NAME OF DOCUMENT: Event Agreements with the City of Fort Lauderdale as follows: 1) Chanukah
NAME OF DOCUMENT: Event Agreements with the City of Fort Lauderdale as follows: 1) Chanukah Winter Wonderland; 2) Vibe New Year's Party; Las Olas Gourmet Market; 3) Coral Ridge Green Market; 4) Biggest Loser 5K Run; 5) Coral Ridge Association Holiday Party; 6) MS Walk 7) Las Olas Wine & Food Festival; 8) Yogafest 2013; 9(Savelegy/My Wish 4 9 5K 10K) and North Beach Village Winterfest Boat Parade Event.
Approved Comm. Mtg. on December 4, 2012 CAM# 12-2513
ITEM:
Routing Origin: CAO ENG. COMM. DEV. OTHER
Also attached: copy of CAR copy of document ACM Form # originals
By: forwarded to:
Initials
Capital Improvements defined as having a life of at least 10 years and a cost of at least \$50,000 and shall mean improvements to real property (land, buildings, fixtures) that add value and/or extend useful life, inc. major repairs such as roof replacement, etc. Term "Real Property"
Please Check the proper box: CIP FUNDED YES NO include: land, real estate, realty, real.
2.) Approved as to Funds Available: by Date:
Amount Required by Contract/Agreement \$ Funding Source:
Dept./Div Index/Sub-objectProject #
3.) City Attorney's Office: Approved as to Form:# Originals to City Mgr. By:
Harry A. Stewart Cole CopertinoX \int Robert B. Dunckel
Ginger Wald D'Wayne Spence Paul G. Bangel
Carrie Sarver DJ Williams-Persad
4.) Approved as to content: Assistant City Manager:
By: By: By: Stanley Hawthorne, Assistant City Manager Susanne Torriente, Assistant City Manager
Stanley Hawthorne, Assistant City Manager Susanne Torriente, Assistant City Manager
5.) Acting City Manager: Please sign as indicated and forward :# originals to Mayor.
C.) Mayor: Diagon sign as indicated and forward iff a priginals to Clark
7.) To City Clerk for attestation and City seal.
INSTRUCTIONS TO CLERK'S OFFICE
8.) City Clerk: retains one original document and forwardsoriginal documents to
Copy of document toOriginal Route form to
Attach certified copies of Reso. # Fill-in date

CITY OF FORT LAUDERDALE

OUTDOOR EVENT AGREEMENT

THIS AGREEMENT is made by and between:

CITY OF FORT LAUDERDALE, a municipal corporation of the State of Florida, referred to hereinafter as "City",

and

MEKOR CHAYIM, INC., a non-profit corporation operating under the laws of Florida, whose principal place of business is 900 E. Broward Blvd, Fort Lauderdale, Florida 33301 and who is referred to hereinafter as "Applicant" or "Sponsor".

WHEREAS, the Applicant wishes to hold an outdoor event and has submitted an application pursuant to the requirements of Section 15-182 of the Code of Ordinances of the City of Fort Lauderdale, Florida; and

WHEREAS, the Applicant is willing to obtain the requisite insurance, and is willing to indemnify and hold harmless the City of Fort Lauderdale for any damage to persons or property that might occur during or as a result of the outdoor event; and

WHEREAS, on December 4, 2012, by Motion, the City Commission of the City of Fort Lauderdale authorized the proper City officials to execute this Agreement.

NOW, THEREFORE, in consideration of the mutual promises made herein, the parties agree as follows:

The foregoing recitals are true and correct, and:

1. Effective Date.

The Effective Date of this Agreement is the date upon which City Commission approval is granted.

Outdoor Event.

The Applicant is permitted to operate or sponsor the "CHANUKAH WINTER WONDERLAND" (referred to hereinafter as the "Event") outdoors only at the location(s) and time(s) set forth in the attached Outdoor Event Agreement Schedule One, which is attached hereto and made a part hereof.

Memorandum

	То:	Harry Stewart, City Attorney
	From:	Jeff Meehan, Outdoor Event Coordinator
	Date:	November 14, 2012
	Re:	Request for Event Agreement
,	agreement for identification a	Please ask your staff to prepare an event replaced the above named event. Attached to this memo is the application, proof of corporate and Schedule 1, which should be attached to the agreement as an exhibit. In addition, City Departments have reviewed and approved the plans. City Police Department has reviewed the application and requires does not require the applicant to pay for security personnel for crowd control and traffic direction purposes.
	and	City Fire Department has reviewed the application and approved the proposed safety staffing plan (contingent upon compliance with the Florida Fire Prevention Code and equired inspections).
		City Risk Manager has reviewed and approved the Certificate of Insurance. comprehensive general liability insurance, one million dollars (\$1,000,000). liquor liability insurance, five hundred thousand dollars (\$500,000).
	5mg-tem	City Building Department has reviewed and approved the proposed use of porary structures and electrical facilities.
		City Parks and Recreation Department has reviewed and approved the sed-up, clean-up plan.
	15	Other City Department: 44 has reviewed and approved the proposed plan.
	Please contac	ct me at (954) 828-6075 if you have any questions. Thank you.



CITY OF FORT LAUDERDALE **OUTDOOR EVENT APPLICATION**

\$100 Fee must accompany application

Approvide Anterior market of sandary.
Pigare Tubinitary and it is a least of eye and a vour 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: Chanukah Wir	hor asondor	land	
Purpose of event (check one):	niser 🗆 Awareness	☐ Recreation Ø Othe	r Holiday
Requested location: Requested location:	Hotel Law	<i>w</i>	· · ·
Estimated daily attendance:	-300		
Requested dates and time of event: DATE	DAY	BEGIN	END
EVENT DAY 1: 12/16/12	sunday	4:00 AMEM	MANASIE_
EVENT DAY 2:	-	AM/PM	AM/PM
EVENT DAY 3:	Charles and Military and Charles and Charl	AM/PM	AM/PM
SETUP:		AM/PM	
BREAKDOWN:			AM/PM
Has this event been held in the past?	✓ YesNo		*
If yes, please list past dates and	.427		
DOC 2011, 120 DOCOME	M 3000	enulished How	al Lawn.
Detailed event description (include activ	vities, entertainment,	vendors, etc.):	·
	(ides		
SNOW	Food	-	
AITS L CIGCIS			

PART II: APPLICANT
Organization name: DOWN FOUN JAWISH CONTOL CHOLOGICAL
Address: 900 EBIOWAND BIND City, State, Zip: FLL; FL 33301
Phone: 984-667-8000 Fax: NIA
Corporation name: MEICOR CHAYIM
(as it appears in articles of incorporation)
Date of Incorporation: 2/6/2006 State Incorporated in: FL Federal ID #: 202509676
Two authorizing officials for the organization: President: <u>POUOION FORION</u> Phone: <u>7-SY-33Y-S7-7</u>
Secretary: EST-hor HOCHL Phone: 984-297-1987
Event Coordinator: Do Voich Icapian Will you be on-site? (Yes) No
Title: D1(QC+OY Phone: 754-234-5770 Cell: 754-234-5770
E-mail address: Davorch @down Lawn Jawish .confax: 12 (A
Additional Contact: LCUODI LCUOTON Will you be on-site? (Ye) No
Title: 1106151 Phone: 084-667-8000 Cell: 084-673-6333
E-mail address: Rabbi@down+ownjow/5h.com Fax: N/A
Event production company (if other than applicant): \(\bullet \lambda \rangle A \).
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?YesNo If yes, how much? \$
Are you requesting to fence the event?YesNo
Are you planning on having any type of concession? 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? 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? If yes, name of company: 34 HOUIS PULLY RONLO
What type of rides are you planning? BOUNCO WOLLOS, DOUS LICEOS. (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? YesNo If yes, what music format(s) will be used? (amplified, acoustic, recorded, live, disc jockey, etc);
eecordod
List the type of equipment you will use (speakers, amplifier, drums, etc):
Speakols
Will you use any type of soundproofing equipment?Yes
List the days and times music will be played: 4:0000 m - 6:0000 m
How close is the event to the negrest residence?
Will your event require road closings? Yes No. If yes, fist requested streets and times in detail :
****PLEASE NOTE***** You are required to secure barricades and/or directional traffic signs for road clos Please attach a layout of your traffic plan, including the placement and number of barricades, signs, direct arrows, cones, and message boards, as well as the name of the company you will be using. Your traffic plan
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?
Will any recyclable materials be utilized at this event? (Materials that can be recycled include all clean paper, cardboard, glass, plastic drink containers, alumin 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? DSCC
Contact Name: DOUDICH CODICA Phone: 754-234-57-70 ****NOTE**** All grounds must be cleaned up Immediately after completion of event. Recycling should done at all City facilities and parks. Recycling may be provided by your organization, a private company or in so cases by the City of Fort Lauderdale. You are responsible for securing recycling services. Contact Janet Townse at Itownsend@fortlauderdale.gov or (954) 828-5956.

