

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

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

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- 4. Charges your organization will incur when City assistance and/or services are required
- 5. Security regulrements
- 6. Environmental issues/effects on surrounding areas

Event name: <u>Patient and</u> Event	Staff Appreciation	<u>on</u>		
Purpose of event (check or AND STAFF APPRECIATION		ser Awareness	(3X Recreation	XO Other PATIENT
Requested location:27		,		
Estimated daily attendance		rsons		
Requested dates and time	of event: DATE	DAY	BEGIN	END
EVENT DAY 1:1	0/11/14 Sa	aturday	11:00 (AM)	_2:00(_PM)
EVENT DAY 2:			AM/	PMAM/PM
EVENT DAY 3:			AM/	PMAM/PM
SETUP: <u>10</u>	/11/14	Saturday	8 (AI)	/PM
BREAKDOWN: 10	/11/14	Saturday		4:00 (PM)
Has this event been held in	the past?	YesXNo		
If yes, please list p	ast dates and lo	cations:	.,	
	J., Luau BBQ	•	•	nt, vendors, etc <u>.):</u> Dancing insportation vans for the
Sufficient parking available	at the medical	center.		

PART II; APPLICANT	
Organization name: <u>CAC-Florida Medical Centers</u>	
Address: 2780 N. Federal Highway City, State, Z	ip: Ft. Lauderdale, FL 33306
Phone: 954-564-1111	Fax:
Corporation name: CAC-Florida Medical Centers	in articles of incorporation)
(as it appears	in articles of incorporation)
Date of incorporation: 12/1/2013 S Federal ID #: 300117876	itate incorporated in: _FL
Two authorizing officials for the organization: Vice President:Eladio Gil	Phone:305-463-6600
Operations Director: Rev Lopez	Phone:305-463-6600
Event Coordinator: Ana Cruz	Will you be on-site? X Yes No
Title: Marketing Specialist Phone: 954-651-8202	Cell: <u>786-285-4078</u>
E-mall address: acruz12@humana.com	Fax:305-463-6654
Additional Contact: <u>Clrudy Sang Brown</u> No Title: <u>Regional Marketing Manager</u> Cell: <u>954-560-4259</u>	Phone: <u>305-463-6600</u>
E-mail address: <u>cbrown42@Humana.com</u> 305-463-6654) Fax:
Event production company (if other than applicant): None	
Address:	City, State, Zip:
Contact person:	
Phone: (day) (night)	(cell)
E-mail address:	Fax;
PART III: EVENT INFORMATION	and the second s
Are you planning to charge admission? If yes, how much? \$	YesXNo
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 954-632-8094. Are you planning on selling alcoholic beverages? Yes If yes, how will the beverages be served? (Draft truck, cold plate, mini-bar, beer tub, table service, etc.) ____Yes Are you planning on serving free alcoholic beverages? _X __No If yes, to whom will it be given? _____ Are you planning to have any type of amusement rides? Yes 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 secured prior to opening. Contact Ron Jacobs at (850) 921-1530. Are you planning to play or have music? X Yes No If yes, what music format(s) will be used? (amplified, acoustic, recorded, live, disc jockey, etc): Disc Jockey List the type of equipment you will use (speakers, amplifier, drums, etc): Speaker Will you use any type of soundproofing equipment? Yes X No List the days and times music will be played: ____10/11/14 from 11:00 am to 2:00 pm How close is the event to the nearest residence? __It will be held at a commercial property, not a residential area. 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 closings. Please attach a layout of your traffic plan, including the placement and number of barricades, signs, directional arrows, cones, and message boards, as well as the name of the company you will be using. Your traffic plan must be 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 ****PLEASE NOTE**** All road closings which result in loss of revenue from inaccessible parking spaces will be billed to the event organizer and must be paid in full before the event. Please call Dee Paris at 828-3771. X_Yes Will any recyclable materials be utilized at this event? (Materials that can be recycled include all clean paper, cardboard, glass, plastic drink containers, aluminum

cans, and milk or juice boxes.) Please refrain from the use of Styrofoam plates and cups.

Please Note: We will serve prepared foods to our quests, no charge to them.

Who will provide clean up services for garbage and recyclables? <u>CAC-Florida Medical Centers</u>
Contact Name: <u>Ana Cruz</u> Phone: 954-651-8202
****NOTE***** All grounds must be cleaned up immediately after completion of event. Recycling should be done at all City facilities and parks. Recycling may be provided by your organization, a private company or in some cases by the City of Fort Lauderdale. You are responsible for securing recycling services. Contact Janet Townsend at ltownsend@fortlauderdale.gov or (954) 828-5956.
Will you require electricity? Yes _x_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.
Eladio Gil Vice President
Name of applicant August 4, 2014 Date Title Lack Date
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Please **email** completed application <u>at least 60 days ahead of your planned event</u> to: **imeehan@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 OUESTIONNAIRE

PREVENTION

1.	Are you planning to have canopies (no sides) for this event?YesXNo
	How many and what sizes?
	Name of Company:
2.	Are you planning to have tents (with sides) for this event?YesXNo
	How many and what sizes?
**	Name of Company:
Bui	Ilding Department (including but not limited to electrical, structural, plumbing). Contact the Department of stainable Development Building Services Division at 954-828-6520.
3.	Are you planning to have fireworks?YesXNo
	Name of company conducting the show:
4.	Are you having food vendors?Yesx_No
	How many and what kind? Prepared food will be served to our guests.
	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.
<u>0P</u>	ERATIONS/EMS
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_X
2. V	/hat is your estimated sustained attendance? _80-100
3. (On-site contact? NAME Ana Cruz PHONE 954-651-8202
A m	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.

	es your event require use of police vehicles?	Yes	No_X	
	If yes, A Hold-Harmless Agreement must be signed and Liability ONE MILLION DOLLARS <u>must be provided.</u>	coverage of a	a <u>minimum</u> of	
2. Is 1	this a new or previously held event?	NewX	Previous	
	If yes, Previous date(s)?	· ·		
3. Any	y established security, traffic, or other appropriate plan(s)?	Yes	No_X	
	If yes, besides Fort Lauderdale Police, who will you be using for (private security company, volunteers, etc.)	this plan?		
Eve traffic	nt held in the back of the building, does not affect pedestrian or v	<u>rehicle</u>		
4. Do	you have an established detail of off-duty officers? If yes, who is your Police department contact?	Yes	NoX	
5. Any	y notable entertainers or special circumstances scheduled for you	r event? Yes	No_X	
	Who/What?			
6. Is th	nere alcohol being sold or given away?	Yes	No <u>X</u>	
7. Are	there any road closures required?	Yes	NoX_	
	If so what roads/intersections?			
8. Wha	at is your estimated attendance? <u>80-100</u>		······································	
also ur hourly Events	rstand the off duty rate for Police personnel for ALL special event iderstand there is a 24 hour cancellation requirement to avoid the rate and costs to be incurred by the event organizer will be qu "Cost Estimate" worksheet developed at the Special Events logis ments will be paid within two (2) weeks of the payroll being subm	3 hour minim loted on the (tics meeting a	um payment polity of Ft. Lauc	er officer. The lerdale Special

POLICE DEPARTMENT QUESTIONNAIRE

Please note: we are not requesting police personnel