

**CITY OF FORT LAUDERDALE  
OUTDOOR EVENT AGREEMENT**

THIS AGREEMENT is made by and between:

**CITY OF FORT LAUDERDALE**, a Florida municipal corporation, with its principal address located at 101 NE 3<sup>rd</sup> Avenue, Suite 2100, Fort Lauderdale, Florida 33301 (hereinafter referred to as “City”),

and

**LAS OLAS ASSOCIATION, INC.**, a Florida Not For Profit Corporation, with its principal address located at 915 E. Las Olas Boulevard, Fort Lauderdale, Florida 33301 (hereinafter referred to as “Applicant” or “Sponsor”).

WHEREAS, the Applicant wishes to hold an outdoor event and has submitted a Special Event Application with an Anti-Human Trafficking Affidavit, which are incorporated into this Agreement and identified as “Composite Exhibit A” in compliance with the requirements of Section 15-182 of the Code of Ordinances of the City of Fort Lauderdale, Florida, and Section 787.06, Florida Statutes (2025), as may be amended or revised; and

WHEREAS, the Applicant is willing to obtain the requisite insurance and indemnify and hold harmless the City of Fort Lauderdale for any damage to persons or property that might occur during or as a result of the outdoor event; and

WHEREAS, on March 19, 2026, by Motion, the City Commission of the City of Fort Lauderdale authorized the proper City Officials to execute this Agreement;

NOW, THEREFORE, in consideration of the mutual promises made herein, the parties agree as follows:

**1. Recitals and Effective Date.**

Parties agree the foregoing recitals are true and correct and incorporated herein by this reference. The Effective Date of this Agreement is the date upon which City Commission approval is granted.

**2. Outdoor Event.**

The Applicant is permitted to operate or sponsor the outdoor event titled, “**AMERICAN LUNG ASSOCIATION’S 30<sup>TH</sup> ANNUAL LAS OLAS WINE & FOOD FESTIVAL**” (hereinafter referred to as the “Event”), only on the date(s), time(s), and with any approved road closure(s) and music exemption(s), as set forth in the attached Schedule 1 (“Exhibit

B”), and at the location particularly described in the attached Event Location Map (“Exhibit C”) and Event Site Plan (“Exhibit D”) (if applicable), which are attached hereto and made a part of this Agreement.

### **3. General Requirements.**

- (a) If the Event includes use of fireworks, in advance of the Event, the Applicant shall obtain a fireworks permit from the City’s Fire Department. The Applicant shall comply with all applicable state and local laws regarding the use of fireworks.
- (b) The Applicant shall provide sanitary facilities of the type and in a sufficient number specified by the requirements established by the City’s Department of Sustainable Development.
- (c) The Applicant shall coordinate with the City’s Department of Sustainable Development to schedule appropriate City staff to conduct electrical inspections of all electrical facilities, whether power is supplied by local utilities or is self-provided by generator systems. Prior to the Event, the Applicant shall permit the City staff to conduct electrical inspections of all electrical facilities.
- (d) Prior to the Event, the Applicant shall coordinate with the City’s Department of Transportation and Mobility who shall review the Event application and determine necessary parking requirements.
- (e) If the Event includes the sale or distribution of any food or beverages, prior to the Event, the Applicant shall comply with all applicable State, County and City health code requirements. This shall be evidenced by a permit by the appropriate entity.
- (f) If the Event includes use of tents, awnings or canopies, in advance of the Event, the Applicant shall submit current flameproof certificates to the City’s Fire Department. The Applicant shall not hold or sponsor the Event until the Fire Department has provided written approval of the use of any tents, awnings, or canopies.
- (g) The Applicant shall pay for the expense of all City services provided as a result of the Event identified by City staff prior to the Event. In advance of the Event, the Applicant shall submit a written plan to the City Police Department that regards crowd control and traffic direction. The Applicant shall not hold or sponsor the Event until the Police Department has provided written approval of the Applicant’s plan. The Applicant shall bear the cost of staff necessary to implement the crowd control and traffic direction plan. Police costs shall be exempt from prior notice requirements.

- (h) In advance of the Event, the Applicant shall submit a written plan to the City's Fire Department that regards Fire safety and EMS. The Applicant shall not hold or sponsor the Event until the Fire Department has provided written approval of the Applicant's plan. The Applicant shall bear the cost of staff necessary to implement the fire safety and EMS plans. Fire and EMS costs shall be exempt from prior notice requirements.
- (i) In advance of the Event, the Applicant shall submit a written plan to the City Manager's Office that indicates the proposed location of any temporary structure, such as a barricade, fence, tent, concession stand, ticket booth, and grandstand. The written plan shall include information about the planned removal of any temporary structure after the Event. The Applicant shall not hold or sponsor the Event or erect any temporary structure until the City Manager's Office has provided written approval of the Applicant's temporary structure plan. The Applicant shall bear the cost necessary to implement the temporary structure plan.
- (j) Pursuant to Section 16-154(1)(b) of the Code of Ordinances of the City of Fort Lauderdale, special event permittees are prohibited from using polystyrene products, or utilizing polystyrene food and beverage packaging while serving or preparing food or beverages, or providing polystyrene products to anyone while operating or located on City facilities or City property. The City may revoke the special event permit immediately if this section is violated. This subsection shall not apply to expanded polystyrene food and beverage packaging that was packaged outside of the City and sealed prior to receipt by the special event permittee.

#### **4. Outdoor Event Site.**

The City does not warrant that the Event site will be available during the approved Event period. Further, no such warranty is granted as to the suitability of the Event site for the particular event activity. Any and all event sites may be subject to change and/or relocation upon the written direction of the City Manager or his/her designee.

#### **5. Insurance.**

As a condition precedent to the effectiveness of this Agreement, during the term of this Agreement and during any renewal or extension term of this Agreement, Contractor shall, at its sole expense, provide insurance of such types and with such terms and limits as noted below. Providing proof of and maintaining adequate insurance coverage are material obligations of Contractor. Contractor shall provide the City a certificate of insurance evidencing such coverage. Contractor's insurance coverage shall be primary insurance for all applicable policies, in respect to the City's interests for this Agreement. The limits of coverage under each policy maintained by Contractor shall not be interpreted as limiting Contractor's liability and obligations under this Agreement. All insurance policies shall be through insurers authorized or eligible to write policies in the State of

Florida and possess an A.M. Best rating of A-, VII or better, subject to approval by the City's Risk Manager.

The coverages, limits, and/or endorsements required herein protect the interests of the City, and these coverages, limits, and/or endorsements shall in no way be relied upon by Contractor for assessing the extent or determining appropriate types and limits of coverage to protect Contractor against any loss exposures, whether as a result of this Agreement or otherwise. The requirements contained herein, as well as the City's review or acknowledgement, are not intended to and shall not in any manner limit or qualify the liabilities and obligations assumed by Contractor under this Agreement.

The following insurance policies and coverages are required:

**(Send these requirements to your insurance agent to be sure you can meet the expectations of the Agreement. The City must receive a thorough and accurate Certificate of Insurance upon execution of the Agreement.)**

#### Commercial General Liability

Coverage must be afforded under a Commercial General Liability policy with limits not less than:

- \$1,000,000 each occurrence and \$2,000,000 aggregate for Bodily Injury, Property Damage, and Personal and Advertising Injury
- \$1,000,000 each occurrence and \$2,000,000 aggregate for Products and Completed Operations

Policy must include coverage for contractual liability and independent contractors.

The City, a Florida municipality, its officials, employees, and volunteers are to be included as an additional insured with a CG 20 26 04 13 Additional Insured – Designated Person or Organization Endorsement or similar endorsement providing equal or broader Additional Insured Coverage with respect to liability arising out of activities performed by or on behalf of Contractor. The coverage shall contain no special limitation on the scope of protection afforded to the City, its officials, employees, and volunteers.

#### Liquor Liability

Contractor shall provide evidence of coverage for liquor liability in an amount not less than \$1,000,000 per occurrence. If the Commercial General Liability policy covers liquor liability (e.g. host or other coverage), Contractor shall provide written documentation to confirm that coverage already applies to this Agreement.

#### Insurance Certificate Requirements

- a. Contractor shall provide the City with valid Certificates of Insurance (binders are unacceptable) no later than ten (10) days prior to the start of work contemplated in this Agreement.

- b. Contractor shall provide to the City a Certificate of Insurance having a thirty (30) day notice of cancellation; ten (10) days' notice if cancellation is for nonpayment of premium.
- c. In the event that the insurer is unable to accommodate the cancellation notice requirement, it shall be the responsibility of Contractor to provide the proper notice. Such notification will be in writing by registered mail, return receipt requested, and addressed to the certificate holder.
- d. In the event the Agreement term or any surviving obligation of Contractor following expiration or early termination of the Agreement goes beyond the expiration date of the insurance policy, Contractor shall provide the City with an updated Certificate of Insurance no later than ten (10) days prior to the expiration of the insurance currently in effect. The City reserves the right to suspend the Agreement until this requirement is met.
- e. The Certificate of Insurance shall indicate whether coverage is provided under a claims-made or occurrence form. If any coverage is provided on a claims-made form, the Certificate of Insurance must show a retroactive date, which shall be the effective date of the initial contract or prior.
- f. The City shall be included as an Additional Insured on all liability policies.
- g. The title of the Agreement, event dates, or other identifying reference must be listed on the Certificate of Insurance.

The Certificate Holder should read as follows:

City of Fort Lauderdale  
Attn: Parks and Recreation  
401 SE 21<sup>st</sup> Street  
Fort Lauderdale, FL 33316

Contractor has the sole responsibility for all insurance premiums and shall be fully and solely responsible for any costs or expenses as a result of a coverage deductible, co-insurance penalty, or self-insured retention; including any loss not covered because of the application of such deductible, co-insurance penalty, self-insured retention, or coverage exclusion or limitation. Any costs for including the City as an Additional Insured shall be at Contractor's expense.

If Contractor's primary insurance policy/policies do not meet the minimum requirements as set forth in this Agreement, Contractor may provide evidence of an Umbrella/Excess insurance policy to comply with this requirement.

Contractor's insurance coverage shall be primary insurance in respect to the City's interests for this Agreement, its officials, employees, and volunteers. Any insurance or self-insurance maintained by the City shall be non-contributory.

Any exclusion or provision in any insurance policy maintained by Contractor that excludes coverage required in this Agreement shall be deemed unacceptable and shall be considered breach of contract.

All required insurance policies must be maintained until the Agreement work has been accepted by the City, or until this Agreement is terminated, whichever is later. Any lapse in coverage may be considered breach of contract. In addition, Contractor must provide to the City confirmation of coverage renewal via an updated certificate of insurance should any policies expire prior to the expiration of this Agreement. The City reserves the right to review, at any time, coverage forms and limits of Contractor's insurance policies.

Contractor shall provide notice of any and all claims, accidents, and any other occurrences associated with this Agreement to Contractor's insurance company or companies and the City's Risk Management office as soon as practical.

It is Contractor's responsibility to ensure that any and all of Contractor's independent contractors and subcontractors comply with these insurance requirements. All coverages for independent contractors and subcontractors shall be subject to all of the applicable requirements stated herein. Any and all deficiencies are the responsibility of Contractor. The City reserves the right to adjust insurance limits from time to time at its discretion with notice to Contractor.

## **6. Restoration of public property.**

If the Event includes use of public property, the Applicant shall be responsible for, and shall maintain, all areas of the public property used. Maintenance means the prompt and complete removal of Event-generated trash or debris and the repair or restoration of any public property that was damaged as a result of the Event. Public property means real and personal property that is not privately owned and includes, but is not limited to, any sidewalk or paved surface, any tree, plant, shrub, bench, light fixture, traffic signal, parking meter, trash barrel or sign.

The City shall inspect the Event site location(s) for damage within twenty-four hours of the conclusion of the Event and the City shall provide the Applicant with a written report of any damage found on public property. The report shall state the cost of repair(s) necessary to restore the public property. Within fourteen days of the Applicant's receipt of this report the Applicant shall pay the cost of repair or challenge the City's report by a writing addressed to the City Manager or his/her designee. Resolution of any such challenge shall be made by the City Manager; the Applicant agrees to abide by the City Manager's decision.

## **7. Reimbursement of expenses.**

Should the City incur expenses as a result of the Event, the City shall provide the Applicant with an invoice of expenses. Within fourteen days (14) of the Applicant's receipt of any invoice, the Applicant shall pay the invoice or challenge the City's invoice by a writing addressed to the City Manager or his/her designee. Resolution of any such challenge shall be made by the City Manager and the Applicant agrees to abide by the City Manager's decision.



With a copy to: Shari L. McCartney  
City Attorney  
City of Fort Lauderdale  
1 East Broward Blvd., Suite 1320  
Fort Lauderdale, Florida 33301

AS TO APPLICANT: Las Olas Association, Inc.  
Attn: Maria Doherty  
915 E. Las Olas Blvd.  
Fort Lauderdale, FL 33301

**10. Authority of the City of Fort Lauderdale City Manager.**

The City of Fort Lauderdale City Manager or his/her designee, shall have the authority to suspend all or any part of the Event when the City Manager or his/her designee determines that the Event, or its attendees, or its spectators, pose(s) a threat to the public health, safety, or welfare. The City Manager also reserves the right to immediately revoke permission, suspend, modify or terminate the Event or any portion thereof upon his/her written determination or to the extent any term or condition of this Agreement is violated.

