

CITY OF FORT LAUDERDALE OUTDOOR EVENT APPLICATION

\$100 Fee must accompany application

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: CHPNESS Cn | EEK POUND | VP | |
| Purpose of event (check one): | Iraiser Awareness | D⊀Recreation □ Ot | her |
| Requested location:ऽ००७५५०००० | T CORNER | GE CYPRESS | CREEK + |
| POWERLINE IN THE MA | PALE OF THE | mores park | wh com |
| Estimated daily attendance: | 200 | | |
| Danisahad datas and the seconds of | | nay NIWHT | |
| Requested dates and time of event: © DATE | DAY | BEGIN | END |
| EVENT DAY 1: EVERY W | · - | | 9:30 AM/M |
| EVENT DAY 2: September | 19- December | 19, 2012 AM/PM | AM/PM |
| EVENT DAY 3: | | AM/PM | AM/PM |
| SETUP: | | AM/PM | |
| BREAKDOWN: | | | AM/PM |
| Has this event been held in the past? | _ YesNo | | |
| If yes, please list past dates an | d locations:ಲ್ಲಾ | y we dowedowy | FOR TWG |
| PA-57 YEAR 5-930 | | | |
| Detailed event description (include act | civities, entertainment, | vendors, etc <u>.): 🏊 ۳۳۰۰</u> ۰ | JULIAT GO |
| C14-74-12/NG OF 5- | T Treveus. | | |
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| | | | ***** |

| Organization name: 3C TAWS | |
|--|---|
| Address: 10073 NW 19755T | City, State, Zip: <u>conne sonnes, FL</u> |
| Phone: <u> </u> | 350 / |
| Corporation name: BC なまらているかって | GROGE INC |
| (as it appears in | articles of incorporation) |
| Date of incorporation: 3/21/11 State incorpo | rated in: FL Federal ID #: 45-0956542 |
| Two authorizing officials for the organization: President: (30077 CM(AVAC) | |
| SEUSPERMINE CHINNWISI CEEICIAL | Phone: <u>954 821-8190</u> |
| Event Coordinator: BOST CHIVANARI | |
| Title: owners przesisenia Phone: 95 | ५ <u>१२। १</u> १६८ Cell: |
| E-mail address: bctacos@yaboo.con | Fax: |
| Additional Contact: ** 12100 CHIAVARI | |
| of BC TACOS | -821-8190 Cell: |
| E-mail address: _ chefrick 2@ adl.com | 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? If yes, how much? \$ | Yes K _No |
| Are you requesting to fence the event? | Yes <u></u> ✓No |
| Are you planning on having any type of concession? If yes, State Health Dept. must be notified 10 day | YesK_No /s prior to event. Call John Litscher at 954-632-8094. |

PART II: APPLICANT

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| Are you planning on selling alcoholic beverages?Yes _★No If yes, how will the beverages be served? (Draft truck, cold plate, mini-bar, beer tub, table service, etc.) |
|--|
| Are you planning on serving free alcoholic beverages?YesNo If yes, to whom will it be given?Yes |
| Are you planning to have any type of amusement rides?YesNo |
| 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 <u>prior</u> to opening. Contact Ron Jacobs at (850) 921-1530. |
| Are you planning to play or have music?YesYesNoYes, what music format(s) will be used? (amplified, acoustic, recorded, live, disc jockey, etc): |
| List the type of equipment you will use (speakers, amplifier, drums, etc): |
| Will you use any type of soundproofing equipment?Yes |
| List the days and times music will be played: |
| How close is the event to the nearest residence? |
| Will your event require road closings?Yes |
| ****PLEASE NOTE***** You are required to secure barricades and/or directional traffic signs for road closing Please attach a layout of your traffic plan, including the placement and number of barricades, signs, direction arrows, cones, and message boards, as well as the name of the company you will be using. Your traffic plan mube 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?YesNo *****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 Keela Black at 828-3794. |
| Will any recyclable materials be utilized at this event? ——Yes ——Yes ——No (Materials that can be recycled include all clean paper, cardboard, glass, plastic drink containers, aluminus 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? FACH TV2CLL CLEANS OF AFTURE THEM SERVES + TALLES ALL GARZISAGE WITH THEM Contact Name: Phone: Phone: Phone: Services 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 Itownsend@fortlauderdale.gov or (954) 828-5956. |

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| Company | Licence #1 |
|--|---|
| Company: | License #: |
| Name of electrician: | Phone: |
| PART IV: APPLICANT'S ACCEPTANCE | |
| | |
| The information I have provided on this application i | s true and complete to the best of my knowledge. |
| applicable) must furnish an original certificate of Ge additionally insured in the amount of at least one m | mission, I understand that I (and the production company, if eneral Liability insurance naming the City of Fort Lauderdale as illion dollars (\$1,000,000) or greater as deemed satisfactory by liquor liability insurance in the amount of \$500,000 if alcohol is |
| I understand that a Parks and Recreation sponsored notified if any conflicts arise. | activity has precedence over the above schedule and I will be |
| I understand that the City of Fort Lauderdale Police EMS is required by City Ordinance to be onsite durin | Department will determine all security requirements and that g all outdoor events. |
| enforcement personnel, code enforcement personnel, representative that the entertainment or music is volume to an acceptable level as determined by Citymay be directed to shut down the music or entertainment. | e. If at any time during the event it is determined by law onnel, parks and recreation personnel, or any other city causing a noise disturbance, I will be directed to lower the staff. If a second noise disturbance arises during the event, I inment for the remainder of the event. I agree to abide by all estand that my failure to do so may result in a civil citation, a |
| Name of applicant | Title |
| Date 8 / 01 / 12 | |

Please include the following with the application:

Jeff Meehan, Outdoor Event Coordinator

Phone: (954) 828-6075 Fax: (954) 828-5650

1350 W. Broward Boulevard, Fort Lauderdale, FL 33312

* 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?Yes |
|------|---|
| | How many and what sizes? |
| | Name of Company: |
| 2. | Are you planning to have tents (with sides) for this event?Yes |
| | How many and what sizes? |
| | Name of Company: |
| Bu | ** <u>PLEASE NOTE</u> ***** All permits required by the Florida Building Code must be obtained through the 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?YesYo |
| | Name of company conducting the show: |
| 4. | Are you having food vendors?YesNo |
| | How many and what kind? 3057 THE TOUCUS |
| OP | 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. PERATIONS/EMS |
| | |
| Spe | ecial 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 | 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? YESNOX |
| 2. ۱ | What is your estimated sustained attendance? 100~200 |
| 3. | On-site contact? NAME "BYZETT CHIAVAYZ-1 PHONE 954-821-8186 |
| | ninimum of 4 hours will be charged for all special event details. 45 minutes will be added to the pre and post ent times (totaling 1.5 hours), allowing for travel and preparation for the event. |

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| 1. Does you | r event require use of police vehicles? | Yes | No_ <u>×</u> | 1 ' |
|--|---|--|---------------------------------------|---------------------------|
| | s, A Hold-Harmless Agreement must be signed and MILLION DOLLARS must be provided. | Liability coverage of | a <u>minimum</u> of | |
| 2. Is this a r | new or previously held event? | New | Previous <u>X</u> | |
| If ye | s, Previous date(s)? <u>Every wednest</u> PAST YEAR | SAY MANT | FOR THE | |
| | olished security, traffic, or other appropriate plan(s)? | | No <u>K</u> | |
| • | s, besides Fort Lauderdale Police, who will you be us ate security company, volunteers, etc.) | sing for this plan? | | |
| • | ave an established detail of off-duty officers? s, who is your Police department contact? | Yes | No <u>⊀</u> _ | ÷ |
| · | ole entertainers or special circumstances scheduled f | Yes | No <u>≰</u> | · |
| | cohol being sold or given away? | Yes | No_ X | |
| | any road closures required? | Yes | No <u> </u> | |
| | what roads/intersections? | | | |
| 11 30 | What rodds/medisections. | | | |
| 8. What is yo | our estimated attendance? 100-200 | | | |
| | | | | |
| also understa hourly rate a Events "Cost | the off duty rate for Police personnel for ALL speciand there is a 24 hour cancellation requirement to an and costs to be incurred by the event organizer wing Estimate" worksheet developed at the Special Ever will be paid within two (2) weeks of the payroll being | void the 3 hour mining the state of the stat | mum payment per City of Ft. Lauder | officer. The dale Special |
| Name | 77 CHIMNARY Date | 8/9/12 | | |

POLICE DEPARTMENT OUESTIONNAIRE