

CITY OF FORT LAUDERDALE OUTDOOR EVENT APPLICATION

\$100 Fee must accompany application

Application musive filled courcompletely.

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 REQUEST				
Event name: Tap 'N' Run L	lK			
Purpose of event (check one): ☐ Fund	ralser 🗆 Awarene	ss Recreation Dot	her	
Requested location: Start / Finis	1 on 5W 3cd	Ave and/or SW 44	h Ave, route	
along Riverwalk N	·			
Estimated dally attendance: 1,500-	a,000	<u>.</u>		
Requested dates and time of event: DATE	DAY	BEGIN	END	
EVENT DAY 1: 1/12/13	Saturday	_5_AMAPM	-7_AMPN	
EVENT DAY 2;	<u> </u>	AM/PM	AM/PM	
EVENT DAY 3:	•	AM/PM	AM/PM	
SETUP: 1/12/13	Saturday	<u>9</u> @/PM		
BREAKDOWN: 1/12/13	Saturday		_9_AMAEM	
Has this event been held in the past?				
If yes, please list past dates and	locations: Louisvill	e,KY:10/aa/11,6/a/1a,9/a	9/12 : Cincinnati, OH: 5/19/1	ξ,
Indianapolis, IN: 6/9/12; St. Louis, MO	:7/28/12; Nashvil	leTH:8/21/12; Columbus,	.0H:8/25/12	i¥
Detailed event description (include acti	vities, entertainmen	t, vendors, etc.): A fun	and non-traditional rac	e
where participants recieve be	er on the 4K G	15 mile) race course at	Four different "Chun	
Stations (4 oz. per runner per s	Hation). After	the race, we hold an	Awards After-Party	
where participants can win				

PART II: APPLICANT
Organization name:
Address: 11500 Champions Way City, State, Zip: Louisville, KY 40299
Phone: (50a) 653-4940 Fax: (50a) 266-6619
Non-Profit Organization? Yes X No Tax ID #: 61-1295431
Corporation name: JAM Active, LLC (ds it appears in articles of incorporation)
Date of incorporation: 11/12/10 State incorporated in: KY Federal ID #: 61-1295431
Two authorizing officials for the organization: President: Lemmitt Tyler Phone: (502) (653-4903
Secretary: Megan Whitler Phone: (502) 653-4906
Event Coordinator: Michael Clemons Will you be on-site? X yes No Title: Event Planner Phone: (502)(653-4940 cell: (502)(651-3738)
E-mail address: michael @ getjamactive. com Fax: (502) 266-6614
Additional Contact: Matt Roberts Will you be on-site? X yesNo Title: Executive Director Phone: (502)653-4985 Cell: (502)377-4769 E-mail address: Matt @ getjamactive.com Fax: (502)266-6614
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? \$.37/42/47/52 Anti-varies by registration date Are you requesting to fence the event? Yes XNo
re you planning on having any type of concession? Yes X No If yes, State Health Dept. must be notified 10 days prior to event. Call John Litscher at 954-632-8094.

Ar	e you planning on selling alcoholic beverages? If yes, how will the beverages be served? (Draft truck,	X Yes cold plate, mini-bar,	No beer tub, t	able service, etc.)	
	Beer will be served to registrants in cups,	20uced from Kegs	, , , , , , , , , , , , , , , , , , ,		
Ar	e you planning on serving free alcoholic beverages? If yes, to whom will it be given?	Yes Yes	_X_No	APrice of beer is in registration.	included fee.
	e you planning to have any type of amusement rides? If yes, name of company:	Yes	<u>X</u> No	and the second s	
	What type of rides are you planning? (All rides must be approved by the State of Florida Buprior to opening. Contact Ron Jacobs at jacobsr@doa	cs.state.fl.us or (850			
Are	e you planning to play or have music? If yes, what music format(s) will be used? (amplified,	X Yes acoustic, recorded,	No live, disc jo	ckey, etc):	
	Amplified music will play at the start ,	and finish lines	···.		_
	List the type of equipment you will use (speakers, am	plifier, drums, etc):			
	Speakers and amplifier	· · · · · · · · · · · · · · · · · · ·			فتدم
	Will you use any type of soundproofing equipment?	Yes	<u>X</u> No		
	List the days and times music will be played: 1/12/	13, 3:30-7:3	0 pm		
	How close is the event to the nearest residence? $\frac{\sqrt{0}}{2}$	-residential Ar	ea		***
ŴΦ	your event require road closings? If yes, list requested streets and times in detail ;	X_Yes	No		
					.
Plea arro	** <u>PLEASE NOTE</u> ***** You are required to secure barric ase attach a layout of your traffic plan, including the pla aws, cones, and message boards, as well as the name of t approved by the Police Dept. which may term(nate any eve	cement and number the company you wil	r of barrica Il be using.	des, signs, direction Your traffic plan mu	a/
***	your road closings affect access to parking spaces or park ** <u>PLEASE NOTE</u> ***** All road closings which result in lo billed to the event organizer and must be paid in full before	oss of revenue from .	No inaccessible all Keela Bla	e parking spaces will ack at 828-3794.	
Will	any recyclable materials be utilized at this event? (Materials that can be recycled include all clean paper, cans, and milk or juice boxes.) Please refrain from the	YesYesYesYesYes	astic drink	containers, aluminun ps.	٦.
	will provide clean up services for garbage and recyclables				ted
ىلەنىڭ بۇق	Contact Name: Michael Clemons *NOTE**** All grounds must be cleaned up immediate	Phone: <u>(50a) (</u>	<u>053-40</u>	140 d	lumpster.
Ann-	へ <u>NUIL ででででで</u> All grounds must be cleaned up immedia t	t ely after completion	of event. I	Recycling should be	
uurit Case	e at all City facilitles and parks. Recycling may be provided s by the City of Fort Lauderdale. You are responsible for si	vy your organizatiol ecuring recycling ser	i, a privato vices Cent	company or in some act langt Townsond	•
at <u>It</u>	ownsend@fortlauderdale.gov or (954) 828-5956.	scaring recyening ser	ricco. CUIII	icc Janet TOWNSUIA	

	License #:
Name of electrician:	Phone:
PART IV: APPLICANT'S ACCEPTANCE	
he information I have provided on this applica	ation is true and complete to the best of my knowledge.
pplicable) must furnish an original certificate dditionally insured in the amount of at least o	Commission, I understand that I (and the production company, if of General Liability insurance naming the City of Fort Lauderdale as one million dollars (\$1,000,000) or greater as deemed satisfactory by ite of liquor liability insurance in the amount of \$500,000 if alcohol is
understand that a Parks and Recreation spor otified if any conflicts arise,	sored activity has precedence over the above schedule and I will be
understand that the City of Fort Lauderdale MS is required by City Ordinance to be onsite	Police Department will determine all security requirements and that during all outdoor events.
nforcement personnel, code enforcement opresentative that the entertainment or mus plume to an acceptable level as determined by ay be directed to shut down the music or er	nance. If at any time during the event it is determined by law personnel, parks and recreation personnel, or any other city sic is causing a noise disturbance, I will be directed to lower the y City staff. If a second noise disturbance arises during the event, I atertainment for the remainder of the event. I agree to abide by all understand that my fallure to do so may result in a civil citation, a ent.
Michael Clemons ame of applicant	Event Planner
1/19/12 ate	
·	days ahead of your planned event to:

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* 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

