

## CITY OF FORT LAUDERDALE OUTDOOR EVENT APPLICATION

\$100 Fee must accompany application

### Application must be filled out completely. In DARK ink or type, and submitted at least 90 days are ad 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			<u>.</u>
Event name: <u>Fort Lauderdale Rough Wa</u>	nter Swim		
Purpose of event (check one): X□ Fund	raiser   Awareness	X□ Recreation □ Oth	ner
Requested location: Fort Lauderdale Bea	ch between Terramar a	nd SE 5 <sup>th</sup> Street	
Estimated daily attendance: 250 - 350			
Requested dates and time of event: <b>DATE</b>	DAY	BEGIN	END
EVENT DAY 1: <u>Jan 5, 2013</u> amAM/PM <u>11:30AM</u>	Sat AM/PM	9:30	
EVENT DAY 2:		AM/PM	AM/PM
EVENT DAY 3:		AM/PM	AM/PM
SETUP: <u>Jan 5, 2013</u>	Sat		30 amAM/PM
BREAKDOWN: Jan 5, 2013	Sat	12:00 Noon_	_AM/PM
Has this event been held in the past? _	XYesNo		
If yes, please list past dates and	locations: 44 Year		
<del></del>			
Detailed event description (include active One Mile Swim On Fort Lauderdale Beat Alexander Park	rities, entertainment, vo	•	

# PART II: APPLICANT Organization name: International Swimming Hall of Fame, Inc. Address: 1 Hall of Fame Drive Fort Lauderdale, FL 33316 City, State, Zip: Phone: 954-462-6536\_\_\_\_\_ Fax: <u>954-525-4031</u> Non-Profit Organization? X Yes No Tax ID #: EO: 65 - 452 Corporation name: International Swimming Hall of Fame, Inc. (as it appears in articles of incorporation) Date of incorporation: <u>1964</u> State incorporated in: \_FL\_\_\_ Federal ID #: 59 108 7179 Two authorizing officials for the organization: President: \_\_\_\_\_ Phone: \_\_\_\_\_ Secretary: Phone: Event Coordinator: Bob Duenkel Will you be on-site? X Yes Title: Director Phone: 954-462-6536 x226 Cell: 954-401-1869 E-mail address: bduenkel@ishof.org Fax: 954-525-4031 Additional Contact: Bruce Wigo \_\_\_\_\_\_ Will you be on-site? \_X\_\_\_Yes No Title: <u>CEO</u> Phone: <u>954-462-6536</u> Cell: E-mail address: <u>bwigo@yahoo.com</u> Fax: <u>954-525-4031</u> Event production company (if other than applicant): Address: City, State, Zip: Contact person: \_\_\_\_\_\_Title: \_\_\_\_\_ Phone: (day) \_\_\_\_\_\_ (night) \_\_\_\_\_ (cell) \_\_\_\_\_ E-mail address: \_\_\_\_\_ Fax:\_\_\_\_\_

Are you planning to charge admission?  If yes, how much? \$_20.00	_X_YesNo
Are you requesting to fence the event?	Yes _ X No
,	
Are you planning on having any type of concession?  If yes, State Health Dept. must be notified 10 days prior	YesX_No to event. Call John Litscher at 954-632-8094.
Are you planning on selling alcoholic beverages?	Yes <u>X</u> No
If yes, how will the beverages be served? (Draft truck, col	d plate, mini-bar, beer tub, table service, etc.)
Are you planning on serving free alcoholic beverages?	Yes <u>X</u> No
If yes, to whom will it be given? Are you planning to have any type of amusement rides?  If yes, name of company:	Yes <u>X</u> 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 jacobsr@doacs.	
Are you planning to play or have music?  If yes, what music format(s) will be used? (amplified, ac	_X_YesNo oustic, recorded, live, disc jockey, etc):
Speakers/ Amplifiers	
List the type of equipment you will use (speakers, ampli	fier, drums, etc):
Will you use any type of soundproofing equipment?	Yes <u>X</u> _No
List the days and times music will be played: 8:00 to	<u>11:30</u>
How close is the event to the nearest residential use?	Illini Condominium
Will your event require road closings?  If yes, list requested streets and times in <b>detail</b> :	YesXNo
**** <u>PLEASE NOTE</u> ***** You are required to secure barrical Please attach a layout of your traffic plan, including the place arrows, cones, and message boards, as well as the name of the be approved by the Police Dept. which may terminate any event	ment and number of barricades, signs, directional e company you will be using. Your traffic plan must
Will your road closings affect access to parking spaces or parking ************************************	s of revenue from inaccessible parking spaces will
Will any recyclable materials be utilized at this event?	Vec Y No

