

**CITY OF FORT LAUDERDALE
OUTDOOR EVENT APPLICATION**



\$100 Fee
must
accompany
application

Application must be filled out completely, in DARK ink or type, and submitted at least 90 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

Before receiving final approval from the City Commission, the applicant (and production company, if applicable) must furnish the City of Fort Lauderdale with an original certificate of liability insurance in the amount of at least one million dollars (\$1,000,000) or greater as deemed satisfactory by the City Risk Manager. *The insurance must name the City of Fort Lauderdale as an additional insured.* If alcohol is being served at the event, a certificate of liquor liability insurance in the amount of \$500,000 naming the City as additionally insured must also be provided.

PART I: EVENT REQUEST

Event name: **Sistrunk Parade and Festival**

Purpose of event: **These events are produced annually by Sistrunk Historical Festival, Inc., in celebration of Black History Month and as a means of providing family-friendly fun.**

Requested location:

- (a) **Parade will begin at New Mt. Olive Baptist Church, travel North to Sistrunk Boulevard, head West along the Sistrunk corridor. The end of the parade is still being considered.**
- (b) **The Festival will be held inside Mills Pond Park.**

Estimated daily attendance: **Approximately 6,000**

Requested dates and time of event (NOT including set up and tear down)

	DATE	DAY	BEGIN	END
EVENT DAY 1:	02/22/2014	Saturday	9:00 am	11:00 am (parade)
EVENT DAY 1:	02/22/2014	Saturday	11:00 am	8:00 pm (festival)

9:00 pm (festival)

Set up for event will begin on: **02/22/2014 at 5:00 am (festival)**

Date Time

Break down will be completed by: **02/22/2014 at 10:00 pm (festival)**

Date Time

Will your event require road closings? Yes No

If yes, list requested streets and times in detail: **We are requesting road closure along the Sistrunk corridor from 27th Avenue East to 9th Avenue for the Parade.**

******PLEASE NOTE**** 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, directional 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. who may terminate any event taking place without the proper use of barricades.**

Will your road closings affect access to parking spaces or parking lots? ___ Yes No

******PLEASE NOTE**** According to City policy, 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 will be allowed to take place. For additional details regarding this charge, please call Keela Black at 828-3794.**

Has this event been held in the past? Yes ___ No

If yes, please list past dates and locations: **The Parade is held annually. It will travel along the Sistrunk corridor heading West from 9th Avenue (having originated at the New Mount Olive Baptist Church). The end of the parade is still being considered, as of this application. While in prior years the Festival has been held along the Sistrunk corridor, for 2014 it will be held inside Mills Pond Park. The 2014 Festival will be an enclosed, ticketed event.**

PART II: APPLICANT

Organization name: **Sistrunk Historical Festival, Inc.**
(as it appears in articles of incorporation)

Address: **Post Office Box 1122**

City, State, Zip Code: **Fort Lauderdale, FL 33302**

Phone: **954-687-3472** Fax: _____

Non Profit Organization? Yes ___ No Tax ID #: **85-8012877933C-9**

Corporation name: **Sistrunk Historical Festival, Inc.**

Date of incorporation: **1982** State incorporated in: **Florida**

Federal ID #: **65-0072187**

Two authorizing officials for the organization:

Board Chairperson: **Margaret Haynie Birch**

Phone: **954-735-0687**

Executive Director: **Denise Rodgers**

Phone: **954-439-4098**

Event Coordinator: **Walter Haynie**

Title: **Event Chairperson**

Phone: **561-989-7386**

(cell) **954-822-0503**

E-mail address: **Walterhaynie@yahoo.com**

Fax: _____

Additional contact Person: **Margaret Haynie Birch**

Title: **Board Chairperson** Phone: **954-735-0687** Cell: **954-593-7413**

E-mail address: **amarpi5960@comcast.net** Fax: _____

Event production company (if other than applicant): _____

Address: _____ City, State, Zip: _____

Contact person: _____ Title: _____

Phone: (day) _____ (night) _____ (cell) _____

E-mail address: _____ (fax) _____

PART III: EVENT INFORMATION

Detailed event description: **Events will be a full-day affair beginning with a parade starting at New Mt. Olive Baptist Church at 9:00 am until approximately 11:00 am, traveling West along the Sistrunk corridor. The end of the Parade has yet to be determined, as of the time of this application. The Festival will be held inside of Mills Pond Park and the event hours are from 11:00am until 8:00pm. The Festival will include a variety of vendors (food, merchandise, information) along with 2 entertainment stages that will have live performances throughout the day.**

Are you planning to charge admission? Yes No
If yes, how much? \$ **varies; age-specific**

Are you requesting to fence the event? Yes No

Are you planning on having any type of concession? Yes No
If yes, State Health Department must be notified 10 days prior to event.
Call John Litscher at 954-632-8094.

