

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

Blease sulbinitiby (EVA) (Fair least 60) days aftead 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 RE | EOUEST | the second secon | A Committee of the Comm | and the second s | |
|--|---|--|--|--|-------------|
| Event name: SATUR | DAY NITE ALIVI | | | | |
| Purpose of event (che EVENT) | eck one): [] Fund | iralser [] Awareness | Recreation | * XX Other (MARKETII | VG |
| Requested location: E | BEACH BUSINES TZ CARLTON (N | S IMPROVEMENT D ORTH) | ISTRICT – A1A F | ROM BUBBA GUMPS RES | Ţ. |
| Estimated daily attend | Jance: <u>2,000 – 4</u> | ,000 | | | |
| Requested dates and | time of event: DATE | DAY | BEGIN | END | |
| EVENT DATES: 6/1, | 8, 15, 22, 29 | 7/6, 13, 20, 27 8/ | 3, 2013 | 7:00 - 11:00PM | |
| SETUP: | 5:00PM - 7:00 | <u>PM</u> | | \$ 1 PM 5 TM | |
| BREAKDOWN: | 11:00PM - 12: | 00AM | | | |
| Has this event been he | eld in the past? | X YesNo | | | |
| If yes, please i | list past dates and | locations: SAME LO | CATION — SUMMI | R 2009, 2010, 2011, 201 | <u> 12</u> |
| Detailed ovent doces | delma Zincelo de la leve | | 4 No. 10. 2. 22. 42. 12. 12. 24. | | |
| Decaned event descrip SERIES OF EVENTS ' BEACH, EACH SNA W | THE REPORT OF THE PARTY OF THE | VICIES, Entertainment, IW REIDENTS AND | vendors, etc.): SAT FOURISTS TO FTI | URDAY NITE ALIVE IS A BEACH AND SHOWCASE | THE |

- 1. @ 8 SIDEWALK ENTERTAINERS PLUS ENTERTAINMENT FROM BUSINESSES
- 2. ARTS & CRAFTS VENDORS (ART JEWELRY, ETC.) 3. EVENT POSTERS DISTRIBUTED IN EVENT AREA
- 4. SNA TENT SET UP ON PROMENADE AREA

| PART II: APPLICANT | |
|--|--|
| Organization name: WIZARD ENTERTAINME | |
| Address: 1720 NE 23 AVE City, State, Zip: For | *************************************** |
| Phone: 954,564.8300 Fax: 954,827,8400 | TO THE PARTY IS A STATE OF THE |
| Corporation name: WIZARD ENTERTAINMEN | T, INC. opears in articles of incorporation) |
| Date of incorporation: 4/9/2003 State incorpo | |
| Two authorizing officials for the organization: President: DAN BARNETT Phone: 954.56 | |
| Secretary: DAN BARNETT Phone: 954.564 | 4.8300 |
| Event Coordinator: DAN BARNETT Will you be | on-site? <u>X</u> Yes No |
| Title: PRESIDENT Phone954.564.8300 Cell: | <u>954-494-1084</u> |
| E-mall address: DAN@WIZARD-ENTERTAINM | ENT.COM Fax: 954.827.8400 |
| Additional Contact: JALIXA RAMIREZ Will you | be on-site? |
| Title: MARKETING DIRECTOR Phone: 954.50 | |
| E-mail address: JALIXA@WIZARD-ENTERTAIN | IMENT.COM Fax: 954.827.8400 |
| Event production company (if other than applicant | |
| Address: | City, State, Zip: |
| Contact person: | Title: |
| Phone: (day) (night) | (œll) |
| E-mail address: | Fax; |
| PART III: EVENT INFORMATION | |
| Are you planning to charge admission? If yes, how much? \$ | YesX_No |
| Are you requesting to fence the event? | Yes _X_No |
| Are you planning on having any type of concession If yes, State Health Dept. must be notified | |
| | |
| re you planning on selling alcoholic beverages? | Vac V No |

| Are you planning on serving free alcoholic beverages? Yes X_No If yes, to whom will it be given? | 3 |
|--|-----------------------------------|
| Are you planning to have any type of amusement rides? Yes X No If yes, name of company: | **** |
| 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 secul prior to opening. Contact Ron Jacobs at (850) 921-1530. | |
| Are you planning to play or have music? If yes, what music format(s) will be used? (amplified, acoustic, recorded, live, disc jockey, etc): | |
| AMPLIFIED, LIVE | |
| List the type of equipment you will use (speakers, amplifier, drums, etc): | |
| SMALL PA, BAND GEAR | |
| Will you use any type of soundproofing equipment? Yes X No | |
| List the days and times music will be played: EACH OF THE 10 SATURDAYS | |
| How close is the event to the nearest residence? | |
| Will your event require road closings? Yes X 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 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 in the 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 X No ****PLEASE NOTE***** All road closings which result in loss of revenue from inaccessible parking spaces where 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 X No (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? N/A Contact Name: *****NOTE***** All grounds must be cleaned up immediately after completion of event. Recycling should be clease by the City of Fort Lauderdale. You are responsible for securing recycling services. Contact Janet Townsen at Itownsend@fortlauderdale.gov or (954) 828-5956. | ilona musi i vill uum |
| Will you require electricity? Yes X No | |

