

## CITY OF FORT LAUDERDALE OUTDOOR EVENT APPLICATION

## Fee must accompany application

Application received:
At least 60 days prior to event \$100.00
59 to 30 days prior to event \$150.00
29 to 14 days prior to event \$200.00
14 to 7 days prior to event \$250.00\*
Less than 7 days prior to event \$300.00\*
\*Must be approved by City Manager or designee

## Appatiticatitom mousiclas fills of coult commodistically.

Please submit by EMAIL at least 60 days ahead of your planned event.

The application will be reviewed by our administrative staff to determine the following criteria:

- 1. Facility requested
- 2. Compliance with City ordinances
- 3. Special permits required
- 4. Charges your organization will incur when City assistance and/or services are required
- 5. Security requirements
- 6. Environmental issues/effects on surrounding areas

PART I: EVENT REOUEST						
Event name: ANNUAL BACK TO SCHOOL GIVEAWAY & HEALTH FAIR						
Purpose of event (check one): ☐ Fundraiser ☐ Awareness ☐ Recreation ☐ Other Community Giveaway						
Requested location: Joseph C. Carter Park 1450 W. Sunrise Boulevard, Fort Lauderdale, Fl. 33311						
Estimated daily attendance: 1,000 + persons are estimated to attend.						
Requested dates and time of event:  DATE DAY BEGIN END						
EVENT DAY 1: August 17, 2013	Saturday	10:00 AM/PM	2:00 AM/PM			
EVENT DAY 2:		AM/PM	AM/PM			
EVENT DAY 3:	<del></del>	AM/PM	AM/PM			
SETUP: <u>August 17, 2013</u>	Saturday	7:00AM/PM				
BREAKDOWN: August 17, 2013	Saturday		2:00AM/PM			
Has this event been held in the past? X YesNo						
Marco bloom list work delay and land land land land land land land						

If yes, please list past dates and locations: <u>Joseph C. Carter Park 8/18/12, 8/20/11, 8/21/10, 8/22/09; L.A. Lee YMCA 8/06, 8/07, 8/08; Mount Bethel Human Services Corp. Family Resource Center 8/05; Sunview Park 8/26/00, 8/02.</u>

<u>Detailed</u> event description (include activities, entertainment, vendors, etc.): The event will consist of giveaways of school supplies to children and individuals who are in need of school supplies, a variety of vendors, immunization, physicals, vision screening, refreshments, DJ face painting, balloon art, bounce house, free hair cuts, etc.

## PART II: APPLICANT

Organization name: Mount Betnel Human Services Corporation, Inc	<u> </u>
Address: 1004 NW 1st Street, Suite 3 City, State, Zip: Fort Lauder	rdale, Florida 33311
Phone: <u>954 768-0920</u> Fax: <u>954 768-0964</u>	
Non-Profit Organization? X YesNo Tax ID #:	
Corporation name: Same (as it appears in articles of	fincorporation)
Date of incorporation: May 13, 1993 State incorporated in: Florida	Federal ID #: <u>65-0412414-0</u>
Two authorizing officials for the organization:  President: Dr. C.E. Glover Phone: 954 763-5644	
Secretary: Hattie McDowell Phone: 954 763-5644	
Event Coordinator: Marie A. Wells Will you be on-site? X Yes	No
Title: Family Resource Coordinator Phone: 954 768-0920 Cell: 9	<u>54 825-5446</u>
E-mail address: <u>mwells@mtbbc.org</u> Fax: <u>954 768-0964</u>	
Additional Contact: Rosby L. Glover Will you be on-site? X Yes	No
Title: Executive Director Phone: 954 763-5010 Cell: 954 300-65	<u>22</u>
E-mail address: rglover@mtbbc.org Fax: 954 763-5011	
Event production company (if other than applicant):	
Address: City, Sta	ate, Zip:
Contact person:Title:	
Phone: (day) (night)	(cell)
E-mail address:	Fax:
PART III: EVENT INFORMATION	
Are you planning to charge admission?  If yes, how much? \$	Yes XNo
Are you requesting to fence the event?	Yes XNo
Are you planning on having any type of concession?  If yes, State Health Dept, must be notified 10 days prior to	Yes XNo