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? Yes No
If yes, who will you be giving it to? _____

Are you planning to play or have music? Yes No
If yes, please describe in detail (Amplified? Acoustic? Type?)

Amplified live music will be on 2 separate stages throughout the day at the Festival.

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 jacobsr@doacs.state.fl.us or (850) 488-9790).

Who will provide clean up services?: (Company name)

Name: **Emerald Irish Cleaning** Phone: **954-701-4615**

*Note: All grounds must be cleaned up **immediately** after completion of event.

Events requiring electricity are the responsibility of the applicant. All permits must be obtained through the City's Building Department at (954) 828-5191 before setting up.

Company: **Burrows Electric Company**

Name of electrician: **George Burrows**

Phone: **954-467-2909**

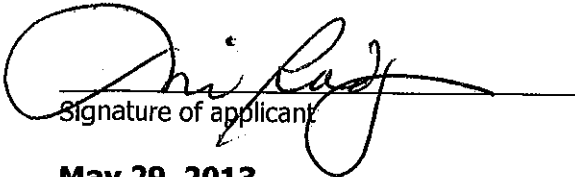
License #: **78-CME-586-X**

All security requirements will be determined by the City of Fort Lauderdale Police Department. EMS is required by City Ordinance to be onsite during all outdoor events.

Please attach a copy of your proposed event site plan including stage(s), other types of entertainment, activities, booths, restrooms, dumpsters, fencing, etc.

The information I have provided on this application is true and complete to the best of my knowledge. If this application is approved, I understand that **I must furnish an original certificate of General Liability insurance naming the City of Fort Lauderdale as additionally insured, and an original certificate of liquor liability insurance if alcohol is being served.** I understand that a Parks and Recreation sponsored activity has precedence over the above schedule and I will be notified if any conflicts arise.

In addition, when approval for the event is given by the City Commission, that approval is contingent upon review and approval of the event agreement by the City Attorney's Office.


Signature of applicant

Executive Director

Title

May 29, 2013

Date

Please return completed application at least 90 days ahead of your planned event, along with \$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**

E-mail address: jmeehan@fortlauderdale.gov
Phone: (954) 828-6075 Fax: (954) 828-5650

FIRE DEPARTMENT QUESTIONNAIRE

PREVENTION

1. Are you planning to have canopies (no sides) for this event? Yes No

How many and what sizes? **Approx. 50 that will be sized 10' X 10'**

Name of Company: **Sunshine Tents & Events**

A building permit is required. Please contact Lt. Jeff Lucas at 954-828-5892.

2. Are you planning to have tents (have sides) for this event? Yes No

How many and what sizes? _____

Name of Company: _____

In addition to a building permit, exit signs, emergency lights, fire extinguishers, and "No Smoking" signs are required for tents. A fire watch at overtime rate may apply. Please contact Lt. Jeff Lucas at 954-828-5892.

3. Are you planning to have fireworks? Yes No

Name of company conducting the show: _____

A Fireworks permit is required for all pyrotechnics displays. Please contact Lt. D'Agostino at 954-828-5884.

4. Are you having food vendors? Yes No

How many and what kind? **Number is currently unknown, but we expect to have a variety of different food vendors.**

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 \$50 - \$60 per hour.

OPERATIONS/EMS

Special Event Detail Guidelines:

- * One rescue unit/cart for 500 to 5,000 people in attendance (sustained attendance)
- * Two rescue units/carts for 5,000 to 10,000 plus people in attendance (sustained attendance)
- * One command person if two or more rescue units/carts. One more rescue unit/cart per 5,000 additional people.

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. What is your estimated sustained attendance? **Approximately 5,000**

3. On-site contact?

NAME **Walter Haynie** PHONE **954-822-0503**

A minimum of 4 hours will be charged for all special event details. 30 minutes will be added to the pre and post event times (totaling 1 hour), allowing for travel and preparation for the event.

POLICE DEPARTMENT QUESTIONNAIRE

1. Does your event require use of police vehicles? Yes _____ No X

If yes, you must provide a certificate of liability insurance that includes automobile comprehensive and collision, and worker's compensation, for damage or incidents that occur in non-police action while in our employment, in addition to the required \$1,000,000 general liability naming the City as additional insured as required for all events

2. Is this a new or previously held event? New _____ Previous X

Previous date(s)? **Annually**

3. Any established security, traffic, or other appropriate plan(s)? Yes X No _____

If yes, besides Fort Lauderdale Police, who will you be using for this plan?
(private security company, volunteers, etc.)

Our intent is to utilize personnel from the city police department that has jurisdiction over the Mills Pond Park area.

4. Do you have an established detail of off-duty officers? Yes _____ No X

If yes, who is your Police department contact?

