

CITY OF FORT LAUDERDALE OUTDOOR EVENT APPLICATION

\$100 Fee must accompany application

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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:

- 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

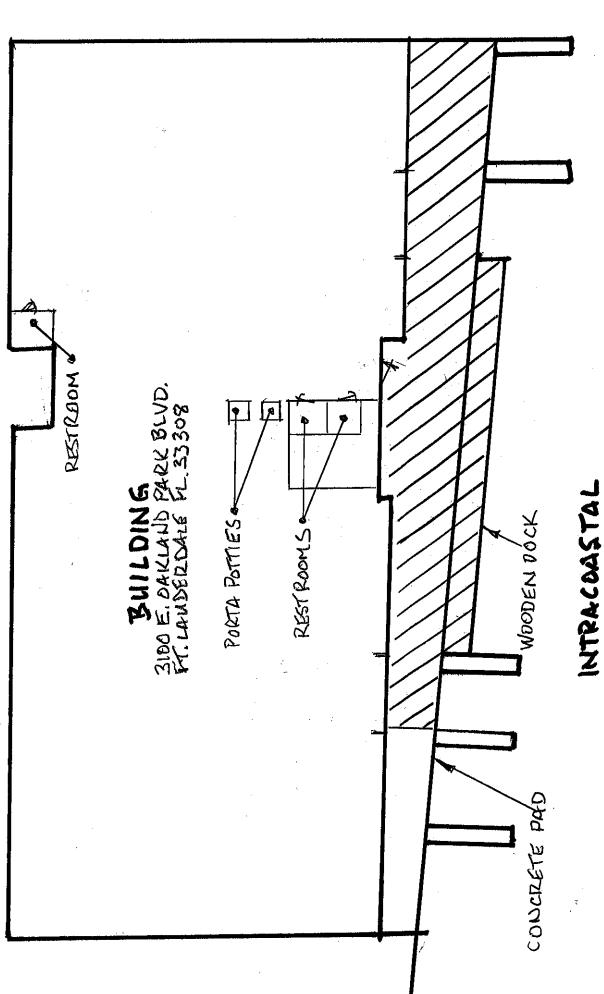
| PART I: EVENT REOUEST | | | |
|---|---|--------------|----------------------------|
| Event name: WINTERFEST BOAT | PARADE VIEW | MING | |
| Purpose of event (check one): Fundraiser | | | DOQUSIDE LEVENT VIEWING |
| Requested location: MARINA MAR | | AKLAND PARK | (BUD, |
| FT. LAUSERDALE FL. | 33308 | | |
| Estimated daily attendance: | | | |
| Requested dates and time of event: DATE | DAY | BEGIN | END |
| EVENT DAY 1: 12/14/13 | SAT. | | 10 AM PM |
| EVENT DAY 2: | | AM/PM | AM/PM |
| EVENT DAY 3: | * · · · · · · · · · · · · · · · · · · · | AM/PM | AM/PM |
| SETUP: 12/14/13 S | ·4T | 10 CAMUPM | |
| BREAKDOWN: 12/15/13 5 | iun | | 10 AMDM |
| Has this event been held in the past? | esNo | | |
| If yes, please list past dates and location | ons: Stand Li | ocation Past | 20 YEARS |
| Detailed event description (include activities, e PARAY AND GENERH Pu | | _ | |
| | | _ | |

| Organization name: OCEAN HARBOR MARINE GROUP INC. DBA MARINA MAR |
|--|
| Address: 3100 E. OAKLAND PARK BLIVD. City, State, Zip: FT. LAUDERDALE FL. 33308 |
| Phone: 984 563-7101 Fax: 984 564-6105 |
| Corporation name: OCEAN HARBOR MARING GROUP INC. |
| (as it appears in articles of incorporation) Date of incorporation: 4/16/1998 State incorporated in: Ft Federal ID #: 650849059 |
| Date of incorporation: 1/10 100 State incorporated in: Federal ID #: 62047 100 |
| Two authorizing officials for the organization: President: <u>DENNIS G. HUNT</u> Phone: <u>954 563-7101</u> |
| Secretary: Phone: |
| |
| Event Coordinator:CRAGE_MUIR Will you be on-site?Yes No |
| Title: 68N, M6R. Phone: 954 563-7101 Cell: 954 326-6660 |
| E-mail address: D6HMM1@Y4H00, C0M Fax: 954564-6105 |
| Additional Contact: YVONNE +funt Will you be on-site? YesNo |
| Fitle: V. PRES. Phone: 984 563-7101 Cell: |
| E-mail address: YHUNT @ BELLSOULT, NET Fax: 954 564-6105 |
| rax: 421 361 6103 |
| Event production company (if other than applicant): <u>以从</u> |
| Address: City, State, Zip: |
| Contact person:Title: |
| Phone: (day) (night) (cell) |
| F-mail address; Fax: |
| PART III: EVENT INFORMATION |
| Are you planning to charge admission? If yes, how much? \$_2\$_00 |
| GENERAL PUBLIC ADMISSION FOR VIEWINGYes |
| Are you planning on having any type of concession? Yes VNO If yes, State Health Dept. must be notified 10 days prior to event. Call John Litscher at 954-632-8094. |

