DOCUMENT ROUTING FORM	electoque nertie à 12/11/12
NAME OF DOCUMENT: Event Agreements with the City of Fort Laud Anniversary Party 2) Boat Show; 3 Sandbar Anniversary Party 4 Fig of Hope Charity Car Show; 6) Fright Night 2012; 7 Las Olas Art Fair	erdale as follows: 1 Off the Hookah) tht for Air Run/Wall (5) My Candles 12 DEC 3 PM 4:0 (
Approved Comm. Mtg. on September 5, 2012 CAM# 12-1855	JIZDEC 314
TEM: ⊠M-9 □PH □O □CR-	
Routing Origin: CAO ENG. COMM. DEV. OTHER	<b>\</b>
Also attached:	Form # originals
By: forwarded to:	
Initials	
1.) Approved as to Content:  Bepartment Director  Please Check the proper box: CIP FUNDED  YES NO	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" include: land, real estate, realty, real.
Capital Improvement Projects	
2.) Approved as to Funds Available: by	Date:
Amount Required by Contract/Agreement \$ Fr	unding Source:
Dept./Div Index/Sub-object	Project #
3.) City Attorney's Office: Approved as to Form:# Originals to	City Mgr. By:
Harry A. Stewart Cole CopertinoXL Robert B.	Dunckel
Ginger Wald D'Wayne Spence Paul G. B	Bangel
Carrie Sarver DJ Williams-Persad	
4.) Approved as to content: Assistant City Manager:	
By: By: By: Stanley Hawthorne, Assistant City Manager Susanne Torriente	
Stanley Hawthorne, Assistant City Manager Susanne Torriente	, Assistant City Manager
5.) City Manager: Please sign as indicated and forward :#	originals to Mayor.
6.) Mayor: Please sign as indicated and forward :# originals to	Clerk.
7.) To City Clerk for attestation and City seal.	12/,
INSTRUCTIONS TO CLERK'S OFF	ICE OFF
8.) City Clerk: retains one original document and forwardsorigin	nal documents to
Copy of document toOriginal Rou	
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

AMERICAN LUNG ASSOCIATION OF THE SOUTHEAST, INCORPORATED, a non-profit corporation organized under the laws of Florida, whose principal place of business is 6852 Belfort Oaks Place, Jacksonville, Florida 32216 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 September 5, 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.

#### 2. Outdoor Event.

The Applicant is permitted to operate or sponsor the "Fight for Air Run/Walk" (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.

#### 3. General Requirements.

- (1) If the Event includes use of fireworks, in advance of the Event the Applicant shall obtain a fireworks permit from the City's fire department. The Applicant shall comply with all applicable state laws regarding the use of fireworks.
- (2) The Applicant shall provide sanitary facilities of the type and in a number specified by the requirements established by the City's building and zoning department.
- (3) The Applicant shall coordinate with staff of the City's building department who will schedule appropriate City staff to conduct electrical inspections of all electrical facilities whether power is supplied by local utilities or is self-provided by generator systems. The Applicant shall permit the City staff to conduct electrical inspections of all electrical facilities.
- (4) If the Event includes the sale or distribution of any food or beverages, the Applicant shall comply with all applicable state, county and City food service requirements.
- (5) If the Event includes use of tents, awnings, or canopies, in advance of the Event the Applicant shall submit current flameproof certificates to the City's fire department. The Applicant shall not hold or sponsor the Event until the fire department has provided written approval of the use of any tents, awnings, or canopies.
- (6) In advance of the Event the Applicant shall submit a written plan to the City police department that regards crowd control and traffic control. The Applicant shall not hold or sponsor the Event until the police department has provided written approval of the Applicant's plan. The Applicant shall bear the cost of staff necessary to implement the crowd control and traffic control plan.
- (7) In advance of the Event the Applicant shall submit a written plan to the City's fire department that regards fire safety. The Applicant shall not hold or sponsor the Event until the fire department has provided written approval of the Applicant's plan. The Applicant shall bear the cost of staff necessary to implement the fire safety plan.
- (8) Unless the Applicant meets the requirements for exception found in Section 15-184 of the Code of Ordinances of the City of Fort Lauderdale, Florida, in advance of the Event the Applicant shall provide a certificate of insurance satisfactory to the City's Risk Manager. The certificate shall show that the

Applicant has obtained comprehensive general liability insurance with a policy limit of no less than one million dollars combined single limit coverage, which shall include property damage, bodily injury, and death. The "City of Fort Lauderdale" shall be named as an additional insured. If the Event includes the dispensing, serving, sale, or distribution of any alcoholic beverage, the Applicant shall in addition provide liquor liability insurance with a policy limit of no less than of five hundred thousand dollars. The Applicant shall not hold or sponsor the Event until the City's Risk Manager has provided written approval of the Applicant's certificate of insurance or insurance policy.

