

## 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 \$200.00\*
\*Must be approved by City Manager or designee

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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

| PARTE EVENT REQUESTED TO THE PARTE OF THE PA |                        |  |
|--|------------------------|--|
| Event name: FARMERS' MARKET AT BRO   | WARD HEALTH H          | EDICAL CENTER  |
| Purpose of event (check one): [] Fundralser [] Awareness FARMERS MARKET  | 44                     | political.   |
| Requested location: BROWARD HEALTH MAIN  | CAMPUS, LOCAT          | ED AT  |
| 1600 SOUTH ANDREWS AVENUE, ET  | LAUDERDALE, E          | and the second |
| Estimated daily attendance: 5 PORADIC ATTENDANC PATIENTS THROUGO AT LESS THAN 40 Requested dates and time of event:  |                        |  |
| DAY DAY  | BEGIN                  | END  |
| EVENT DAY 1: EVERY OTHER   | B BUIPM                | 3_AM/EM  |
| EVENT DAY 2: TUESDAY   | AM/PM                  | AM/PM  |
| EVENT DAY 3: MARCH 4, 2014   | AM/PM                  | AM/PM  |
| SETUP: THRU JULY 2014  | AM/PM                  | ·  |
| BREAKDOWN:   |                        | AM/PM  |
| Has this event been held in the past?  Yes No  |                        |  |
| If yes, please list past dates and locations: BEGA   | N JUNE 2013            | thru present   |
| Detailed event description (include activities, entertainment, v   | vendors, etc.): FARMER | S' MARKET  |
| CONSISTS OF VENDORS WHO OPERATE  | OIXOI MILTIM           | CAMOPY AND   |
| sell a variety of products fuch  | AS PRODUCE EL          | OWERS NUTS   |
| IAMS + PRESERIES, HONEY, BAKED GO  | CODS, PREPARED :       | COOPS AND A  |
| MULTITUDE OF OTHER ITEMS, TYPI   | CALLY FOUND AT         | AN OUTDOOP   |
| ,  |                        | MARKET   |

| PARTY TO APPLICANTIES DE LES ANTES DE LES ESTE SE EN LES ESTE DE L |
|--|
| Organization name: FLORIDA FRESH MARKET ENTERPRISES, INC.  |
| Address: 16471 SW 18 STREET City, State, Zip: MRAMAR, FL 38027   |
| Phone: 305-318-6148 Fax: N/A   |
| Corporation name: SAME AS ABOVE (as it appears in articles of incorporation)   |
| Date of incorporation: 12/11 State incorporated in: FL Federal ID #: 45-4462025  |
| Two authorizing officials for the organization:  President: ANY CASANOVA Phone: 305-818-6148  EXEC. DIRECTOR:  Secretary: IRIS CASANOVA Phone: 305-818-6148  |
| Event Coordinator: IRIS CASANOVA Will you be on-site? X Yes No AMY CASANOVA Title: DIRECTORS Phone: 305-318-6148 Cell: 305-318-6148  |
| E-mail address: ICASA 2664 @ AOL. COM Fax: N/A   |
| Additional Contact: AMY CASANOVA Will you be on-site? X Yes No OR DEGIGNATED MANAGER Title: PRESIDENT Phone: 786-760-8940 Cell: 305-318-6148   |
| E-mail address: 1CASA2684@ AOL.COM Fax: N/A  |
| Event production company (if other than applicant): SAME AS APPLICANT  |
| Address:City, State, Zip:  |
| Contact person:  |
| Phone: (day) (night) (cell)  |
| E-mall-address: Fax:   |
| PART YTC EVENT INFORMATION EN AND SERVICE SERV |
| Are you planning to charge admission?  If yes, how much? \$  |
| Are you requesting to fence the event?Yes  |
| Are you planning on having any type of concession?  YesNo  If yes, State Health Dept. must be notified 10 days prior to event. Call John Litscher at 954-632-8094.   |

| Are yo                 | ou planning on selling alcoholic beverages?<br>If yes, how will the beverages be served? (Draft truck, cok  | Yes<br>I plate, mini-bai                                     | ¿∑No<br>, beer tub, tablé sei  | vice, etc.)   |
|------------------------|---|--|--|---|
| Are yo                 | u planning on serving free alcoholic beverages?  If yes, to whom will it be given?  |  | X_No   | <del>,</del>  |
| Are yo                 | u planning to have any type of amusement rides?  If yes, name of company:   | Yes  | X_No   |   |
|                        | What type of rides are you planning?  (All rides must be approved by the State of Florida Burea prior to opening. Contact Ron Jacobs at (850) 921-1530.   |  |  |   |
| Are yo                 | u planning to play or have music?  If yes, what music format(s) will be used? (amplified, acc   | Yes<br>oustic, recorded                                      | $rac{	imes_{	ext{No}}}{	ext{No}}$ , live, disc jockey, e                      | tc):  |
|                        | List the type of equipment you will use (speakers, amplif   | ier, drums, etc)   |  |   |
|                        |   |  | <u>, , , , , , , , , , , , , , , , , , , </u>                                  | <del> </del>  |
|                        | Will you use any type of soundproofing equipment?   | <del></del>  | No   |   |
|                        | List the days and times music will be played:   |  | · · · · · · · · · · · · · · · · · · ·  |   |
|                        | How close is the event to the nearest residence?  |  |  | <u> </u>  |
| Will yo                | ur event require road closings?  If yes, list requested streets and times in detail: PRI  | _X,Yes<br>VATE_H   | No<br>OSPITAL RI   | DAD,  |
| 100                    | CATED BETWEEN FACILITY'S MAIN   |  |  |   |
| GAR<br>****!<br>Please | AGE, THIS PRIVATE ROAD IS NO<br>PLEASE NOTE***** You are required to secure barrical<br>attach a layout of your traffic plan, including the place<br>cones, and message boards, as well as the name of the<br>roved by the Police Dept. which may terminate any event | T USED  <br>les and/or direct<br>ment and num<br>company you | TRAFFI<br>tional traffic signs I<br>ber of bardendes, i<br>will be using, Your | C.<br>or road closings.<br>dgas, directional<br>traffic plan must |
| ***                    | ar mad clasings affect arcess to parking spaces or parking<br>V.EASE NOTE**** All road closings which result in los<br>of to the event organizer and must be paid in full belove t  | a real resisting in c  | ин ичистрапиис ринг  | dng spaces will<br>176-3771                                       |
| Will an                | recyclishie materials he utilized at this event?<br>(Materials that can be recycled include all clean paper, c<br>cans, and milk or juve boxes.) Please retrain from the n  | Yes<br>ardboard, glass<br>se of Styrbloso                    | <u>X</u> na<br>, plastic drink cont<br>, plates and cups.                      | iners, aldminum   |
| <b>U</b> this wi       | Il provide clean up services for garbage and recyclobles?   | YES  | •<br>  | · · · · · · · · · · · · · · · · · · ·                             |
| done at                | Contact Name. LR 15 CASANOVA  OTE**** All grounds must be cleaned up termediate all City facilities and parks. Recycling may be provided to y me city of Fort Lauderdale. You are responsible for se  | graffing allow   | ros estevina e anglise   | ipany or la some  |
|                        | nearidatis Handardsla nov or 19541 878-5056   |  |  |   |

| PI        | REVENTION   |
|-----------|---|
| 1.        | Are you planning to have canoples (no sides) for this event? XYesNo   |
|           | How many and what sizes? APPROX, 20-36 LOXIO! STANDARD PORTABLE CANC  |
|           | Name of Company: 14/A   |
|           | 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  |
|           | How many and what sizes?  |
|           | Name of Company:A   |
|           | 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.   |
| Bull      | **PLEASE NOTE***** All permits required by the Florida Building Code must be obtained through the<br>ding Department (including but not limited to electrical, structural, plumbing). Contact the Department of<br>tainable Development Building Services Division at 954-828-6520.   |
| 3.        | Are you planning to have fireworks? Yes X No  |
|           | Name of company conducting the show:  |
| <b>1.</b> | Are you having food vendors? Yes X No   |
|           | How many and what kind? PREPARED FOOD VENDORS, SUCH AS KETTLE CORN, BYROS, AREPAS, BARBEULE GROU.  A fire extinguisher is required for each food booth. If a propose tank is used for a fuel source, it must be secured an the autolde 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. |
| ΨŁ        | HAILONY/EMS   |
|           | at Propos Depail Goldehoes  |
|           | * 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   |
| e n       | umber of rescue units and parametics is determined according to attendance and other risk factors.  |
| LIC       | nes your event require EMS medical standby sorvices based on the guidelines above? YES NU   |
| 1971.     | at is your estimated sustained attendance? LEGS THAN 400 PISBERSED THROUGHOUT WARKET HOURS  |
| Un        | SITE CONTACT! NAME 1815 CASANOVA PHUNE 805-319-6148   |

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 proparation for the event.

