

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

Application must be filled out completely!

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
- 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: 81 st Caster Synnish Syrvice
Purpose of event (check one): ☐ Fundraiser ☐ Awareness ☐ Recreation ☐ Other
Requested location: South Brach, It Sundulak Copp Restrons
Estimated daily attendance: <u>app. 800-1000</u>
Requested dates and time of event: DATE DAY BEGIN END
EVENT DAY 1: april 52015 Siraly 53 AM/PM & AM/PM
EVENT DAY 2:AM/PMAM/PM
EVENT DAY 3:AM/PMAM/PM
SETUP: april42018 Saturda/ 30 AMIPM
SETUP: april 42018 Saturda/ 50 AM/PM BREAKDOWN: april 5,200 Senlay 800 (AM/PM
Has this event been held in the past?No
If yes, please list past dates and locations:
Detailed event description (include activities, entertainment, vendors, etc.): Non-Sleyomenations Easter Survice

PART II: APPLICANT
Organization name: Fart Frenchedale Busias by Perfessional Women Olut, Dan
Address: To Ontoneis Idesland 427 Dev land City, State, Zipollerguellet, Il 33442-133
Phone: (9524) 427-545-3 Fax: (Caule Julianes) (9534) 935-52476
Corporation name: A Juilledole Bussias & Parfacinel Wongh Cluther
(as it appears in articles of incorporation)
Date of incorporation: 5/20/64 State incorporated in: 7/2 Federal ID #:
Two authorizing officials for the organization: President: Carale Juliumen Phone: (521) 361-7888
Secretary: Cumpic Palallis Phone: (574) 361-9888
Event Coordinator: Banel of Derectus Will you be on-site? X Yes No
Title: Ahre Phone: (954) 427-5453 Cell: (954) 298-7526
E-mail address: tonie, hy ebell south, net Fax:
Additional Contact: <u>Carole Tolomeo</u> Will you be on-site? X Yes No
Additional Contact: <u>Carole Tolomen</u> Will you be on-site? X YesNo Title: <u>President</u> Phone: (954) 935 3412) Cell: (957) 648-6876
E-mail address: Cytolome 6@ goli Com Fax: (954)935-7476
Event production company (if other than applicant):
Address:City, State, Zip:
Contact person:
Phone: (day)
E-mail address: Fax:
PART III: EVENT INFORMATION
Are you planning to charge admission? If yes, how much? \$
Are you requesting to fence the event?YesXNo
Are you planning on having any type of concession? If yes, State Health Dept. must be notified 10 days prior to event. Call John Litscher at 954-632-8094.

Are you plann If yes, h	ing on selling alcoho how will the beverag	olic beverages? Jes be served? (Draft tr	Yes uck, cold plate, mini-ba	No ar, beer tub, table service,	etc.)
	ing on serving free a , to whom will it be	alcoholic beverages? given?	Yes	No	
		e of amusement rides?	Yes	X_No	
(All ric	des must be approve	u planning? d by the State of Florid Ron Jacobs at (850) 92	a Bureau of Fair Rides 1-1530.	and all permits must be s	 ecured
	Sjea	ker and an	uplifia on		
List the	e type of equipment	you will use (speakers,	, amplifier, drums, etc)	:	
		oundproofing equipmen		X_No	
List the	e days and times m	ısic will be played:	6:30am -	795 am 45 Six. - Zon pesedent	las
How cl	lose is the event to	he nearest residence?	on hear	- now seso Sent	til
	require road closing list requested stree	gs? is and times in detail: _	Yes	_X_No	
Please attach i arrows, cones,	a layout of your tra and message boan	offic plan, including the dis, as well as the name	e placement and numb of the company you v	tional traffic signs for road per of barricades, signs, o will be using. Your traffic p ut the proper use of barric	directiona plan mus
**** <u>PLEASE</u>	<u>NOTE</u> ***** All ro	s to parking spaces or p ad closings which result d must be paid in full bo	' in loss of revenue from	sNo m inaccessible parking spa call Dee Paris at 828-377	oces will 1.
(Materi	able materials be uti ials that can be recy nd milk or juice box	lized at this event? cled include all clean pa es.) Please refrain from	Yes aper, cardboard, glass, the use of Styrofoam	No plastic drink containers, a plates and cups.	luminum
Who will provid	le clean up services	for garbage and recycla	obles? We clim	exafter and	nt.
done at all City	tacilities and parks.	Recycling may be prove	ided by your organizati	on of event. Recycling sho ion, a private company or	in some
Lases by the Cit at Itomoseodo	ty of Fort Lauderdal Fortlanderdale gov (e, tou are responsible l or (054) 828-5056	for securing recycling s	ervices. Contact Janet Tov	vnsend

	,	
Will you require electricity? Events requiring electricity are the Department of Sustainable Develop	YesN responsibility of the app oment Building Services I	lo licant. All permits must be obtained through the City's Division at (954) 828-5191 before setting up.
Company:	nla	License #:
Name of electrician:	2/9	Phone:
PART IV: APPLICANT'S ACCEP	TANCE	
The information I have provided on	this application is true a	and complete to the best of my knowledge.
applicable) must furnish an origina additionally insured in the amount	l certificate of General L of at least one million do	, I understand that I (and the production company, if liability insurance naming the City of Fort Lauderdale as ollars (\$1,000,000) or greater as deemed satisfactory by iability insurance in the amount of \$500,000 if alcohol is
I understand that a Parks and Recr notified if any conflicts arise.	eation sponsored activit	y has precedence over the above schedule and I will be
I understand that the City of Fort I EMS is required by City Ordinance to	Lauderdale Police Depar o be onsite during all ou	tment will determine all security requirements and that tdoor events.
enforcement personnel, code en representative that the entertainm volume to an acceptable level as do may be directed to shut down the	forcement personnel, ent or music is causing etermined by City staff. music or entertainment nance and understand t	any time during the event it is determined by law parks and recreation personnel, or any other city g a noise disturbance, I will be directed to lower the If a second noise disturbance arises during the event, I for the remainder of the event. I agree to abide by all that my failure to do so may result in a civil citation, a
Name of applicant	<u>zd</u>	Treasurer
	<u>derdale.gov</u>	auderdale) to:

Please include the following with the application:

Phone: (954) 828-6075 Fax: (954) 828-5650

* 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
	How many and what sizes?
	Name of Company:
2.	Are you planning to have tents (with sides) for this event?Yes
	How many and what sizes?
	Name of Company:
Buil	** <u>PLEASE NOTE</u> ***** All permits required by the Florida Building Code must be obtained through the Iding 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?
	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>OPE</u>	ERATIONS/EMS
Spec	* 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. D	oes your event require EMS medical standby services based on the guidelines above? YESNO
	hat is your estimated sustained attendance? 700 7000
3. O	on-site contact? NAMEPHONE
A min	nimum of 4 hours will be charged for all special event details. 45 minutes will be added to the pre and post times (totaling 1.5 hours), allowing for travel and preparation for the event.

1. Does your event require use of police v	vehicles?	Yes	No	
If yes, A Hold-Harmless Agreemer ONE MILLION DOLLARS <u>must l</u>	nt must be signed and Lia be provided.	bility coverage o	f a <u>minimum</u> of	
2. Is this a new or previously held event?		New	_ Previous	
If yes, Previous date(s)?			······································	
3. Any established security, traffic, or other	er appropriate plan(s)?	Yes	No	
If yes, besides Fort Lauderdale Po (private security company, volunte		g for this plan?		
Do you have an established detail of of If yes, who is your Police department		Yes	No	
Any notable entertainers or special circle Who/What?		Yes	No	
6. Is there alcohol being sold or given awa		Yes		
7. Are there any road closures required?	y •	Yes		
If so what roads/intersections?				
8. What is your estimated attendance?				
I understand the off duty rate for Police per also understand there is a 24 hour cancella hourly rate and costs to be incurred by the Events "Cost Estimate" worksheet develope All payments will be paid within two (2) we	ition requirement to avoid ne event organizer will b ed at the Special Events I	the 3 hour mini e quoted on the ogistics meeting	mum payment pe City of Ft. Laude	r officer. The erdale Special
Name	Date			

POLICE DEPARTMENT OUESTIONNAIRE