- (9) The Applicant shall indemnify and hold harmless the city for any damage to person or property that occurs during or as a result of the operation of the Event.
- (10) In advance of the Event the Applicant shall submit a written plan to the City's parks and recreation department that indicates the proposed location of any temporary structure, such as a barricade, fence, tent, concession stand, ticket booth, grandstand. The written plan shall include information about the planned removal of any temporary structure after the Event. The Applicant shall not hold or sponsor the Event or erect any temporary structure until the City's parks and recreation department has provided written approval of the Applicant's temporary structure plan. The Applicant shall bear the cost necessary to implement the temporary structure plan.

#### Restoration of public property.

If the Event includes use of public property the Applicant shall be responsible for, and shall maintain, all areas of the public property used. Maintenance means the prompt and complete removal of Event-generated trash or debris and the repair or restoration of any public property that was damaged as a result of the Event. Public property means real and personal property that is not privately owned and includes, but is not limited to, any sidewalk or paved surface, any tree, plant, shrub, bench, light fixture, traffic signal, parking meter, trash barrel or sign.

The City shall inspect the Event site location(s) for damage within twenty-four hours of the conclusion of the Event and the City shall provide the Applicant with a written report of any damage found on public property. The report shall state the cost of repair(s) necessary to restore the public property. Within fourteen days of the Applicant's receipt of this report the Applicant shall pay the cost of repair or challenge the City's report by a writing addressed to the Director of the City's parks and recreation department. Resolution of any such challenge shall be made by the City Manager; the Applicant agrees to abide by the City Manager's decision.

#### Reimbursement of expenses.

Should the City incur expenses as a result of the Event the City shall provide the Applicant with an invoice of expenses. Within fourteen days of the Applicant's receipt of any invoice the Applicant shall pay the invoice or challenge the City's invoice by a writing addressed to the Director of the City's parks and recreation department. Resolution of any such challenge shall be made by the City Manager; the Applicant agrees to abide by the City Manager's decision.

#### 6. Authority of the City of Fort Lauderdale City Manager.

The City of Fort Lauderdale City Manager and his designee, the Director of the City of Fort Lauderdale parks and recreation department (referred to hereinafter as "the Director") shall have the authority to suspend all or any part of the Event when the City Manager or the Director determines that the Event, or its attendees, or its spectators, pose(s) a threat to the public health, safety, or welfare.

#### Compliance with laws.

- (1) The Applicant shall at all times comply with all federal and state laws or statutes, and with the rules, regulations, and ordinances of City and any other governmental agency having jurisdiction including, but not limited to, those relating to noise, building, zoning, gambling, fire protection, liquor regulation, and hours of operation. The Applicant shall further take all precautions and use extreme care to conduct its operations in a safe and prudent manner with respect to its agents, employees and visitors to its Event.
- (2) The Applicant shall comply with the applicable sections of the Americans with Disabilities Act of 1990 (42 U.S.C. 126), which prohibits discrimination of handicapped individuals by denying them the right to participate in or benefit from the services provided at the Event. The Applicant understands that it is responsible for compliance with this Act. The Applicant guarantees that individuals with disabilities will be able to attend, enter, and use all the facilities at the Event.
- (3) The Applicant agrees to secure and pay for all licenses and permits required by any governmental agency having jurisdiction, including City. If the Event includes the use of any item that is or that may be protected from infringement, such as but not limited to copyrights, patents and trademarks, the Applicant shall, in advance of the Event, provide City with documentation that shows that the Applicant has obtained the applicable license, permit or permission and that all associated all fees have been paid in full. The provisions of this paragraph apply

specifically, but not exclusively, to ASCAP, BMI, SESAC, and any other similar organization that may require written permission and payment of a fee for use of protected material

#### 8. Transfer of Rights.

To the extent this Agreement creates rights that vest in the Applicant, the Applicant shall not transfer any rights to any other individual or entity.

