

CITY OF FORT LAUDERDALE SPECIAL EVENT APPLICATION

Submit a <u>COMPLETED APPLICATION</u>, SITE PLAN and SITE PLAN NARRATIVE by email <u>60 days</u> before your planned event. Events Planned for July or August must be submitted by **May 1**st.

After you submit the application with your fee you will be contacted to meet with the Special Events team to review:

- 1. Facility/Location requested
- 2. Compliance with City ordinances
- 3. Special permits required
- 4. Other Charges for City Services
- 5. Security requirements
- 6. Environmental issues/effects on surrounding areas

Fee must accompany application

At least 60 days prior to event \$200.00

59 to 30 days prior to event \$400.00

Less than 30 days prior to event Denied unless approved by City Manager or designee

PART II: EVENT REQUEST

Event Notice Healthcare for the Homeless - - 'Thanksgiving Feast'

Purpose of event (check one): Fundraiser Awar	eness 🛛 Recreation 🖉 Othe	er
Expected maximum attendance 250	Expected sustained attendance	e
Has this event been held in the past? Yes	No	
If yes, please list past dates, locations and attendance)	

Monday, 11/23, 2015; Monday, 11/24, 2014, Monday, 11/25/2013; 1101 W. Broward Blvd., Fort Lauderdale, 33312

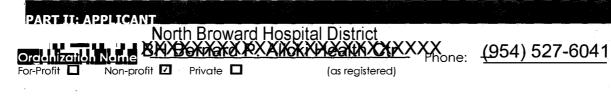
atailed Description (Activities, Vendors, Entertainment, etc.)

Thanksgiving meal, music;

1101 W. Broward Blvd

otie no time DATE	DAY	BEGIN	END	Attendance
SETUP: EVENT DAY 1: 11/21/16	SATURDAY MONDAY	11:00 am	12:00pm	<u> </u>
EVENT DAY 2:	SATURDAY		n an	
EVENT DAY 3:	SATURDAY			
	SATURDAY			

*events scheduled for more than 3 days will be subject to special council approval



applicant initials PA

Address: -1101 W. Broward Blvd City, State, Zip: Ft. Lauderdale
Date of registration: 10/20/16State registered in: FLFederal ID #: 85-8012646292C-
Email Address: _panderson@browardhealth.orgFax: _(954) 527-6052
Two Authorizing Officials for the Organization
President: _Jasmin Shirley, SVP, BH CHS Phone: (954) 320-2830
Secretary: Phone:
Event Coordinator Name Portia Anderson Will you be on-site?
Title: Nurse Manager Phone: (954) 527-6049 Cell:
E-mail address: _panderson@browrdhealth.org Fax: _(954) 527-6052
Additional Contact Name Scott DiMarzo Will you be on-site?
Title:
E-mail address: _sdimarzo@browardhealth.org Fax: (954) 355-4936
Event Production Company (if other than applicant):
Address: City, State, Zip:
Contact Name:
Phone: (day) (night) Cell Cell
E-mail address: Fax: Fax:
PART III: EVENT INFORMATION
All City permits must be obtained through the City's Department of Sustainable Development Building Services Division using the Building Permit Form - Apply and pay for the permits at least 30 days before the event. Contact the DSD Building Services Division (954) 828-5191 with any questions.
Admission Yes VNo If yes, how much? \$
Alcohol For Sale Yes No Alcohol For Free Yes Yes Yes Yes Yes Yes Yes Yes Yes Y
*Provide State of Florida alcohol licenses and \$500,000 of Liquor Liability Insurance 30 days before event.
Amusement Rides If yes, name and contact of company: N/A
What type of rides are you planning? <u>N/A</u> *Florida Bureau of Fair Rides, Ron Jacobs (850) 921-1530 must be contacted 30 days before the event to schedule inspections and final approval of all vendors and rides <u>prior</u> to use.
Electricity Yes No
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CAM 16-1338 Exhibit 5 Page 2 of 5 * Events requiring electricity must be permitted. <u>eventpower@fortlauderdale.gov</u>

Company:		License	#:	_ <u></u>
Name of electrician:	· · · · · · · · · · · · · · · · · · ·	Phone:		
Entertainment If yes, what type of entertair	Yes ment will be the	lo ere? Any notable performers	Ş	
Fencing or Barricades * Include proposed fences in ye	Yes Ves	No rative		· ·
Fireworks & Flame Effects	Yes V	10		
Food Vendors * State Health Dept. Tara Palm inspected by the Fire Rescue D serving food. A fire extinguishe	uired for all pyrote Yes er at (954) 397-936 epartment, Capt. r is required for ea	the show: <u>firemarshal@fc</u> echnics displays. <u>firemarshal@fc</u> 56 must be notified 10 days prior Bruce Strandhagen at (954) 82 Ich food booth. If a propane ta during non-working hours cost v	r to event. All Food Vendor 3-5080 to ensure complianc nk is used for a fuel source,	e prior to
Music If yes, what music format(s) DJ	Yes N will be used? (ar	o nplified, acoustic, recorded,	live, MC, DJ, etc):	
List the type of equipment y Speaker, Days and times music will be		· · · · · · · · · · · · · · · · · · ·		
How close is the event to th	e nearest resider	nce? Approximately 2	250 feet	
Soundproofing equipment? Parking Impact *All Parking Spaces that are im Mobility Dept. and must be pai Road Closings	es No pacted by an eve d in full before the es No Whi	<u>No</u> ent will be billed to the event or e event. <u>eventtam@fortlauderd</u> ch Roads ?	ganizer through the Transpo <u>ale.gov</u>	
agency affected BEFORE the	Commission will ve	Maintenance of Traffic plan to ote on it. Some Forms and inst ess you may want to select a pre	ructions can be found in th	
	nts Manual can h	elp. Recycling must be provide		
Company Name All grounds must be cleaned u responsible for securing recycli	p immediately aft ng services.	Contact er completion of event or you v	vill be subject to fees. You a	re
Security/Police		Who is your Police contact	for officers and security p	olanning?
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CAM 16-1338 Exhibit 5 Page 3 of 5