PART II: APPLICANT

| Are you planning on selling alcoholic beverages? Yes No If yes, how will the beverages be served? (Draft truck, cold plate, mini-bar, beer tub, table service, etc.) |
|--|
| Are you planning on serving free alcoholic beverages?YesNo If yes, to whom will it be given?Yes |
| Are you planning to have any type of amusement rides? Yes No If yes, name of company: |
| What type of rides are you planning?(All rides must be approved by the State of Florida Bureau of Fair Rides and all permits must be secured prior to opening. Contact Ron Jacobs at (850) 921-1530. |
| Are you planning to play or have music? YesNo If yes, what music format(s) will be used? (amplified, acoustic, recorded, live, disc jockey, etc): |
| AMPLIFIED WITH LIVE D.J. |
| List the type of equipment you will use (speakers, amplifier, drums, etc): |
| AMPLIKER, SPEAKERS, RECORDED MUSIC |
| Will you use any type of soundproofing equipment? Yes No |
| List the days and times music will be played: SAT 12(14 (13 6 PM TO 10 PM |
| How close is the event to the nearest residence? EST 1/4 MILE |
| Will your event require road closings? If yes, list requested streets and times in detail : |
| **** <u>PLEASE NOTE</u> ***** You are required to secure barricades and/or directional traffic signs for road closings. Please attach a layout of your traffic plan, including the placement and number of barricades, signs, directions arrows, cones, and message boards, as well as the name of the company you will be using. Your traffic plan must be approved by the Police Dept. which may terminate any event occurring without the proper use of barricades. |
| Will your road closings affect access to parking spaces or parking lots?YesNo ****PLEASE NOTE***** All road closings which result in loss of revenue from inaccessible parking spaces will be billed to the event organizer and must be paid in full before the event. Please call Keela Black at 828-3794. |
| Will any recyclable materials be utilized at this event? (Materials that can be recycled include all clean paper, cardboard, glass, plastic drink containers, aluminum cans, and milk or juice boxes.) Please refrain from the use of Styrofoam plates and cups. |
| Who will provide clean up services for garbage and recyclables? |
| Contact Name: CRMG MUIQ Phone: 954 53-7(0(*****NOTE****** All grounds must be cleaned up immediately after completion of event. Recycling should be done at all City facilities and parks. Recycling may be provided by your organization, a private company or in some cases by the City of Fort Lauderdale. You are responsible for securing recycling services. Contact Janet Townsend at Itownsend@fortlauderdale.gov or (954) 828-5056 |

| 1 | Doc | s your event require use of police vehicles? | | Yes | No. L | |
|------------------|----------------------|---|--|--|------------------------------------|------------------------------------|
| т. | DO | s your event require use or police vericles? | | Yes | NO | |
| | | If yes, A Hold-Harmless Agreement must be signed ONE MILLION DOLLARS must be provided. | ed and Liability | coverage of | a <u>minimum</u> of | |
| 2. | Is t | his a new or previously held event? | | New | Previous V | |
| | | If yes, Previous date(s)? ANNUAL - WINT | erfest box | (PAORAD | 6 P4ST 20 | YEARS. |
| 3. | Any | established security, traffic, or other appropriate p | | Yes | No | |
| | | If yes, besides Fort Lauderdale Police, who will yo (private security company, volunteers, etc.) | ou be using for t | his plan? | | |
| 4. | Do ' | you have an established detail of off-duty officers? If yes, who is your Police department contact? | | Yes | No | |
| 5. | Any | notable entertainers or special circumstances sche | | event? Yes | No. | |
| | | Who/What? | | · · · · · · · · · · · · · · · · · · · | | • |
| 6. | Is th | ere alcohol being sold or given away? | | Yes | No | |
| 7. | Are t | there any road closures required? | | Yes | No_ | |
| | | If so what roads/intersections? | | ••·•·································· | | |
| 8. | Wha | t is your estimated attendance? MAK 1.00 | | | | |
| als ho Eve | o un urly ents | stand the off duty rate for Police personnel for AL derstand there is a 24 hour cancellation requireme rate and costs to be incurred by the event organ "Cost Estimate" worksheet developed at the Speci nents will be paid within two (2) weeks of the pay | nt to avoid the 3 izer will be quo al Events logisti | 3 hour minim ted on the (cs meeting a | num payment po City of Ft. Lauc | er officer. The lerdale Special |
| Na | me | C | Date | | | |



OCEAN HARBOR MALINE GROUP INC / MARINA MAR WINTERFEST BAAT PARADE VIEWING

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