

CITY OF FORT LAUDERDALE OUTDOOR EVENT APPLICATION

\$100 Fee must accompany application

Yapalicatan ang talok sellis temberanatal selut BICENERUTHAN I 4578 - MATTANICANIA (Okolay) kahlestekok yoluk olah halik ayan k

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

| equested location: <u>Ge</u> | one): □ Fundrai | | | her |
|------------------------------|----------------------|-----------------------------|------------------------------------|-----------------|
| stimated daily attendar | nce: <u>150</u> | | | |
| equested dates and tim | ne of event: DATE | DAY | BEGIN | END |
| EVENT DAY 1:_ | 12/21/12/3 | Saturday | 2:00PM | <u>4:00</u> PM |
| EVENT DAY 2: _ | N/A | | AM/PM | AM/PM |
| EVENT DAY 3: _ | N/A | | AM/PM | AM/PM |
| SETUP: | 12/21/22 3 | Saturday | 11:00 AM | |
| BREAKDOWN: _ | 12/21/3 | Saturday | | 4:00PM |
| as this event been held | in the past? | X_YesNo | | |
| If yes, please lis | t past dates and lo | ocations: <u>12/19/09</u> , | 12/18/10, 2/17/11,12/2 | 2/12 |
| | | | | |
| etailed event descript | ion (include activit | ties, entertainment, | vendors, etc <u>.): 2 ponies 1</u> | or kids to ride |
| etting zoo, double lane | slide, bungee um | ping eguipment, pop | corn machine | |

| Organization name: Coral Ridge Association Inc. | | | | |
|---|--|--|--|--|
| Address: 2133 Middle River Drive City, State, Zip: <u>Ft. Lauderdale, FL 33305</u> | | | | |
| Phone: 954-564-4784 Fax: 954-564-4784 - call first | | | | |
| Corporation name: Coral Ridge Association Inc. | | | | |
| (as it appears in articles of incorporation) | | | | |
| Date of incorporation: 1949 State incorporated in: Florida Federal ID#: 59-6153214 | | | | |
| Two authorizing officials for the organization: | | | | |
| President: Betsy Dow Phone: 954-564-4784 | | | | |
| Secretary: Chris Williams Phone: 954-830-2242 | | | | |
| Event Coordinator: Betsy Dow Will you be on-site? Yes X No | | | | |
| Title: <u>President</u> Phone: <u>954-564-4784</u> Cell: <u>954-649-4784</u> | | | | |
| E-mail address: <u>tiree2133@aol.com</u> Fax: <u>954-564784</u> | | | | |
| Additional Contact: <u>Christian Petersen</u> Will you be on-site? <u>X</u> Yes _No | | | | |
| Title: Vice President Phone: Cell: 954-817-5734 | | | | |
| E-mail address:christian@olive-law.com Fax: | | | | |
| Event production company (if other than applicant): N/A | | | | |
| Address: | | | | |
| Contact person:N/ATitle:N/A | | | | |
| Phone: (day) (night) N/A (cell) N/A | | | | |
| E-mail address: N/A Fax: N/A | | | | |
| PART III: EVENT INFORMATION | | | | |
| Are you planning to charge admission?YesX_NoYesX_NoYesX_NoYesX_NoYesX_NoYesX_NoYesX_NoYesX_NoYesX_NoYesX_NoYesX_NoYesX_NoYesX_NoYesX_NoYesX_NoYesX_NoYesX_NoYesX_NoYesYesX_NoYesX_NoYesX_NoYesX_NoYesX_NoYesX_NoYesX_NoYesX_NoYesYesX_NoYesXNOYesXNOYesXNOYesXNOYesXNOYesXNOYesXNOYes | | | | |
| 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. | | | | |