**11. Compliance with laws.**

- (a) The Applicant shall at all times comply with all federal and state laws or statutes, and with the rules, regulations, and ordinances of City and any other governmental agency having jurisdiction including, but not limited to, those relating to noise, building, zoning, gambling, fire protection, liquor regulation, and hours of operation. The Applicant shall further take all precautions and use extreme care to conduct its operations in a safe and prudent manner with respect to its agents, employees and visitors to its Event.
- (b) The Applicant shall comply with the applicable sections of the Americans with Disabilities Act of 1990 (42 U.S.C. 126), which prohibits discrimination of handicapped individuals by denying them the right to participate in or benefit from the services provided at the Event. The Applicant understands that it is responsible for compliance with this Act. The Applicant guarantees that individuals with disabilities will be able to attend, enter, and use all the facilities at the Event.
- (c) The Applicant agrees to secure and pay for all licenses and permits required by any governmental agency having jurisdiction, including City. If the Event includes the use of any item that is or that may be protected from infringement, such as but not limited to copyrights, patents and trademarks, the Applicant shall, in advance of the Event, provide City with documentation that shows that the Applicant has obtained the applicable

license, permit or permission and that all associated all fees have been paid in full. The provisions of this paragraph apply specifically, but not exclusively, to ASCAP, BMI, SESAC, and any other similar organization that may require written permission and payment of a fee for use of protected material.

## **12. Indemnification.**

Applicant shall protect and defend at Applicant's expense, counsel being subject to the City's approval, and indemnify and hold harmless the City and the City's officers, employees, volunteers, and agents from and against any and all losses, penalties, fines, damages, settlements, judgments, claims, costs, charges, expenses, or liabilities, including any award of attorney fees and any award of costs, in connection with this Event or arising directly or indirectly out of any act or omission by the Applicant or by any officer, employee, agent, invitee, subcontractor, or sublicensee of the Applicant. The provisions and obligations of this section shall survive the expiration or earlier termination of this Agreement.

## **13. Limitation of Liability.**

- (a) The City desires to enter into this Agreement only if in so doing the City can place a limit on the City's liability for any cause of action for money damages due to an alleged breach by the City of this Agreement, so that its liability for any such breach never exceeds the sum of \$100.00. Applicant hereby expresses its willingness to enter into this Agreement with Applicant's recovery from the City for any damage action for breach of contract or for any action or claim arising from this Agreement to be limited to a maximum amount of \$100.00.
- (b) Accordingly, and notwithstanding any other term or condition of this Agreement, Applicant hereby agrees that the City shall not be liable to Applicant for damages in an amount in excess of \$100.00, for any action for breach of contract or for any action or claim arising out of this Agreement. Nothing contained in this paragraph or elsewhere in this Agreement is in any way intended to be a waiver of the limitation placed upon City's liability as set forth in Section 768.28, Florida Statutes (2025).

## **14. Transfer of Rights.**

To the extent this Agreement creates rights that vest in the Applicant, the Applicant shall not transfer any rights to any other individual or entity.

## **15. Venue.**

This Agreement shall be interpreted and construed in accordance with the laws of the State of Florida and shall inure to and be binding upon the parties, their successors and

assigns. Venue for any action brought in state court shall be in Broward County, Florida. Venue for any action brought in Federal Court shall be in the Southern District of Florida, Fort Lauderdale Division. The parties consent to the personal jurisdiction of the aforementioned courts and irrevocably waive any objections to said jurisdiction.

**16. Incorporation.**

This Outdoor Event Agreement, together with the attached Schedule One and Site Map (if applicable), constitute the whole of the Agreement between the parties. The written approvals issued by the various City departments or staff members and the various documents submitted by the Applicant, including the application, are supplemental to this Agreement. In the event of a conflict, the terms of this Agreement control.

**17. Anti-Human Trafficking.**

As a condition precedent to the effectiveness of this Agreement, the Applicant shall provide the City with an affidavit on a form approved by the City and signed by an officer or a representative of the Applicant under penalty or perjury attesting that the Applicant does not use coercion for labor or services as defined in Section 787.06, Florida Statutes (2025), as may be amended or revised.

**[REMAINDER OF THIS PAGE INTENTIONALLY LEFT BLANK]**

IN WITNESS WHEREOF, the parties hereto have set their hands and seals as of the date first above written.

ATTEST:

**CITY OF FORT LAUDERDALE,**  
a Florida municipal corporation.

\_\_\_\_\_  
DAVID R. SOLOMAN  
City Clerk

\_\_\_\_\_  
RICKELLE WILLIAMS  
City Manager

Approved as to form and correctness:

\_\_\_\_\_  
GABRIELLE BUSH  
Assistant City Attorney

**APPLICANT/SPONSOR**

WITNESSES:

**LAS OLAS ASSOCIATION, INC., a  
Florida Not For Profit Corporation.**

[Signature]  
Signature

By: [Signature]  
**LUKE MOORMAN**  
President

Max Erwin  
Print Name

[Signature]  
Signature

Maria Doherty  
Print Name

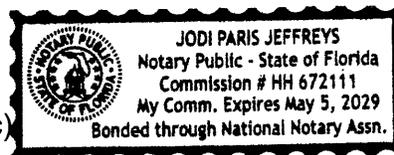
[CORPORATE SEAL]

STATE OF FLORIDA :  
COUNTY OF BROWARD :

The foregoing instrument was acknowledged before me by means of  physical presence or  online notarization, this 4<sup>th</sup> day of MARCH, 2026, **LUKE MOORMAN**, as **PRESIDENT** for **LAS OLAS ASSOCIATION, INC.**, a Florida Not For Profit Corporation.

[Signature]  
(Signature of Notary Public - State of Florida)

[NOTARY SEAL]



\_\_\_\_\_  
(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally known  OR Produced Identification \_\_\_\_\_  
Type of Identification Produced \_\_\_\_\_

EXHIBIT A

**CITY OF FORT LAUDERDALE SPECIAL EVENT APPLICATION**

**Part 1: Event Request**

**Event Name:** American Lung Association's 30th Annual Las Olas Wine & Food Festival

Purpose of event (check one):     Fundraiser    Awareness    Recreation    Other

Expected maximum attendance:                      2,500                      Expected sustained attendance:                      2,000

Has this event been held in the past?                       Yes    No

If Yes, please list past dates, locations and attendance: 1994-2025 on Las Olas Blvd between SE 6th Avenue and SE 11th Avenue

**Detailed Description:** Las Olas Wine & Food Festival happens between SE 6th Avenue and SE 11th Avenue. It is a fundraising event benefitting the American Lung Association. Guests sample food and beverages from various sponsors.