Events requiring electricity are the responsit	Yes No Dility of the applicant. All permits must be obtained through the City's liding Services Division at (954) 828-5191 before setting up.		
Company:	License #:		
	Phone:		
PART IV: APPLICANT'S ACCEPTANCE			
The information I have provided on this app	plication is true and complete to the best of my knowledge.		
applicable) must furnish an original certificand additionally insured in the amount of at least	Ity Commission, I understand that I (and the production company, if ate of General Liability insurance naming the City of Fort Lauderdale as st one million dollars (\$1,000,000) or greater as deemed satisfactory by ficate of liquor liability insurance in the amount of \$500,000 if alcohol is		
I understand that a Parks and Recreation s notified if any conflicts arise.	ponsored activity has precedence over the above schedule and I will be		
I understand that the City of Fort Laudards EMS is required by City Ordinance to be ons	ale Police Department will determine all security requirements and that site 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, may be directed to shut down the music or entertainment for the remainder of the event. I agree to abide by a 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.			
Devoiah Kanian	Diroctor.		
Name of applicant	Title		
Oct 20, 2012	•		

Please email completed application at least 96 days ahead of your planned event to: imaehan@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.

4 of 6

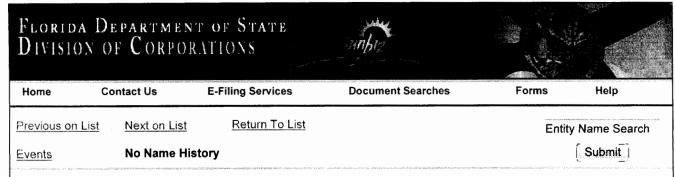
FIRE DEPARTMENT OUESTIONNAIRE

PR	EVENTION
1.	Are you planning to have canopies (no sides) for this event?YesNo
	How many and what sizes?
	Name of Company:
	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?YesNo
	How many and what sizes?
	Name of Company:
	Name of Company:
Bul	** <u>PLEASE NOTE</u> ***** All permits required by the Florida Building Code must be obtained through the Iding Department (including but not limited to electrical, structural, plumbing). Contact the Department of stainable Development Building Services Division at 954-828-6520.
3.	Are you planning to have fireworks?Yes
٠.	Name of company conducting the show:
4.	Are you having food vendors?YesNoNo
	Are you having food vendors? Yes No OUI How many and what kind? We will ho so thing up own record to bles. Flot clear, nombuildois forms.
	Flot day nambuldor - drives
	A fire extinguisher is required for each food booth. If a propage 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>O</u> P	ERATIONS/EMS
Spe	ecial 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
tanis .	
	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? YESNO
2, \	What is your estimated sustained attendance?
3.	On-site contact? NAMEPHONE
A n	ninimum of 4 hours will be charged for all special event details. 45 minutes will be added to the pre and post int times (totaling 1.5 hours), allowing for travel and preparation for the event.