PART II: APPLICANT

| | anning on selling alcoholic beverages? es, how will the beverages be served? (Draft truck, cold plate | Yes e, mini-bar, | <u>X</u> No , beer tub, | , table service, etc | c.) |
|---|---|----------------------------|----------------------------|--|--------------|
| | anning on serving free alcoholic beverages? yes, to whom will it be given? | Yes | _XNo | | _ |
| Are you pl | anning to have any type of amusement rides? yes, name of company: | Yes | _X_No | | _ |
| (A | hat type of rides are you planning? N/A Il rides must be approved by the State of Florida Bureau of Fior to opening. Contact Ron Jacobs at (850) 921-1530. | air Rides a | ınd all peri | mits must be secu | _ ured |
| | anning to play or have music? yes, what music format(s) will be used? (amplified, acoustic, | Yes recorded, | _X_No live, disc | jockey, etc): | |
| | N/A | | | | |
| Lis | st the type of equipment you will use (speakers, amplifier, dru | | | | |
| \ | | | | | - |
| | | Yes | | | |
| Lis | st the days and times music will be played: | | | | |
| Ho | ow close is the event to the nearest residence? | 500 yards | 5 | | <u> </u> |
| Will your e | event require road closings? yes, list requested streets and times in detail : | Yes | X_Nc |) | |
| **** <u>PLE/</u> Please atta | ASE NOTE **** You are required to secure barricades and ach a layout of your traffic plan, including the placement a | l/or directi | onal traffic | signs for road cl | losings. |
| arrows, co | nes, and message boards, as well as the name of the comp ed by the Police Dept. which may terminate any event occurr | any you w | ill be using | g. Your traffic pla | n must |
| **** <u>PLE/</u> | oad closings affect access to parking spaces or parking lots? ASE NOTE ***** All road closings which result in loss of revolution to the event organizer and must be paid in full before the event | enue from | inaccessi | ble parking space | s will 4. |
| . (M | cyclable materials be utilized at this event? laterials that can be recycled include all clean paper, cardboan ns, and milk or juice boxes.) Please refrain from the use of Si | | | | minum |
| Who will p | rovide clean up services for garbage and recyclables? | assoc | ciation me | mbers | |
| **** <u>NOT</u> done at all cases by th | phtact Name: Betsy Dow Phone E***** All grounds must be cleaned up immediately after City facilities and parks. Recycling may be provided by your the City of Fort Lauderdale. You are responsible for securing recond@fortlauderdale.gov or (954) 828-5956. | r completic organizatio | on of even on, a priva | t. Recycling shoul te company or in | some |

| Will you require electricity?YesX_No Events requiring electricity are the responsibility of the application Department of Sustainable Development Building Services Div | | | | | |
|---|---------------------|------------------------------------|----|--|--|
| Company: N/A | License #: | N/A | | | |
| Name of electrician: N/A | Phone: | N/A | | | |
| PART IV: APPLICANT'S ACCEPTANCE | | | | | |
| The information I have provided on this application is true and | d complete to the b | pest 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 Departn EMS is required by City Ordinance to be onsite during all outd | | all security requirements and that | эt | | |
| 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. | | | | | |
| Betsy Dow | Preside | nt | | | |
| Name of applicant October 6, 2013 Date | Title | | | | |
| Please email completed application at least 60 days ahead of imeehan@fortlauderdale.gov Please mail the \$100.00 application fee (payable to the City of Jeff Meehan, Outdoor Event Coordinator 1350 W. Broward Boulevard, Fort Lauderdale, Phone: (954) 828-6075 Fax: (954) 828-565 | Fort Lauderdale) t | | | | |

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?YesX_No |
|-----------|---|
| | How many and what sizes?N/A |
| | Name of Company: N/A 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?YesX_No |
| | How many and what sizes? N/A |
| | Name of Company: N/A A building permit, exit signs, emergency lights, fire extinguishers, and "No Smoking" signs are required for tents. A fire watch at overtime rate may apply. Contact Capt. Bruce Strandhagen at 954-828-5080. |
| Ви | ** <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?YesXNo |
| | Name of company conducting the show: |
| 4. | Are you having food vendors?YesX_No |
| | How many and what kind? |
| <u>OF</u> | 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. \ | What is your estimated sustained attendance? |
| 3. | On-site contact? NAME <u>Christian Petersen</u> Phone <u>954-817-5734</u> |
| | 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. |

| 1. D | oes your event require use of police | ce vehicles? | Yes | No_X_ | |
|-------|--|-------------------------------|--------------------|---------------------|----------------|
| | If yes, A Hold-Harmless Agreer ONE MILLION DOLLARS mu | | oility coverage of | a <u>minimum</u> of | |
| 2. Is | this a new or previously held eve | nt? | New | Previous X | |
| | If yes, Previous date(s)? | 12/19/09, 12/18/10 12/17/ | 11, 12/22/12 | | |
| 3. Aı | ny established security, traffic, or | other appropriate plan(s)? | Yes | No_X_ | |
| | If yes, besides Fort Lauderdale (private security company, volu | | g for this plan? | | |
| | | | | , | |
| 4. D | o you have an established detail o | | Yes | No_X_ | |
| | If yes, who is your Police depa | | | | |
| 5. Aı | ny notable entertainers or special | circumstances scheduled for | | | |
| | | | Yes | No <u>X</u> | |
| | Who/What? | N/A | | | |
| 6. Is | there alcohol being sold or given a | away? | Yes | No_X_ | |
| 7. Ar | e there any road closures required | ! ? | Yes | No | |
| | If so what roads/intersections? | N/A | • | | |
| | | | | | |
| 8. WI | hat is your estimated attendance? | 150_ | | | |
| | | | | | |
| | | | | | |
| | | | | | • |
| | lerstand the off duty rate for Polic understand there is a 24 hour cand | | | | |
| hourl | y rate and costs to be incurred by | by the event organizer will b | e quoted on the | City of Ft. Laude | erdale Special |
| | ts "Cost Estimate" worksheet deve syments will be paid within two (2) | | | and provided to | uie organizer. |
| | Betsy Dow | October 6, 2 | 2013 | | |
| Name | | Date | | | |