**Location:** Las Olas Blvd between SE 6th Avenue and SE 11th Avenue

Is your event located directly on the beach?                       Yes    No                      \*\$500/day fee including setup and breakdown days.

**Setup:**

Date:	Time Setup will start:	Time Setup will end:	Setup Duration (Hours):	Set Up Attendance:
Friday April 24, 2026	04:00 AM	7:00 PM	15	100

**Total Setup Duration (Hours): 15**

**Event Days:**

Date:	Time Event will start:	Time Event will end:	Event Duration (Hours):	Event Attendance:
Friday April 24, 2026	7:00 PM	10:30 PM	3.5	2,500

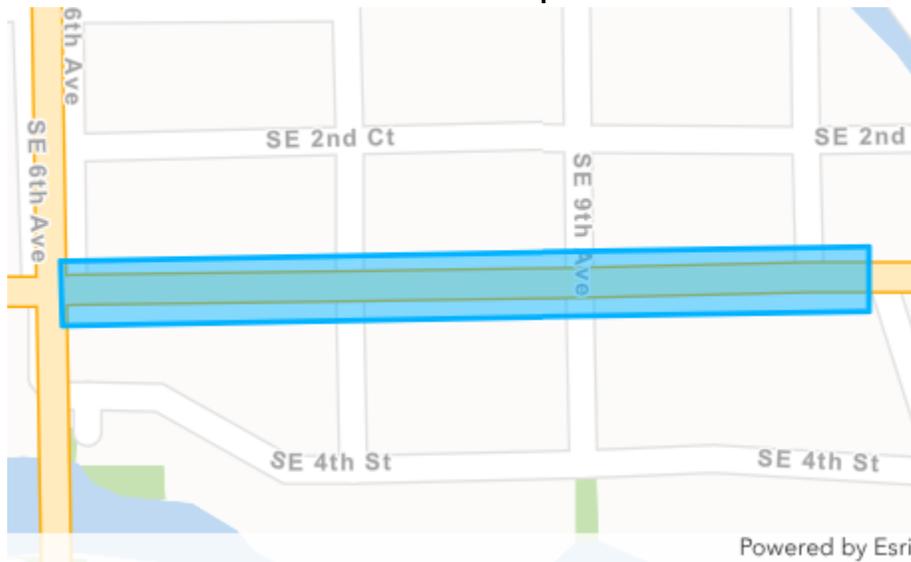
**Total Event Duration (Hours): 3.5**

**Breakdown**

Date:	Time Breakdown will start:	Time Breakdown will end:	Breakdown Duration (Hours):	Breakdown Attendance:
Friday April 24, 2026	10:30 PM	11:59 PM	1.48	40
Saturday April 25, 2026	00:00 AM (Midnight)	06:00 AM	6	40

**Total Breakdown Duration (Hours): 7.48**

**Location Map**



## Part 2: Applicant Information

### Organization

Organization Name:	Las Olas Association, Inc.
Organization Type:	<del>Private (as registered in Sunbiz)</del> Florida Not For Profit Corporation
Name of Authorized Signatory:	Maria Doherty
Address:	915 E Las Olas Blvd, Fort Lauderdale, FL, 33301, USA
Date of registration:	March 3, 1983
State registered in:	Florida
Federal ID #:	59-2296268
Email Address:	director@lasolasboulevard.com
Phone #:	(954) 258-8382

### Two Authorizing Officials for the Organization

First Official Title:	<input checked="" type="checkbox"/> President <input type="checkbox"/> Vice-President <input type="checkbox"/> CEO <input type="checkbox"/> COO <input type="checkbox"/> Other
First Official Name:	Luke Moorman
First Official Phone #:	(954) 658-7941
First Official Email:	director@lasolasboulevard.com
Second Official Title:	<input type="checkbox"/> President <input checked="" type="checkbox"/> Vice-President <input type="checkbox"/> CEO <input type="checkbox"/> COO <input checked="" type="checkbox"/> Other <del>Secretary</del>
Second Official Name:	Jodi Tanner
Second Official Phone #:	(954) 655-7508
Second Official Email:	director@lasolasboulevard.com

**Event Coordinator**

<i>Name:</i>	Jason Venger
<i>Will Event Coordinator be on-site?</i>	Yes
<i>Title:</i>	COO
<i>Event Coordinator Phone #:</i>	(786) 368-5494
<i>Event Coordinator Cell Phone #:</i>	(786) 368-5494
<i>Event Coordinator E-mail Address:</i>	jason@ci-mgt.com
<i>Do you want to provide additional contact?</i>	Yes
<i>Name:</i>	Chrissy Cohen
<i>Will contact be on-site?</i>	Yes
<i>Title:</i>	Executive Director
<i>Additional Contact Phone #:</i>	(954) 727-0907
<i>Additional Contact Cell Phone #:</i>	(561) 414-5587
<i>Additional Contact E-mail Address:</i>	chrissy.cohen@lung.org

**Event Production Company**

<i>Same as Applicant?</i>	No
<i>Company name:</i>	CI Management Group, Inc.
<i>Address:</i>	7150 SW 139th St, Palmetto Bay, FL, 33158, USA
<i>Contact name:</i>	
<i>Title:</i>	Event Producer
<i>Contact Phone # (Day):</i>	(786) 368-5494
<i>Contact Phone # (Night):</i>	(786) 368-5494
<i>Contact Cell Phone #:</i>	(786) 368-5494
<i>Contact E-mail Address:</i>	jason@ci-mgt.com

## Part 3: Event Information

### Admission/Registration

<i>Admission/Registration?</i>	<i>How much?</i>
Yes  Does admission vary? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Lowest: \$ 175 <b>General</b> Highest: \$ 300 <b>VIP</b>  Description: One is general admissions and one is VIP

### Advertising/Promotion

<i>Advertising/Promotion?</i>	<i>How?</i>
Yes	Multiple outlets

### Alcohol

<i>Alcohol for sale?</i>	<i>If Yes, how will the beverages be controlled and served? (Draft truck, bar tender, beer tub, etc.)</i>
No	N/A
<i>Alcohol for free?</i>	<i>If Yes, how will the beverages be controlled and served? (Draft truck, bar tender, beer tub, etc.)</i>
Yes	21 and older, checked at registration and by bartenders

\*Provide State of Florida alcohol licenses and \$500,000 of Liquor Liability Insurance 30 days before event.

