

CITY OF FORT LAUDERDALE OUTDOOR EVENT APPLICATION

Fee must accompany application

Application received:
At least 60 days prior to event \$100.00
59 to 30 days prior to event \$150.00
29 to 14 days prior to event \$200.00
14 to 7 days prior to event \$250.00*
Less than 7 days prior to event \$300.00*
*Must be approved by City Manager or designee

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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 REQUEST | | | | |
|---|--|----------------------|-------------|--|
| Event name: The 51 st Annual C Purpose of event (check one): Fu | hristmas on Las Olas ndraiser 🛮 Awareness | X Recreation | □ Other | |
| Requested location: EAST LAS OLAS I | BOULEVARD BETWEEN 6 TH | AND 11TH | | |
| Estimated daily attendance: 10,000 | | · | | |
| Requested dates and time of event: DATE EVENT DAY 1: 12/2/12 | DAY | BEGIN | END | |
| EVENT DAY 1: 12/3/13 | Tuesday | <u>5</u> PM <u>}</u> | <u>10PM</u> | |
| SETUP: <u>12/3/13</u> | Tuesday | <u>6</u> AM | | |
| BREAKDOWN: <u>12/3/13</u> | Tuesday | <u> 10PM – 1</u> | <u>IAM</u> | |
| Has this event been held in the past? | XYes | | | |

If yes, please list past dates and locations: On East Las Olas for the last 50 years!

Detailed event description (include activities, entertainment, vendors, etc.): CLASSIC CHRISTMAS ON LAS OLAS EVENT INCLUDING, ICE SKATING RINK, SNOW MOUNTAIN, VENDORS, SATELLITE BARS AND FOOD CANOPIES. EVENT IS FROM 5PM -10PM

| Organization name: LAS OLAS ASSOCI | ATION | |
|--|---|---|
| Address: PO BOX 30013 Ft.Lauderdale, | FL 33303 | |
| Phone: 954-258-8382 Fax: | | • |
| Non-Profit Organization? X Yes | No Tax ID #: 59-2296268 | |
| Corporation name: Las Olas Association | n Inc. (as it appears in articles of incorporation) | |
| Date of incorporation:1983 | State incorporated in:FL Federal ID #:_592296268 | |
| Providents Live and a for the organization | ation: 954-658-7941 | |
| Secretary: Chris Gaus Phone: | | |
| Event Coordinator: <u>Randi Karmin</u> W | Vill you be on-site? YES | |
| Title: EXECUTIVE DIRECTOR Phone: 954 | 1 -258-8382 | |
| E-mail address: RANDI@LASOLASBOULE | | |
| Additional Contact: STEPHEN SHUSTER | Will you be on-site? Y you | |
| Title: P | hone: Cell: 954-560-2582 | |
| | applicant): | |
| Address: | City, State, Zip: | |
| Contact person: | Title: | |
| Phone: (day) (n | ight) (cell) | |
| E-mail address: | | |
| PART III: EVENT INFORMATION | Fax: | |
| Are you planning to charge admission _No If yes, how much? \$ | 0 | |
| re you requesting to fence the event? No | | |
| re you planning on having any type of say | cession?Yes notified 10 days prior to event. Call John Litscher at 954-632-8094. | |

PART II: APPLICANT

| If we how will the hoverness to the factors of the | _Yes |
|---|---|
| Satellite Bars on the Street | uck, cold plate, mini-bar, beer tub, table service, etc.) |
| Are you planning on serving free alcoholic beverages? If yes, to whom will it be given? | No |
| Are you planning to have any type of amusement rides? If yes, name of company: | No |
| What type of rides are you planning?(All rides must be approved by the State of Florid prior to opening. Contact Ron Jacobs at (850) 92: | a Bureau of Fair Rides and all permits must be secured 1-1530. |
| Are you planning to play or have music? | Yes |
| LIVE, AMPLIFIED CHRISTMAS CAROLERS AND SC | CHOOL GROUPS |
| List the type of equipment you will use (speakers, | amplifier, drums, etc): |
| AMPLIFIED CHORAL MUSIC | |
| Will you use any type of soundproofing equipment | t? No |
| List the days and times music will be played: | |
| How close is the event to the nearest residence? _ List the days and times music will be played: TUES | SDAY Nov 27 th 5-10pm |
| How close is the event to the nearest residential us | Y |
| If yes, list requested streets and times in detail : If CLOSING OF EAST LAS OLAS BOULEVARD FROM 6 TH TO 11 USUAL ELO CLOSING ****PLEASE NOTE***** You are required to se closings. Please attach a layout of your traffic plan, including directional arrows, cones, and message boards, as well as to plan must be approved by the Police Dept. which may term barricades. | ecure barricades and/or directional traffic signs for roading the placement and number of barricades, signs, |
| Will your road closings affect access to parking spaces or pa **** <u>PLEASE NOTE</u> ***** All road closings which result in be billed to the event organizer and must be paid in full before | |
| Will any recyclable materials be utilized at this event? (Materials that can be recycled include all clean pap cans, and milk or juice boxes.) Please refrain from the | XYesNo er, cardboard, glass, plastic drink containers, aluminum he use of Styrofoam plates and cups. |
| Who will provide clean up services for garbage and recyclable | |
| Contact Name: ***** <u>NOTE</u> ***** All grounds must be cleaned up immed done at all City facilities and parks. Recycling may be provide cases by the City of Fort Lauderdale. You are responsible for at <u>Jtownsend@fortlauderdale.gov</u> or (954) 828-5956. | Phone: Phone: iately after completion of event. Recycling should be ed by your organization, a private company or in some securing recycling services. Contact Janet Townsend |

| Will you require electricity? No - we have our own Events requiring electricity are the responsibility of the applicant Department of Sustainable Development Building Services Division | . All permits must be obtained through the City's on at (954) 828-5191 before setting up. |
|--|--|
| Company: | · |
| Name of electrician: | Phone: |
| PART IV: APPLICANT'S ACCEPTANCE | |
| | |
| The information ${\bf I}$ have provided on this application is true and ${\bf c}$ | omplete to the best of my knowledge. |
| Before receiving final approval from the City Commission, I u applicable) must furnish an original certificate of General Liabilit additionally insured in the amount of at least one million dollars the City Risk Manager, and an original certificate of liquor liabilit being served. | ty insurance naming the City of Fort Lauderdale as (\$1,000,000) or greater as deemed satisfactory by |
| I understand that a Parks and Recreation sponsored activity has notified if any conflicts arise. | precedence over the above schedule and I will be |
| I understand that the City of Fort Lauderdale Police Department EMS is required by City Ordinance to be onsite during all outdoor | t will determine all security requirements and that events. |
| I understand that the City has a noise ordinance. If at any enforcement personnel, code enforcement personnel, parks representative that the entertainment or music is causing a revolume to an acceptable level as determined by City staff. If a smay be directed to shut down the music or entertainment for the provisions of the noise control ordinance and understand that is physical arrest, or the shutting down of the event. | s and recreation personnel, or any other city noise disturbance, I will be directed to lower the second noise disturbance arises during the event, I he remainder of the event. I agree to abide by all |
| Randi Karmin | Executive Director, Las Olas Association |
| Name of applicant Title | e |
| 9/23/13 | |
| Date | |
| | |

Please email completed application at least 60 days ahead of your planned event to:

imeehan@fortlauderdale.gov

Please mail the 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, 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? No | - |
|---|-----------------|
| How many and what sizes? ?20 - 30 10X10 TENTS | |
| Name of Company: TENTS AND EVENTS | |
| 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? No | |
| How many and what sizes? | <u>-</u> |
| Name of Company: A building permit, exit signs, emergency lights, fire extinguishers, and "No Smoking" signs are require tents. A fire watch at overtime rate may apply. Contact Capt. Bruce Strandhagen at 954-828-5080. ****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 Department of Sustainable Development Building Services Division at 954-828-6520. 3. Are you planning to have fireworks? 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 | |
| How many and what kind? Approx 15 - ice cream, soup, snacks - NO On site cooking A fire extinguisher is required for each food booth. If a propane tank is used for a fuel source must be secured on the outside of the booth. A Fire inspection is required for all food booth the inspection is during non-working hours the cost will be \$75 per hour. | ce, it s. If |
| | |

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? YES2.
- 2. What is your estimated sustained attendance? 5000
- 3. On-site contact? RANDI KARMIN 954-258-8382

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.

| 1. Do | es your event require use of police vehicles? | NO | | |
|---------------------------|--|---|--|----------|
| | If yes, A Hold-Harmless Agreement must be sign ONE MILLION DOLLARS must be provided. | ed and Liability coverage of a | minimum of | |
| 2. Is | this a new or previously held event? | Previous | | |
| | If yes, Previous date(s)? Every Tuesday after Tha | nksgiving for the past 50 year | <u>rs</u> | |
| 3. An | y established security, traffic, or other appropriate | plan(s)? Yes | | |
| | If yes, besides Fort Lauderdale Police, who will y (private security company, volunteers, etc.) | ou be using for this plan? | | |
| | | | <u> </u> | |
| | you have an established detail of off-duty officers? If yes, who is your Police department contact? ke Dew, DETAIL | Yes Yes | | |
| 5. An | y notable entertainers or special circumstances sch | eduled for your event? Yes | No | |
| | Who/What? | | | |
| 6. Is t | here alcohol being sold or given away? | Yes | No | |
| 7. Are | there any road closures required? | Yes | No | |
| | If so what roads/intersections? | · · · · · · · · · · · · · · · · · · · | | |
| 8. Wh | at is your estimated attendance? | | | |
| also u hourly Event | erstand the off duty rate for Police personnel for A inderstand there is a 24 hour cancellation requirem rate and costs to be incurred by the event orga s "Cost Estimate" worksheet developed at the Spec yments will be paid within two (2) weeks of the pay | ent to avoid the 3 hour minim nizer will be quoted on the C cial Events logistics meeting a | um payment per officer. T City of Ft. Lauderdale Spec | he ia |
| Name | · · · · · · · · · · · · · · · · · · · | Date | | |