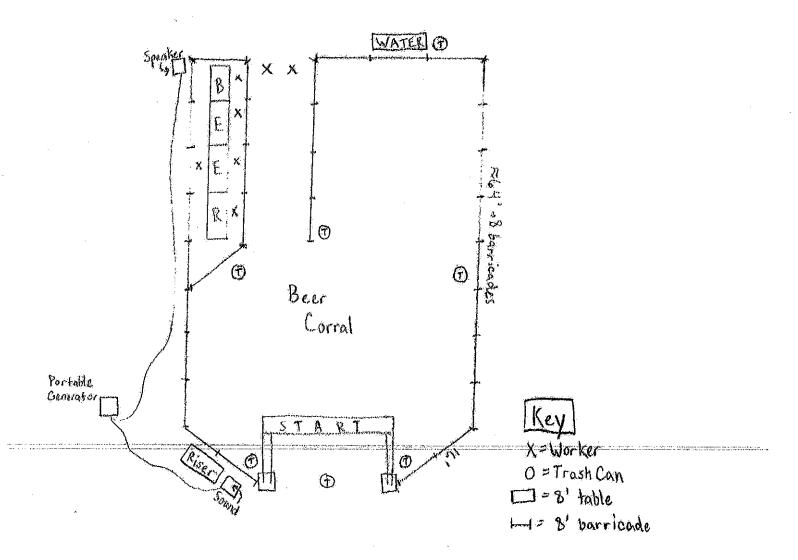
PREVENTION

1. Are you planning to have canoples (no sides) for this event?YesX_No
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:
****PLEASE NOTE***** All permits required by the Florida Building Code must be obtained through the Building Department (including but not limited to electrical, structural, plumbing). Contact the Building Department at 954-828-6520.
3. Are you planning to have fireworks?YesX_No
Name of company conducting the show: A permit is required for all pyrotechnics displays. Contact Capt. Wendy D'Agostino at 954-828-5884,
4. Are you having food vendors?Yes _X_No
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 \$75 per hour.
OPERATIONS/EMS
Special 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 X NO
2. What is your estimated sustained attendance? 2,000
3. On-site contact? NAME Michael Clemons PHONE (502) 551-3738
A minimum of 4 hours will be charged for all special event details. 45 minutes will be added to the pre and post event times (totaling 1.5 hours), allowing for travel and preparation for the event.

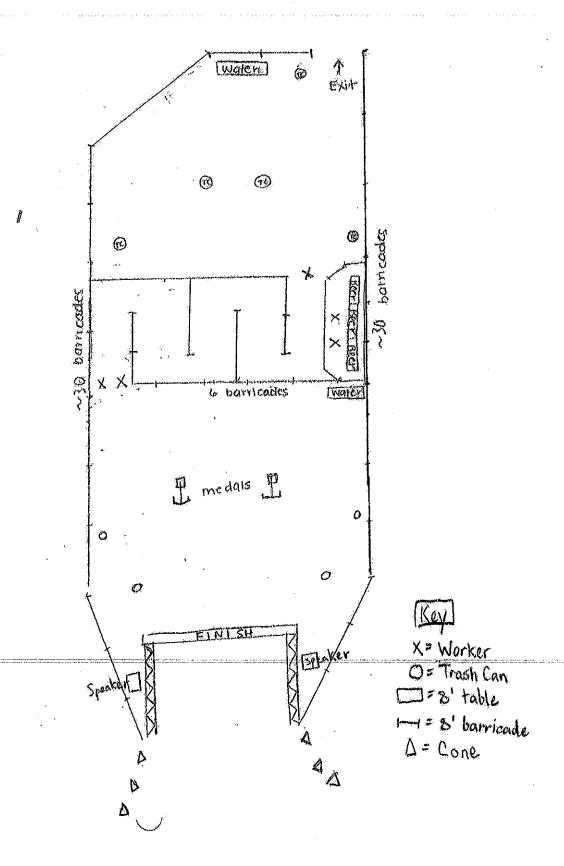
POLICE DEPARTMENT OU	ESTIONNAIRE		
1. Does your event require use of police vehicles?	Yes	No	
If yes, A Hold-Harmless Agreement must be signed and I ONE MILLION DOLLARS must be provided.	Liability coverage of	a <u>minimum</u> of	,,
2. Is this a new or previously held event?	New_X	Previous	
If yes, Previous date(s)? New to Fort Landerdale, pre	eviously held in	6 cities	•
3. Any established security, traffic, or other appropriate plan(s)?	Yes	No_X	
If yes, besides Fort Lauderdale Police, who will you be us (private security company, volunteers, etc.)	ling for this plan?		
4. Do you have an established detail of off-duty officers? If yes, who is your Police department contact?	Yes	No.X	
5. Any notable entertainers or special circumstances scheduled for	Yes_X	No	
Who/What? Beer "Chug Stations" enclosed in	š /	~	
. Is there alcohol being sold or given away?	Yes_X_	No	
Are there any road closures required?	Yes_X	No	
If so what roads/intersections? : Race route in	process with		
Lieutenant Frank Sousa			
. What is your estimated attendance? <u>d, 000</u>			
			····
understand the off duty rate for Police personnel for ALL special iso understand there is a 24 hour cancellation requirement to avourly rate and costs to be incurred by the event organizer will vents "Cost Estimate" worksheet developed at the Special Events is payments will be paid within two (2) weeks of the payroll being	id the 3 hour minim be quoted on the (logistics meeting a	ium payment per c	officer. Th
Muhal Clemons 10/19/	12		

Start Line Layout

Participant Corral Area



Finish Line Layout



Chung Station Typical Layout