#### 9. Venue.

Venue to enforce the provisions of this agreement shall be Broward County, Florida.

#### 10. Incorporation.

This Outdoor Event Agreement, together with the attached Schedule One constitute the whole of the Agreement between the parties. The written approvals issued by the various City departments or staff members and the various documents submitted by the Applicant, including the application, are supplemental to this Agreement. In the event of a conflict, the terms of this Agreement control.

[THIS SPACE WAS INTENTIONALLY LEFT BLANK]

IN WITNESS WHEREOF, the parties hereto have set their hands and seals this the day of \_\_\_\_\_\_\_, 2012.

WITNESSES:

[Witness print/type name]

[Witness print/type name]

CITY OF FORT LAUDERDALE

Mayor

, , ,

ATTEST:

Approved as to form:

Assistant City Attorney

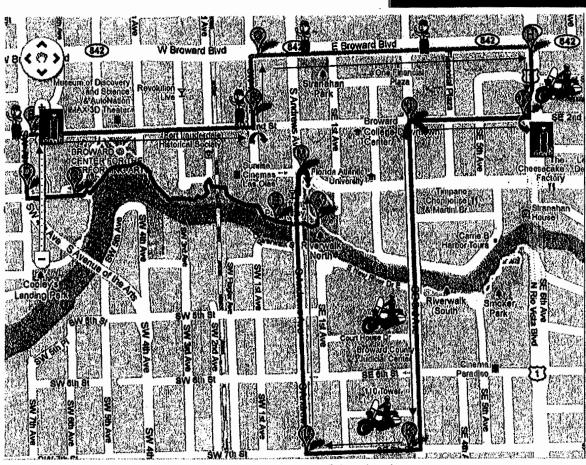
WITNESSES:	AMERICAN LUNG ASSOCIATION OF THE SOUTHEAST, INCORPORATED
Candace Helloway	By Martha Bogsa
[Witness print/type name]	MARTHA BOGDAN, PRESIDENT #CEO [Print/type name and title]
Harriett C. Chavis  Hamel C. Chavio  [Witness print/type name]	ATTEST:
(CORPORATE SEAL)	
	Secretary
STATE OF FLORIDA: COUNTY OF BROWARD:	
September, 2012, by Mart	acknowledged before me this 11th day of hac. Boodan, as Presider to CEO of THE SOUTHEAST, INCORPORATED. He/Sheed as identification.
(SEAL)	Willie 1. Bythung Ck. Notary Provice, Store of Florida (Signature of
WILLIE L. BYTHWOOD, JR. MY COMMISSION & DD 989773 EXPIRES: April 4, 2014 Bonded Thru Notary Public Underwriters	Notary Taking Acknowledgment)  Willie L. Bythwood Jr
	Name of Notary Typed, Printed or Stamped

La\AGMTS\events\2012\Sept 5th\Fight for Air RunWalk.wpd

My Commission Expires:

## 3.1 miles/ 5k

# RUN/WALK



- A. Huizenga Plaza (start line is toward the S.W. corner of the plaza)
- B. Head west on Riverwalk (pass the Briny Pub, Suite 100, and continue west over railroad tracks)
- C. Right onto W. Las Olas Blvd. (St. is just east of the Symphony condominium bldg.; look for volunteers)
- D. Right onto S. Ave. of the Arts (S.W. 7th) (stay on the RIGHT side of the St.)
- E. Right onto S.W. 2nd St./Himmarshee St. WATER STATION (stay on the RIGHT side of the St.)
- F. Left onto S.W. 1st Ave. (cross over S.W. 1st Ave. before turning so you are on the RIGHT side of the St.)
- G. Right onto **Broward Blvd.** (stay on RIGHT side of St.)
- H. Right onto **US-I/N. Federal Hwy.** (stay on RIGHT side of St., as you approach S.E. 2nd St., veer slightly right so that tunnel is to your left.)
- I. Right onto S.E. 2nd St. WATER STATION (cross over S.E. 2nd St., before turning so you are on the LEFT side of the St.)
- J. Left onto S.E. 3rd Ave. (cross over S.E. 3rd Ave. before turning so you are on the RIGHT side of the St. as you head south crossing over Las Olas Blvd. & bridge)



