

**DOCUMENT ROUTING FORM**

*one of each agreement circled 12/16/12 (L)*

NAME OF DOCUMENT: Event Agreements with the City of Fort Lauderdale as follows: 1) St. Jerome Fall Festival 2) Novemberfest 2012 3) Float Parade 4) Healthy Living - Better Health 5) Day of the Dead Celebration 6) Coral Ridge Green Market at Plaza 3000 7) Medicare Informational-CVS/Pharmacy 8) Museum of Discovery MAD for MODS Gala 9) Flavors of Fort Lauderdale 10) Souls to Polls (Walk-On) 11) Dolphins Cycling Challenge (Walk-On to add additional day)  
Approved Comm. Mtg. on October 16, 2012 CAM# 12-2243

*See 10/2/12 m-3 for agreement*

ITEM:  M-04  PH -  O -  CR -  R12 DEC 3 PM 4:00

Routing Origin:  CAO  ENG.  COMM. DEV.  OTHER \_\_\_\_\_

Also attached:  copy of CAR  copy of document  ACM Form  # \_\_\_\_\_ originals

By: \_\_\_\_\_ forwarded to: \_\_\_\_\_  
Initials

1.) Approved as to Content: [Signature]  
Department Director

Capital Improvements defined as having a life of at least 10 years and a cost of at least \$50,000 and shall mean improvements to real property (land, buildings, fixtures) that add value and/or extend useful life, inc. major repairs such as roof replacement, etc. Term "Real Property" include: land, real estate, realty, real.

Please Check the proper box: CIP FUNDED  YES  NO  
Capital Improvement Projects

2.) Approved as to Funds Available: by \_\_\_\_\_ Date: \_\_\_\_\_  
Finance Director

Amount Required by Contract/Agreement \$ \_\_\_\_\_ Funding Source: \_\_\_\_\_

Dept./Div. \_\_\_\_\_ Index/Sub-object \_\_\_\_\_ Project # \_\_\_\_\_

3.) City Attorney's Office: Approved as to Form: # \_\_\_\_\_ Originals to City Mgr. By: \_\_\_\_\_

Harry A. Stewart	_____	Cole Copertino	<u>X</u>	Robert B. Dunckel	_____
Ginger Wald	_____	D'Wayne Spence	_____	Paul G. Bangel	_____
Carrie Sarver	_____	DJ Williams-Persad	_____		_____

4.) Approved as to content: Assistant City Manager:

By: \_\_\_\_\_ By: \_\_\_\_\_  
Stanley Hawthorne, Assistant City Manager Susanne Torriente, Assistant City Manager

5.) Acting City Manager: Please sign as indicated and forward :# \_\_\_\_\_ originals to Mayor.

6.) Mayor: Please sign as indicated and forward :# \_\_\_\_\_ originals to Clerk.

7.) To City Clerk for attestation and City seal.

**INSTRUCTIONS TO CLERK'S OFFICE**

8.) City Clerk: retains one original document and forwards \_\_\_\_\_ original documents to \_\_\_\_\_  
 Copy of document to \_\_\_\_\_  Original Route form to \_\_\_\_\_  
 Attach \_\_\_\_\_ certified copies of Reso. # \_\_\_\_\_  Fill-in date \_\_\_\_\_

RECEIVED  
FT LAUDERDALE  
CITY ATTORNEY'S OFFICE  
2012 OCT 30 AM 8:47

*12/16*

# CITY OF FORT LAUDERDALE

## OUTDOOR EVENT AGREEMENT

THIS AGREEMENT is made by and between:

CITY OF FORT LAUDERDALE, a municipal corporation of the State of Florida, referred to hereinafter as "City",

and

A SU SALUD, LLC., a limited liability company organized under the laws of Florida, whose principal place of business is 9101 E. Bay Harbor Drive, Suite 304, Bay Harbor Islands, Florida 33154 and who is referred to hereinafter as "Applicant" or "Sponsor".

WHEREAS, the Applicant wishes to hold an outdoor event and has submitted an application pursuant to the requirements of Section 15-182 of the Code of Ordinances of the City of Fort Lauderdale, Florida; and

WHEREAS, the Applicant is willing to obtain the requisite insurance, and is willing to 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 October 16, 2012, 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:

The foregoing recitals are true and correct, and:

**1. Effective Date.**

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 "Medicare Informational - CVS/Pharmacy" (referred to hereinafter as the "Event") outdoors only at the location(s) and time(s) set forth in the attached Outdoor Event Agreement Schedule One, which is attached hereto and made a part hereof.