Name Broward Health G4S	Phone_(954) 444-074	4/	
*Security companies and their plans must be	e approved and you may still be	e required to hire City Polic	e. See below.
Security Company	Contact	Phone	
Tents or Canopies Ves No			
Quantity and size of each? 1-20x40			
Sunshine Tents & Events	Rentals Contact Marisha	Persad Phone (954) 374-0169
*A detailed Site Plan showing the locations of is required if there are multiple canopies, if t	and size of each canopy or tent	is required. A permit and	final inspection
Toilets Yes V			4
Toilets Yes No *All toilets must be removed within 24 hours. your contract or invoice to be faxed to (954)			
*All toilets must be removed within 24 hours. your contract or invoice to be faxed to (954 Transportation Plan Yes No) 467-4898 to ensure compliance	e with minimum standards	•
*All toilets must be removed within 24 hours. your contract or invoice to be faxed to (954) 467-4898 to ensure compliance	e with minimum standards	•

Your Event may require Security and Emergency Services which will be determined using this application, your Site Plan and Narrative, MOT, transportation plan and any additional information requested during your Special Events meeting. The hourly rate and costs for services will be quoted on the "Cost Estimate" worksheet developed at the meeting and provided to the organizer. The cost may change after the meeting.

If Fire Rescue or Police staff are scheduled for the event then a minimum of four (4) hours for each Fire Rescue staff and a minimum of three (3) hours for each Police staff will be charged. Fire Rescue also charges 45 minutes to set up and 45 minutes to break down for each event. If the event is canceled then an event representative must call each department at least 24 hours before the event is expected to begin or the organization will be charged.

Fire Prevention and Emergency Medical Services

Fire Rescue may need to inspect your event or provide services based on your Building Permit, expected attendance and other risk factors such as alcohol, time, day, location, event type or weather. When you complete your Building Permit Form with Department of Sustainable Development (DSD) indicate all the permits and inspections you need and immediately pay DSD directly. All other payments for services will be invoiced to the event coordinator and must be paid within thirty (30) days. For questions call the Fire Marshal at (954) 828-6370.

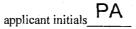
On-site Contact Name_Portia Anderson, Nurse Manager Phone 527-6049

Police

Your event may require security services based on expected attendance and other risk factors such as alcohol, time, day, location, event type or weather. Depending on your event it may be possible to supplement some of the City Police services with a private third-party security company <u>if</u> their security plan is approved by the City Police department. If you want to use a private security company, their proposed security plan must be presented along with their business license and contact information with this event application. The Police will review the plan and inform you if it meets City requirements.

If a Fort Lauderdale Police vehicle is required then a Hold-Harmless Agreement must be signed and Liability coverage of a minimum of one million dollars (\$1,000,000) must be provided.

rev 10/20/15



PART V: APPLICANT'S ACCEPTANCE

The information I have provided on this application is true and complete to the best of my knowledge.

If I have not submitted my application with the necessary plans, within the deadline and according to the rules outlined in the Special Events Manual it may be denied.

Before receiving final approval from the City Commission, I understand that I (and the production company, if applicable) must furnish an original certificate of General Liability insurance naming the City of Fort Lauderdale as additionally insured in the amount of at least one million dollars (\$1,000,000) or greater as deemed satisfactory by the City Risk Manager, and an original certificate of liquor liability insurance in the amount of five hundred thousand dollars (\$500,000) if alcohol is being served. Other liability insurance and fees may also be required up to thirty (30) days in advance of the event.

I understand that City of Fort Lauderdale Parks and Recreation sponsored activities have precedence over the event requested above and I will be notified if any conflicts arise.

I understand that the City of Fort Lauderdale Police department will determine all security requirements and that the City of Fort Lauderdale Fire Rescue department will determine all fire and Emergency Medical Services requirements.

I understand that any cancelations for City scheduled services must be made by phone to each department representative at least 24 hours before the scheduled event time or the organizer will be liable for any associated fees.

I understand that I may be required to provide a deposit based on historical performance or lack thereof.

I understand that the City has a noise ordinance that my event must follow. I agree to abide by all provisions of the noise control ordinance and understand that my failure to do so may result in a civil citation, a physical arrest, or the shutting down of the event. If at any time during the event it is determined by law enforcement personnel, code enforcement personnel, parks and recreation personnel, or any other city representative that the entertainment or music is causing a noise disturbance, I will be directed to lower the volume to an acceptable level as determined by City staff. If a second noise disturbance arises during the event, I may be directed to shut down the music or entertainment for the remainder of the event.

event coordinators signature

PART VI: SUBMISSION

Email application and plans 60 days before your planned event to: specialevents@fortlauderdale.gov

Include theses plans with application for:

- 1. ALL events Event Site Plan & Narrative show stages, restrooms, fencing, tents etc.
- 2. Closed Roads Maintenance of Traffic Plan show barricades, directions, cones, etc.
- 3. 5000+ people/- Transportation Plan show transportation options for attendees.
- 4. Security needs Security Plan detail how event coordinator will manage security.

<u>Mail</u> application fee (payable to **City of Fort Lauderdale**) to: Jeff Meehan, Special Events Coordinator 1350 W. Broward Boulevard Fort Lauderdale, FL 33312

Questions ? (954) 828-6075

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applicant initials_____