ACORD

#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

07/11/12

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(les) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s). 904-354-3785 PRODUCES Harden & Associates, inc. (A/C, No): 904-634-1302 501 Riverside Ave. Sulte 1000 Jacksonville, FL 32202 ADDRESS; PRODUCER CUSTOMER ID #: AMERIO2 Jeremy Miller INSURER(5) AFFORDING COVERAGE NAIC # American Lung Association of INSURER A : Philadelphia Insurance Company 23850 INSURED INSURER B : Zenith Insurance Co the Southeast, Inc. 13269 6852 Beifort Oaks Place INSURER C: Jacksonville, FL 32216 NSURER D : WEURER E :

COVERAGES

CERTIFICATE NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES, LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

	KCLUSIONS AND CONDITIONS OF SUCH								*** *** ** ****
INSR LTR	TYPE OF INSURANCE	ADDL 8	SUBR WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/OD/YYYY)	LIMITS		
	GENERAL LIABILITY						EACH OCCURRENCE	\$	1,000,000
A	X COMMERCIAL GENERAL LIABILITY		Ì	PHPK889287	07/01/12	07/01/13	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
1	CLARMS-MADE X OCCUR		.				MED EXP (Any one person)	\$	20,000
	HOST LIQUOR LIAB			PHPK889287	07/01/12	07/01/13	PERSONAL & ADV INJURY	\$	1,000,000
	-		Ì	•			GENERAL AGGREGATE	\$	2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:		- !				PRODUCTS - COMP/OP AGG	\$	2,000,000
	POLICY PRO- LOC						SA&M	\$	1,000,000
٠.	AUTOMOBILE LIABILITY			DUDI/880097	07/01/12	07/01/13	COMBINED SINGLE LIMIT (Es socident)	\$	1,000,000
Α	X ANY AUTO			PHPK889287	01101112	01/01/13	BOOKLY INJURY (Per person)	\$	
	ALL OWNED AUTOS	1 1	- 1		,		BODILY INJURY (Per socident)	\$	
	SCHEDULED AUTOS  HIRED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
1	X NON-OWNED AUTOS	1 1		•				\$	
Α	X 500 Comp Ded		- 1					\$	
	UMBRELLA LIAB X OCCUR			+			EACH OCCURRENCE	\$	5,000,000
Α	EXCESS LIAB CLAIMS-MADE			PHUB388932	07/01/12	07/01/13	AGGREGATE	\$	5,000,000
^	DEDUCTIBLE		1	FNUB300932	07701712	07,01713		\$	
	X RETENTION \$ 10,000							\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						X WC STATU- OTH-		
В	ANY PROPRIETOR/PARTNER/EXECUTIVE	PRIETOR/PARTNER/EXECUTIVE		03/01/13	E.L. FACH ACCIDENT	\$	500,000		
В	OFFICERALEMBER EXCLUDED? (Mandatory in NH)			Z06960130 <del>6</del>	03/01/12	03/01/13	E.L. DISEASE - EA EMPLOYEE	\$	500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	500,000
В	Workers Comp.			2069603606	03/01/12	03/01/13	Ech Accid		600,000
							Pol Limit		500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional) Remarks Schedule, if more space is required)
Re: Fight for Air Run/Walk Hulzenga Plaza on October 8, 2012

#### CERTIFICATE HOLDER

City of Ft. Lauderdale & The Downtown Development Authority of Ft. Lauderdale 100 N Andrews Ave Fort Lauderdale, FL 33304

#### CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Caredevine

@ 1988-2009 ACORD CORPORATION. All rights reserved.

CITYFTL

To:	Harry Stewart, City Attorney
From:	Jeff Meehan, Outdoor Event Coordinator
Date:	August 1, 2012
Re:	Request for Event Agreement
identification a	Please ask your staff to prepare an even 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:
A PPROVING	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.
	City Fire Department has reviewed the application and approved the proposed safet staffing plan.
	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).
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 set-up, clean-up plan.
AK6	Other City Department: larger has reviewed and approved the proposed plan.

Please contact me at (954) 828-6075 if you have any questions. Thank you.