### 3. General Requirements.

- (1) 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 laws regarding the use of fireworks.
- (2) 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.
- (3) The Applicant shall coordinate with the City's Department of Sustainable Development who will 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. The Applicant shall permit the City staff to conduct electrical inspections of all electrical facilities.
- (4) If the Event includes the sale or distribution of any food or beverages, the Applicant shall comply with all applicable state, county and City health code requirements.
- (5) 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.
- (6) 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.
- (7) 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.
- (8) Unless the Applicant meets the requirements for exception found in Section 15-

seals this the 6<sup>th</sup> IN WITNESS WHEREOF, the parties hereto have set their hands and day of December, 2012.

WITNESSES:

CITY OF FORT LAUDERDALE

Sabeen Ali  
Sabeen Ali

[Witness print/type name]

Ajib Olukot  
Ajib Olukot

[Witness print/type name]

[Signature]  
Mayor

[Signature]  
City Manager

ATTEST:

Jonda K. Joseph  
City Clerk

Approved as to form:

[Signature]  
Assistant City Attorney

WITNESSES:

[Signature]

Guadalupe Montes

[Witness print/type name]

[Signature]

Claudia Quilez

[Witness print/type name]

(CORPORATE SEAL)

A SU SALUD, LLC

By [Signature]

ALBERTO QUILEZ, MANAGER

[Print/type name and title]

ATTEST:

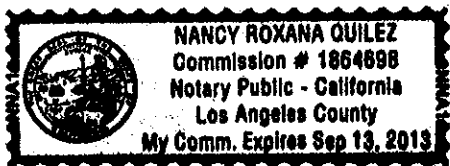
[Signature]

Secretary

STATE OF California :  
COUNTY OF Los Angeles :

The foregoing instrument was acknowledged before me this 15<sup>th</sup> day of October, 2012, by ALBERTO QUILEZ, as MANAGER of the A SU SALUD, LLC. (He) She is (personally known) to me or has produced \_\_\_\_\_ as identification.

(SEAL)



[Signature]  
Notary Public, State of Florida (Signature of Notary Taking Acknowledgment)

Nancy Roxana Quilez  
Name of Notary Typed, Printed or Stamped

My Commission Expires:

September 13, 2013  
Commission Number

# Memorandum

To: Harry Stewart, City Attorney  
From: Jeff Meehan, Outdoor Event Coordinator  
Date: October 3, 2012  
Re: Request for Event Agreement

CVS Events Please ask your staff to prepare an event agreement for the above named event. Attached to this memo is the application, proof of corporate identification and Schedule 1, which should be attached to the agreement as an exhibit. In addition, the following City Departments have reviewed and approved the plans:

J. Stewart City Police Department has reviewed the application and requires/does not require the applicant to pay for security personnel for crowd control and traffic direction purposes.

JA City Fire Department has reviewed the application and approved the proposed safety staffing plan.

✓ City Risk Manager has reviewed and approved the Certificate of Insurance.  
✓ comprehensive general liability insurance, one million dollars (\$1,000,000).  
liquor liability insurance, five hundred thousand dollars (\$500,000).

⓪ City Building Department has reviewed and approved the proposed use of temporary structures and electrical facilities.

JAM City Parks and Recreation Department has reviewed and approved the proposed set-up, clean-up plan.

lh Other City Department: MT has reviewed and approved the proposed plan.

Please contact me at (954) 828-6075 if you have any questions. Thank you.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
09/07/2012

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 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> Merron Insurance Services 1891 N. Gaffey Street San Pedro, CA 90731	<b>CONTACT NAME:</b> Margie	<b>PHONE:</b> 310-514-8425	<b>FAX:</b> 310-514-8688
	<b>E-MAIL ADDRESS:</b> margie@merronins.com	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> Quilez & Associates, Inc. 16735 Saticoy Street Ste. 111 Van Nuys, CA 91408-1151	<b>INSURER A:</b> Sentinel Insurance Company		<b>NAIC #</b> 11000
	<b>INSURER B:</b> Hartford Underwriters Insurance Company		30104
	<b>INSURER C:</b> Hartford Insurance Company of the Midwest		37478
	<b>INSURER D:</b>		
	<b>INSURER E:</b>		

**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 YR	TYPE OF INSURANCE	ADDITIONAL INSURED	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	X	72SBAAE2980	08/04/12	08/04/13	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (EA occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ EXCLUDED GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
B	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$		72UECIV1487	01/08/12	01/08/13	COMBINED SINGLE LIMIT (EA accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ EACH OCCURRENCE \$ AGGREGATE \$
C	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/NUMBER EXCLUDED? (Mandatory in FL) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N Y	72WBCNQ3896	08/10/12	08/10/13	<input checked="" type="checkbox"/> MC STATU-TORY LIMITS <input type="checkbox"/> OTHER \$ E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES** (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
 City of Fort Lauderdale is named as Additional Insured.  
 Re: CVS/Pharmacies: 1701 E. Commercial Blvd, Ft Lauderdale FL 33334, 2592 E Sunrise Blvd, Ft. Lauderdale, FL 33304 & 1700 S. Federal Hwy, Ft Lauderdale, FL 33316  
 \*\*\*10 Day notice will apply for non-payment of premium\*\*\*

<b>CERTIFICATE HOLDER</b> City of Fort Lauderdale Attn: Jeff Meehan, Outdoor Event Coordinator 1350 West Broward Blvd Ft. Lauderdale, FL 33312	<b>CANCELLATION</b> 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 
--	--

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

[Home](#)[Contact Us](#)[E-Filing Services](#)[Document Searches](#)[Forms](#)[Help](#)[Previous on List](#)[Next on List](#)[Return To List](#)

Entity Name Search

No Events

No Name History

## Detail by Entity Name

### Florida Limited Liability Company

A SU SALUD, LLC

#### Filing Information

Document Number L07000126435

FEI/EIN Number 711044610

Date Filed 12/21/2007

State FL

Status ACTIVE

#### Principal Address

9101 E. BAY HARBOR DRIVE,  
SUITE 304  
BAY HARBOR ISLANDS FL 33154

Changed 03/21/2010

#### Mailing Address

9101 E. BAY HARBOR DRIVE,  
SUITE 304  
BAY HARBOR ISLANDS FL 33154

Changed 03/21/2010

#### Registered Agent Name & Address

PARACORP INCORPORATED  
236 EAST 6TH AVENUE  
TALLAHASSEE FL 32303 US

#### Manager/Member Detail

##### Name & Address

Title MGRM

QUILEZ, ALBERTO  
9101 E. BAY HARBOR DRIVE, #304  
BAY HARBOR ISLANDS FL 33154

Title MGRM

QUILEZ, HAMNYS E  
9101 E. BAY HARBOR DRIVE, #304  
BAY HARBOR ISLANDS FL 33154

#### Annual Reports

##### Report Year Filed Date

2010 03/21/2010



2011 02/18/2011  
2012 02/13/2012

**Document Images**

- 02/13/2012 -- ANNUAL REPORT [View image in PDF format](#)
- 02/18/2011 -- ANNUAL REPORT [View image in PDF format](#)
- 03/21/2010 -- ANNUAL REPORT [View image in PDF format](#)
- 03/04/2009 -- ANNUAL REPORT [View image in PDF format](#)
- 07/14/2008 -- ANNUAL REPORT [View image in PDF format](#)
- 12/21/2007 -- Florida Limited Liability [View image in PDF format](#)

**Note: This is not official record. See documents if question or conflict.**

[Previous on List](#)   [Next on List](#)   [Return To List](#)

Entity Name Search

**No Events**   **No Name History**

[| Home](#) | [Contact us](#) | [Document Searches](#) | [E-Filing Services](#) | [Forms](#) | [Help](#) |

Copyright © and Privacy Policies  
State of Florida, Department of State



# CITY OF FORT LAUDERDALE OUTDOOR EVENT APPLICATION

\$100 Fee  
must  
accompany  
application

Application must be filled out completely!  
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 REQUEST**

Event name: MEDICARE INFORMATIONAL - CVS / PHARMACY

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

Requested location: CVS stores at: 1701 E. Commercial Blvd Date: Oct 20, 2012,

2595 E. Sunrise Blvd. Date: Oct. 20, 2012 and store 1700 S. Federal Hwy Date: Oct 27, 2012

Estimated daily attendance: 20 people

Requested dates and time of event:

	DATE	DAY	BEGIN	END
EVENT DAY 1:	<u>Oct 20, 2012</u>	<u>Saturday</u>	<u>10:00 AM/PM</u>	<u>4:00 AM/PM</u>
EVENT DAY 2:	<u>Oct 27, 2012</u>	<u>Saturday</u>	<u>10:00 AM/PM</u>	<u>4:00 AM/PM</u>
EVENT DAY 3:	_____	_____	_____ AM/PM	_____ AM/PM
SETUP:	<u>Oct 20</u>	<u>Saturday</u>	<u>8:00 AM/PM</u>	
	<u>Oct 27</u>	<u>Saturday</u>		
BREAKDOWN:	<u>Oct 20</u>	<u>Saturday</u>		<u>4:00 AM/PM</u>
	<u>Oct 27</u>	<u>Saturday</u>		

Has this event been held in the past?  Yes  No

If yes, please list past dates and locations: \_\_\_\_\_

Detailed event description (include activities, entertainment, vendors, etc.): The event will be held at CVS/Pharmacy parking lot. 5 parking spaces will be used to locate 5 pop-up canopies size 10 x 10 to give information related to Medicare Part D plans available during 6 hours.

**PART II: APPLICANT**

Organization name: Quitez & Associates, Inc. with CVS/pharmacy

Address: 9101 E. Bay Harbor Dr. #3021 City, State, Zip: Bay Harbor Island FL  
33154

Phone: 305-924-0236 Fax: 305-865-8823

Corporation name: Quitez + Associates, Inc  
(as it appears in articles of incorporation)

Date of incorporation: 11/24/1992 State incorporated in: IL Federal ID #: 36-3853239

Two authorizing officials for the organization:  
President: Alberto Quitez Phone: 818-929-5350

Secretary: Hannah Quitez Phone: 818-376-7300

Event Coordinator: Vanessa Jimenez Will you be on-site?  Yes  No

Title: Regional Manager Phone: 305-924-0236 Cell: \_\_\_\_\_

E-mail address: Vanessa@toyotahealthusa.com Fax: (818) 376-7300

Additional Contact: Juan Felipe Gutierrez Will you be on-site?  Yes  No

Title: Event Manager Phone: 404-849-5356 Cell: \_\_\_\_\_

E-mail address: JuanF@toyotahealthusa.com Fax: (818) 376-7300

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**

Are you planning to charge admission?  Yes  No  
If yes, how much? \$ \_\_\_\_\_

Are you requesting to fence the event?  Yes  No

Are you planning on having any type of concession?  Yes  No  
If yes, State Health Dept. 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, to whom will it be given?

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 (850) 921-1530.

Are you planning to play or have music?  Yes  No  
If yes, what music format(s) will be used? (amplified, acoustic, recorded, live, disc jockey, etc):

List the type of equipment you will use (speakers, amplifier, drums, etc):

Will you use any type of soundproofing equipment?  Yes  No

List the days and times music will be played:

How close is the event to the nearest residence?

Will your event require road closings?  Yes  No  
If yes, list requested streets and times in detail:

**\*\*\*\*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. which may terminate any event occurring without the proper use of barricades.

Will your road closings affect access to parking spaces or parking lots?  Yes  No  
**\*\*\*\*PLEASE NOTE\*\*\*\*** 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. Please call Keela Black at 828-3794.

Will any recyclable materials be utilized at this event?  Yes  No  
(Materials that can be recycled include all clean paper, cardboard, glass, plastic drink containers, aluminum cans, and milk or juice boxes.) Please refrain from the use of Styrofoam plates and cups.

Who will provide clean up services for garbage and recyclables? Quitez & Associates Inc. w/ OUS/plantacy

Contact Name: Juan F. Gonzalez Phone: 404-849-0356  
**\*\*\*\*NOTE\*\*\*\*** All grounds must be cleaned up immediately after completion of event. Recycling should be done at all City facilities and parks. Recycling may be provided by your organization, a private company or in some cases by the City of Fort Lauderdale. You are responsible for securing recycling services. Contact Janet Townsend at Jtownsend@fortlauderdale.gov or (954) 828-5956.