who will provide clean up services for garbage a	ind recyclables? <u>ISHOF Starr</u>
	(Company name)
materials should be recycled at all City facilities	Phone: e cleaned up <b>immediately</b> after completion of event. Recyclable and parks. Recycling service may be provided by your organization, of Fort Lauderdale. You are responsible for securing recycling @fortlauderdale.gov or (954) 828-5956.
Will you require electricity?Ye Events requiring electricity are the responsibility Building Department at (954) 828-5191 before s	of the applicant. All permits must be obtained through the City's
Company:	License #:
Name of electrician:	Phone:
PART IV: APPLICANT'S ACCEPTANCE/SIG	NATURE
The information I have provided on this applicat	ion is true and complete to the best of my knowledge.
applicable) must furnish an original certificate of additionally insured in the amount of at least on	Commission, I understand that I (and the production company, if General Liability insurance naming the City of Fort Lauderdale as the million dollars (\$1,000,000) or greater as deemed satisfactory by a fiquor liability insurance in the amount of \$500,000 if alcohol is
I understand that a Parks and Recreation spons notified if any conflicts arise.	ored activity has precedence over the above schedule and I will be
I understand that the City of Fort Lauderdale P EMS is required by City Ordinance to be onsite d	olice Department will determine all security requirements and that luring all outdoor events.
enforcement personnel, code en	cance. If at any time during the event it is determined by law personnel, parks and recreation personnel, or any other city c is causing a noise disturbance, I will be directed to lower the City staff. If a second noise disturbance arises during the event, I tertainment for the remainder of the event. I agree to abide by all inderstand that my failure to do so may result in a civil citation, ant.
Bob Duenkel Director Name of applicant	Title
November 9, 2012 Date	

Please **email** completed application at least 90 days ahead of your planned event to: **smolnar@fortlauderdale.gov**.

### 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	** <u>PLEASE NOTE</u> ***** All permits required by the Florida Building Code must be obtained through the lding 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?YesXNo
	How many and what kind?
	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 \$60 - \$70 per hour.
<u>OP</u>	ERATIONS/EMS
Spe	* 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. \	What is your estimated sustained attendance? <u>250 - 350</u>
3.	On-site contact? NAME_Bob DuenkelPHONE_954-462-6536 x226

	PC	DLICE DEPARTMEN	T OUESTIONN	AIRE		<u></u>
1.	Does your event require use of po	lice vehicles?	. <b>Y</b>	/es	No_X	
2.	Is this a new or previously held ev	rent? N	lew	Previous	X	
	Previous date(s)? 44 YI	EAR				<del></del>
3.	Any established security, traffic, o	r other appropriate p	lan(s)?	/es	No_X	
	If yes, besides Fort Lauderda (private security company, vo		u be using for th	nis plan?	_	
4.	Do you have an established detail If yes, who is your Police dep	•	· · · · · · · · · · · · · · · · · · ·	∕es	 No <u>X</u>	
5.	Any notable entertainers or specia	l circumstances sche	•	vent? /es	No_X	
	Who/What?					,
Th	inderstand the off duty rate for Po e hourly rate and costs to be incur ents "Cost Estimate" worksheet dev	red by the event orga	anizer will be qu	oted on the Ci	ty of Ft. Laud	erdale Specia
	Bob Duenkel		_Novemb	per 9, 2012		
 Na	me	Γ	)ate			·