



# 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

**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: SUPER BOWL '14

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

Requested location: SHUCK N DIVE CAJUN CAFE

Estimated daily attendance: 200

Requested dates and time of event:

	DATE	DAY	BEGIN	END
EVENT DAY 1:	<u>FEB 2<sup>ND</sup></u>	<u>SUNDAY</u>	<u>3</u> AM/PM	<u>11</u> AM/PM
EVENT DAY 2:	_____	_____	_____ AM/PM	_____ AM/PM
EVENT DAY 3:	_____	_____	_____ AM/PM	_____ AM/PM
SETUP:	<u>Feb 1<sup>st</sup></u>	<u>Sunday</u>	<u>2:00</u> AM/PM	
BREAKDOWN:	<u>FEB 2<sup>ND</sup></u>	<u>SUNDAY</u>		<u>12</u> AM/PM

Has this event been held in the past?  Yes  No

If yes, please list past dates and locations: SAME

**Detailed** event description (include activities, entertainment, vendors, etc.):

Big Screen T.V. in Parking Lot with  
TABLE & chairs set up for viewing

**PART II: APPLICANT**

Organization name: SHUCK N DIVE INC.

Address: 650 No FED Hwy City, State, Zip: FT LAUDERDALE

Phone: 954) 462-0088 Fax: ext 0180

Corporation name: SHUCK N DIVE INC  
(as it appears in articles of incorporation)

Date of incorporation: 1999 State incorporated in: Fla Federal ID #: 65-0888419

Two authorizing officials for the organization:

President: DAN STASI Phone: 954-462-0088

Secretary: DAN STASI Phone: 954-462-0088

Event Coordinator: DAN STASI Will you be on-site?  Yes  No

Title: OWNER Phone: 9-54-462-0088 Cell: 954-303-5041

E-mail address: SHUCK N DIVE @ Hotmail.com Fax: 954-462-0180

Additional Contact: \_\_\_\_\_ Will you be on-site? \_\_\_ Yes \_\_\_ No

Title: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail address: \_\_\_\_\_ Fax: \_\_\_\_\_

Event production company (if other than applicant): \_\_\_\_\_

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.

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.

Dan Slasi

Name of applicant

Pres OWNER

Title

12/10/13

Date

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

[jmeehan@fortlauderdale.gov](mailto: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? 200

3. On-site contact? NAME DAN Stasi PHONE 954-303-5041

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)? \_\_\_\_\_

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 X No \_\_\_\_\_

If yes, who is your Police department contact?

MIKE DEW

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 X No \_\_\_\_\_

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

If so what roads/intersections? \_\_\_\_\_

8. What is your estimated attendance? 200

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.

Dr Siasi  
Name

12/10/13  
Date