Will you require electricity?  Yes  No  
Events requiring electricity are the responsibility of the applicant. All permits must be obtained through the City's Department of Sustainable Development Building Services Division at (954) 828-5191 before setting up.

Company: \_\_\_\_\_ License #: \_\_\_\_\_

Name of electrician: \_\_\_\_\_ Phone: \_\_\_\_\_

**PART IV: APPLICANT'S ACCEPTANCE**

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

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 \$500,000 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.

I understand that the City of Fort Lauderdale Police Department will determine all security requirements and that EMS is required by City Ordinance to be onsite during all outdoor events.

I understand that the City has a noise ordinance. 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. 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.

Vanessa J. Hume  
Name of applicant

Regional Manager  
Title

9-7-12  
Date

Please email completed application at least 96 days ahead of your planned event to:

jmeehan@fortlauderdale.gov

Please mail the \$100.00 application fee (payable to the City of Fort Lauderdale) to:

Jeff Meehan, Outdoor Event Coordinator  
1350 W. Broward Boulevard, Fort Lauderdale, FL 33312  
Phone: (954) 828-6075 Fax: (954) 828-5650

Please include the following with the application:

- \* Event site plan - including stage(s), other entertainment locations, activities, booths, restrooms, canopies, dumpsters, fencing, generators, etc.
- \* Traffic/detour plan - including the placement and number of barricades, signs, directional arrows, cones, message boards, and name of the barricade and/or traffic signs company being used.

**FIRE DEPARTMENT QUESTIONNAIRE**

**PREVENTION**

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

How many and what sizes? 5 pop-up canopies size 10 x 10

Name of Company: N/A  
A building permit is required. Please contact Capt. Bruce Strandhagen at 954-828-5080.

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

How many and what sizes? \_\_\_\_\_

Name of Company: \_\_\_\_\_  
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. Contact Capt. Bruce Strandhagen at 954-828-5080.

**\*\*\*\*PLEASE NOTE\*\*\*\*** All permits required by the Florida Building Code must be obtained through the Building Department (including but not limited to electrical, structural, plumbing). Contact the Department of Sustainable Development Building Services Division at 954-828-6520.

3. Are you planning to have fireworks?  Yes  No

Name of company conducting the show: \_\_\_\_\_  
A permit is required for all pyrotechnics displays. Contact Capt. Wendy D'Agostino at 954-826-5884.

4. Are you having food vendors?  Yes  No

How many and what kind? \_\_\_\_\_

A fire extinguisher is required for each food booth. If a propane tank is used for a fuel source, it must be secured on the outside of the booth. A Fire inspection is required for all food booths. If the inspection is during non-working hours the cost will be \$75 per hour.

**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 people in attendance (sustained attendance)
- \* One more rescue unit/cart per 5,000 additional people
- \* One command person if two or more rescue units/carts are required

~~The number of rescue units and paramedics is determined according to attendance and other risk factors.~~

1. Does your event require EMS medical standby services based on the guidelines above? YES \_\_\_\_\_ NO

2. What is your estimated sustained attendance? 20 people per event

3. On-site contact? NAME Juan Felipe Gutierrez PHONE 404-849-0356

A minimum of 4 hours will be charged for all special event details. 45 minutes will be added to the pre and post event times (totaling 1.5 hours), 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, A Hold-Harmless Agreement must be signed and Liability coverage of a minimum of **ONE MILLION DOLLARS** must be provided.

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

If yes, Previous date(s)? \_\_\_\_\_

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

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

4. Do you have an established detail of off-duty officers? Yes \_\_\_\_\_ No X  
If yes, who is your Police department contact?  
\_\_\_\_\_

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

Who/What? \_\_\_\_\_

6. Is there alcohol being sold or given away? Yes \_\_\_\_\_ No X

7. Are there any road closures required? Yes \_\_\_\_\_ No X

If so what roads/intersections? \_\_\_\_\_

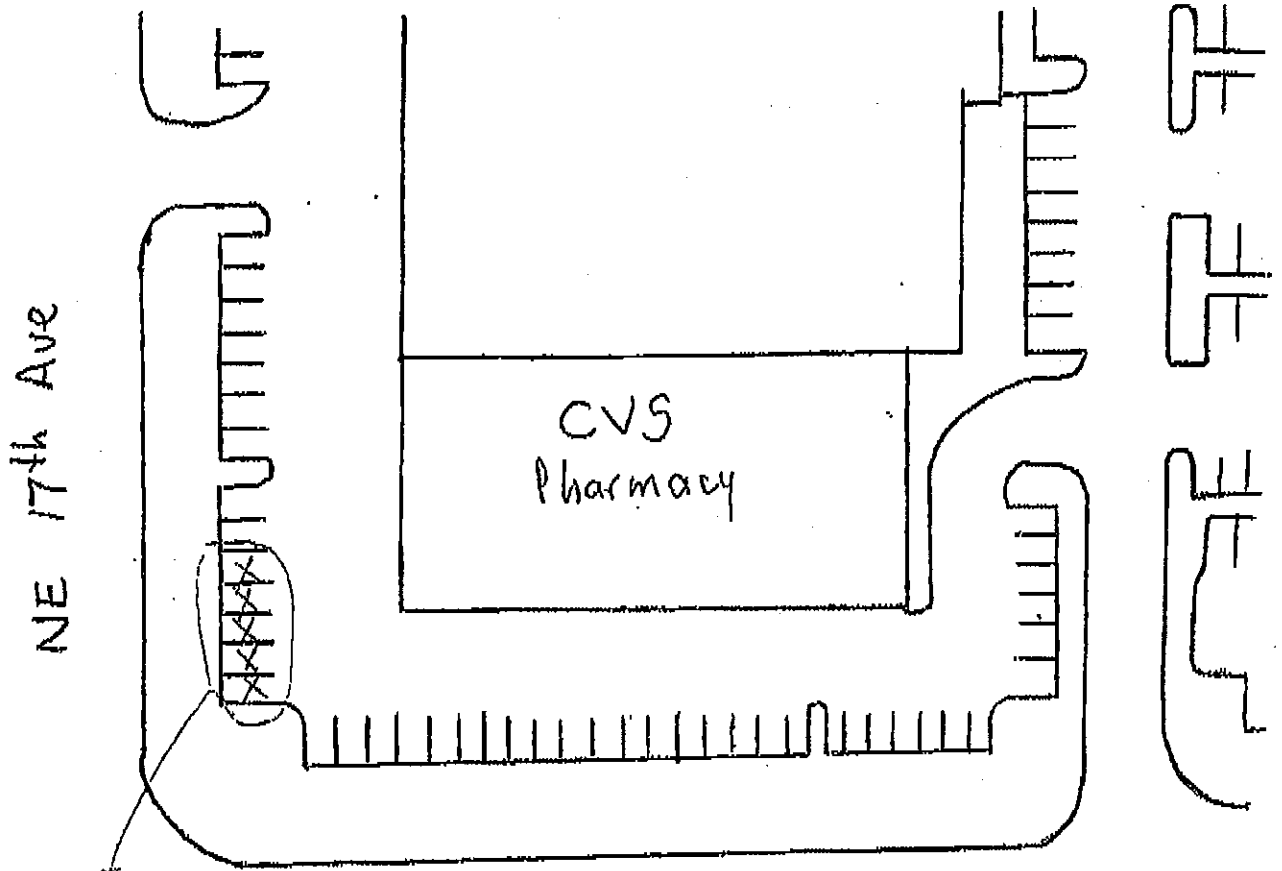
8. What is your estimated attendance? 20 people

I understand the off duty rate for Police personnel for ALL special events is calculated at a 3-hour minimum rate, I also understand there is a 24 hour cancellation requirement to avoid the 3 hour minimum payment per officer. 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. All payments will be paid within two (2) weeks of the payroll being submitted.

Vnesson Jimenez  
Name

9-7-12  
Date

Store # 410  
CVS pharmacy  
1701 E. Commercial Blvd.  
Fort Lauderdale, FL 33334  
954-771-0660



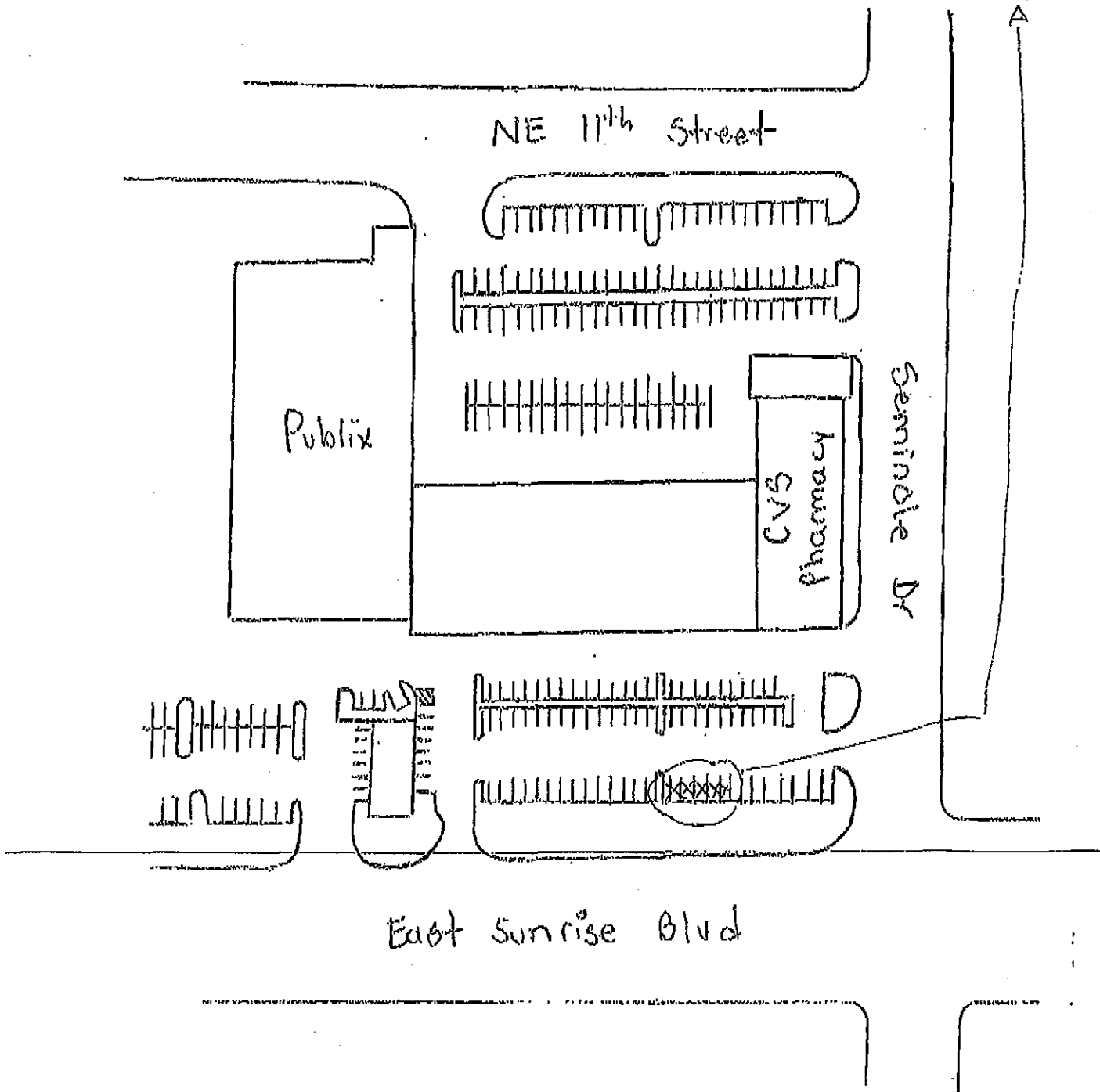
5 Pop-up canopies  
with no walls  
size 10 x 10  
Time: 10am to 4pm  
Date: Oct. 20, 2012  
Informational Event  
~~For Medicare Part D plans~~

E. Commercial Blvd.



Store # 4201  
 CVS Pharmacy  
 2595 E. Sunrise Blvd.  
 Fort Lauderdale, FL 33304  
 954-566-8309

5 POP UP CANOPIES  
 WITH DO WALLS, SIZE 10x10  
 Date: Oct. 20, 2012  
 Event Time: 10am to 4pm  
 Informational Event For  
 Medicare Part D Plans



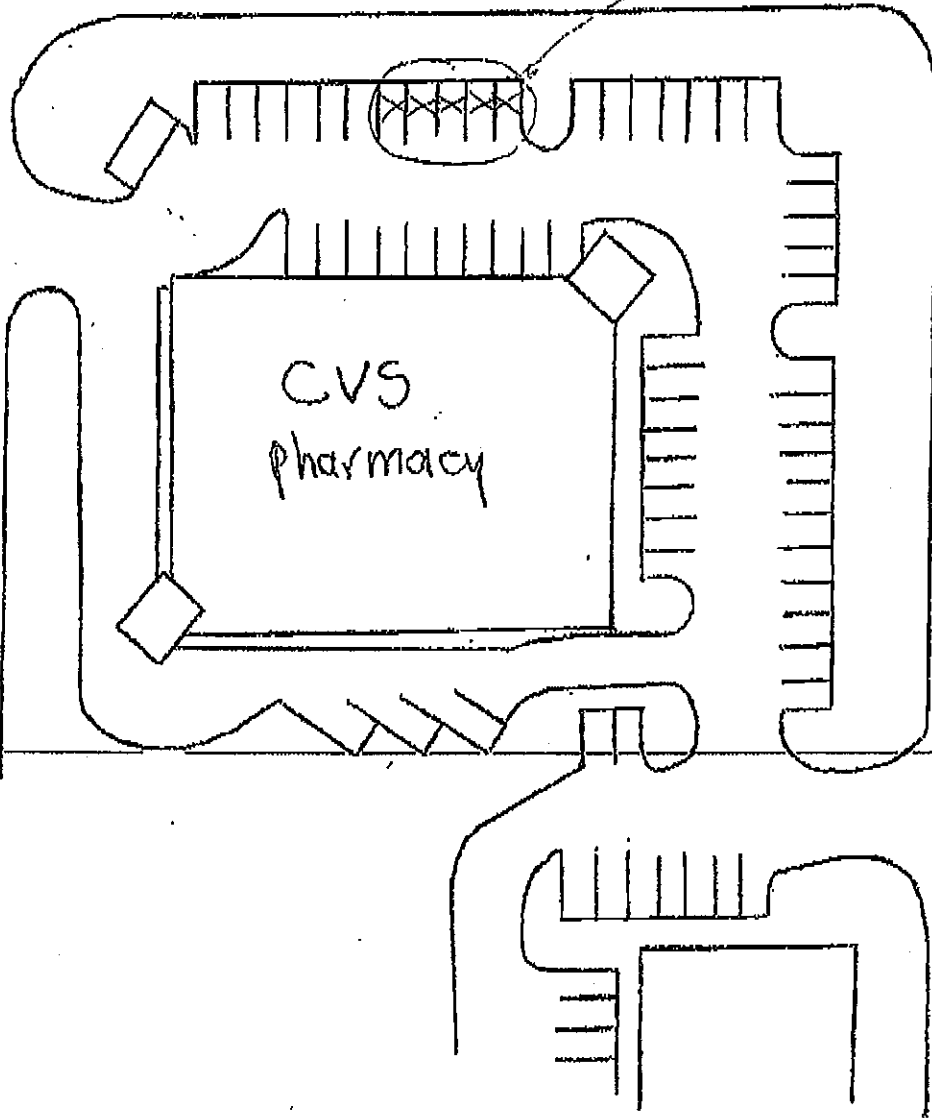
Store # 3285  
CVS pharmacy  
1700 S. Federal Highway  
Fort Lauderdale, FL 33316  
954-462-8185

S per-operations with no  
walls. size 10x10  
Time: 10am to 4pm  
Date: Oct 27, 2012  
Informational Event for  
Medicare Part D Plans.

S. Federal Hwy

SE 18th St

SE 17th St



## SCHEDULE ONE

1. Name of Applicant: A Su Salud, LLC
2. Name of Outdoor Event: Medicare Informational- CVS Pharmacy
3. Date and time of Event: Saturday, October 20, 2012 (10 AM- 4 PM)  
Saturday, October 27, 2012 (10 AM- 4 PM)  
Set Up Saturday, October 20 & 27, 2012 (8 AM)  
Breakdown, Saturday, October 20 & 27, 2012 (4 pm)
4. Event Location: CVS- 1701 Commercial Blvd- October 20<sup>th</sup>  
CVS- 2595 East Sunrise Blvd.- October 20<sup>th</sup>  
CVS- 1700 South Federal Hwy. October 27<sup>th</sup>
5. Road Closings: No
6. Alcohol: No