5 of 6

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.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	POLICE DEPARTM	MENT OUESTIONNAL	RE	aras ja joga ja
. Does	s your event require use of police vehicles?	Yes	وخيسياهما	No
	If yes, A Hold-Harmless Agreement must be signed MILLION BOLLARS must be provided.		rage of	a <u>minimum</u> of
. Is th	is a new or previously held event?	Nev	·	Previous
	If yes, Previous date(s)? MOCOMBOY 2	oil Docembo		80,00,0
, Any	established security, traffic, or other appropriat	te plan(s)? Yes	<u> </u>	No,
	If yes, besides Fort Lauderdale Police, who will (private security company, volunteers, etc.)	I you be using for this	plan?	
. Do y	ou have an established detail of off-duty office If yes, who is your Police department contact?		<u>/</u>	No
	Doanna Galcia			
. Any	notable entertainers or special circumstances s	cheduled for your eve Yes		No
	Who/What? Grand Menorch un	inrud		
6. Is the	ere alcohol being sold or given away?	Ye) <u></u> .	No.
. Are t	here any road closures required?	Ye	\$	No
	If so what roads/intersections?			
	Marketon Company of the Company of t			- Vésta parte de la compe
3. Whai	t is your estimated attendance? <u>150</u> - 30	∞		
	,			

6 of 6



Detail by Entity Name

Florida Non Profit Corporation

MEKOR CHAYIM, INC.

Filing Information

 Document Number
 N05000002242

 FEI/EIN Number
 202509676

 Date Filed
 03/03/2005

 State
 FL

 Status
 ACTIVE

 Last Event
 AMENDMENT

Event Date Filed 02/06/2006
Event Effective Date NONE

Principal Address

900 E. BROWARD BLVD. FORT LAUDERDALE FL 33301 US

Changed 02/21/2008

Mailing Address

900 E. BROWARD BLVD. FORT LAUDERDALE FL 33301 US

Changed 01/08/2010

Registered Agent Name & Address

SHEIN, MICHAEL ESQ. 700 SE THIRD AVE. THIRD FLOOR FORT LAUDERDALE FL 33301 US

Officer/Director Detail

Name & Address

Title P

KAPLAN, DEVORAH R 713 SE 7TH STREET FORT LAUDERDALE FL 33301 US

Title D

KAPLAN, SCHNEUR Z 713 SE 7TH ST. FORT LAUDERDALE FL 33301 US

Title D

ZARCHI, MAYER 266 47TH STREET **BROOKLYN NY 11220 US Annual Reports** Report Year Filed Date 2011 01/06/2011 02/21/2012 2012 2012 07/10/2012 **Document Images** 07/10/2012 -- ANNUAL REPORT View image in PDF format 02/21/2012 -- ANNUAL REPORT View image in PDF format View image in PDF format 01/06/2011 -- ANNUAL REPORT 01/08/2010 -- ANNUAL REPORT View image in PDF format 01/22/2009 -- ANNUAL REPORT View image in PDF format View image in PDF format 02/21/2008 -- ANNUAL REPORT View image in PDF format 02/07/2007 -- ANNUAL REPORT 04/11/2006 -- ANNUAL REPORT View image in PDF format View image in PDF format 02/06/2006 -- Amendment View image in PDF format 07/21/2005 -- Amendment 03/03/2005 -- Domestic Non-Profit View image in PDF format Note: This is not official record. See documents if question or conflict. Return To List Previous on List Next on List Entity Name Search Submit | **Events** No Name History | Home | Contact us | Document Searches | E-Filing Services | Forms | Help |

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