### Amusement Rides

<i>Amusement Rides?</i>	<i>Name and contact of company:</i>	<i>What type of rides are you planning?</i>
No	N/A	N/A

\*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 prior to use.

**Bounce House**

*Bounce House?*

Yes  No

**Electricity**

<i>Electricity?</i>	<i>Company:</i>	<i>License #:</i>	<i>Name of electrician:</i>	<i>Phone #:</i>
Yes	Sunbelt Rentals	TBD	AC Power Production	(786) 368-5494

\* Events requiring electricity must be permitted. [eventpower@fortlauderdale.gov](mailto:eventpower@fortlauderdale.gov)

**Generators**

<i>Generators?</i>	<i>What size(s)?</i>
Yes	<del>TBD</del> (4) 75kw

\*Generators above a certain size must be permitted.

**Entertainment**

<i>Entertainment?</i>	<i>What type of entertainment will be there? Any notable performers?</i>
Yes	<del>TBD</del> DJ & music throughout site

**Fencing or Barricades**

<i>Fencing or Barricades?</i>	<i>Name &amp; Contact of Company</i>
Yes	Roadsafe Traffic Systems

\* Include proposed fences in your Site Plan & Narrative

**Fireworks & Flame Effects**

<i>Fireworks &amp; Flame Effects?</i>	<i>Name &amp; Contact of Company conducting the show:</i>
No	N/A

\*A permit and Fire Watch is required for all pyrotechnics displays. [firemarshal@fortlauderdale.gov](mailto:firemarshal@fortlauderdale.gov)

**Food**

<i>Food Vendors?</i>	<i>Food Trucks?</i>	<i>Cooking on Site?</i>
Yes	No	Yes

\* State Health Dept. Tara Palmer at (954) 397-9366 must be notified 10 days prior to event. All Food Vendors must be inspected by the Fire Rescue Department, Capt. Bruce Strandhagen at (954) 828-5080 to ensure compliance prior to serving food. 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. Inspections during non-working hours cost will cost \$75 per hour.

**Music**

<i>Music?</i>	<i>What music format(s) will be used? (amplified, acoustic, recorded, live, MC, DJ, etc.):</i>	<i>List the type of equipment you will use (speakers, amplifier, drums, etc):</i>
Yes	DJ	Amplified music with speakers

List date/s with start and end times Music will be played:

Date:	Time music will start:	Time music will end:	Music Duration (Hours):
Friday April 24, 2026	7:00 PM	10:30 PM	3.5

-----

**Total Music Duration:**  
**3.5**

How close is the event to the nearest residence?

Exact distance TBD, copy on responsibility

Soundproofing equipment?

No

**Parking Impact**

<i>Parking Impact?</i>	<i>Lot location(s)?</i>
Yes	<del>TBD</del> Metered spaces on Las Olas Boulevard btween SE 6 Avenue to SE 11 Avenue.

List date/s and start and end times of Parking Closures:

Date:	Time parking closure will start:	Time parking closure will end:	Parking Closure Duration (Hours):
Friday April 24, 2026	04:00 AM	11:59 PM	19.98

-----

Date:	Time parking closure will start:	Time parking closure will end:	Parking Closure Duration (Hours):
Saturday April 25, 2026	00:00 AM	06:00 AM	6

-----

**Parking Closure Total Duration:**  
**25.98**

\*All Parking Spaces that are impacted by an event will be billed to the event organizer through the Transportation & Mobility Dept. and must be paid in full before the event. If you have any parking questions, call 954-828-3771.

**Road Closings**

Road Closings?	Define closure(s):
Yes	Las Olas Boulevard from SE 6th Avenue to SE 11th Avenue

List date/s with start and end times of Road Closures:

Date:	Time Road Closure will start:	Time Road Closure will end:	Road Closure Duration (Hours):
Friday April 24, 2026	04:00 AM	11:59 PM	19.98

-----

Date:	Time Road Closure will start:	Time Road Closure will end:	Road Closure Duration (Hours):
Saturday, April 25, 2026	00:00 AM	06:00 AM	6

--	--	--	--

-----

**Total Road Closure Duration (Hours):**  
**25.98**

<i>Company Name:</i>	<i>Contact:</i>	<i>Contact Phone #:</i>
Roadsafe Traffic Systems	Jason Venger	(786) 368-5494

\*Closing roads requires submitting an approved Maintenance of Traffic plan to the Special Events Director for each agency affected BEFORE the Commission will vote on it. To expedite the process you may want to select a preapproved MOT plan.

**Bridge Closings**

<i>Bridge Closings?</i>	<i>Bridge location(s):</i>
No	N/A

List date/s with start and end times of Bridge Closings:

**Total Duration of Bridge Closure (Hours):**  
**N/A**

\*Closing a bridge requires submitting the United States Coast Guard issued Bridge Closure Approval Letter with the application to the Special Events Director for each agency affected BEFORE the Commission will vote on it.

**Sanitation & Waste**

<i>Company Name:</i>	<i>Contact Name:</i>	<i>Phone #:</i>
South Florida Maintenance	Jason Venger	(786) 368-5494

\*All grounds must be cleaned up immediately after completion of event or you will be subject to fees. You are responsible for securing recycling services.

**Security/Police**

<i>Police?</i>	<i>Who is your Police contact for officers and security planning?</i>	<i>Phone #:</i>
Yes	Jeff Jenkins	(954) 605-7882

<i>Security?</i>	<i>Security Company:</i>	<i>Contact Name:</i>	<i>Phone #:</i>
Yes	Halo Security Services	Jason Venger	(786) 368-5494

\*Security companies and their plans must be approved and you may still be required to hire City Police.

**Tents or Canopies**

*Tents or Canopies?*

Yes

\*No penetration of ground spike is allowed. All structures must be water-weighted.

<i>Quantity and size of each?</i>	<i>Company Name:</i>	<i>Contact Name:</i>	<i>Phone #:</i>
<del>TBD</del> 2 - 20x30 85 - 10x1 10x20 if needed	2nd Chance Party Rentals	Jason Venger	(786) 368-5494

\*A detailed Site Plan showing the locations and size of each canopy or tent is required. A permit and final inspection is required if there are multiple canopies, if they are going to be used for cooking or if there are Tents (with walls).

**Toilets**

*Toilets?*

Yes

\*All toilets must be removed within 24 hours. Portable Toilets are regulated by Broward County. Please contact the Environmental Manager at 954-467-4700 ext 4223.

**Transportation Plan**

*Transportation Plan Required?*

No

Any events larger than 5,000 people must have an approved Transportation Plan. Call 954-828-3771 if you have a question.

