizes? _____

Name of Company: _____

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? _____

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 Charles H. Noonan PHONE 954-541-0509

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 X

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 X

If yes, Previous date(s)? June 2001 thru June 20012

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

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

4. Do you have an established detail of off-duty officers? Yes _____ No X

If yes, who is your Police department contact?

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

Who/What? _____

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

7. Are there any road closures required? Yes _____ No X

If so what roads/intersections? _____

8. What is your estimated attendance? 200 total

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.


Charles H. Noonan
Name

11 June 2014
Date

5/1/14



To Whom It May Concern:

Thank you for supporting the **2014 Relay For Life of Air & Sea and Kayak Against Cancer** by becoming a partner who believes in our cause – eliminating cancer.

The funds that we raise will support the fight against cancer. These funds will benefit the American Cancer Society's programs of research, education, advocacy and service – programs that can reduce cancer deaths and cancer incidence, and improve the quality of life for cancer survivors. **The American Cancer Society is a 501(c)(3) tax exempt organization; our Federal ID # is 59-0657320.**

Relay For Life is a true community event where people of all ages and from all walks of life come together for a common cause. Relay For Life represents the hope that those lost to cancer will never be forgotten, that those who face cancer will be supported, and that one-day cancer will be eliminated.

If you have any questions or need additional information, please contact me at the American Cancer Society, (954) 564-0880 ext. 7533 Thank you for your consideration, and we hope to hear from you soon.

Sincerely,

Monique Stephens
Sr. Mgr, Relay For Life
American Cancer Society, Broward Unit
3363 W. Commercial Blvd.
Ft. Lauderdale, FL 33309
Phone: (954) 564-0880 x 7519
Fax: (954) 561-8072



CERTIFICATE OF LIABILITY INSURANCE

OP ID: DD

DATE (MM/DD/YYYY)

05/14/2014

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 Gulfstream Insurance Group Inc P.O. Box 8908 Fort Lauderdale, FL 33310-8908 Robert S. Sims	CONTACT NAME:	
	PHONE (A/C No. Ext):	FAX (A/C No.):
	E-MAIL ADDRESS:	
	PRODUCER CUSTOMER ID #:	KAYAK-1
INSURED Kayak Against Cancer 2410-1 Aragon Blvd. Sunrise, FL 33322	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: United States Fire Ins Co	21113
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	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 CERTIFICATION 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 INSR	SUBR INSR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY			1320433B	05/14/2014	06/15/2014	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY		<input checked="" type="checkbox"/>				DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 5,000
							PERSONAL & ADV INJURY \$ 1,000,000
							GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS - COMP/OP AGG \$ Incl
							\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS						PROPERTY DAMAGE (PER ACCIDENT) \$
	<input type="checkbox"/> HIRED AUTOS						\$
	<input type="checkbox"/> NON-OWNED AUTOS						\$
	UMBRELLA LIAB						EACH OCCURRENCE \$
	<input type="checkbox"/> EXCESS LIAB						AGGREGATE \$
	<input type="checkbox"/> OCCUR						\$
	<input type="checkbox"/> CLAIMS-MADE						\$
	DEDUCTIBLE						\$
	RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						OTH-ER
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. EACH ACCIDENT \$
							E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
A	Accident Policy			1320433A	06/14/2014	08/15/2014	Benefits 10,000 Ded 100

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Certificate holder is named as additional insured. Event Kayak Against Cancer June 14, 2014

CERTIFICATE HOLDER

CANCELLATION

FORTLA8 City of Fort Lauderdale Parks & Recreation 1350 W. Broward Blvd. Fort Lauderdale, FL 33301	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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