

# 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

## 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

Dogwooted to	astion. Ca	Ponch Volla	shall Carreta		
kequesteu 10	Cauon: <u>S</u> c	our beach volle	yball Courts		
Estimated da	ily attend	ance: <u>75-10</u> 0	)		
Requested da	ites and t	ime of event:  DATE	DAY	BEGIN	END
EVEN	T DAY 1:	May 2 2015	Saturday	9AM/PM	5_AM/PM
EVEN	T DAY 2:	May 3 2015	Sunday	9AM/PM	5AM/PM
EVEN	T DAY 3:		m <del>M</del>	AM/PM	AM/PM
SETU	P:	May 1 2015	<u>Friday</u>	8AM/PM	
BREA	KDOWN:	<del></del>	Sunday	(	6AM/PM
las this even	t been he	eld in the past?	x_YesN	No	
If yes	, please l	ist past dates ar	d locations: <u>Same</u>	location last 25 years	
· · · · · · · · · · · · · · · · · · ·					
<b>Detailed</b> eve	nt descri <sub>l</sub>	otion (include ac	tivities, entertainme	ent, vendors, etc <u>.):</u>	
<b>.</b> .	-U T	ament for ages 1	io 10		

Organization name: Pro-Motions Sports Marketing	
Address: 2400 SW 16 court City, State, Zip: Fort Lauderdale FL 33312	
Phone: <u>954-224-5739</u> Fax:	
Corporation name: Pro-Motions Sports Marketing Inc.  (as it appears in articles of incorporation)	
Date of incorporation: 1993 State incorporated in: FL Federal ID #: 65-0442996	
Two authorizing officials for the organization:  President: Gino Ferraro Phone: 954-224-5739	
Secretary: Lynn Ferraro Phone: 954-224-5738	
Event Coordinator: Gino Ferraro Will you be on-site? x_Yes No	
Title: Phone: Cell: _954-224-5739	
E-mail address:info@flbeachvolleyball.com Fax:	
Additional Contact: <u>Lynn Ferraro</u> Will you be on-site? <u>x</u> YesNo	
Title: Phone: Cell: <u>954-224-5738</u>	
E-mail address: _lynnferraro@hotmail.com Fax:	
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?x YesNo If yes, how much? \$30	
Are you requesting to fence the event?Yesx_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.	
Are you planning on selling alcoholic beverages?YesXNo	

PART II: APPLICANT

	Yes	x_No
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 of prior to opening. Contact Ron Jacobs at (850) 921-1530.	f Fair Rides a	nd all permits must be secured
Are you planning to play or have music?  If yes, what music format(s) will be used? (amplified, acoust		No live, disc jockey, etc):
Sattelite Radio		
List the type of equipment you will use (speakers, amplifier,	drums, etc):	
Speakers		
Will you use any type of soundproofing equipment?	Yes	<u>x_</u> No
List the days and times music will be played: 9 am - 5 pm Sunday	Saturday and	l
How close is the event to the nearest residence?		
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 barricades a Please attach a layout of your traffic plan, including the placement	t and numbe	er of barricades, signs, direction
arrows, cones, and message boards, as well as the name of the conce approved by the Police Dept. which may terminate any event occurvill your road closings affect access to parking spaces or parking lots *****PLEASE NOTE****** All road closings which result in loss of r	urring withous?Yes	t the proper use of barricades. No inaccessible parking spaces will
arrows, cones, and message boards, as well as the name of the con- be approved by the Police Dept. which may terminate any event occu- Will your road closings affect access to parking spaces or parking lots *****PLEASE NOTE****** All road closings which result in loss of robe billed to the event organizer and must be paid in full before the event organizer.	erring withous  ?Yes revenue from yent. PleaseXYes pard, glass, p	t the proper use of barricades. No inaccessible parking spaces will call Dee Paris at 828-3771. No plastic drink containers, aluminum
arrows, cones, and message boards, as well as the name of the conce approved by the Police Dept. which may terminate any event occur.  Will your road closings affect access to parking spaces or parking lots  ****PLEASE NOTE****** All road closings which result in loss of robe billed to the event organizer and must be paid in full before the event any recyclable materials be utilized at this event?  (Materials that can be recycled include all clean paper, cardboards, and milk or juice boxes.) Please refrain from the use of	yrring withouter  ??Yes revenue from yent. PleaseXYes pard, glass, p Styrofoam p	t the proper use of barricades. No inaccessible parking spaces will call Dee Paris at 828-3771. No plastic drink containers, aluminum lates and cups.
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Events requiring electricity are the responsibility of the applicant Department of Sustainable Development Building Services Divisi	
Company:	License #:
Name of electrician:	_ Phone:
PART IV: APPLICANT'S ACCEPTANCE	
The information I have provided on this application is true and o	complete to the best of my knowledge.
Before receiving final approval from the City Commission, I use applicable) must furnish an original certificate of General Liability additionally insured in the amount of at least one million dollars the City Risk Manager, and an original certificate of liquor liability being served.	ity insurance naming the City of Fort Lauderdale as (\$1,000,000) or greater as deemed satisfactory by
I understand that a Parks and Recreation sponsored activity has notified if any conflicts arise.	s precedence over the above schedule and I will be
I understand that the City of Fort Lauderdale Police Departmen EMS is required by City Ordinance to be onsite during all outdoor	
I understand that the City has a noise ordinance. If at any enforcement personnel, code enforcement personnel, park representative that the entertainment or music is causing a volume to an acceptable level as determined by City staff. If a may be directed to shut down the music or entertainment for provisions of the noise control ordinance and understand that physical arrest, or the shutting down of the event.  Name of applicant  Tit	s and recreation personnel, or any other city noise disturbance, I will be directed to lower the second noise disturbance arises during the event, I the remainder of the event. I agree to abide by all my failure to do so may result in a civil citation, a
Please email completed application at least 60 days ahead of you	our planned event to:

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 QUESTIONNAIRE

# **PREVENTION**

1.	Are you planning to have canopies (no sides) for this event?NoNo
	How many and what sizes? 4-6 10x10 canopies
	Name of Company:
	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
	How many and what sizes?
	Name of Company:
Bui	**PLEASE NOTE**** 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 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?Yesx_No
	How many and what kind?
ΩP	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
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Spe	*cial 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? YESNOx
2. V	Vhat is your estimated sustained attendance?100-150
3. (	On-site contact? NAME Gino Ferraro PHONE 954-224-5739
A m eve	ninimum of 4 hours will be charged for all special event details. 45 minutes will be added to the pre and post nt times (totaling 1.5 hours), allowing for travel and preparation for the event.

1. Does your	event require use of police vehicles?	Yes	No <u>x</u>	
	s, A Hold-Harmless Agreement must be signed and Liab MILLION DOLLARS must be provided.	oility coverage of	a <u>minimum</u> of	
2. Is this a n	ew or previously held event?	New	Previous <u>x</u>	
If yes	s, Previous date(s)? 3-4 a year for pst 25 years			
3. Any establ	lished security, traffic, or other appropriate plan(s)?	Yes	No <u>x</u>	
	s, besides Fort Lauderdale Police, who will you be using ate security company, volunteers, etc.)	for this plan?		
	ve an established detail of off-duty officers? s, who is your Police department contact?	Yes	No_x_	
5. Any notab	le entertainers or special circumstances scheduled for y	our event? Yes	Nox	
Who/	What?			
6. Is there alo	cohol being sold or given away?	Yes	Nox_	
7. Are there a	ny road closures required?	Yes	No <u>x</u>	
If so	what roads/intersections?	<del> </del>		
8. What is you	ur estimated attendance?100-150			
also understar hourly rate ar Events "Cost I	the off duty rate for Police personnel for ALL special end there is a 24 hour cancellation requirement to avoid and costs to be incurred by the event organizer will be Estimate" worksheet developed at the Special Events I will be paid within two (2) weeks of the payroll being standard transfer or the payroll being standard trans	the 3 hour minite quoted on the ogistics meeting ubmitted.	mum payment per of City of Ft. Laudero	officer. The
Nama	10/	22/14		

POLICE DEPARTMENT QUESTIONNAIRE