## Part 4: Security and Emergency Services

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:

Jason Venger

### Phone #:

(786) 368-5494

## Part 5: Riverwalk District Outdoor Events

Riverwalk Fort Lauderdale, Inc. will oversee all outdoor events held within the Riverwalk District. This includes use of Esplanade Park, Huizenga Park, Peter Feldman Park, Hardy Park, Sistrunk Park, Stranahan Park, Smoker Park and Laura Ward Plaza. The Riverwalk District is outlined below.

After your application submission, please contact the Riverwalk Director of Operations at 954-468-1541 x205.

## Part 6: Submission of Plans

### All Events - Event Site Plan & Narrative\*

2026 site plan for permit.pdf

### Sunbiz Document

### Anti-human trafficking affidavit\*

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
7. Maintenance of Traffic Plan

**\$200 (non-refundable) Fee must accompany completed application. Late applications must be approved by City Manager or designee and pay \$1,000 fee (Less than 90 days from event).**

**Mail application fee (payable to City of Fort Lauderdale) to:**

Brittany Henry, Special Events Coordinator

701 S. Andrews Fort Lauderdale, FL 33316

## Part 7: 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 one million dollars (\$1,000,000) 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.

### Acknowledgement

I hereby acknowledge that I have read and understand this policy.

Event coordinators signature:



Submission Date: January 27, 2026



# ANTI-HUMAN TRAFFICKING AFFIDAVIT

Rev Date: 12/31/2025

The undersigned, on behalf of Las Olas Association, INC.

(Print entity's complete legal name as registered with suffix: INC, LLC, LTD, LP, PA, etc.)

a Florida nongovernmental entity ("Nongovernmental Entity"), under penalty of perjury,  
(State entity is registered)

hereby deposes and says:

1. My name is Maria Doherty

(Print complete name of corporate officer/authorized representative)

2. I am an X officer or      authorized representative (Select one) of the Nongovernmental Entity. My title is: Executive Director

(Print title of corporate officer/authorized representative)

3. I attest that the Nongovernmental Entity does not use coercion for labor or services as defined in Section 787.06, Florida Statutes (2025), as may be amended or revised.

Under penalties of perjury, I declare that I have read the foregoing Anti-Human Trafficking Affidavit and that the facts stated in it are true.

Signature of Officer or Representative: Maria Doherty

Office Address: 915 East Las Olas Boulevard, Fort Lauderdale, FL 33301

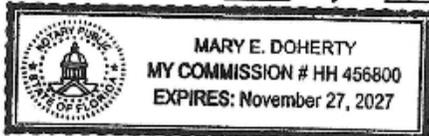
Email Address: Director@LasOlasBoulevard.com

Main Phone Number: (954) 258-8382 FEIN No.: 59-22966268

STATE OF FLORIDA  
COUNTY OF PALM BEACH

Sworn to and subscribed before me by means of  physical presence or  online notarization, this 5<sup>th</sup> day of FEBRUARY, 2026, by MARY E. DOHERTY

(Print name of corporate officer/representative)



(NOTARY SEAL)

Mary E. Doherty  
(Signature of Notary Public - State of FLORIDA)  
MARY E. DOHERTY

Print, Type or Stamp Commissioned Name of Notary Public)

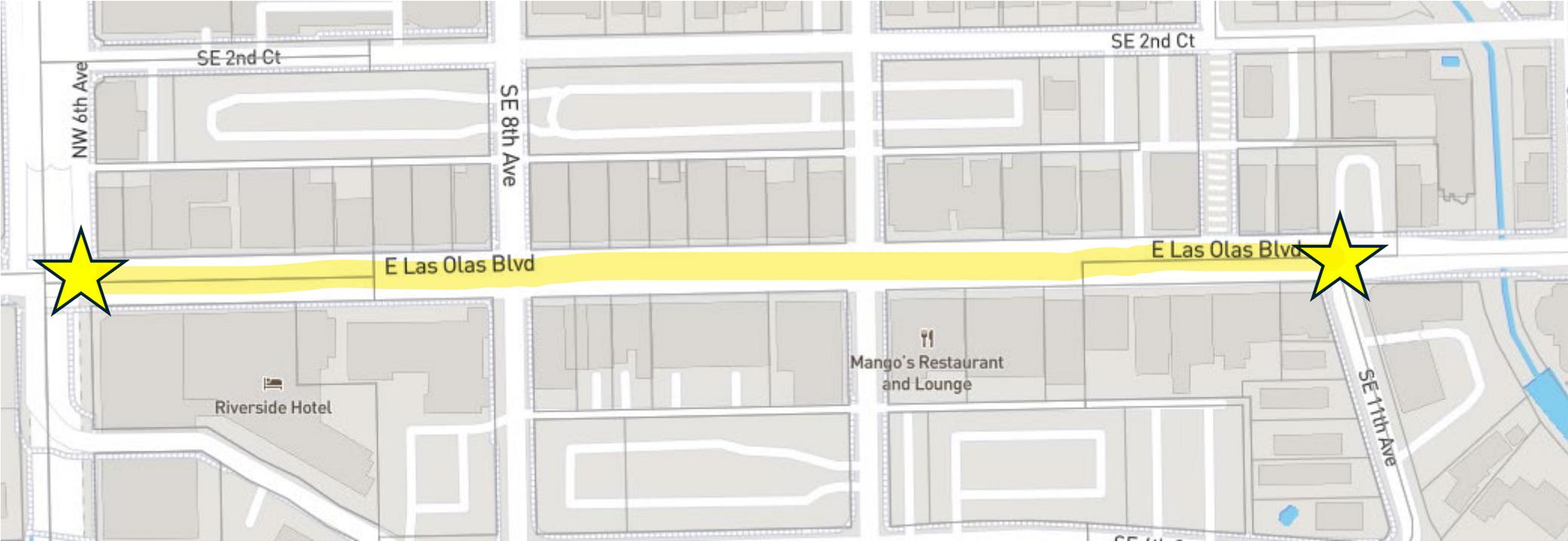
Personally Known  OR Produced Identification

