

# 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

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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

PART I: EVENT REQUEST			. ***
Event name: Healthy Living <>	Better Health Fair		
Purpose of event (check one): □ Fu	ndraiser [ <b>X</b> ] Awarene	ess 🗆 Recreation 🗆 Oth	ner
Requested location: Ft. Lauderdale 33315	e Seventh-day Adventist	Church, 850 Davie Bouleva	ard, Ft. Lauderdale, Fl
Estimated daily attendance:	1000	<del></del>	
Requested dates and time of event: <b>DATE</b>	DAY	BEGIN	END
EVENT DAY 1: 11- 2- 14	Sunday	1.00 AM/(PM)	5,00 AM/(PM)
EVENT DAY 2:		AM/PM	AM/PM
EVENT DAY 3:		AM/PM	AM/PM
SETUP: <u>11-2-14</u>	Sunday	1 <u>.00</u> AM/(PM)	
BREAKDOWN: 11-2-14	Sunday	<u>5.00</u> (PM)	_6.00_AM/(PM)
Has this event been held in the past?	Y <u><b>X</b></u> Yes <u>N</u>	<b>o</b> .	
If yes, please list past dates	and locations: 11/95, 11	/96, 11/97, 11/98, 11/99,	11/00, 11/01, 11/02
11/03, 11/04, 11/05, 11/06, 11/07, 1	1/08, 11/09, 11/10, 11/	11, 11/12, All at the church	h in Ft. Lauderdale
<b><u>Detailed</u></b> event description (include a	activities, entertainment,	, vendors, etc <u>.): Displays,</u>	Health Products, Medical
Screenings for blood pressure, diabet	tes. Resource Information	on. Lectures. No selling (mo	oney exchange). Doctors.
Nurses, Dentists, Chiropractors.			

# **PART II: APPLICANT** Organization name: Ft. Lauderdale Seventh-day Adventist Church. Address: 850 Davie Boulevard City, State, Zip: Ft Lauderdale, Florida, 33315 Phone: <u>954-523-8334</u> Fax: <u>954-524-0651</u> Corporation name: Florida Conference of Seventh-day Adventist (as it appears in articles of incorporation) Date of incorporation: \_\_\_\_\_ State incorporated in: \_\_\_\_\_ Federal ID #: 65-0777861/16-03-<u>359574 -85</u> Two authorizing officials for the organization: President: Michael Cauley Phone: <u>407-644-5000</u> Phone: \_\_\_\_\_ Secretary: Event Coordinator: Pauline Douglas Will you be on-site? [X] Yes No Title: <u>Director</u> Phone: <u>954-746-9004</u> Cell: \_\_\_\_ E-mail address: <a href="mailto:griffoluv@comcast.net">griffoluv@comcast.net</a> Fax: \_\_\_\_\_ Additional Contact: <u>Dr Jeffrey Thompson</u> Will you be on-site? <u>[X]</u> Yes \_\_\_\_No Title: Pastor Phone: 954-523-8334 Cell: 954-297-2110 E-mail address: <u>jeffreythompson@gmail.com</u> Fax: <u>954-524-0651</u> 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 [X] No If yes, how much? \$ Are you requesting to fence the event? Yes [X] No Are you planning on having any type of concession? Yes [X] No If yes, State Health Dept. must be notified 10 days prior to event. Call John Litscher at 954-632-8094.

If ves, how will the beverages be served? (Draft truck, cold plate, mini-bar, beer tub, table service, etc.)

Are you planning on selling alcoholic beverages?

Yes

[X] No

If yes, to whom will it be given?	Yes <u>[X]</u> INO
Are you planning to have any type of amusement rides?  If yes, name of company:	Yes [X]No
What type of rides are you planning?(All rides must be approved by the State of Florida Bureau prior to opening. Contact Ron Jacobs at (850) 921-1530.	of Fair Rides and all permits must be secured
Are you planning to play or have music?  If yes, what music format(s) will be used? (amplified, acou	Yes _[X]No ustic, recorded, live, disc jockey, etc):
List the type of equipment you will use (speakers, amplifie	er, drums, etc):
Will you use any type of soundproofing equipment?	Yes _ <u>[X]</u> No
List the days and times music will be played:	
How close is the event to the nearest residence?	100 yards
Will your event require road closings?  If yes, list requested streets and times in <b>detail</b> :	Yes [X]No
****PLEASE NOTE***** You are required to secure barricade. Please attach a layout of your traffic plan, including the placem arrows, cones, and message boards, as well as the name of the composition be approved by the Police Dept. which may terminate any event of Will your road closings affect access to parking spaces or parking I ****PLEASE NOTE***** All road closings which result in loss of the billed to the event organizer and must be paid in full before the	ent and number of barricades, signs, directional company you will be using. Your traffic plan must iccurring without the proper use of barricades.  Tots?Yes [X]No per parking spaces will specified to be a significant of the company of the
Will any recyclable materials be utilized at this event?  (Materials that can be recycled include all clean paper, carcans, and milk or juice boxes.) Please refrain from the use	dboard, glass, plastic drink containers, aluminum
Who will provide clean up services for garbage and recyclables? Et	Lauderdale SDA Church
Contact Name: Pauline Douglas  *****NOTE***** All grounds must be cleaned up immediately done at all City facilities and parks. Recycling may be provided by cases by the City of Fort Lauderdale. You are responsible for secur at Jtownsend@fortlauderdale.gov or (954) 828-5956.	your organization, a private company or in some
Will you require electricity?Yes[X]No Events requiring electricity are the responsibility of the applicant. A Department of Sustainable Development Building Services Division	All permits must be obtained through the City's at (954) 828-5191 before setting up.
Company: L	icense #:
Name of electrician:P	hone:

## 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.

Pauline Douglas Name of applicant	Health Ministries Director Title	
August 16, 2014	·	

# Please email completed application at least 60 days ahead of your planned event to:

#### imeehan@fortlauderdale.gov

Please mail the 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?Yes[X]No
	How many and what sizes?
	Name of Company:
2.	Are you planning to have tents (with sides) for this event?Yes[X]No
	How many and what sizes?
	Name of Company:
Bui	** <u>PLEASE NOTE</u> **** 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?Yes _[X]No
	Name of company conducting the show:
4.	Are you having food vendors?Yes _[X]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.
<u>OP</u>	PERATIONS/EMS
Spe	ecial 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_[X]_
2. V	What is your estimated sustained attendance? 350
2	what is your estimated sustained attendance? 330
٥.	On-site contact? NAME Pauline Douglas PHONE 954-746-9004

Does your event require use of police vehicles?	Yes	No_[X]	
If yes, A Hold-Harmless Agreement must be signed an <b>ONE MILLION DOLLARS</b> must be provided.	d Liability coverage of	a <u>minimum</u> of	
2. Is this a new or previously held event?	New	Previous [X]	-
If yes, Previous date(s)?11/2006, 11/2007, 11/2008, 1	1/2009, 11/2010, 11/2	011, 11/2012,	
3. Any established security, traffic, or other appropriate plan(s	s)? Yes <u>[X]</u>	No	
If yes, besides Fort Lauderdale Police, who will you be (private security company, volunteers, etc.)	using for this plan?		
Church volunteers who are law enforcement officers ar	nd security guards.		
4. Do you have an established detail of off-duty officers?  If yes, who is your Police department contact?	Yes	No_ <u>[X]</u>	
5. Any notable entertainers or special circumstances scheduled	Yes	No_ <u>[X]</u>	
Who/What?		<del>, , , , , , , , , , , , , , , , , , , </del>	
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?	V) (0. 476) (1.	-	
8. What is your estimated attendance? 1000 intermittently			
I understand the off duty rate for Police personnel for ALL spealso understand there is a 24 hour cancellation requirement to hourly rate and costs to be incurred by the event organizer versets "Cost Estimate" worksheet developed at the Special Events all payments will be paid within two (2) weeks of the payroll be	avoid the 3 hour minim will be quoted on the c ents logistics meeting a	num payment per officity of Ft. Lauderdak	cer. The e Special
Pauline Douglas Name	August 16, 2014 Date		

POLICE DEPARTMENT OUESTIONNAIRE