

CITY OF FORT LAUDERDALE OUTDOOR EVENT APPLICATION

\$100 Fee must accompany application

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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

PARI I. EVENT RECO	,_,,			
Event name:	RIDE with HE	ART		
Purpose of event (check	one): XX Fund	draiser XX Awaren	ess 🛘 Recreation 🗘 Oth	er
Requested location:P	Private Property	<u> Harbor Plaza – 1815</u>	Harbor Shops Driver, 3331	<u>6</u>
Estimated daily attendan	ice: <u>150 - 20</u>	<u>00</u>		
Degreeted dates and time	o of overt			
Requested dates and tim	DATE	DAY	BEGIN	END
EVENT DAY 1: _	2/3/13	SUN	7:00 AM	_11:00 AM
EVENT DAY 2: _			AM/PM	AM/PM
EVENT DAY 3: _			AM/PM	AM/PM
SETUP: _	2/3/13	SUN	5:00 AM	
BREAKDOWN:	2/3/13	SUN	<u>12:00</u> PM	
Has this event been held	in the past?	XX Yesf	No	
If ves, please list	t past dates and	Locations: 2/5/	12 – SAME LOCATTON – HA	ARBOR SHOPS

<u>Detailed</u> event description (include activities, entertainment, vendors, etc.):

This ride is a fundraiser for the University of Miami Health Cardiovascualr Miller School of medicine, and will begin at the Harbor Shops. Cyclists will go east on 17th Street to A1A and north out of the City limits to Ocean Ridge. Riders will turn around and follow the same route south to return to the Harbor Shops. Harbor Shops merchants are invited to participate with displays, and refreshments will be provided to riders (no alcohol).

Organization name: PINKIE's Promotions & Events LLC Address: 801 Somerset Ave City, State, Zip: Davie, FL 33325 Phone: <u>954-665-0089</u> Fax: ____ Corporation name: SAME AS ABOVE (as it appears in articles of incorporation) Date of incorporation: 10/20/11 State incorporated in: FLORIDA Federal ID #: Two authorizing officials for the organization: Phone: ____ President: _____ The state of the s Phone: Event Coordinator: KERRY CICHON Will you be on-site? XX Yes No Title: ____EVENT_DIRECTOR___ Phone: _______ Cell: ____954-665-0089 E-mail address: PINKIESEVENTS@YAHOO.COM Fax: 954-587-6460 Additional Contact: MICHAEL GALE Will you be on-site? XX Yes No Title: Assistant Event Coordinator Phone: Cell: 786-367-2407 E-mail address: ______fitusa@aol.com____ Fax: <u>954-587-6460</u> Event production company (if other than applicant): N/A Address: _____ City, State, Zip: _____ Contact person: ______ Title: Phone: (day) ______ (night) _____ (cell) _____ CAMBIHANCA MATERIAN TO A CONTROL OF THE CONTROL OF E-mail address: _____ Fax:____ PART III: EVENT INFORMATION Are you planning to charge admission? __<u>X__</u>Yes ____No If yes, how much? \$ 35.00 Are you requesting to fence the event? Yes X No Are you planning on having any type of concession? Yes X No If yes, State Health Dept. must be notified 10 days prior to event. Call John Litscher at 954-632-8094.

PART II: APPLICANT

	planning on selling alcoholic beverages? f yes, how will the beverages be served? (Draft truck, col	Yes <u>XX</u> No old plate, mini-bar, beer tub, table service, etc
Are you	planning on serving free alcoholic beverages? If yes, to whom will it be given?	YesXXNo
Are you	planning to have any type of amusement rides? If yes, name of company:	Yes <u>XX</u> No
	What type of rides are you planning?(All rides must be approved by the State of Florida Bured prior to opening. Contact Ron Jacobs at (850) 921-1530	
	planning to play or have music? If yes, what music format(s) will be used? (amplified, ac	XXYesNo coustic, recorded, live, disc jockey, etc):
tary:	Patriotic music played by a trumpeter (acoustic) at the	start w/ pre-recorded music before and after
	List the type of equipment you will use (speakers, ampliing P/A SYSTEM	
	Will you use any type of soundproofing equipment?	YesNo
	List the days and times music will be played: 6:30) AM - 7:40 AM & 11:00 AM - 12:00 PM
	How close is the event to the nearest residence?	3/4 MI (ESTIMATED)
Will you	r event require road closings? If yes, list requested streets and times in detail:	Yes <u>XX</u> No
Please arrows, be appr	LEASE NOTE***** You are required to secure barricate attach a layout of your traffic plan, including the place cones, and message boards, as well as the name of the roved by the Police Dept. which may terminate any event	ement and number of barricades, signs, dire e company you will be using. Your traffic plan t occurring without the proper use of barricad
**** <u>P</u>	r road closings affect access to parking spaces or parking LEASE NOTE***** All road closings which result in lost d to the event organizer and must be paid in full before t	ss of revenue from inaccessible parking space.
Will any	recyclable materials be utilized at this event? (Materials that can be recycled include all clean paper, c cans, and milk or juice boxes.) Please refrain from the u	
	ll provide clean up services for garbage and recyclables? ple / garbage bins along with a crew of volunteers design	
done at cases by	Contact Name: <u>Kerry Cichon</u> Phone: <u>95</u> e OTE***** All grounds must be cleaned up immediate all City facilities and parks. Recycling may be provided b by the City of Fort Lauderdale. You are responsible for sec asend@fortlauderdale.gov or (954) 828-5956.	ely after completion of event. Recycling shoul by your organization, a private company or in

Company	Liennes #
Company:	License #:
Name of electrician:	Phone:
PART IV: APPLICANT'S ACC	PTANCE
The information I have provided	on this application is true and complete to the best of my knowledge.
applicable) must furnish an origi additionally insured in the amou	om the City Commission, I understand that I (and the production compal certificate of General Liability insurance naming the City of Fort Lauder of at least one million dollars (\$1,000,000) or greater as deemed satisfactional certificate of liquor liability insurance in the amount of \$500,000 if all
I understand that a Parks and Renotified if any conflicts arise.	creation sponsored activity has precedence over the above schedule and I
	Lauderdale Police Department will determine all security requirements at to be onsite during all outdoor events.
enforcement personnel, code representative that the entertai volume to an acceptable level as may be directed to shut down the	a noise ordinance. If at any time during the event it is determined inforcement personnel, parks and recreation personnel, or any other ment or music is causing a noise disturbance, I will be directed to low determined by City staff. If a second noise disturbance arises during the example or entertainment for the remainder of the event. I agree to abide dinance and understand that my failure to do so may result in a civil citation of the event.
Kerry Cichon	Event Director
Name of applicant	Title

<u>Please email completed application at least 96 days ahead of your planned event to:</u>

jmeehan@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, 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? X YesNo
٠		How many and what sizes?MAYBE 4
		Name of Company:
	2.	Are you planning to have tents (with sides) for this event?YesX_No
anplic additio	ahle) ona'l _y	musHowmany and what sizes? Insured in the amount of at the content of a the content of a the content of at the content of at the content of at the content of a the content of at the content of a the content of at the content of
	Buil	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 ding 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?YesXNo
		Name of company conducting the show:
	4.	Are you having food vendors?YesXNo
		How many and what kind?
 Date	<u>OP</u>	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. ERATIONS/EMS
	Spe	cial 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? YES NO
	2. W	/hat is your estimated sustained attendance?
	3. (On-site contact? NAME Kerry Cichon / Michael Gale PHONE 954-665-0089 / 786-367-2407
		inimum of 4 hours will be charged for all special event details. 45 minutes will be added to the pre and post at times (totaling 1.5 hours), allowing for travel and preparation for the event.

POLICE DEPARTMENT OUES	TIONNAIRE	
. Does your event require use of police vehicles?	Yes	No_XX
If yes, A Hold-Harmless Agreement must be signed and Lia ONE MILLION DOLLARS must be provided.	bility coverage o	of a <u>minimum</u> of
Is this a new or previously held event?	New	_ Previous <u>XX</u>
If yes, Previous date(s)?		
Any established security, traffic, or other appropriate plan(s)?	Yes	NoX
If yes, besides Fort Lauderdale Police, who will you be using (private security company, volunteers, etc.)	g for this plan?	
Do you have an established detail of off-duty officers? If yes, who is your Police department contact?	Yes <u>XX</u> No	0
Lt. Frank Sousa		
Any notable entertainers or special circumstances scheduled for	•	No_XX
Who/What?		
Is there alcohol being sold or given away?	Yes	No_XX
Are there any road closures required?	Yes	No <u>XX</u>
If so what roads/intersections?		
What is your estimated attendance? <u>150 - 200</u>		· ·
understand the off duty rate for Police personnel for ALL special of understand there is a 24 hour cancellation requirement to avoid ourly rate and costs to be incurred by the event organizer will beents "Cost Estimate" worksheet developed at the Special Events payments will be paid within two (2) weeks of the payroll being second contents.	d the 3 hour mir be quoted on the logistics meeting	nimum payment p ie City of Ft. Laud
_Same as above ame Date		
une Date		

RIDE With HEART Metric Century and Half Century SUNDAY, FEBRUARY3, 2013 Presented By PINKIE's Promotions & Events, LL [91] [804] [804] [804] [804] [804] [804] [804] [804] [804] [804] [804] [804] [804] [804] [804] [804]

W Broward Blvd

84 17TH ST CAUSEWAY

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About RIDE with HEART

This ride will support the ongoing cardiac research projects within the Division of Cardiovascular Medicine at the University of Miami Miller School of Medicine. In addition, RIDE with HEART will increase heart health education in our community and bring awareness to the importance of getting an annual tune-up.

Community: https://www.facebook.com/pages/RIDE-with-HEART/299550996740152



derdale

Ride Start / Finish

Harbor Shops Plaza

City National Ban

HARBOR SHOPS