Type of Identification Produced

**Schedule – 1**  
**EXHIBIT B**

<b>Applicant:</b>	Las Olas Association, Inc.
<b>Event Name:</b>	American Lung Association’s 30 <sup>th</sup> Annual Las Olas Wine & Food Festival
<b>Date/Time:</b>	Friday, April 24, 2026 (7:00 pm – 10:30 pm)
<b>Location:</b>	Las Olas Blvd between SE 6 <sup>th</sup> Ave and SE 11 <sup>th</sup> Ave.
<b>Set Up Date/Time:</b>	Friday, April 24, 2026 (4:00 am – 7:00 pm)
<b>Breakdown Date/Time:</b>	Friday, April 24, 2026 (10:30 pm – Midnight) Saturday, April 25, 2026 (Midnight – 6:00 am)
<b>Road Closure:</b>	Las Olas Boulevard from SE 6 <sup>th</sup> Ave to SE 11 <sup>th</sup> Ave. <ul style="list-style-type: none"> <li>• Friday, April 24, 2026 (4:00am – 11:59pm)</li> <li>• Saturday, April 25, 2026 (Midnight – 6:00am)</li> </ul>
<b>Alcohol:</b>	Yes
<b>Amplified Music:</b>	Friday, April 24, 2026 (7:00 pm – 10:30 pm)
<b>Special Permission:</b>	Amplified Music for :30 minutes beyond the noise ordinance. <ul style="list-style-type: none"> <li>• Friday, April 24, 2026 (10:00 pm – 10:30 pm)</li> </ul>
<b>Insurance Required:</b>	Yes
<b>Banners:</b>	No
<b>Pending Code Violations:</b>	No
<b>Application Fee:</b>	\$1,000.00
<b>Beach Fee:</b>	N/A

# EXHIBIT C - American Lung Association's 30th Annual Las Olas Wine & Food Festival



# EXHIBIT D

-  Generators
-  Registration
-  Wine Sampling Tent
-  Beer Sampling Tent
-  Food Sampling Tent
-  Sponsor Activation
-  Bathrooms - 8
-  ADA Bathrooms - 4

## SITE PLAN Las Olas Wine & Food Festival

2,500 Expected  
1 Day  
3.5 hours

**Event:** Las Olas Wine & Food Festival  
**Address:** Las Olas Blvd btwn SE 6<sup>th</sup> Ave – SE 11<sup>th</sup> Ave  
**Date:** April 24, 2026  
**Time:** 7:00pm-10:30pm  
**Contact:** Jason Venger 786-368-5494



### GENERAL SITE LIFE SAFETY NOTES:

1. ALL GATES STAFFED WITH SECURITY
2. NO GATES TO BE LOCKED DURING SHOW HOURS
3. LIGHT TOWERS TO PROVIDE EMERGENCY ILLUMINATION (NIGHT EVENTS)
4. MAINTAIN 1 FOOT CANDLE ILLUMINATION AT GROUND LEVEL
5. ENTRANCE GATES TO BE MONITORED FOR GUEST COUNTS
6. EXIT EGRESS PATHS TO REMAIN CLEAR AT ALL TIMES
7. NO SMOKING SIGNS POSTED IN ALL CANOPIES & HAZARD AREAS
8. ALL OTHER AREAS ARE OPEN AIR OCCUPANCIES
9. EXIT WIDTH CHECKED FOR CALCULATED OCCUPANCY
10. RESTROOMS & MECHANICAL AREAS NOT INCLUDED IN NET OCCUPANCY AREAS
11. SEE INTERIOR PLANS FOR ADDITIONAL LIFE SAFETY NOTES

### GENERAL NOTES - TEMPORARY TENTS & CANOPIES

- ECP V3 APPLICABLE CODE: ~ FBC 2020 7TH EDITION NEC 2017 (NFPA70-NEC) MB
1. ALL COMPONENTS OF THE STRUCTURE MUST COMPLY WITH FBC AND NFPA 101 & 102 LESS THAN 180 DAYS
  2. INSTALL FIRE EXTINGUISHERS IN ACCORDANCE WITH FLORIDA BUILDING CODE, NFPA OR LOCAL FIRE CODE REQUIREMENTS. PROVIDE (1) ONE TYPE "2A" FIRE EXTINGUISHER MAX TRAVEL DISTANCE OF 75 FEET, WHERE MOUNTED TOP OF FIRE EXTINGUISHER DOES NOT EXCEED FOUR (4) FEET ABOVE FLOOR.
  3. NO PARKING SHALL OCCUR WITHIN 20 FEET OF A TENT, UNLESS UPON A PUBLIC STREET.
  4. MATERIAL FLAME SPREAD RATING SHALL MEET CLASS A REQUIREMENTS FOR MEMBRANE STRUCTURES.
  5. MINIMUM OF 10 FEET SHALL BE PROVIDED BETWEEN STAKE LINES WHERE MULTIPLE TENTS OCCUR.
  6. HVAC EQUIPMENT SHALL COMPLY WITH NFPA 102, AND THE AUTHORITY HAVING THE JURISDICTION.
  7. PROVIDE "EXIT" SIGN DEMARCATION IN ACCORDANCE WITH THE FLORIDA BUILDING CODE / LOCAL FIRE CODE REQUIREMENTS.
  8. INSTALL "NO SMOKING" SIGNS IN ACCORDANCE WITH THE FLORIDA BUILDING CODE OR FIRE CODE REQUIREMENTS
  9. NO OPEN FLAMES WILL OCCUR IN ANY TENT OR CANOPY.
  10. MINIMUM AISLE WIDTH SEATING SHALL BE 44"
  11. FIRE WATCH REQUIRED FOR ALL TENTS WITH CAPACITY ABOVE 300 PEOPLE OR AS REQUESTED BY FIRE MARSHALL
  12. SEE STRUCTURAL DRAWINGS (S.S.D.) FOR ADDITIONAL NOTES NOT SHOWN.
  13. INSTALL TEMPORARY LIGHTING SYSTEM AT THE FOLLOWING LEVELS:  
EXIT ACCESS: 1 F.C. AT GROUND LEVEL
  14. ALL DOORS SHALL HAVE PANIC HARDWARE AND NON LOCKING DURING OCCUPANCY.
  15. MAXIMUM DOOR THRESHOLD SHALL NOT EXCEED 1/4"

### TENT & CANOPY LIFE SAFETY NOTES:

1. NO SMOKING ALLOWED UNDER CANOPY AREAS / SIGNS POSTED.
2. VINYL ROOF & WALLS SHALL BE RATED CLASS A FLAME SPREAD.
3. PROVIDE FLAME CERTIFICATE WITH PERMIT SUBMITTAL.
4. PROVIDE MIN. 7' 6" CLEARANCE ON HEAD HEIGHTS. TENT SIDES MIN 8 FEET.
5. EMERGENCY LIGHTS SHALL BE TESTED AND NOT CONCEALED
6. MAINTAIN 1 FOOT CANDLE ILLUMINATION AT GROUND LEVEL
7. INSTALLER SHALL INSTALL TENT TO MANUFACTURERS SPECIFICATIONS AND SECURE THE TENT WITH DETAILS PROVIDED BY THE ENGINEER.
8. ALL LIFE SAFETY EQUIPMENT SHALL BE INSTALLED BEFORE OCCUPANCY.
9. NOT USED
10. OCCUPANT LOAD SHALL BE BASED UPON TABLE FBC 1004.1.2 & NFPA 7.3.1.2
11. NO COOKING OR OPEN FLAMES UNDER THE CANOPY, ANY COOKING SHALL OCCUR OUTSIDE THE TENT IN THE REAR

