

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

Sophication must be filled out completely.

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:

- 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 1: EVENT REQUEST
Event name: Farmers Market at Broward Health Medical
Purpose of event (check one): [Fundraiser Awareness Recreation Other Farmers Market
Requested location: Broward Health Medical-main campus, locate
at 1600 S. Andrews Avenue, Ft. Lauderdale, FL
Estimated daily attendance: Sporadic attendance primarily from hospital staff and patients throughout the day, est. less than
Requested dates and time of event: DATE DAY BEGIN END
EVENT DAY 1: EVERY TUESday, 8 AMIPM 3 AMIPM
EVENT DAY 2: Year aroundAM/PMAM/PM
EVENT DAY 3:AM/PMAM/PM
SETUP:
BREAKDOWN:
Has this event been held in the past? YesNo
If yes, please list past dates and locations: <u>Same location</u>
June 4, 2013 - present
Detailed event description (include activities, entertainment, vendors, etc.): Farmers' market
on hospital property on private side street betwee
pospital's main entrance and main parking garage
respital's main entrance and main parking garage veekly farmers' market will consist of a variety of
vendors, including produce, honey, jams/jellies,
lowers, plants, prep. foods, and other item
vendors, including produce, honey, jams/jellies, flowers, plants, prep. foods, and other item typically found at a farmers' market.

PARTIL APPLICANT	
Organization name: Florid	la Fresh Market, Ent. Inc.
Address: 16471 SW 19	3 St. City, State, Zip: Miramar, FL 33027
	8 Fax:
Corporation name: <u>Same</u>	(as it appears in articles of incorporation)
Date of incorporation: 12/11	State incorporated in: FL Federal ID #: 45-4462025
	asanova Phone: 305-318-6148
Event Coordinator: 115 pr	Amy Casanova Will you be on-site? X Yes No Phone: 305-318-6148 Cell: 305-318-6148
E-mail address: icasa26	64@aol.com Fax:
Additional Contact: A MV C	asanova Will you be on-site?YesNo
Title: President	Phone: 786-760-8940 Cell:
E-mail address: ica6a26	84@ aol.com Fax:
Event production company (if other	r than applicant): same as applicant
Address:	City, State, Zip:
Contact person:	Title:
Phone: (day)	(night) (cell)
E-mail address:	Fax:
PARETTE EVENEINFORMATIC	
re you planning to charge admission If yes, how much? \$	and the state of t
re you requesting to fence the eve	ent? Yes X_No
re you planning on having any typ If yes, State Health Dept, m	e of concession? Yes No nust be notified 10 days prior to event. Call John Litscher at 954-632-8094.

Are you planning on selling a If yes, how will the be	elcoholic beverages? everages be served? (Draft truck, col	Yes ld plate, mini-bar,	
Are you planning on serving I If yes, to whom will it	free alcoholic beverages? it be given?	Yes	→× No
Are you planning to have any If yes, name of comp	type of amusement rides?	Yes	
What type of rides are (All rides must be app prior to opening. Cont	re you planning? proved by the State of Florida Burea stact Ron Jacobs at (850) 921-1530.	au of Fair Rides a	ind all permits must be secured
Are you planning to play or ha If yes, what music for	ave music? rmat(s) will be used? (amplified, acc	Yes oustic, recorded,	× No live, disc jockey, etc):
32 6			
List the type of equipr	ment you will use (speakers, amplifi	ier, drums, etc):	
terk transcription			K production of the contract o
Will you use any type	of soundproofing equipment?	Yes	No
List the days and time	es music will be played:		
How close is the event	t to the nearest residence?		
		ate has	pital road, located
T-1/	and a not liked	1 tor an	V tratac
garage. IN15 F	You are required to secure barricade	es and/or directio	onal traffic signs for road closings.
Please attach a layout of your	r traffic plan, including the place	company you wil	Il he using. Your traffic plan must
arrows, cones, and message be be approved by the Police Dept	t. which may terminate any event o	occurring without	the proper use of barricades.
Will your road closings affect ac	ccess to parking spaces or parking l Il road closings which result in loss o and must be paid in full before the	lots?Yes	X_No inaccessible parking spaces will
be billed to the event organizer	and must be paid in ruil before the		
Will any recyclable materials be (Materials that can be re	utilized at this event? ecycled include all clean paper, can boxes.) Please refrain from the use	Yes rdboard, glass, pla e of Styrofoam pla	lastic drink containers, aluminum
gs:		Incida 1	Fresh Market Ent
Vho will provide clean up servio	pes for garbage and recyclables?	005-	212 / 112
Contact Name: \riS	Casanova	Phone: <u>OUT</u>	of event. Recycling should be
**** NOTE **** All grounds I	must be cleaned up immediately ks. Recycling may be provided by y	vour organization	n. a private company or in some
lone at all City facilities and pair	rks. Recycling may be provided by y dale. You are responsible for securi	ing recycling ser	vices. Contact Janet Townsena
ases by the City of Fort Lauderd t <u>]townsend@fortlauderdale.go</u>	iv ar (954) 828-5956.		

Will you require electricity? Yes	No
Department of Sustainable Development Building Ser	he applicant. All permits must be obtained through the City's rvices Division at (954) 828-5191 before setting up.
Department of Sustainable Development Denoug Sec	
Company:	License #:
Name of electrician:	Phone:
PART IV: APPLICANT'S ACCEPTANCE	
The information I have provided on this application is	s true and complete to the best of my knowledge.
Before receiving final approval from the City Commapplicable) must furnish an original certificate of Ger	nission, I understand that I (and the production company, if neral Liability insurance naming the City of Fort Lauderdale as Ilion dollars (\$1,000,000) or greater as deemed satisfactory by iquor 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.	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 during	Department will determine all security requirements and that all outdoor events.
enforcement personnel, code enforcement person representative that the entertainment or music is o volume to an acceptable level as determined by City:	If at any time during the event it is determined by law neel, parks and recreation personnel, or any other city causing 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 stand that my failure to do so may result in a civil citation, a
1906	Executive Director Title
Name of applicant	Title
09-20-13	
Date	
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Please email completed application at least 60 days ahead of your planned event to:

jmeehan@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.

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1. Are you planning to have canopies (no sides) for this event? X Yes No How many and what sizes? Standard portable (OXIO tents which vendors	
How many and what sizes? Standard partable loxio tents which wenders	
· ·	
Name of Company: NA Set up and breakdown on their own A building permit is required. Please contact Capt. Bruce Strandhagen at 954-828-5080.	1
2. Are you planning to have tents (with sides) for this event? Yes X No	
How many and what sizes?	
Name of Company:	
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.	
****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? Yes X 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? X Yes No	
How many and what kind? <u>Prepared</u> food vendors such as kettle corn, ayros, arepas, bar becue/arill, A fire extinguisher is required for each food booth. If a propane tank is used for a fuel source, it	
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.	
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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	
* One Confinantia person in two or more reacted units/curs 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	4
2. What is your estimated sustained attendance? less than 400, dispersed throughout the day, consisting primarily of hospita 3. On-site contact? NAME Staff + patientsHONE	3
3. On-site contact? NAME Told Cascalla Staff + patients HONE	
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 🔭 🚬	
Does your event require use of police vehicles?	Yes	No_X,
If yes, A Hold-Harmless Agreement must be signed and ONE MILLION DOLLARS must be provided.	Liability coverage of a r	minimum of
Is this a new or previously held event?	New X P	revious
If yes, Previous date(s)?	mental and the state of a	
Any established security, traffic, or other appropriate plan(s)	? Yés	No
If yes, besides Fort Lauderdale Police, who will you be to (private security company, volunteers, etc.)	using for this plan?	
Hospital in house security		Section (
. Do you have an established detail of off-duty officers? If yes, who is your Police department contact?	Yes	No_X_
Who/What?	YesYes	No_X
Is there alcohol being sold or given away?	600	NAME OF THE PARTY
Are there any road closures required?	Yes	No
If so what roads/intersections? Private ra	rad, not w	sed tor
If so what roads/intersections? private roany thru traffic, located main e what is your estimated attendance? 1855 than 400 hos	adjacent t ntrance +	to hospital's
What is your estimated attendance? hoe	spital's mo	ain parking
nderstand the off duty rate for Police personnel for ALL spe o understand there is a 24 hour cancellation requirement to rly rate and costs to be incurred by the event organizer of the "Cost Estimate" worksheet developed at the Special Evo payments will be paid within two (2) weeks of the payroll be	avoid the 3 hour minitivill be quoted on the ents logistics meeting	mum payment per office City of Ft. Lauderdale
payments will be paid within two (2) weeks of the payroll be	and annual and	
A 1		

Date

Name

	0950 DE	STRE
MAIN PARKING BARAGE	(PRIVATE STREET CLOSED OFF AS MALKINAY)	(PRIVATE STREET CLOSED OFF AS WALKINAY)
		BROWARD HEALTH MAIN ENTRANCE