### CITY OF FORT LAUDERDALE OUTDOOR EVENT APPLICATION

\$100 Fee must accompany application

#### Avolkarbonimusubskilkskouitkoomolsisikkilosaa kakulimukkilatikustavakalimukkilatikuutusukkilatikouskomisilannsi Skonk

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 REOUE	ST				
Event name:	2012 Fight f	or Air Run/Wall	( Fort Lauderdal	е	
Purpose of event (check or	ne): X Fundraiser	☐ Awareness	☐ Recreation	□ Other	· · · · · · · · · · · · · · · · · · ·
Requested location: _				ute- see attac	<u>;hed</u>
Estimated daily attendance	e: <u>500-</u>	700			
Requested dates and time	of event: DATE	DAY	BEGIN	EN	D
EVHNTI ÖXYAVATA	SOME STATE OF STATE O	OLLY MARK		Mikotokak	
EVENT DAY 2:	· · · · · · · · · · · · · · · · · · ·		AM/	PM	AM/PM
EVENT DAY 3:		·	AM/	PM	AM/PM
SETURINE	STOYA VA PARAZEKA	THE VERY	A PRODUCE AND A STATE OF THE ST		ODEAM
FREAKOOWNING	STORY OF SELECT		National State of the State of		oo ry
Has this event been held in	n the past? <b>X</b> _	_YesNo			
If yes, please list p 2003; Oct. 2, 2004; Oct 2010; Oct. 1, 2011	past dates and locat 8 <sup>th</sup> , 2005; Oct. 7	ions: <u>Huizeng</u> th, 2006; Sept.	a Plaza – Nov. 1 29, 2007; Oct. 4	, 2001; Nov.2 , 2008; Oct. 3	, 2002; Oct. 3, ord, 2009; Oct. 2,

Detailed event description (include activities, entertainment, vendors, etc.): The 3.1-mile run/walk will take place at Hulzenga Plaza in Las Olas Riverfront. Registration begins at 8:15AM and the walk starts at 9:30AM. We anticipate 500-700 walkers to participate— children, families, corporations, hospitals, & those directly afflicted with lung disease participate in this worthwhile fundraising event. During the event, there will be a DJ playing music in the plaza. Tables will be set-up for corporate sponsors and there will be a bounce-house &face-painter for children. We also generally have a massage school come out to offer free massages to participants.

PART II: APPLICANT
Organization name:American Lung Association in Florida
Address: 2020 S. Andrews Ave. City, State, Zip: Fort Lauderdale, FL 33316
Phone: 954-524-4657 Fax: 954-524-3162
Non-Profit Organization? <u>X</u> YesNo Tax ID #: <b>85-8012646626c-2</b>
Corporation name: American Lung Association of the Southeast, Inc.  (as it appears in articles of incorporation)
Date of incorporation: 1947 State incorporated in: FL Federal ID #: 59-0662271
Two authorizing officials for the organization: President: Susan Maurer Phone: 954-390-0100
Secretary: Edgar B. Boiton Phone: 954-981-3700
Event Coordinator: <b>Dana Filetti</b> Will you be on-site? <b>X</b> Yes No
Title: <u>Development Manager</u> Phone: <u>954-745-8409</u> Cell: <u>251-597-8691</u>
E-mail address: dfiletti@lungfla.org Fax: 954-524-3162
Additional Contact:Paula Prendergast Will you be on-site?XYesNo
Title: Regional Director Phone: 954-727-0907 Cell: 561-271-0769
E-mail address: <u>pprendergast@lungfla.org</u> Fax: <u>954-524-3162</u>
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?X_YesNo  If yes, how much? \$35 (if not aiready pre-registered)
Are you requesting to fence the event?YesX_No
Are you planning on having any type of concession?YesX_No  If yes, State Health Dept, must be notified 10 days prior to event, Call John Litscher at 954-632-809

Are you p	u planning on selling alcoholic beverages?  If yes, how will the beverages be served? (Draft truck, cold plate, m		X_No beer tub, table	service, etc.)
	u planning on serving free alcoholic beverages?  If yes, to whom will it be given?	_Yes	_ <b>X</b> _No	
Are you p	u planning to have any type of amusement rides?  If yes, name of company: We plan to have a bounce house	Yes Compa	No any: Fun Fac	tory
• (	What type of rides are you planning?	Rides ar	nd all permits r	nust be secured
	u planning to play or have music?  If yes, what music format(s) will be used? (amplified, acoustic, red	X Yes corded, i		y, etc):
-	We will have a DJ			
L	List the type of equipment you will use (speakers, amplifier, drum	s, etc):		
· .	Speakers			
٧	Will you use any type of soundproofing equipment?	Yes	<b>X</b> No	
	List the days and times music will be played: Saturday 11:30AM	, Octob	er 6th, 2012	7:30AM-
	How close is the event to the nearest residential use?Condo Huizenga Plaza	buildin	g across the	street from
POLICE	our event require road closings?  NEED TO DISCUSS- M CE CARS PER GUIDANCE OF SGT. SOUSA LAST YEAR, HOWE URES IN THE PAST!  Yes  NO			
If yes, I	s, list requested streets and times in <b>detail</b> :			
Please at	PLEASE NOTE***** You are required to secure barricades and/ore attach a layout of your traffic plan, including the placement and numbers, cones, and message boards, as well as the name of the company proved by the Police Dept. which may terminate any event occurring	ımber ot you wili	f barricades, si I be using. You	gns, directional r traffic plan must
**** <u>PL</u>	our road closings affect access to parking spaces or parking lots?  PLEASE NOTE***** All road closings which result in loss of revered to the event organizer and must be paid in full before the event.	nue from	inaccessible p	
(	ny recyclable materials be utilized at this event?  (Materials that can be recycled include all clean paper, cardboard, glass, milk or juice boxes.) Please refrain from the use of Styrofoam plates and		No rink containers,	aluminum cans, and
Who will	vill provide clean up services for garbage and recyclables? Waste P	ro (Co	mpany name)	
Recyclab	Contact Name: Kenneth Rhodes Phone: ****PLEASE NOTE***** All grounds must be cleaned up immalable materials should be recycled at all City facilities and parks. Recization, a private company or in some cases by the City of Fort Lauce	<b>nediate</b> cycling se	e <b>ly</b> after compl ervice may be	provided by your
	ing services. Contact Janet Townsend at			

Will you require electricity? X Yes No Events requiring electricity are the responsibility of the applicar Building Department at (954) 828-5191 before setting up.	nt. All permits must be obtained through the City's
Company:	License #:
Name of electrician:	Phone:
PART IV: APPLICANT'S ACCEPTANCE/SIGNATURE	
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 applicable) must furnish an original certificate of General Liab additionally insured in the amount of at least one million dollar the City Risk Manager, and an original certificate of liquor liabilibeing served.	ility insurance naming the City of Fort Lauderdale as s (\$1,000,000) or greater as deemed satisfactory by
I understand that a Parks and Recreation sponsored activity h notified if any conflicts arise.	as precedence over the above schedule and I will be
I understand that the City of Fort Lauderdale Police Department EMS is required by City Ordinance to be onsite during all outdoor	
I understand that the City has a noise ordinance. If at a enforcement personnel, code enforcement personnel, par representative that the entertainment or music is causing a volume to an acceptable level as determined by City staff. If a may be directed to shut down the music or entertainment for provisions of the noise control ordinance and understand tha physical arrest, or the shutting down of the event.	ks and recreation personnel, or any other city noise disturbance, I will be directed to lower the a second noise disturbance arises during the event, I the remainder of the event. I agree to abide by all
Dana FilettiDevelopment ManName of applicantTitle	ager
6/06/2012 Date	
Hease email completed application at least 90 days ahead of imeehan@fortlauderdale.gov.	

se mail the \$100.00 application fee (payable to the City of Fort Lauderdale)

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 directional traffic signs company being used.

#### FIRE DEPARTMENT OUESTIONNAIRE

#### **PREVENTION**

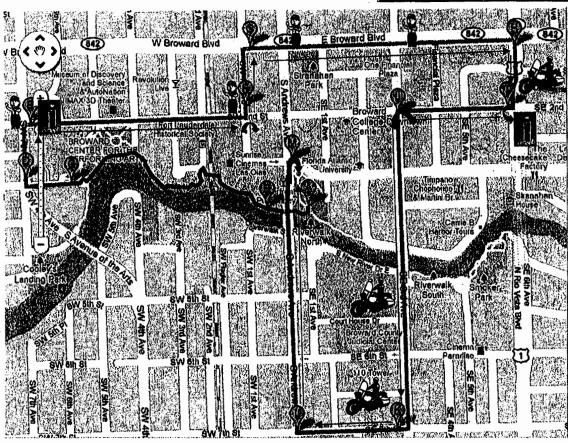
1.	Are you planning to have canopies (no sides) for this event?No
	How many and what sizes? 2-15X15 ft. & 10X10
	Name of Company: Platinum Tents A bullding permit is required. Please contact Lt. Strandhagen at 954-828-5080.
2.	Are you planning to have tents (with sides) for this event?YesYes
	How many and what sizes?
	Name of Company:
Bui	**PLEASE NOTE**** All permits required by the Florida Bullding Code must be obtained through the ilding Department (including but not limited to electrical, structural, plumbing). Contact the Building Departmen 954-828-6520.
3.	Are you planning to have fireworks?Yes _XNo
	Name of company conducting the show:  A Fireworks permit is required for all pyrotechnics displays. Contact Capt. D'Agostino at 954-828-5884.
4.	Are you having food vendors?YesXNo
	How many and what kind?  TBD (Generally, whatever we can get donated as pastries, bagels, coffee, sandwhiches, etc NO COOKING OR SELLING OF FOOD)  A fire extinguisher is required for each food booth. If a propane tank is used for a fuel source, I 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>OP</u>	PERATIONS/EMS
Spe	* construction of the control of the
The	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? YES_X_ NO
2. ۱	What is your estimated sustained attendance? 500-700
3.	On-site contact? NAME_Dana Filetti PHONE_251-597-8691

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.

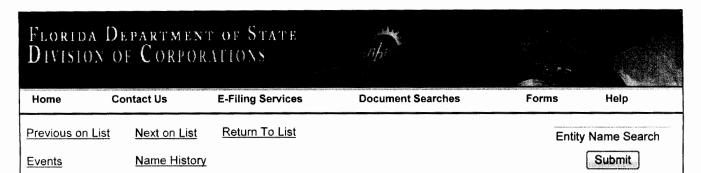
POLICE DEPARTMENT OUESTIONNAIRE
Does your event require use of police vehicles?     YesNo X (MIGHT NEED THEM THIS YEAR?)
2. Is this a new or previously held event? New PreviousX
Previous date(s)? Huizenga Plaza – Nov. 1, 2001; Nov.2, 2002; Oct. 3, 2003; Oct. 2, 2004; Oct. 8 <sup>th</sup> , 2005; Oct. 7 <sup>th</sup> , 2006; Sept. 29, 2007; Oct. 4, 2008; Oct. 3 <sup>rd</sup> , 2009; Oct. 2 <sup>nd</sup> , 2010; Oct. 1 <sup>st</sup> , 2011
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.)
Just volunteers to assist Police Officers with directing participants through the 5k route.
4. Do you have an established detail of off-duty officers?  If yes, who is your Police department contact?  Yes No_X
Not yet, but we generally work with Sqt. Abrahams or Sqt. Sousal
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 No_X
7. Are there any road closures required? <b>NEED TO DISCUSS- MAY NEED PARTIAL CLOSINGS OR POLICE CARS PER GUIDANCE OF SGT. SOUSA LAST YEAR, HOWEVER WE'VE NEVER REQUIRED ROAD CLOSURES IN THE PAS</b> Yes No
If so what roads/intersections?
8. What is your estimated attendance?
I understand the off duty rate for Police personnel for ALL special events is calculated at a 3-hour minimum rate. 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 organized All payments will be paid within two (2) weeks of the payroll being submitted.
Dana Filetti6/06/12NameDate

## ROUTE MAP 3.1 miles/ 5k





- A. Huizenga Plaza (start line is toward the S.W. corner of the plaza)
- B. Head west on Riverwalk (pass the Briny Pub, Suite 100, and continue west over railroad tracks)
- C. Right onto W. Las Olas Blvd. (St. is just east of the Symphony condominium bldg.; look for volunteers)
- D. Right onto S. Ave. of the Arts (S.W. 7th) (stay on the RIGHT side of the St.)
- E. Right onto S.W. 2nd St./Himmarshee St. WATER STATION (stay on the RIGHT side of the St.)
- F. Left onto S.W. 1st Ave. (cross over S.W. 1st Ave. before turning so you are on the RIGHT side of the St.)
- G. Right onto **Broward Blvd.** (stay on RIGHT side of St.)
- H. Right onto **US-1/ N. Federal Hwy.** (stay on RIGHT side of St., as you approach S.E. 2nd St., veer slightly right so that tunnel is to your left.)
- I. Right onto S.E. 2nd St. WATER STATION (cross over S.E. 2nd St., before turning so you are on the LEFT side of the St.)
- J. Left onto **S.E. 3rd Ave.** (cross over S.E. 3rd Ave. before turning so you are on the RIGHT side of the St. as you head south crossing over Las Olas Blvd. & bridge)
- K. Right onto S.E. 7th St. (stay on the RIGHT side of the St.)
- .. Right onto S. Andrews Ave. (head north on the LEFT side of the St. until you have to wind up the circular stairs to stay on the walking path of the bridge; runners may choose to cross straight over bridge on the St. at their own risk)
- M. Huizenga Plaza (finish line will be hard-right by the fountain in the plaza)



#### **Detail by Entity Name**

#### Florida Non Profit Corporation

AMERICAN LUNG ASSOCIATION OF THE SOUTHEAST, INCORPORATED

#### Filing Information

 Document Number
 703895

 FEI/EIN Number
 590662271

 Date Filed
 09/12/1959

 State
 FL

Status ACTIVE

Last Event MERGER NAME CHANGE

Event Date Filed 12/27/2007 Event Effective Date 01/01/2008

#### **Principal Address**

6852 BELFORT OAKS PLACE JACKSONVILLE FL 32216

Changed 01/15/2009

#### Mailing Address

6852 BELFORT OAKS PLACE JACKSONVILLE FL 32216

Changed 01/15/2009

#### Registered Agent Name & Address

BOGDAN, MARTHA C 6852 BELFORT OAKS PLACE JACKSONVILLE FL 32216 US

Name Changed: 01/18/2005 Address Changed: 01/15/2009

#### Officer/Director Detail

#### Name & Address

Title COB

WILLIAMS, MARCIA 5555 W HWY 98 PENSACOLA FL 32507

Title PCEO

BOGDAN, MARTHA 6852 BELFORT OAKS PLACE JACKSONVILLE FL 32216 Title CHEL

WILLIAM, COOK MD 2845 TRICOM STREET N. CHARLESTON SC 29406

Title T

MARTIN, SONNY F CPA 112 7TH AVENUE S. JACKSONVILLE BEACH FL 32250

Title S

GOLDBERG, ADAM ESQ. 1792 BELL TOWER LANE WESTON FL 33326

#### **Annual Reports**

#### Report Year Filed Date

2010 03/04/2010 2011 01/11/2011 2012

01/17/2012

#### **Document Images**

01/17/2012 ANNUAL REPORT View image in PDF format
01/11/2011 ANNUAL REPORT Wiew image in PDF format
03/04/2010 ANNUAL REPORT View image in PDF format
01/04/2010 ANNUAL REPORT View image in PDF format
01/15/2009 ANNUAL REPORT View image in PDF format
01/22/2008 ANNUAL REPORT View image in PDF format
12/27/2007 Merger View image in PDF format
02/05/2007 ANNUAL REPORT View image in PDF format
01/17/2006 ANNUAL REPORT View image in PDF format
01/18/2005 ANNUAL REPORT View image in PDF format
01/12/2004 ANNUAL REPORT View image in PDF format
07/17/2003 Merger View image in PDF format
07/17/2003 Merger View image in PDF format
01/21/2003 ANNUAL REPORT View image in PDF format
02/12/2002 ANNUAL REPORT View image in PDF format
04/11/2001 ANNUAL REPORT View image in PDF format
01/20/2000 ANNUAL REPORT View image in PDF format
03/01/1999 ANNUAL REPORT ( View image in PDF format
04/15/1998 ANNUAL REPORT View image in PDF format
05/23/1997 ANNUAL REPORT View image in PDF format
04/29/1996 ANNUAL REPORT View image in PDF format
02/22/1995 ANNUAL REPORT View image in PDF format
Note: This is not official record. See documents if question or conflict.

#### SCHEDULE ONE

1. Name of Applicant: American Lung Association in Florida

2. Name of Outdoor Event: Fight for Air Run/Walk

3. Date and time of Event: Saturday, October 6, 2012 (5 AM - 1 PM)

4. Event Location: Huizenga Plaza- 32 East Las Olas Blvd

5. Road Closings: No- see attached race route

6. Alcohol: No