### WIND MANAGEMENT SAFETY PLAN

Occupants will evacuate the tents if wind speeds approach 40 mph  
 Tent fabric will be lowered if wind speeds approach 50 mph  
 Tent frames will be disassembled if wind speeds approach 75 mph



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/23/2026

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Arthur J. Gallagher Risk Management Services, LLC 702 King Farm Boulevard, Suite 210 Rockville MD 20850	<b>CONTACT NAME:</b> Jenelle Silvera	
	<b>PHONE (A/C. No. Ext):</b> 757-353-4928	<b>FAX (A/C. No):</b>
<b>E-MAIL ADDRESS:</b> CertRequests@ajg.com		
<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
<b>INSURER A :</b> G&A - Philadelphia Insurance		
<b>INSURED</b> American Lung Association 55 W. Wacker Drive Suite 1150 Chicago IL 60601	<b>INSURER B :</b> Hartford Fire Insurance Company	19682
	<b>INSURER C :</b> Trumbull Insurance Company	27120
	<b>INSURER D :</b> Hartford Casualty Insurance Company	29424
	<b>INSURER E :</b> Hartford Insurance Company of Illinois	38288
	<b>INSURER F :</b> ACE American Insurance Company	22667

**COVERAGES**

CERTIFICATE NUMBER: 930756395

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
B	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		30UUNBT7SVL	7/1/2025	7/1/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ Not Included GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Liquor Liab \$ Included
C	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	Y		30UENBT7SUH	7/1/2025	7/1/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
D	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000	Y		30RHUBT7W98	7/1/2025	7/1/2026	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ \$
E	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	30WEBT7SV5	7/1/2025	7/1/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A F	Excess Event Accident PERSONAL & ADV INJURY			PHPA138494 D98179835	7/1/2025 7/1/2025	7/1/2026 7/1/2026	Medical Expense \$25,000 Included

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

RE: Event: Las Olas Wine and Food Festival | Date of Event: 4/24/26 | Location of Event: Las Olas Boulevard between SE 6th Avenue and SE 11th Avenue, and the New River Patio at the Riverside Hotel | Type of Event: Wine and Food Festival.

The City of Fort Lauderdale and the Las Olas Association are included as Additional Insured as respects General Liability, auto liability and umbrella liability policies per written contract.

**CERTIFICATE HOLDER****CANCELLATION**

City of Fort Lauderdale Attn: Parks and Recreation 401 SE 21st Street Fort Lauderdale FL 33316	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
---	---

© 1988-2015 ACORD CORPORATION. All rights reserved.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/23/2026

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Arthur J. Gallagher Risk Management Services, LLC 702 King Farm Boulevard, Suite 210 Rockville MD 20850	<b>CONTACT NAME:</b> Jenelle Silvera <b>PHONE (A/C No. Ext):</b> 757-353-4928 <b>E-MAIL ADDRESS:</b> CertRequests@ajg.com		<b>FAX (A/C, No):</b>
	<b>INSURER(S) AFFORDING COVERAGE</b>		
<b>INSURED</b> American Lung Association 55 W. Wacker Drive Suite 1150 Chicago IL 60601	AMERLUN-04	INSURER A : G&A - Philadelphia Insurance	NAIC #
		INSURER B : Hartford Fire Insurance Company	19682
		INSURER C : Trumbull Insurance Company	27120
		INSURER D : Hartford Casualty Insurance Company	29424
		INSURER E : Hartford Insurance Company of Illinois	38288
		INSURER F : ACE American Insurance Company	22667

**COVERAGES**

CERTIFICATE NUMBER: 930756395

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
B	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		30UUNBT7SVL	7/1/2025	7/1/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ Not Included GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Liquor Liab \$ Included
C	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	Y		30UENBT7SUH	7/1/2025	7/1/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
D	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000	Y		30RHUBT7W98	7/1/2025	7/1/2026	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ \$
E	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	30WEBT7SV5	7/1/2025	7/1/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A F	Excess Event Accident PERSONAL & ADV INJURY			PHPA138494 D98179835	7/1/2025 7/1/2025	7/1/2026 7/1/2026	Medical Expense \$25,000 Included

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

RE: Event: Las Olas Wine and Food Festival | Date of Event: 4/24/26 | Location of Event: Las Olas Boulevard between SE 6th Avenue and SE 11th Avenue, and the New River Patio at the Riverside Hotel | Type of Event: Wine and Food Festival.

The City of Fort Lauderdale and the Las Olas Association are included as Additional Insured as respects General Liability, auto liability and umbrella liability policies per written contract.

**CERTIFICATE HOLDER****CANCELLATION**

City of Fort Lauderdale  
 Attn: Parks and Recreation  
 401 SE 21st Street  
 Fort Lauderdale FL 33316

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

© 1988-2015 ACORD CORPORATION. All rights reserved.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
02/24/26

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER  
**EQUITY INSURANCE UNDERWRITERS**  
 PO Box 220046  
 Hollywood, FL 33022-0046

INSURED  
**LAS OLAS ASSOCIATION INC.**  
 P.O. BOX 30013  
 FT. LAUDERDALE, FL 33302

CONTACT NAME:  
 PHONE (A/C, No, Ext): **(954) 923-2474** FAX (A/C, No): **(954) 923-0955**  
 E-MAIL ADDRESS: **equity3501@gmail.com**

INSURER(S) AFFORDING COVERAGE		NAIC#
INSURER A:	<b>SCOTTSADLE INSURANCE COMPANY</b>	<b>09112</b>
INSURER B:		
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			CPS8019585	10-21-25	10-21-26	EACH OCCURRENCE	\$ 1,000,000	
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							MED EXP (Any one person)	\$ 5,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PERSONAL & ADV INJURY	\$ 1,000,000	
							GENERAL AGGREGATE	\$ 1,000,000	
							PRODUCTS - COMP/OP AGG	\$	
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$	
	<input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
								\$	
	UMBRELLA LIAB <input type="checkbox"/> OCCUR						EACH OCCURRENCE	\$	
	EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE	\$	
	DED RETENTION \$							\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE	OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/>	N/A				E.L. EACH ACCIDENT	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$	
							E.L. DISEASE - POLICY LIMIT	\$	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

ADDITIONAL INSURED: CITY OF FT. LAUDERDALE

CERTIFICATE HOLDER  <b>CITY OF FT. LAUDERDALE</b> <b>401 SE 21ST STREET</b> <b>FT. LAUDERDALE, FL 33316</b>	CANCELLATION  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE  