*Must be approved by City Manager or

designee

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Please submit by EMAIL at least 60 days ahead of your planned event.

The application will be reviewed by our administrative staff to determine the following criteria:

- 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: Over the Eo	lge For Gil	das		
Purpose of event (check one): X Fundr				
Requested location: EVENT WIL	I take place	2 at the Boo	ean Fort	
Requested location: EVENT WILL Landerdale. Rappel	lers will be	e on north	side of bui	Win
Estimated daily attendance:				_
Requested dates and time of event: DATE	DAY	BEGIN	END	
EVENT DAY 1: 4 26/13	Friday	AMPM	_5_AM/PM)	
EVENT DAY 2: 4 / 27/13	Saturday	8 AM/PM	4AM/PM	
EVENT DAY 3:		AM/PM	AM/PM	
SETUP: 4/26/13	Friday	<u>8</u> (An)/pm		
BREAKDOWN: 4/27/13	Saturday		S AM/PM	
Has this event been held in the past?	Yes 🄀 No			
If yes, please list past dates and	locations:			

Detailed event description (include activities, entertainment, vendors, etc.): Rappelling event from the Roof of the B OCEGN Fort Landerdale. 6 EXHIBIT 8 CAM 13-0385 PAGE 1 of 5

Organization name: GIVUS CIVID SOUTU 101 100
Address: 119 Rose Drive City, State, Zip: Fort-Lunderdale, FL 33316
Phone: 951-763-6776 Fax: 954-763-6761
Corporation name: Gilda's Club of South Florida, INC
(as it appears in articles of incorporation)
Date of incorporation: 7/6/94 State incorporated in: FL Federal ID #:65-0528626
Two authorizing officials for the organization: President: Shelley Goven, Co. Phone: 951-763-6776
Secretary: Chris lloyd, Board Chair Phone: 954-524; 6812
Event Coordinator: Kim Kohl Will you be on-site? Xyes No
Title: ARUT COORDINGTOV Phone: 991-703-6776 cell: 954-599-8850
E-mail address: LIM @aildusclubsouthfloridg.org Fax: 954-763-6761
Additional Contact: Stelley Goven Will you be on-site? X yes No
Title: CEO Phone: 954-763-6776 Cell: 954-614-9573
E-mail address Shelloy Regildas Clubsouth Florida. Org Fax: 954-763-6761
Event production company (if other than applicant): Over the Edge VSA
Address: 2 Hubley Mill Road City, State, Zip Mper Tantalon, NS B321E8
Contact person: Kelly Maguire Title: Account Manager
Phone: (day)806-431-8776 (night) N/A (cell) V/A
E-mail address: KMaquire@overtheedgevsa.coMax: 902-826-7230
PART III: EVENT INFORMATION
Are you planning to charge admission? If yes, how much? \$
Are you requesting to fence the event?YesYes
Are you planning on having any type of concession? Yes No EXHIBIT 8 CAM 13-0385 PAGE 2 of 5

Company:	License #:		
Name of electrician:	Phone:		
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 additionally insured in the amount of at least one i	nmission, I understand that I (and the production company, is Seneral Liability insurance naming the City of Fort Lauderdale as million dollars (\$1,000,000) or greater as deemed satisfactory by f liquor liability insurance in the amount of \$500,000 if alcohol is		
I understand that a Parks and Recreation sponsore notified if any conflicts arise.	ed activity has precedence over the above schedule and I will be		
I understand that the City of Fort Lauderdale Police EMS is required by City Ordinance to be onsite duri	ce Department will determine all security requirements and thating all outdoor events.		
enforcement personnel, code enforcement pers representative that the entertainment or music is volume to an acceptable level as determined by Ci may be directed to shut down the music or entert	ce. If at any time during the event it is determined by law sonnel, parks and recreation personnel, or any other city is causing a noise disturbance, I will be directed to lower the lity staff. If a second noise disturbance arises during the event, I cainment for the remainder of the event. I agree to abide by all erstand that my failure to do so may result in a civil citation, a		
Name of applicant	CEO		
Date	i iue		

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 8 canopies, dumpsters, fencing, generators, etc. CAM 13-0385

* Traffic/detour plan - including the placement and number of barricades, signs, directional arrows/AGE 3 of 5

1.	Are you planning to have canopies (no sides) for this event?YesYo
	How many and what sizes?
	Name of Company:
2.	Are you planning to have tents (with sides) for this event? Yes No
	How many and what sizes?
	Name of Company:
Buil	** <u>PLEASE NOTE</u> ***** All permits required by the Florida Building Code must be obtained through the iding Department (including but not limited to electrical, structural, plumbing). Contact the Department of tainable Development Building Services Division 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.
<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. [oes your event require EMS medical standby services based on the guidelines above? YESNO
	hat is your estimated sustained attendance? 200-250
3. (On-site contact? NAME 4W Koh PHONE 954-763-6776 CAM 13-0385 PAGE 4 of 5

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1. Does your event require use of police vehicles?	Yes	No	
If yes, A Hold-Harmless Agreement must be signed and Lial ONE MILLION DOLLARS <u>must be provided.</u>	bility coverage of	f a <u>minimum</u> of	,
2. Is this a new or previously held event?	New_X	Previous	
If yes, Previous date(s)?	·		
3. Any established security, traffic, or other appropriate plan(s)?	Yes	No_X	
If yes, besides Fort Lauderdale Police, who will you be using (private security company, volunteers, etc.)) 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 y Who What Participants Will be rappel	Yes <u>x</u> Llug down	No Side of	BOCCAN
6. Is there alcohol being sold or given away? - ONLY at VIP	Yes_X	No	
7. Are there any road closures required?	Yes	NoX	
If so what roads/intersections?			·
8. What is your estimated attendance? <u>200</u> -250			
I understand the off duty rate for Police personnel for ALL special evalso understand there is a 24 hour cancellation requirement to avoid hourly rate and costs to be incurred by the event organizer will be	the 3 hour minin	num navment r	ner officer The

Events "Cost Estimate" worksheet developed at the Special Events logistics meeting and provided to the organizer. All payments will be paid within two (2) weeks of the payroll being submitted.

A 1	
Name	
HUITIC	

Date

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