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# 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

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

1. Facility requested

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- 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

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

PART I: EVENT REOUEST		
Event name: South Florida Scottish	1 Festival 40	Games
Purpose of event (check one):  □ Fundraiser  □ Awareness	Recreation     XOt	her Showcase Scotlisk
Requested location: <u>Sngder Park</u> , 3299 Ft. Landerdale, FL	5. W. 4th	Aue Culture
Estimated daily attendance: <u>3000</u>		
Requested dates and time of event: DATE DAY	BEGIN	END
EVENT DAY 1: 3/21/15 Sat	8 AMPM	10 AM/PM
EVENT DAY 2:	AM/PM	AM/PM
EVENT DAY 3:	AM/PM	AM/PM
SETUP: 3/20/15 Friday	AM/PM	
BREAKDOWN: 3/22/15 Sunday		AM/PM
Has this event been held in the past? YesNo	30 + 12 ears	
If yes, please list past dates and locations: <u>Sny d</u>	er Park 3 gr	s-5Gears
prior stadium festival site 13	301 N.W. 557	MSt. Ft. Land.
Detailed event description (include activities, entertainment, v	rendors, etc.): bac M	ipp band and
highland dance competition, a		
Fentwith Colfic rock bands, fo	bod vendors,	vendors with
scottish goods ethnic den		

PART II: APPLICANT
Organization name: Soottish American Societz of South Florida
Address: <u>C.O. Box 100667</u> City, State, Zip: <u>Ff. Landerdale FL</u> 33309
Phone: Fax: 733909
Corporation name: <u>Scottish American Society of South</u> Florida, Inc (as it appears in articles of incorporation)
Date of incorporation: $\frac{8/2/83}{59-17778602}$ State incorporated in: $FL$ Federal ID #: <u>59-17778602</u>
Two authorizing officials for the organization: President: <u><math>Eddy Wosf</math></u> Phone: <u>954-548-95</u> 45
Secretary: Poter Buchanan Phone: 954-577-3010
Event Coordinator: <u>Eddg West</u> Will you be on-site? <u>Yes</u> No Title: <u>President</u> Phone: <u>954-548-9545</u> Cell:
Title: <u>Vresident</u> Phone: <u>954-548-9545</u> Cell:
E-mail address: Westwing s @ hotmail com Fax:
Additional Contact: <u>Nigel Mac Donald</u> Will you be on-site? <u>Yes</u> <u>No</u> Title: <u>Director</u> Phone: <u>Cell: 786-205-5350</u>
Title: Director Phone: Cell: 786-205-5350
E-mail address: Nicolm @ bellsouth.com Fax:
Event production company (if other than applicant):
Address: City, State, Zip:
Contact person:Title:Title:
Phone: (day) (night) (celi)
E-mail address: Fax:
PART III: EVENT INFORMATION
Are you planning to charge admission? If yes, how much? \$_25.00
Are you requesting to fence the event?
Are you planning on having any type of concession?YesNo If yes, State Health Dept. must be notified 10 days prior to event. Call John Litscher at 954-632-8094.

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Are y	If yes, how will the beverages be served? (Draft truck, cold plate, mini-bar, beer tub, table service, etc.)
Are y	bu planning on serving free alcoholic beverages?      YesNo         If yes, to whom will it be given?      YesNo
Are yo	bu planning to have any type of amusement rides?YesNo If yes, name of company:
	What type of rides are you planning?
Are yo	u planning to play or have music? If yes, what music format(s) will be used? (amplified, acoustic, recorded, live, disc jockey, etc):
	amplified Scottish bands & baspipos
	List the type of equipment you will use (speakers, amplifier, drums, etc): $\alpha / \alpha boo \alpha$
	Will you use any type of soundproofing equipment?YesNo
	List the days and times music will be played: <u>Sat. March 21, 2015</u> 8 Am-9 PI
	How close is the event to the nearest residence? Over a mile
Will yo	ur event require road closings?YesNo If yes, list requested streets and times in <b>detail</b> :YesNo
Nho wi	PLEASE NOTE***** You are required to secure barricades and/or directional traffic signs for road closings. attach a layout of your traffic plan, including the placement and number of barricades, signs, directional cones, and message boards, as well as the name of the company you will be using. Your traffic plan must roved by the Police Dept. which may terminate any event occurring without the proper use of barricades. ur road closings affect access to parking spaces or parking lots?YesNo <b>PLEASE NOTE</b> ***** All road closings which result in loss of revenue from inaccessible parking spaces will d to the event organizer and must be paid in full before the event. Please call Dee Paris at 828-3771. y 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 plates and cups. Il provide clean up services for garbage and recyclables?YesYesYesYesYesYesYesYesYesYesYesYesYesYesYesYesNo (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. Il provide clean up services for garbage and recyclables?Yes

