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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: NovemberFest 2012		****	
Purpose of event (check one): 🗆 Fund	Iraiser Awareness	□ Recreation □ Oth	er <u>Give back to Community</u>
Requested location: 675 NW 22 nd R	oad, Fort Lauderdale		
		·	
Estimated daily attendance: <u>175 - 19</u>	00		
Requested dates and time of event: DATE	DAY	BEGIN	END
EVENT DAY 1:11/10/12	Saturday	12 noon AM/PM	
EVENT DAY 2:	, 	AM/PM	AM/PM
EVENT DAY 3:		AM/PM	AM/PM
SETUP: <u>11/10/12</u>	Saturday	7 AM / PM	
BREAKDOWN: <u>11/10/12</u>	Saturday	7 AM/ <u>PM</u>	
las this event been held in the past?			
If yes, please list past dates an	d locations:11/11/0	6, 11/10/07, 11/8/08 (si	ame location)

Detailed event description (include activities, entertainment, vendors, etc.): NovemberFest is a community block party event designed to give back to the community that Youth for Christ Outreach Ministries serves. The EXHIBIT 2 event will include live entertainment, food and games for the youth.

CAM 12-2243
PAGE 1 of 6

Address: 675 NW 22 nd Road	City, State, Zip: <u>Ft Lauderdale, FL 33311</u>
Phone: (954) 581-5603	Fax:(954) 581-1126
Corporation name: Youth for Christ Outreach Ministries,	Inc. ticles of incorporation)
Date of incorporation: State incorporation	ed in: _FL Federal ID #:_59-2655555
Two authorizing officials for the organization: President: Dorothy B. Frazier	Phone: <u>(954) 581-5603</u>
Secretary: Rose Daniel	Phone: <u>(954) 581-5603</u>
Event Coordinator: Daneka Miller Title: Event Coordinator Phone:(954) 581-56	
E-mail address: <u>zac2mac6@aol.com</u>	
Additional Contact: <u>Graylin Stitt</u> Title: <u>Event Consultant</u> Phone: <u>(954) 534-66</u> E-mail address: <u>graylinstitt@gmail.com</u>	Cell: (954) 534-6618
Event production company (if other than applicant):	n/a
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 _ _X No
Are you requesting to fence the event?	Yes X No
Are you planning on having any type of concession?	_X_YesNo EXHIBIT

If yes, State Health Dept. must be notified 10 days prior to event. Call John Litscher at 954-632-8094.

Are you planning on serving free alcoholic beverages? If yes, to whom will it be given?	Yes X No
Are you planning to have any type of amusement rides? If yes, name of company:	Yes X 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 (850) 921-1530.	u of Fair Rides and all permits must be secured
Are you planning to play or have music? If yes, what music format(s) will be used? (amplified, account of the control of the	No oustic, recorded, live, disc jockey, etc):
Amplified Live Music	
List the type of equipment you will use (speakers, amplifi	er, drums, etc):
Speakers, Keyboards, Drums Amplifiers	
Will you use any type of soundproofing equipment?	Yes X No
List the days and times music will be played: Saturda	y (11/10) from 12 noon to 3pm
How close is the event to the nearest residence?App	roximately 100 ft
Will your event require road closings? If yes, list requested streets and times in detail :	
_ NW 7 th Street from NW 22 nd Road - West of 22 nd Ro	oad to 2234 NW 7 th Street_
****PLEASE NOTE***** You are required to secure barricade Please attach a layout of your traffic plan, including the placer arrows, cones, and message boards, as well as the name of the be approved by the Police Dept. which may terminate any event	nent and number of barricades, signs, directional company you will be using. Your traffic plan must
Will your road closings affect access to parking spaces or parking ******PLEASE NOTE****** All road closings which result in loss be billed to the event organizer and must be paid in full before the	of revenue from inaccessible parking spaces will
Will any recyclable materials be utilized at this event? (Materials that can be recycled include all clean paper, cardboa milk or juice boxes.) Please refrain from the use of Styrofoam page 1.	
Who will provide clean up services for garbage and recyclables? _	YFC Volunteers
Contact Name: <u>Graylin Stitt</u> **** <u>NOTE</u> ***** All grounds must be cleaned up immediatel done at all City facilities and parks. Recycling may be provided by	vour organization, a private company or in some M 12
cases by the City of Fort Lauderdale. You are responsible for secu	uring recycling services. Contact Janet Townsend AGE

	Phone:
BARTING ADDITIONAL CONTRANCE	
PART IV: APPLICANT'S ACCEPTANCE	
The information I have provided on this application is	true and complete to the best of my knowledge.
applicable) must furnish an original certificate of Gene additionally insured in the amount of at least one milli	ssion, I understand that I (and the production company, if eral Liability insurance naming the City of Fort Lauderdale as on dollars (\$1,000,000) or greater as deemed satisfactory by uor liability insurance in the amount of \$500,000 if alcohol is
I understand that a Parks and Recreation sponsored a notified if any conflicts arise.	ctivity has precedence over the above schedule and I will be
I understand that the City of Fort Lauderdale Police E EMS is required by City Ordinance to be onsite during	Department will determine all security requirements and that all outdoor events.
enforcement personnel, code enforcement personnel representative that the entertainment or music is convolume to an acceptable level as determined by City smay be directed to shut down the music or entertains	If at any time during the event it is determined by law nel, parks and recreation personnel, or any other city ausing a noise disturbance, I will be directed to lower the staff. If a second noise disturbance arises during the event, I ment for the remainder of the event. I agree to abide by all and that my failure to do so may result in a civil citation, a
Dorothy Frazier	Pastor
Name of applicant	Title
September 5, 2012	_
Date	

Please email completed application at least 96 days ahead of your planned event to imeehan@fortlauderdale.gov

Please mail the \$100.00 application fee (payable to the City of Fort Lauderdale) to:

Jeff Meehan, Outdoor Event Coordinator

1350 W. Broward Boulevard, Fort Lauderdale, FL 33312

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

Please include the following with the application:

* Event site plan – including stage(s), other entertainment locations, activities, booths, restrooms, EXHIBIT 2 CAM 12-2243 canopies, dumpsters, fencing, generators, etc.

* Traffic/detour plan - including the placement and number of barricades, signs, directional arrows

PAGE 4 of 6

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:
**** <u>PLEASE NOTE</u> ***** 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 Department of Sustainable 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?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 \$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? YESNO_X
2. What is your estimated sustained attendance? 100 CAM 12-22 PAGE 5 of

ONE MILLION DOLLARS must I		coverage of	a <u>minimum</u> of	
2. Is this a new or previously held event?		New	Previous X	
If yes, Previous date(s)?1	1/11/06, 11/10/07, 11/8/08	·		
3. Any established security, traffic, or other	er appropriate plan(s)?	Yes	No X	
If yes, besides Fort Lauderdale Po (private security company, volunte		·		
4. Do you have an established detail of of If yes, who is your Police departm	f-duty officers?	Yes	No_ X	
5. Any notable entertainers or special circ	umstances scheduled for your	event? Yes	No_ X	
Who/What?				
6. Is there alcohol being sold or given awa	ny?	Yes	No_ X	
7. Are there any road closures required?		Yes_X_	_ No	
If so what roads/intersections?_N 2234 NW 7 th Street	IW 7 th Street from NW 22			to
8. What is your estimated attendance?	100 sustained			
	•			i
I understand the off duty rate for Police p also understand there is a 24 hour cancell hourly rate and costs to be incurred by t Events "Cost Estimate" worksheet develop All payments will be paid within two (2) w	ation requirement to avoid the the event organizer will be qu sed at the Special Events logis	3 hour mini noted on the tics meeting	mum payment per office City of Ft. Lauderdale	er. The Special
Dorothy Frazier	12/5/12		.	
Name	Date			EXHIBIT 2 CAM 12-2243 PAGE 6 of 6

1. Does your event require use or police vehicles: