

## CITY OF FORT LAUDERDALE **OUTDOOR EVENT APPLICATION**

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

- Facility requested
   Compliance with City ordinances
- Special permits required
   Charges your organization will incur when City assistance and/or services are required

ase of event (check one): Fundraiser sested location: <u>Almonal Avc</u>	Awareness Recre		33316
235 Almond Avenue			
quested dates and time of event:		ам ви - 180-и 180	
EVENT DAY 2:  EVENT DAY 3:  SETUP:		_AN/PH	_AVFM
BREAKDOWN(:			
stalled event description (include activities, e	nletaiment verdors, et	ar live enter	toinment (B
Seer Coolers (Bortend	ders working	<b>)</b>	

Address: 235 AMOND AVE.  City, State, Zip: Ft. 10404016  Thone: 9546042414 Fax: N/A  Corporation name: HUNTEYS 1000CU LLC  (as it applicans in alticles of incorporation)  Take of incorporation: 415/11 State incorporated in: FL Federal ID #  Invo authorizing officials for the organization:  Tresident: Shown Rees Phone:  Phone: Phone:  Will you be on-site? Yes No  Itie: MANAGEY Phone: 9546042414 Cell:  -mail address: ANGELOC NUMBERS BEACH DOY.  Fax: N/A  Com  diditional Contact: Will you be on-site? Yes No  Itie: Phone: Cell:  Fract  Ment production company (if other than applicant):
Date of incorporation: 415 11 State incorporated in: FL Federal ID #:  Two authorizing officials for the organization:  President: Shawn Rees Phone:  Secretary: Sheve Carbene Phone:  Swent Coordinator: Angela Freund Will you be on site? Yes No  Title: Manager Phone: 9540042414 Gett:  -mail address: Angelae hunters Beachbar. Fax: N/A  Com  Udditional Contact: Will you be on site? Yes No  Title: Phone: Cell:
Address: 235 A MOND AVE.  Phone: 954 1004 2414   Fax: N A  Corporation name: 14 UNTERS 1 0 0 0 U LLC  (as it applicates in afficiency of incorporation)  Date of incorporation: 415 111   State incorporated in: FL Federal ID #:  Two authorizing officials for the organization:  President: Shown Rees   Phone:  Phone: 954 1004 2414   Getter of incorporated in: Fax: N A  Corporation name: 14 UNTERS   Phone: 15    Secretary: Steve Carbene   Phone: 16    Secretary: Steve Carbene   Phone: 17    Secretary: Angela Freund   Will you be on-site?   Yes   No office: 16    Title: Manager   Phone: 17   Phone: 17    Corporation name: 14 UNTERS   Phone: 17    Will you be on-site?   Yes   No office: 17    Title: 17   Phone: 17    Phone: 18   Cell: 18    Corporation company (if other than applicant): 18    Went production company (if other than applicant): 18    Corporation   Corporation   Corporation    Corporation   Corporation   Corporation   Corporation    Corporation   Corporation   Corporation   Corporation    Corporation   Corporation   Corporation   Corporation    Corporation   Cor
Corporation name: HWNTEVS LO NOCY LLC (as it applicas in atticles of incorporation)  Date of incorporation: 415/11 State incorporated in: FL Federal ID #:  Two authorizing officials for the organization:  President: Shown Rees Phone:  Decretory: Steve Carbone Phone:  Decretory: Steve Carbone Phone:  Decretory: Angela Freund Will you be on-site? Yes No  Title: Manager Phone: 954/004/2414 Gelf:  -mail address: Angela Nunters Beach box. Fac: N/A  Com  deditional Contact: Will you be on-site? Yes No  Title: Phone: Cell:  -mail address: Fac:  Will you be on-site? Yes No   Title: Phone: Fac: Fac:
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(as it appears in alticles of incorporation)  Pate of incorporation: 415 11 State incorporated in: FL Federal ID 4:  Invo authorizing officials for the organization:  Persident: 50000 REES Phone:  Phone:  Phone:  Phone:  Will you be on-site?  Persident: MANAGEY Phone: 9540042414 Self:  Inmail address: ANGELOC NUMBERS BEACH BOX.  Fax: N/A  CCM  Celt:  Phone:  Phone:  Phone:  Phone:  Phone:  Phone:  Fax: N/A  Celt:  Phone:  Phon
went coordinator: Angela Freund Will you be on site?
rest coordinator: Angela Freunal will you be an site? Yes No rite: Manager Phone: 954 W04 2414 cell: mail address: Angela@hwhersBeachbar. Fac: N/A com delitional Contact: Will you be on site? Yes No rite:
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Title: MONAGEY Phone: 9540042414 Gell: -mail address: ANGLIA C NUMHEYS BEACH BOX. Fax: N/A  Com  delitional Contact: Will you be on site? Yes No  Title: Phone: Cell: -mail address: Fax:
mail address: ANGLICE NUMHERS BEACH DOX. Fax: N/A  Com  Idditional Contact: Will you be on site? YesNo  Title: Phone: Cell:  -mail address: Fax:  Vent production company (if other than applicant):
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orliact person:Title:
hone: (day) (night) (cell)
mail address: Fax:
PARTILL EVENTINFORMATION
re you planning to charge admission? Yes No
re you requesting to fence the event?YesNo
re you planning on having any type of concession? <u></u>
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.)  Blev tub
Are you planning on serving free alcoholic beverages?  If yes, to whom will it be given?
Are you planning to have any type of amusement rides?
What type of rides are you planning?
Are you planning to play or have music?  Yes No  If yes, what music format(s) will be used? (amplified, acoustic, recorded, live, disc jackey, etc):
Live Band / 10am - 10pm
List the type of equipment you will use (speakers, amplifier, drums, etc):
Speakers, Amps, Drums, Bass, quitions
Will you use any type of soundproofing equipment?YesYes
List the days and times music will be played: <u>ONL day</u>
How close is the event to the nearest residence?
Will your event require road closings?
Almord Ave South in Front of Dlaza with
totoo shop snooter shop & Hunters Beach Bar
****PLEASE NOTE***** You are required to secure barricades and/or directional traffic signs for road closings. Please attack a layout of your traffic plan, including the placement and number of barricades, signs, directional arrows, comes, and message boards, as well as the name of the company you will be using. Your traffic plan must be approved by the Police Depa. 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 Dec Paris at 828-5874.
.Will any recyclable materials be utilized at this event? YesNo
(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 platies and cups.
Who will provide clean up services for garbage and recyclables? HUNTEYS BEACH POX AHI SEVUIC
Contact Name:  Phone:  ****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  Louderdale. You are responsible for securing recycling services. Contact James Townsend as <u>Itanumsend as Itanumsend as Itanumse</u>

