

CITY OF FORT LAUDERDALE OUTDOOR EVENT 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

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

Application must be filled out combletely

- 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 REOUEST

Event name: YogaFest					·····
Purpose of event (check one):	Fundraiser	□ Awareness	x□ Recreation	Other	
Requested location:	Reserved alre	ady Huizenga Pla	iza for Sat 3.28.15	5	
Estimated daily attendance:	500 (at any <u>c</u>	jiven time throug	hout the day		
Requested dates and time of ev	vent:				

•		DATE	DAY	BEGIN	END
	EVENT DAY 1:	March	28	<u>9</u> AM <u>9</u>	PM
	EVENT DAY 2:		·····	AM/PM	AM/PM
	EVENT DAY 3:			AM/PM	AM/PM
	SETUP:	fri mar	27	10am	

BREAKDOWN: <u>sat mar</u> <u>28</u>

Has this event been held in the past? <u>x</u>Yes <u>No</u>

If yes, please list past dates and locations: <u>same venue april 20, 2013, april 19, 2014</u>

Detailed event description (include activities, entertainment, vendors, etc.):

YogaFest with Yoga, Mediation, Music, Clothes, Jewelry vendors, food vendors too

11PM

PART II: APPLICANT

Organization name: <u>MahaShakti Foundation</u>	Inc.
Address:610 Heron DR.	City, State, Zip: Delray Beach FL 33444
Phone:704-756-9245	Fax:
Corporation name: _MahaShakti Foundation Inc (as it a	ppears in articles of incorporation)
Date of incorporation: <u>5/2010</u> State	incorporated in: _FL_ Federal ID #:27-2753112
Two authorizing officials for the organization: President: <u>Keith Fox</u>	Phone: <u>561-703-1236</u>
Secretary:Kelly Brookbank	Phone: <u>704-756-9245</u>
Title: Director Phone:	rookbank Will you be on-site? <u>x</u> Yes No 704-756-9245 Cell:
E-mail address: <u>kelly@yogafox.com</u>	Fax:
	Will you be on-site? _xYesNo
Title: Director Phone:	Cell: <u>561-703-1236</u>
E-mail address: <u>Keith@YogaFox.com</u>	Fax:
Event production company (if other than applica	nt): <u>Amazing Events (Jose Salano)</u>
Address:	City, State, Zip: <u>Miami, FL</u>
Contact person: Jose Salano	Title:
Phone: (day) <u>305-469-7204</u> (night) _	(cell)
E-mail address: <u>amazinevents@gmail.com</u> Fax:	
PART III: EVENT INFORMATION	
Are you planning to charge admission? If yes, how much? \$ <u>20</u>	<u>x</u> Yes <u>No</u>
Are you requesting to fence the event?	<u>x</u> Yes <u>No</u>
Are you planning on having any type of concession If yes, State Health Dept. must be notifie	on?Yes <u>_x</u> No ed 10 days prior to event. Call John Litscher at 954-632-8094.

	ning on selling alcoholic beverages? how will the beverages be served? (Dr		fes <u>x</u> No ni-bar, beer tub, table s	ervice, etc.)
	ning on serving free alcoholic beverage s, to whom will it be given?		Yes <u>x</u> No	
	ning to have any type of amusement rises, name of company:		⁄es <u>x</u> No	
What (All ri prior	type of rides are you planning? ides must be approved by the State of to opening. Contact Ron Jacobs at (85	Florida Bureau of Fair Ri 0) 921-1530.	des and all permits mu	st be secured
	ning to play or have music? s, what music format(s) will be used? (_YesNo rded, live, disc jockey, o	etc):
	amplified yoga music			,
List th	ne type of equipment you will use (spe	akers, amplifier, drums,	etc):	
Will yo	ou use any type of soundproofing equi	ipment? <u>x</u>	YesNo	~
List th	ne days and times music will be played	: during yoga 4pr	m-9pm	
How c	close is the event to the nearest reside	nce? the blue cor	ndo bldg next to park	
Will your even If yes,	at require road closings? , list requested streets and times in de	tail:	Yes <u>x</u> No	
Please attach arrows, cones,	NOTE ***** You are required to see a layout of your traffic plan, includin , and message boards, as well as the by the Police Dept. which may terminat	ng the placement and n name of the company ye	umber of barricades, s ou will be using. Your t	igns, directional traffic plan must
**** <u>PLEASE</u>	closings affect access to parking space NOTE ***** All road closings which e event organizer and must be paid in	result in loss of revenue	from inaccessible park	ing spaces will 28-3771.
(Mater	able materials be utilized at this event rials that can be recycled include all cle and milk or juice boxes.) Please refrain	ean paper, cardboard, gla	ass, plastic drink contai	ners, aluminum
Who will provid	de clean up services for garbage and r	ecyclables?		·····
done at all City cases by the Ci	ct Name: **** All grounds must be cleaned up i / facilities and parks. Recycling may be ity of Fort Lauderdale. You are respon Dfortlauderdale.gov or (954) 828-5956	e provided by your organ sible for securing recyclii	ization, a private comp	any or in some

Company:	through Jose Salano	(same as prior 2 years)	License #:	_
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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.

Kelly Brookbank	Sec/VP/Director	
Name of applicant	Title	

1/21/15

Date

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

jmeehan@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
<u>PR</u>	EVENTION
1.	Are you planning to have canopies (no sides) for this event? <u>x</u> YesNo
	How many and what sizes?10x10s
	Name of Company: <u>Amazin Events</u> 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 x No
	How many and what sizes?
Buil	Name of Company:
	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? <u>x</u> Yes <u>No</u>
	How many and what kind?wraps, smoothies, juices, fruit
	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.
OPI	ERATIONS/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	NOX_	
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2.	What is your estimated sustained attendance?	450 at any given time -1000 throughout the day	

J. On-site contact: INAMEKelly DIOOKDAIKPHONE /04-/35-9245	3.	On-site contact?	NAMEk	elly brookbank	PHONE	704-756-9245	
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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.

POLI	CE DEPARTMENT O	UESTIONNAIRE		
1. Does your event require use of police	vehicles?	Yes	No <u>x</u>	
If yes, A Hold-Harmless Agreeme ONE MILLION DOLLARS must		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)?	4/20/13, 4/19)/14		<u></u>
3. Any established security, traffic, or oth	her appropriate plan(s	;)? Yes <u>x</u>	No	
If yes, besides Fort Lauderdale Po (private security company, volunt		using for this plan?		
secu	rity team	······································		
 Do you have an established detail of o If yes, who is your Police departn 		Yes	No <u>x</u> .	
5. Any notable entertainers or special circ	cumstances scheduled	for your event? Yes	No <u>x</u>	
Who/What?				
6. Is there alcohol being sold or given awa	ay?	Yes	No <u>x</u>	
7. Are there any road closures required?		Yes	No <u>x</u>	
If so what roads/intersections?				
8. What is your estimated attendance?	500-1,000 througho			

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.

kelly brookbank	
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1/21/15	
Date	

Name