Work in progress

5. Any notable entertainers or special circumstances scheduled for your event?
Yes X No _____

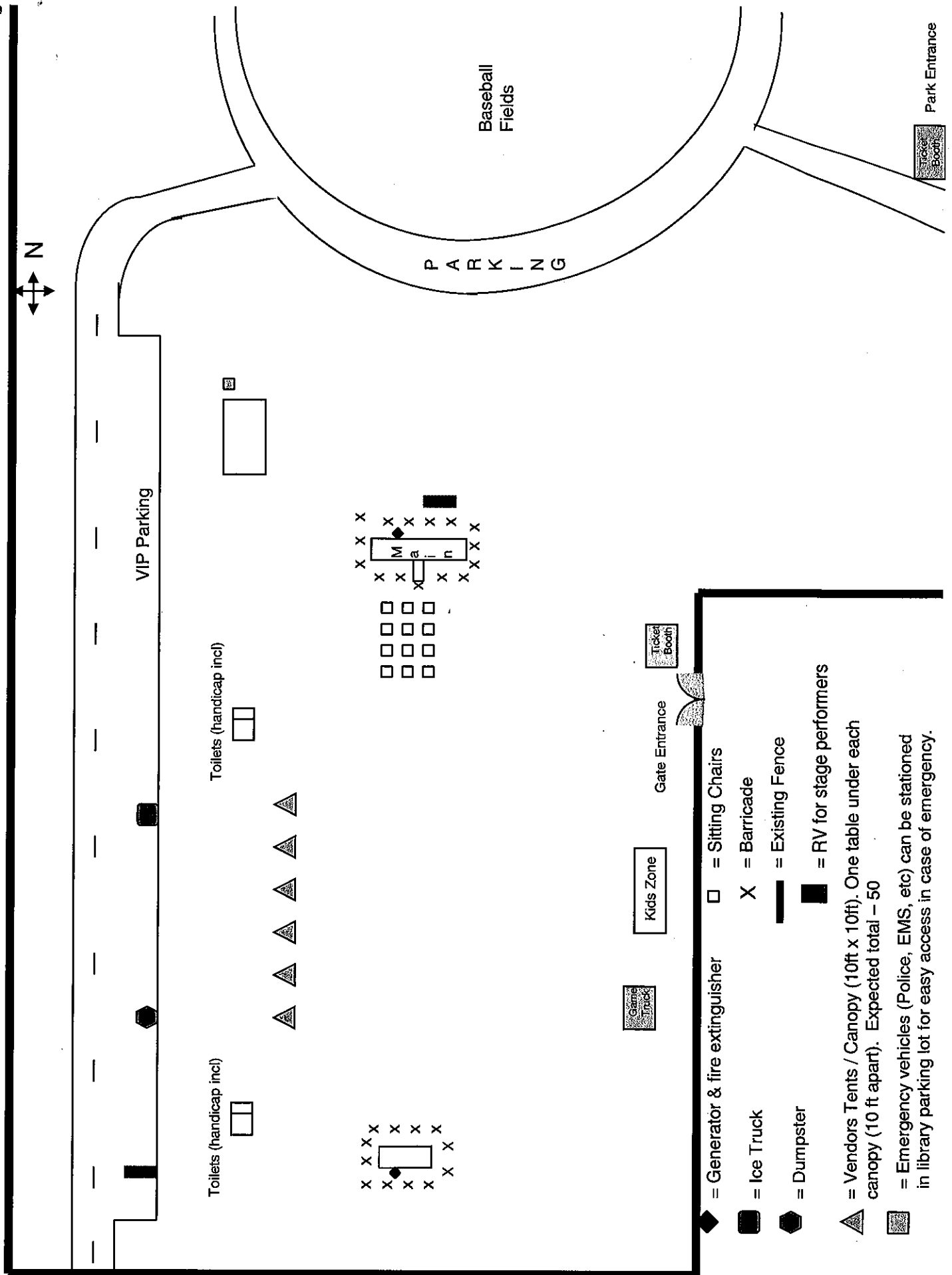
Who/What? **To be determined**

I understand the off duty rate for Police personnel for ALL special events is calculated at a 3-hour minimum rate. The hourly rate and costs to be incurred by the event organizer will be quoted on the City of Ft. Lauderdale Special Events "Cost Estimate" worksheet developed at the Special Events logistics meeting and provided to the organizer.


Signature

May 29, 2013

Date



Toilets (handicap incl)

Toilets (handicap incl)

- ◆ = Generator & fire extinguisher
- = Ice Truck
- ◼ = Dumpster
- ▲ = Vendors Tents / Canopy (10ft x 10ft). One table under each canopy (10 ft apart). Expected total - 50
- ◻ = Emergency vehicles (Police, EMS, etc) can be stationed in library parking lot for easy access in case of emergency.
- ◻ = Sitting Chairs
- X = Barricade
- = Existing Fence
- = RV for stage performers