

CITY OF FORT LAUDERDALE OUTDOOR EVENT APPLICATION

\$100 Fee must accompany application

Application must be filled out completely!

Please submit by EMAIL at least 90 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 REOUEST			
Event name: PrideFest 2013	 		
Purpose of event (check one): X Fundra	aiser 🗆 Awarend	ess Recreation O	ther
Requested location: <u>War Memorial Bldg</u>	, and Grounds sur	rounding said Building	,
Estimated daily attendance:5000		_	
Requested dates and time of event: DATE	DAY	BEGIN	END
EVENT DAY 1: March 9, 2013	Saturday	8AM	<u>8</u> PM
EVENT DAY 2: March 10, 2013	Sunday	8AM	<u>8</u> PM
EVENT DAY 3:		AM/PM	AM/PM
SETUP: March 8, 2013	Friday	AM/PM	
BREAKDOWN: March 11, 2013	Monday	_	AM/PM
Has this event been held in the past?	X_Yes	No	
If yes, please list past dates and	locations: 2012	& 2009 - 1999	
Detailed event description (include activate approx 150 outdoor vendors & 60 indoor PCI (WMA's concessionaire)			
	,		

PART II: APPLICANT	
Organization name: Pride One of Broward County, inc. (A	KA: Pride South Florida
Address: PO BOX 23686	City, State, Zip: Ft Laud, Fl 33307
Phone: 954-561-2020	Fax:
Non-Profit Organization? X Yes No Tax ID #	: 65-0461440
Corporation name: Pride One of Broward County, inc	
	articles of incorporation)
Date of incorporation: $NoV 1993$ State incorpora	ated in: Federal ID #:
Two authorizing officials for the organization: President: <u>Marc A Hansen</u> P	Phone: 954-561-2020
Secretary: Marc Scharphorn P	Phone: 954-260-7372
Event Coordinator: <u>Marc Hansen</u>	Will you be on-site? X Yes No
Title: <u>Co - Chair</u> Phone: <u>954-561-2020</u>	Personal Cell: <u>954-632-3960</u>
E-mail address: marc@pridesouthflorida.org	Fax: <u>954-561-6680</u>
Additional Contact: Marc Scharphorn	Will you be on-site? X Yes No
Title: Co-Chair Phone: 954-260-73	72 Cell:
E-mail address: Marcs@pridesouthflorida.org	Fax: <u>N/A</u>
Event production company (if other than applicant):N	I/A
Address: N/A	City, State, Zip: N/A
Contact person:N/A	_Title:N/A
Phone: (day) N/A (night) N/A	/A (cell) <u>N/A</u>
E-mail address: N/A	Fax: <u>N/A</u>
PART III: EVENT INFORMATION	
Are you planning to charge admission? If yes, how much? \$ 10 per day	No
Are you requesting to fence the event?	_X_YesNo
Are you planning on having any type of concession? If yes, State Health Dept, must be notified 10 day	Yes X_No

If yes, how will the beverages be served? (Draft truck, cold plate, mini-bar, beer tub, table service, etc.) Bar Set-Up with Professional Bartenders
Are you planning on serving free alcoholic beverages?YesXNoYes, to whom will it be given?
Are you planning to have any type of amusement rides?Yes _XNoYes, name of company:
What type of rides are you planning?
Are you planning to play or have music?X_YesNo If yes, what music format(s) will be used? (amplified, acoustic, recorded, live, disc jockey, etc):
Amplified, Acoustic, Recorded, Live, DJ
List the type of equipment you will use (speakers, amplifier, drums, etc):
Full Entertainment Sound System, Speakers, etc
Will you use any type of soundproofing equipment?YesX_No
List the days and times music will be played: _Saturday & Sunday from 10:30am to 7pm
How close is the event to the nearest residence? Approx a mile to 3/4 mile
Will your event require road closings?X_YesNo If yes, list requested streets and times in detail : There will be a temporary road closure on Sunday March 10, 2013 from 10am to 11:45am approx
****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?YesXNo
****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? X Yes No (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.
Who will provide clean up services for garbage and recyclables?
Contact Name: Phone:

Are you planning on selling alcoholic beverages? <u>X</u> YesNo If yes, how will the beverages be served? (Draft truck, cold plate, mini-bar, beer tub, table service, etc.) Bar Set-Up with Professional Bartenders
Are you planning on serving free alcoholic beverages? Yes X No If yes, to whom will it be given?
Are you planning to have any type of amusement rides?YesXNoYes, name of company:Yes
What type of rides are you planning?
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):
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Contact Name: Phone:

Will you require electricity? Events requiring electricity are the respo Building Department at (954) 828-5191 I	nsibility of the applicant.	All permits must be ob	tained through the City's	
Company: WMA STAFF	1	License #:		
Name of electrician:		Phone:		
PART IV: APPLICANT'S ACCEPTAN	GE			
The information I have provided on this	application is true and co	omplete to the best of m	y 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 notified if any conflicts arise.	n sponsored activity has	precedence over the ab	ove schedule and I will be	
I understand that the City of Fort Laude EMS is required by City Ordinance to be			rity requirements and that	
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.				
Marc A. Hansen Name of applicant	President - Pride One of Title		Date:	
Marc Scharphorn Name of applicant	<u>Vice President - Pride On</u> Title		Date:	
Please <u>email</u> completed application <u>at le smolnar@fortlauderda</u> Please mail the \$100.00 application fee (Susan Fyfe Molnar, Outd 1350 W. Broward Boulev Phone: (954) 828-5362	ale.gov. payable to the City of Fo oor Event Coordinator ard, Fort Lauderdale, FL	rt Lauderdale) to:		

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? X YesNo
	How many and what sizes? 8 to 10 (undetermined at this point Various sizes) 100 x 100's & 20 x 20's
	Name of Company: <u>Sunshine Tents</u> 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?YesXNo
	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 Building Department 954-828-6520.
3.	Are you planning to have fireworks?YesXNo
	Name of company conducting the show:
4.	Are you having food vendors? X_YesNo
	How many and what kind? WMA Food vendors PCI
	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>OF</u>	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? YES_XNO
2. \	What is your estimated sustained attendance? <u>as in previous years less then 5000</u>
3.	On-site contact? NAME: Marc Hansen PHONE 954-561-2020
	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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POLICE DEPARTM	ENT OUESTIONNAIRE	
1. Does your event require use of police vehicles?	Yes No_X	
If yes, A Hold-Harmless Agreement must be sig ONE MILLION DOLLARS must be provided.	ned and Liability coverage of a minimum of	
2. Is this a new or previously held event?	New Previous X	
If yes, Previous date(s)? 1999 through 2009		
3. Any established security, traffic, or other appropriate	e plan(s)? Yes_X No	
If yes, besides Fort Lauderdale Police, who will (private security company, volunteers, etc.)		
Do you have an established detail of off-duty officer If yes, who is your Police department contact?		
WMA arranged		
5. Any notable entertainers or special circumstances so	heduled for your event? YesXNo	
Who/What? Have not hired all of them as o	f yet Frenchie Davis	
6. Is there alcohol being sold or given away? SOLD	es X Given Away No X	
7. Are there any road closures required?	YesX No	
If so what roads/intersections? We have yet to	start working on it, but it would be inside park roads	only
8. What is your estimated attendance? <u>as in previous</u>	rears less then 5000	
I understand the off duty rate for Police personnel for also understand there is a 24 hour cancellation requirer hourly rate and costs to be incurred by the event org Events "Cost Estimate" worksheet developed at the Sp All payments will be paid within two (2) weeks of the p	nent to avoid the 3 hour minimum payment per office anizer will be quoted on the City of Ft. Lauderdale ecial Events logistics meeting and provided to the org	er. The Special
Marc Hansen Name	November 15, 2012 Date	-
Marc Scharphorn Ma J Name	November 15, 2012 Date	_

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