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Will you require electricity?  $\swarrow$  Ves  $\checkmark$  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 #:
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Name of electrician: \_

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\_ 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.

Eddy West Edynamerican Name of applicant scottish American President Title of SouthFL Soci

Please **email** completed application at least 60 days ahead of your planned event to: <u>jmeehan@fortlauderdale.gov</u> 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

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1.	Are you planning to have canopies (no sides) for this event?YesNo
	How many and what sizes? <u>50 - 10×10 260×つ0 2 20×20 220×3</u>
	Name of Company:
2.	Are you planning to have tents (with sides) for this event?Yes
	How many and what sizes?
	Name of Company:
Dull	** <u>PLEASE NOTE</u> ***** All permits required by the Florida Building Code must be obtained through the lding Department (including but not limited to electrical, structural, plumbing). Contact the Department of tainable Development Building Services Division at 954-828-6520.
3.	Are you planning to have fireworks?YesNo
	Name of company conducting the show:
4.	Are you having food vendors?YesNo
	How many and what kind? 5-6 Scotlish foods such as fisht chips, made <u>pies</u> , <u>bg/Ltcl</u> <u>goods</u> , <u>etc</u> 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.
	ERATIONS/EMS
Spec	<ul> <li>ial Event Detail Guidelines:</li> <li>* One rescue unit/cart for 500 to 5,000 people in attendance (sustained attendance)</li> <li>* Two rescue units/carts for 5,000 to 10,000 people in attendance (sustained attendance)</li> <li>* One more rescue unit/cart per 5,000 additional people</li> <li>* One command person if two or more rescue units/carts are required</li> </ul>
The i	number of rescue units and paramedics is determined according to attendance and other risk factors.
	oes your event require EMS medical standby services based on the guidelines above? YES_V NO
2. WI	hat is your estimated sustained attendance? 800-900
3. 0	n-site contact? NAME Samp 45 above PHONE
	nimum of 4 hours will be shared for all an attact to the transformer and the second seco

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 OUESTI	ONNAIRE		
1. Doe	es your event require use of police vehicles?	Yes	No	
	If yes, A Hold-Harmless Agreement must be signed and Liabili <b>ONE MILLION DOLLARS</b> must be provided.	ity coverage o	f a <u>minimum</u> of	
2. Is ti	his a new or previously held event?	New	_ Previous	
	If yes, Previous date(s)? <u>307 9 ears</u>			
3. Any	established security, traffic, or other appropriate plan(s)?	Yes	No	
	If yes, besides Fort Lauderdale Police, who will you be using for (private security company, volunteers, etc.)	or this plan?		
	<u>LOTC at gates</u> SASSE Volum you have an established detail of off-duty officers?	tears f	or overnige	ht security
4. Do y	ou have an established detail of off-duty officers? If yes, who is your Police department contact?	Yes	No	
5. Any	notable entertainers or special circumstances scheduled for you	ur event? Yes	No	
	Who/What?		•	
6. Is the	ere alcohol being sold or given away?	Yes	No	
7. Are th	here any road closures required?	Yes	No	
	If so what roads/intersections?	,		
8. What	is your estimated attendance? 3600			

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.

11/9/14 Jay West, as resident Date

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