0.00	Are you planning to have canopies (no sides) for this event?yesNo
	How many and what sizes?
	Name of Company:  A building permit is required. Please contact Capt. Bruce Strandhagen at 954-828-5480.
	호텔 : [ - [ - [ - [ - [ - [ - [ - [ - [ - [
	가지 않는 하다 모양을 하다. 이 사람들은 사람들이 하는 이 이 이 이 이 이 가게 하는 것 같습니다. 이 그 후로 사람들은
	How many and what sizes?
Ng.	Name of Company:  A building permit, exit signs, emergency lights, fire extinguishers, and "No Smoking" signs are required for tent
	fire watch at overtime rate may apply. Contact Capt. Bruce Strandhagen at 954-828-5080.
21	*PLEASE NOTE**** All permits required by the Florida Building Code must be obtained through the Building
vi	artment (including but not limited to electrical, structural, phanbing). Contact the Department of Sustainable Develop ding Services Division at 954-828-6520.
S .	Are you planning to have fireworks?YesNo
	Name of company conducting the show:
	A permit is required for all pyrotechnics displays. Contact Capt. Wendy D'Agostina at 954-828-5884.
	Are you having food vendors? Yes No
	How many and what kind?  A fire extinguisher is required for each food booth. If a previous trackle and for the fire and food booth.
	How many and what kind?  A fire extinguisher is required for each food booth. If a propose tank is used for a feel source must be secured on the outside of the booth. A Fire impection is required for all food booths the impection is during non-working hours the cost will be \$75 per hour.  RATIONS/EMS  ** One rescue unit/cart for 500 to 5,000 people in attendance (sustained attendance)
	How many and what kind?  A fire extinguisher is required for each food booth. If a propose task is used for a feel source must be secured on the outside of the booth. A Fire impaction is required for all food booths the impaction is during non-working hours the cost will be \$75 per hour.  RATIONS/EMS  fall Event Detail Guidelines:
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7	How many and what kind?  A fire extinguisher is required for each food booth. If a propose tank is used for a feel source must be secured on the outside of the booth. A Fire impection is required for all food booths the inspection is during non-working hours the cost will be \$75 per flour.  RATIONS/EMS  fall 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  number of rescue units and paramedics is determined according to attendance and other risk factors.
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Will you require electricity?  Events requiring electricity are the n	Yes esomoshiby of the en	No Notat II and a		
Department of Sustainable Development	nent Building Services	Division at (954) 828	-5191 before settin	augn the catys 1 up.
Company:		License #:		
Name of electrician:				
Marie u eleurican:		Phone:		
PERT IN APPLICANT S'ACCEPT	ANCE	Action to the Action of the Ac		
The information I have provided on t	this application is true	and complete to the t	est of my knowled	ge i
Before receiving final approval from applicable) must furnish an original additionally insured in the amount of the City Risk Manager, and an origin being served.	certificate of General f at least one milion o	Liability insurance nam dollars (\$1,000,000) or	ning the City of Fo contains as deeme	rt Lauderdale a: d satisfactory h
I understand that a Parks and Recre notified if any conflicts arise.	ation sponsored activ	ity has precedence ow	er the above sched	ule and I will be
I understand that the City of Fort La EMS is required by City Ordinance to	nuderdale Police Depa be onsite during all o	artment will determine uitdoor events.	all Security require	ments and that
I understand that the City has a enforcement personnel, code enforcement personnel, code enforcepresentative that the entertainme volume to an acceptable level as de I may be directed to shut down the provisions of the noise control ordinaphysical arrest, or the shutting down	ricement personnel, nt or music is causir termined by City staff music or entertainme arice and understand	parks and recreation of a noise disturbance f. If a second noise di nt for the remainder o	n personnel, or e, I will be direct sturbance arises d f the event I agre	any other city ed to lower the uring the event, e to abide by al
Shown Rees		DINUEL		
Name of applicant		Tele		
1 9 12				
Daile				
	t least 96 days ahead	of your planned even	t fac	
	eriale.cov	and wild following to take a few seconds and make		
Please mail the \$100.00 application for Jeff Mechan, Outdoor	te (payable to the Cit) r Event Coordinator	y of Fort Lauderdale) ti	<b>.</b>	
1350 W. Broward Bot Phone: (954) 828-60.	slevard, Fort Lauderda	ale, FL 33312		
Please include the following with	the applications			
<ul> <li>Event afte plan — including stag camepies, dampaters, fencing, ge</li> </ul>	our storm of c			
* Traffic/detour plan - including	the elacement and	comber of barricad	es, signs, directi	anal arrows,
cones, meanage boards, and name		me/or traffic signs o	edposity palag o	<b>**</b>
그 취존에 가다를 다듬하게 되었다. 그리	te Mackette		The Market of	