| Company: | rvices Division at (954) 828-5191 before setting up. License #: |
|--|---|
| Name of electrician: | |
| PART IV: APPLICANT'S ACCEPTANCE | |
| The information I have provided on this application is | s true and complete to the best of my knowledge |
| Before receiving final approval from the City Comnapplicable) must furnish an original certificate of Geladditionally insured in the amount of at least one or | nission, I understand that I (and the production company, if neral Liability insurance naming the City of Fort Lauderdale as ilion dollars (\$1,000,000) or greater as deemed satisfactory by iquor liability insurance in the amount of \$500,000 if alcohol is |

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 DAN H. BARNETT

PRESIDENT Title

2/1/13 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, canoples, 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 OUESTIONNAIRE

PREVENTION

| I, | Are you planning to have canoples (no sides) for this event? X Yes No |
|-------|---|
| | How many and what sizes? @ 16 ART & CRAFT 10 X 10 POP UP TENTS, 1 SNA 20 X 10 TEBT |
| | 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?YesX_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 iding Department (including but not limited to electrical, structural, plumbing). Contact the Department of italnable Development Building Services Division at 954-828-6520. |
| 3. | Are you planning to have fireworks?YesXNo |
| | Name of company conducting the show: A permit is required for all pyrotechnics displays. Contact Capt. Wendy D'Agostino at 954-828-5884. |
| 4. | |
| | |
| | |
| | Name of Company: A building permit is required. Please contact Capt. Bruce Strandhagen at 954-828-5080. Are you planning to have tents (with sides) for this event? Yes X 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 ling Department (including but not limited to electrical, structural, plumbling). Contact the Department of limble Development Building Services Division at 954-828-6520. Are you planning to have fireworks? Yes X No Name of company conducting the show: A permit is required for all pyrotechnics displays. Contact Capt. Wendy D'Agostino at 954-828-5884. Are you having food vendors? Yes X 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. **ATTONS/EMS** I Event Detail Guidelines: One rescue unity/cart for 500 to 5,000 people in attendance (sustained attendance) One more rescue unity/cart per 5,000 additional people One command person if two or more rescue units/carts are required miber of rescue units and paramedics is determined according to attendance and other risk factors. It is your event require EMS medical standby services based on the guidelines above? YES NO X It is your event require EMS medical standby services based on the guidelines above? YES NO X It is your event require the same and serviced are required. |
| OPE | ERATIONS/EMS |
| Spec | * 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 r | number of rescue units and paramedics is determined according to attendance and other risk factors. |
| | |
| | nat is your estimated sustained attendance? 2,000 |
| 3. O | n-site contact? NAME DAN BARNETT PHONE 954.494.1084 |
| A min | lmum of 4 hours will be charged for all special event details. 45 minutes will be added to the pre and post times (totaling 1.5 hours), allowing for travel and preparation for the event. |

| POLICE DEPARTMENT OUES | TIONNAIRE | | |
|--|---|---|---------|
| 1. Does your event require use of police vehicles? | Yes | 1 7 7 7 1 7 1 7 1 7 1 7 1 7 1 7 1 7 1 7 | |
| If yes, A Hold-Harmless Agreement must be signed and Lial ONE MILLION DOLLARS must be provided. | ollity coverage o | of a <u>minimum</u> of | |
| 2. Is this a new or previously held event? | New | Previous X | |
| If yes, Previous date(s)? | | | |
| 3 Any actablished engine, succession | Yes | | • |
| If yes, besides Fort Lauderdale Police, who will you be using (private security company, volunteers, etc.) | • | , | |
| 4. Do you have an established detail of off-duty officers? If yes, who is your Police department contact? | Yes | No <u>X</u> | |
| Any notable entertainers or special circumstances scheduled for years. Who/What? | our event? Yes | No_X_ | |
| Who/What? Is there alcohol being sold or given away? | | No_X | |
| . Are there any road closures required? | Yes | NoX | |
| If so what roads/intersections? | | | |
| . What is your estimated attendance? 2,000 | *************************************** | | |
| understand the off duty rate for Police personnel for ALL special evenus out out the country rate and costs to be incurred by the event organizer will be event organizer will be event organizer will be event organizer will be event organizer. | uoted on the | num payment per of | ficer. |
| payments will be paid within two (2) weeks of the payroll being sub Wizard Enternment Till an Hoam # Same | mitted. | and provided to tile | organiz |
| | 13 | | |
| Date | | | |

Date