

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

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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

PART I: EVENT REQUEST	
Event name: New Hope Fest	
Purpose of event (check one): ☐ Fundraiser ☐ Awa	areness Recreation Other
Requested location: Trovident TA	RK
1400 N.W. 6th St	
Estimated daily attendance: 300	
Requested dates and time of event: DATE DAY	BEGIN END
EVENT DAY 1: 11-8-14 5A+	9:00 AM/PM 3:00AM/PM
EVENT DAY 2:	
EVENT DAY 3;	AM/PMAM/PM
SETUP:	8:00 (AM)PM
BREAKDOWN: 3:00 PM	3:00 AM (PM)
Has this event been held in the past? Yes _	No
If yes, please list past dates and locations: /	1-9-13 (Provident PALK)
	ment, vendors, etc.): This is A Church
Event open To the Comm	unity. This is A free
EVENT WITH MUSIC AND A	

PART II: APPLICANT			·	
Organization name: New H	ope BAP	/		
Address: 1321 NW 67	75+	City, State, Zi _j	o: Ft. LAUd. Fl	333//
Address: 1321 NW 67 Phone: (954) $463-2192$	Fax: 93	74) 463-93	344	
Corporation name: New Hope	Baptist Cl (as it appears in a	hurch Of particles of incorpora	Ff. Lauderdale ation)	, INC
Date of incorporation: 9-15-1976	State incorpora	ated in: <u></u> F/ F	ederal ID #: <u>59/6</u>	92092
Two authorizing officials for the organizers of	ration:	hone: 954-7	463-2192	
	,			
Event Coordinator: Richy	Scott	Will you	be on-site? Yes	No
Title: PASTOR	Phone: (954) 46	3-2192	Cell: (954) 709	-7655
E-mail address:			Fax(954)463.	-9344
Additional Contact: PAUI Fie	Ids	Will you	be on-site? Yes	No
Title: Asst. Cooldingtor	Phone (954) 5	87-4474	Cell: (254) 422 -	-5944
Title: ASST. Cooldingtor E-mail address: Paul Fields 0	8 @ Comers	+, Net	Fax:	
Event production company (if other tha	n applicant):			
Address:		City, State, Zip:		
Contact person:	-	Title:		
Phone: (day)	(night)	(0	cell)	
E-mail address:		Fax:		
PART III: EVENT INFORMATION				
Are you planning to charge admission? If yes, how much? \$		Yes	No	
Are you requesting to fence the event?		Yes	No	
Are you planning on having any type of If yes, State Health Dept. must	concession? be notified 10 days	Yes prior to event. Call	No John Litscher at 954-63	32-8094.

	u planning on selling alcoholic beverages?YesNo If yes, how will the beverages be served? (Draft truck, cold plate, mini-bar, beer tub, table service, etc		No beer tub, table service, etc.)
Are yo	ou planning on serving free alcoholic beverages? If yes, to whom will it be given?	Yes	No
Are yo	ou planning to have any type of amusement rides? If yes, name of company:	Yes	No
Are yo		of Fair Rides a	No
	If yes, what music format(s) will be used? (amplified, acou	ıstic, recorded,	live, disc jockey, etc):
	List the type of equipment you will use (speakers, amplifier Speakers)		
	Will you use any type of soundproofing equipment?		
	List the days and times music will be played:		
	How close is the event to the nearest residence?		
Will yo	ur event require road closings? If yes, list requested streets and times in detail :		
Please arrows,	PLEASE NOTE***** You are required to secure barricades attach a layout of your traffic plan, including the placeme, cones, and message boards, as well as the name of the coroved by the Police Dept. which may terminate any event oc	ent and numbe ompany you wi	r of barricades, signs, directiona Il be using. Your traffic plan mus
Will you **** p	ur road closings affect access to parking spaces or parking lo PLEASE NOTE***** All road closings which result in loss of ad to the event organizer and must be paid in full before the	ots?Yes f revenue from	No inaccessible parking spaces will
Will any	y recyclable materials be utilized at this event? (Materials that can be recycled include all clean paper, card cans, and milk or juice boxes.) Please refrain from the use of	lboard, glass, p	No lastic drink containers, aluminum ates and cups.
Who wi	ill provide clean up services for garbage and recyclables?	New	Hope
cases b	Contact Name: Au fields Plant Provide clean up services for garbage and recyclables? Plant Provided Name: Pau fields Plant Provided by the City of Fort Lauderdale. You are responsible for securing the name of the City of Fort Lauderdale. You are responsible for securing the name of the City of Fort Lauderdale. You are responsible for securing the name of the name	our organizatio:	n, a private company or in some

	s No of the applicant. All permits must be obtained through the City's 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	ion is true and complete to the best of my knowledge.
applicable) must furnish an original certificate of additionally insured in the amount of at least on	Commission, I understand that I (and the production company, if f General Liability insurance naming the City of Fort Lauderdale as e million dollars ($$1,000,000$) or greater as deemed satisfactory by a of liquor liability insurance in the amount of $$500,000$ if alcohol is
I understand that a Parks and Recreation sponsonotified if any conflicts arise.	ored activity has precedence over the above schedule and I will be
I understand that the City of Fort Lauderdale Po EMS is required by City Ordinance to be onsite d	olice Department will determine all security requirements and that uring all outdoor events.
enforcement personnel, code enforcement prepresentative that the entertainment or music volume to an acceptable level as determined by may be directed to shut down the music or enterprovisions of the noise control ordinance and upphysical arrest, or the shutting down of the even	
Paul Fields / New HOPE	Asst. Goodinator

Name of applicant

9-26-14

Date

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.

Title

* 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

PR	<u>EVENTION</u>
1.	Are you planning to have canopies (no sides) for this event?YesNo
	How many and what sizes?
	Name of Company:
	Name of Company:
2.	Are you planning to have tents (with sides) for this event?Yes
	How many and what sizes?
	Name of Company:
	Name of Company:
Bui	** <u>PLEASE NOTE</u> ***** All permits required by the Florida Building Code must be obtained through the lding Department (including but not limited to electrical, structural, plumbing). Contact the Department of tainable Development Building Services Division at 954-828-6520.
3.	Are you planning to have fireworks?YesVNo
	Name of company conducting the show:
4.	Are you having food vendors?YesV_No
	How many and what kind?
<u>OP</u>	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
C	ain) Frank Dahail Cuidelinea
Spe	cial 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. V	What is your estimated sustained attendance? $100 - 200$
3. (On-site contact? NAME Aul Fields PHONE (754) 422-5944
	inimum of 4 hours will be charged for all special event details. 45 minutes will be added to the pre and post of times (totaling 1.5 hours), allowing for travel and preparation for the event.

	TOMMATKE	
. Does your event require use of police vehicles?	Yes	_ No_
If yes, A Hold-Harmless Agreement must be signed and Liat ONE MILLION DOLLARS must be provided.	oility coverage	of a <u>minimum</u> of
. Is this a new or previously held event?	New	Previous 1
If yes, Previous date(s)? 1/- 9 - / 3	·	
. Any established security, traffic, or other appropriate plan(s)?	Yes	No_
If yes, besides Fort Lauderdale Police, who will you be using (private security company, volunteers, etc.)	for this plan?	
. Do you have an established detail of off-duty officers? If yes, who is your Police department contact?	Yes_	No
Officer Lina Justice		
. Any notable entertainers or special circumstances scheduled for y	our event? Yes	No.V
Who/What?		
. Is there alcohol being sold or given away?	Yes	_ No
. Are there any road closures required?	Yes	No
If so what roads/intersections?		
What is your estimated attendance? _/00 - 300		
understand the off duty rate for Police personnel for ALL special exo understand there is a 24 hour cancellation requirement to avoid urly rate and costs to be incurred by the event organizer will be ents "Cost Estimate" worksheet developed at the Special Events is payments will be paid within two (2) weeks of the payroll being support of the payroll being suppo	the 3 hour mile quoted on the ogistics meeting	nimum payment per of ne City of Ft. Lauderda ng and provided to the

Date

Name