POLI	ICE DEPARTMENT QUI	ESTIONMAIRE	
. Does your event require use of police	! vehicles?	Ye	No.
If yes, A Hold-Harmless Agreeme ONE MILLION DOLLARS must	ent must be signed and t be provided.	Liability coverage o	
2. Is this a new or previously held event		New <u></u>	Previous
If yes, Previous date(s)?			
3. Any established security, traffic, or ob	her appropriate plan(s)?	Yes_✓	<b>M</b>
If yes, besides Fort Lauderdale P (private security company, volun VOI White EYS	nteers, etc.)	sing for this plan?	
<ol> <li>Do you have an established detail of o If yes, who is your Police departs</li> </ol>		<b>%</b> —	<b>16.</b> ✓
5. Any notable entertainers or special cir Who/What? \ive Box		or your event?	
i. Is there alcohol being sold or given an	<b>*</b>	Yes_V	<b>K</b> 0
7. Are there any road closures required?		yes <u>√</u>	
If so what roads/intersections?	DE HU	register in register speciments and an accompany	1 Front each Bar
3. What is your estimated attendance?			
understand the off duty rate for Police also understand there is a 24 hour can the hourly rate and costs to be incurred f ivents "Cost Estimate" worksheet develop II payments will be paid within two (2) w	toellation requirement to by the event organizer w ned at the Special Event	o avoid the 3 hour i will be quoted on the be looking meeting	minimum payment per of
Shawn Rees	√la	113	