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| POLICE DEPARTMENT OF   | Jestionnairet.   |  |          |
|--|--|--|----------|
| Does your event require use of police vehicles?  | Yes  | No_X_  |          |
| If yes, A Hold-Harmless Agreement must be signed and ONE MILLION DOLLARS must be provided.   | Liability coverage of a  | minimum of                                   |          |
| 2. Is this a new or previously held event?   | New  | Previous 🔀                                   |          |
| If yes, Previous date(s)? 5 NOE JUNE 2   | 2013 TO PE   | ESENI  |          |
| 3. Any established security, traffic, or other appropriate plan(s)   | 7 Yes_X_   | No   |          |
| If yes, besides Fort Lauderdale Police, who will you be (private security company, volunteers, etc.)   | using for this plan?   |  |          |
| - HOSPITAL SECURITY  | <del>- Maria da la la gracción de la la del la gracción de la co</del>   | · · · · · · · · · · · · · · · · · · ·        |          |
| I. Do you have an established detail of off-duty officers?  If yes, who is your Police department contact?   | Yes  | No.×   |          |
| Any notable entertainers or special circumstances scheduled  Who/What?   | Yes  | No_×   |          |
| Is there alcohol being sold or given away?   | Yes  | No   |          |
| Are there any road closures required?  | Yes: X   | No   |          |
| If so what roads/intersections? PRIVATE STIRI  | ***  | 78 San Jan Jan Jan Jan Jan Jan Jan Jan Jan J |          |
|  |  |  |          |
| What is your estimated attendance? LESS THAN.  EMPLOYEES, PATIENTS & VIBITORS  | AIN PARKIN   | ig Garag                                     |          |
| nderstand the off duty rate for Police personnel for ALL spec<br>o understand there is a 24 hour cancellation requirement to a<br>unly rate and costs to be incurred by the event organizer w<br>ents "Cost Estimate" worksheet developed at the Special Even<br>payments will be paid within two (2) weeks of the payroll bei | void the 3 hour mining<br>ill be quoted on the<br>ots looistics meeting: | num payment per                              | officer. |
| ne Fxec Dir. 02 Date   | -08-14   | Militarya.                                   |          |

| 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: A Phone:  |              |
| IPART IV: APPLICANTS ACCEPTANCE ASSESSMENT LINE ASSESSMENT AND ASSESSMENT AND ASSESSMENT | 1            |
| 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, applicable) must furnish an original certificate of General Liability insurance naming the City of Fort Lauderdale additionally insured in the amount of at least one million dollars (\$1,000,000) or greater as deemed satisfactory the City Risk Manager, and an original certificate of liquor liability insurance in the amount of \$500,000 if alcohol being served.  | by           |
| I understand that a Parks and Recreation sponsored activity has precedence over the above schedule and I will notified if any conflicts arise.   | be           |
| I understand that the City of Fort Lauderdale Police Department will determine all security requirements and the EMS is required by City Ordinance to be onsite during all outdoor events.   | nat          |
| I understand that the City has a noise ordinance. If at any time during the event it is determined by leafuncement personnel, code enforcement personnel, packs and recreation personnel, or any other representative that the entertainment or music is causing a noise disturbance, I will be directed to lower volume to an acceptable level as determined by City staff. If a second noise disturbance arises during the even may be directed to shut flown the music or entertainment for the remainder of the event. I agree to abide by provisions of the noise control ordinance and understand that my failure to do so may result in a civil citation physical arrest, or the shutting down of the event.  | the<br>it, I |
| Nation of applicant (IRIS CASANOVA) EXECUTIVE DIRECTOR   | <del></del>  |
| 02-08-14<br>Date   |              |
| Please small completed application at least 60 days ahead of your planned event to:     jmechan@fortjouderdale.gov  Please mail the application fee (payable to the City of Fort Lauderdale) to:     leff Mechan. Outdoor Event Coordinator     1350 W. Broward Boulevard, Fort Lauderdale, Fl. 33312  Phone: (954) 828-6075 Fax: (954) 828-5650   |              |
| Plant include the following with the application:  |              |