

CITY OF FORT LAUDERDALE OUTDOOR EVENT APPLICATION

\$100 Fee must accompany application

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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

urpose of event (che	eck one): 🗆 Fund	raiser Awareness	X Recreation □ Ot	her
equested location: _	Riverside Hotel,	620 E. Las Olas Blvd.		
stimated daily attend	dance: <u>100</u>			-
equested dates and	time of event: DATE	DAY	BEGIN	END
EVENT DAY 1	: 01/23/14	Thursday	6PM	9PM
EVENT DAY 2	: 02/27/14	Thursday	<u>6</u> PM	9PM
EVENT DAY 3	: 03/27/14	Thursday	<u>6</u> PM	<u>9</u> PM
SETUP:	N/A		AM/PM	
BREAKDOWN	: <u>N/A</u>	·	AM/PM	•
as this event been h	eld in the past?	_XYesNo		
If yes, please /27/12; 10/25/12; 1	list past dates and 1/29/12; 1/24/13;	d locations: <u>8/25/11;</u> 2/28/13; 3/28/13; 9/1	9/22/11; 10/27/11; 2/23 2/13; 10/24/13; 11/21/1	3/12; 3/22/12; 4/26/12; 13; Same location
etailed event descr	iption (include act	ivities, entertainment,	vendors, etc <u>.):</u>	
Display of Antique C	ars with Recorded	Music (No venders, no	o food or alcohol sold or	given awav)

Organization name: Antique Automobile Club of America, The Ft. Lauderdale Region, Inc.						
Address: _2101 NE 54 Ct.,	City, State, Zip: <u>Ft. Lauderdale, Fl 33308</u>					
Phone: 954 771-0729	Fax: None					
Corporation name: Antique Automobile Club of America, The Ft. Lauderdale Region, Inc. (as it appears in articles of incorporation)						
Date of incorporation: 2/4/1988 State incorporated in: FL Federal ID #: 650025594						
Two authorizing officials for the organization: Chairman of the Board: James M. Wright Phone: 954 771-0729						
Secretary: Gordon Gelrod	Phone: <u>954 588-0400</u>					
Event Coordinator: <u>James Wright</u>	Will you be on-site? X Yes No					
Title: Chairman of the Board Phone:	954 771-0729 Cell: 954 232-3636					
E-mail address: <u>pappy@bellsouth.net</u>	Fax: None					
Additional Contact:	Will you be on-site?YesNo					
Title: Phone:	Cell:					
E-mail address:	Fax:					
Event production company (if other than applicant): <u>None</u>						
Address:	City, State, Zip:					
Contact person:						
Phone: (day) (night)						
E-mail address:	Fax:					
PART III: EVENT INFORMATION						
Are you planning to charge admission? If yes, how much? \$	Yes <u>X</u> No					
Are you requesting to fence the event?	Yes <u>X</u> _No					
Are you planning on having any type of concession? If yes, State Health Dept, must be notified 10 days.	Yes <u>X</u> No prior to event, Call John Litscher at 954-632-8094					

PART II: APPLICANT

	u planning on serving free alcoholic beverages?Yes _XNo
	If yes, to whom will it be given?
Are yo	I planning to have any type of amusement rides?YesX_NoYesX_No
	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 <u>prior</u> to opening. Contact Ron Jacobs at (850) 921-1530.
Are yo	I planning to play or have music?
	Small amplifier playing recorded music
	List the type of equipment you will use (speakers, amplifier, drums, etc):
	A small self-contained music machine
	Will you use any type of soundproofing equipment?YesXNo
	List the days and times music will be played: <u>Each day 6-9 pm</u>
	How close is the event to the nearest residence? 300 feet
Will yo	ur event require road closings?YesXNo If yes, list requested streets and times in detail:
Please arrow:	LEASE NOTE**** You are required to secure barricades and/or directional traffic signs for road closing attach a layout of your traffic plan, including the placement and number of barricades, signs, directical cones, and message boards, as well as the name of the company you will be using. Your traffic plan may terminate any event occurring without the proper use of barricades.
Please arrows be app Will yo ****	attach a layout of your traffic plan, including the placement and number of barricades, signs, directic cones, and message boards, as well as the name of the company you will be using. Your traffic plan m
Please arrows be app Will yo **** be bill	attach a layout of your traffic plan, including the placement and number of barricades, signs, directic cones, and message boards, as well as the name of the company you will be using. Your traffic plan more roved by the Police Dept. which may terminate any event occurring without the proper use of barricades. For the property of the parking spaces which result in loss of revenue from inaccessible parking spaces where the property of the property of the parking spaces where the property of
Please arrows be app Will yo **** be bill Will ar	attach a layout of your traffic plan, including the placement and number of barricades, signs, directic cones, and message boards, as well as the name of the company you will be using. Your traffic plan moved by the Police Dept. which may terminate any event occurring without the proper use of barricades. The proper is a series of parking spaces or parking lots?YesXNo the proper is a series of revenue from inaccessible parking spaces with the event organizer and must be paid in full before the event. Please call Keela Black at 828-3794. The property of the property of the event organizer and must be paid in full before the event. Please call Keela Black at 828-3794. The property of the property of the event organizer and must be paid in full before the event. Please call Keela Black at 828-3794. The property of the property of the event organizer and must be paid in full before the event. Please call Keela Black at 828-3794. The property of the property of the property of the event organizer and must be paid in full before the event. Please call Keela Black at 828-3794. The property of the property of the property of the event organizer and must be paid in full before the event. Please call Keela Black at 828-3794.

	License #:				
Name of electrician:	Phone:				
PART IV: APPLICANT'S ACCEP	TANCE				
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, is applicable) must furnish an original certificate of General Liability insurance naming the City of Fort Lauderdale and 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 Recrenotified if any conflicts arise.	eation sponsored activity has precedence over the above schedule and I will be				
	auderdale Police Department will determine all security requirements and that be onsite during all outdoor events.				
enforcement personnel, code enforcement that the entertainment	noise ordinance. If at any time during the event it is determined by law forcement personnel, parks and recreation personnel, or any other city ent or music is causing a noise disturbance, I will be directed to lower the etermined by City staff. If a second noise disturbance arises during the event, I music or entertainment for the remainder of the event. I agree to abide by all				
may be directed to shut down the					
may be directed to shut down the provisions of the noise control ordin	nance and understand that my failure to do so may result in a civil citation, an of the event. Chairman of the Board				

Please email completed application at least 60 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 OUESTIONNAIRE

PREVENTION

1.	Are you planning to have canopies (no sides) for this event?YesX_No
	How many and what sizes?
	Name of Company:
2.	Are you planning to have tents (with sides) for this event?YesXNo
	How many and what sizes?
	Name of Company:
Bui	**PLEASE NOTE**** All permits required by the Florida Building Code must be obtained through the ilding Department (including but not limited to electrical, structural, plumbing). Contact the Department of stainable Development Building Services Division at 954-828-6520.
3.	Are you planning to have fireworks?YesXNo
	Name of company conducting the show:
4.	Are you having food vendors?YesXNo
	How many and what kind?
OP	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. PERATIONS/EMS
	ecial Event Detail Guidelines:
Spe	* 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	e 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 NOX
2. \	What is your estimated sustained attendance?50
3.	On-site contact? NAME James Wright PHONE 954 232-3636
	ninimum of 4 hours will be charged for all special event details. 45 minutes will be added to the pre and post

Does your event require use of police vehicles?	Yes	No_X	
If yes, A Hold-Harmless Agreement must be signed and Liab ONE MILLION DOLLARS must be provided.	oility coverage o	of a <u>minimum</u> of	
2. Is this a new or previously held event?	New	_ Previous _X_	
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 (private security company, volunteers, etc.)			
4. Do you have an established detail of off-duty officers? If yes, who is your Police department contact?		. No_X	
5. Any notable entertainers or special circumstances scheduled for y	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	NoX	
If so what roads/intersections?		· · · · · · · · · · · · · · · · · · ·	
8. What is your estimated attendance? _50-100			·
I understand the off duty rate for Police personnel for ALL special eralso understand there is a 24 hour cancellation requirement to avoid hourly rate and costs to be incurred by the event organizer will be Events "Cost Estimate" worksheet developed at the Special Events Id All payments will be paid within two (2) weeks of the payroll being s	the 3 hour mine e quoted on the ogistics meeting	nimum payment pe ne City of Ft. Laud	er officer. The lerdale Specia

01/21/13

Date

James Wright

Name