	ng on selling alcoholic be ow will the beverages be			X_No , beer tub, table servi	ce, etc.)
	ng on serving free alcoho to whom will it be given		Yes	<u>X</u> No	· · · · · · · · · · · · · · · · · · ·
Are you plannir If yes,	ng to have any type of a	musement rides?	Yes	<u>X</u> No	· · · · · · · · · · · · · · · · · · ·
What ty (All ride	ype of rides are you plar es must be approved by opening. Contact Ron J	ning? the State of Florida Bu	reau of Fair Rides a		
	ng to play or have music what music format(s) wi			No , live, disc jockey, etc)	: : ·
Disc Jo	ckey				
List the	type of equipment you	will use (speakers, am	plifier, drums, etc):		
<u>Speake</u>	rs, Amplifiers				
Will you	u use any type of sound	proofing equipment?	Yes	XNo	
List the	days and times music v	vill be played: <u>Saturda</u> y	, August 18, 2012,	10:00am – 2:00pm	
How clo	ose is the event to the n	earest residence? Acro	ss the street	· · · · · · · · · · · · · · · · · · ·	
	require road closings? list requested streets and	d times in <b>detail</b> :			
Please attach a arrows, cones,	<b>NOTE</b> ***** You are re a layout of your traffic , and message boards, as the Police Dept. which	plan, including the pla s well as the name of	acement and numb the company you v	er of barricades, sign vill be using. Your trat	s, direction fic plan mu
*****PLEASE	losings affect access to <b>NOTE</b> ***** All road cl event organizer and mu	osings which result in I	loss of revenue from	n inaccessible parking	
(Materia	ble materials be utilized als that can be recycled and milk or juice boxes.)	include all clean paper		plastic drink container	rs, aluminun
Who will provide	e clean up services for g	arbage and recyclable	s? <u>Mount Bethel Hu</u>	ıman Services Corp. Ir	<u>ıc.</u>
**** <u>NOTE</u> *** done at all City cases by the Cit	Name: <u>Rosby L. Glover</u> *** All grounds must be facilities and parks. Rec ty of Fort Lauderdale. Yo fortlauderdale.gov or (9)	e cleaned up <b>immedia</b> ycling may be provided ou are responsible for s	<b>itely</b> after completi If by your organizat	ion, a private compan	y or in some

1. Doe	es your event require use of police vehicles?		Yes	No X	
	If yes, A Hold-Harmless Agreement must be sign ONE MILLION DOLLARS must be provided.	ned and Liability o	coverage of	a <u>minimum</u> of	
2. Is t	his a new or previously held event?		New	Previous X	
	If yes, Previous date(s)?	<del></del>			
3. Any	established security, traffic, or other appropriate	plan(s)?	Yes	No <u>X</u>	
	If yes, besides Fort Lauderdale Police, who will y (private security company, volunteers, etc.)	ou be using for t	this plan?		
4. Do	you have an established detail of off-duty officers If yes, who is your Police department contact?			No <u>X</u>	
5. Any	notable entertainers or special circumstances sch	eduled for your (	event? Yes	No X	
	Who/What?			***************************************	
6. Is th	ere alcohol being sold or given away?		Yes	No <u>X</u>	
7. Are	there any road closures required?		Yes	No X	
	If so what roads/intersections?	<del> </del>		,· · · · · · · · · · · · · · · · · · ·	
8. Wha	t is your estimated attendance?				
also un hourly Events	rstand the off duty rate for Police personnel for A iderstand there is a 24 hour cancellation requirem rate and costs to be incurred by the event orga "Cost Estimate" worksheet developed at the Sper ments will be paid within two (2) weeks of the par	ent to avoid the inizer will be quo cial Events logisti	3 hour minion oted on the ics meeting	num payment City of Ft. La	per officer. The uderdale Special
Name		Date		<del></del>	

POLICE DEPARTMENT OUESTIONNAIRE