

## 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 b	y 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 south he filled out completely

- 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: KAppa Alpha	Psz 65th	Southern P.	ounce	Cookout
Purpose of event (check one): D Fundrais	er 🗆 Awareness	□ Recreation • BOthe	r	
Requested location: South El	en fort	Lau de Cale	BEACH	Park
Estimated daily attendance:	· · · · · · · · · · · · · · · · · · ·			
Requested dates and time of event: DATE	DAY	BEGIN	END	
EVENT DAY 1: 4/24/15	FRIDAY		<u>5</u> AM/EM	6
EVENT DAY 2:	· · ·	AM/PM	AM/PM	1
EVENT DAY 3:		AM/PM	AM/PM	1
SETUP: 4124115	FRIDAY	(АМ)РМ		
BREAKDOWN: 424115	FRIDA	<b>~</b>		D
Has this event been held in the past?	Yes No			
If yes, please list past dates and lo	ocations:	23/14 41.5	TORIC	
		H Mimi		
<b>Detailed</b> event description (include activit	•			
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Meerings. Vier				
- Fellow shy p.				

PART II: APPLICANT
Organization name: KNOPA Alph PSI FRATERNITY
Address: 707 NW ZZJ RE City, State, Zip: FORT LANCE CALE
Phone: (954) 587-2325 Fax:
Corporation name: KAPPA Alpha PSI FORT CARLA CALE (as it appears in articles of incorporation)
Date of incorporation: 11 22193 State incorporated in: 14 Federal ID #: 650474137
Two authorizing officials for the organization: President: KIGO GANCIA Phone: (954) 336 - 5197
Secretary: Brent FOLKS Phone: (813) 478-9218
Event Coordinator: CARL SAMS Will you be on-site? Ves No
Title: <u>Charma</u> Phone: (786) 262. 5510 Cell: (786) 262.5512
E-mail address: CARLOSAMS @ GMAIL COM Fax:
Additional Contact: <u>Prul Sweed</u> Will you be on-site? <u>Ves</u> <u>No</u> Prus INCE Title: <u>Co Charman</u> Phone: <u>(813) 478 9218</u> Cell: <u>(813) 478-9218</u> E-mail address: <u>Prul. Sweed &amp; Gmail, Com</u> Fax:
Event production company (if other than applicant): KAPPA NLPHA PSI
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?
Are you requesting to fence the event?
Are you planning on having any type of concession?

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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?YesYesNo If yes, how will the beverages be served? (Draft truck, cold plate, mini-bar, beer tub, table service, etc.)
Are you planning on serving free alcoholic beverages?YesNoYesNo
Are you planning to have any type of amusement rides?YesNo If yes, name of company:
What type of rides are you planning?
Are you planning to play or have music? If yes, what music format(s) will be used? (amplified, acoustic, recorded, live, disc jockey, etc):
Plug & Play System   Baulcground music   Barkground
List the type of equipment you will use (speakers, amplifier, drums, etc):
[2] Spences UI I. PAZ
Will you use any type of soundproofing equipment?YesNo
List the days and times music will be played: Fridm $2pm - 5pm$
How close is the event to the nearest residence? /24 mile
Will your event require road closings?YesNo If yes, list requested streets and times in <b>detail</b> :
<b>****</b> <u>PLEASE NOTE</u> <b>*****</b> You are required to secure barricades and/or directional traffic signs for road closings. Please attach a layout of your traffic plan, including the placement and number of barricades, signs, directional arrows, cones, and message boards, as well as the name of the company you will be using. Your traffic plan must be approved by the Police Dept. which may terminate any event occurring without the proper use of barricades.
Will your road closings affect access to parking spaces or parking lots?YesNo **** <u>PLEASE NOTE</u> ***** All road closings which result in loss of revenue from inaccessible parking spaces will be billed to the event organizer and must be paid in full before the event. Please call Dee Paris at 828-3771.
Will any recyclable materials be utilized at this event? <u>Yes</u> No (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.
Who will provide clean up services for garbage and recyclables? Mem Bers Knpph Leng ves
Contact Name: <u>Core</u> Sam S **** <u>NOTE</u> ***** All grounds must be cleaned up <b>immediately</b> after completion of event. Recycling should be
<b>****NOTE</b> ***** All grounds must be cleaned up <b>immediately</b> after completion of event. Recycling should be done at all City facilities and parks. Recycling may be provided by your organization, a private company or in some cases by the City of Fort Lauderdale. You are responsible for securing recycling services. Contact Janet Townsend at <u>Jtownsend@fortlauderdale.gov</u> or (954) 828-5956.

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CAM 15-0450 Exhibit 4 Page 3 of 6 Will you require electricity? \_\_\_\_\_Yes \_\_\_\_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: \_\_\_\_\_ Lic

cense	#:	
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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.

Name of applicant

KOOKOUT CHAIRMAN Title

3/21/15

Date

Please <u>email</u> completed application <u>at least 60 days ahead of your planned event</u> 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
PR	EVENTION
1.	Are you planning to have canopies (no sides) for this event?Yes $\checkmark$ No
	How many and what sizes?
	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 $\sqrt{No}$
	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 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?Yes $No$
	Name of company conducting the show:
4.	Are you having food vendors?YesNo
	How many and what kind? <u>BEES</u> THC
<u>OP</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.
Spe	<ul> <li>cial 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	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
2. V	
3. (	On-site contact? NAME CARE SAMS PHONE (786) 262-5513

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.

, I	POLICE DEPARTMENT OUEST	IONNAIRE	
1.	Does your event require use of police vehicles?	Yes	No
	If yes, A Hold-Harmless Agreement must be signed and Liab <b>ONE MILLION DOLLARS</b> must be provided.	ility coverage	of 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 appropriate plan(s)?	Yes	No
	If yes, besides Fort Lauderdale Police, who will you be using (private security company, volunteers, etc.)	-	
	Volusteers   men	brs	
4.	Do you have an established detail of off-duty officers? If yes, who is your Police department contact?		
5.	Any notable entertainers or special circumstances scheduled for y	our event?	No
	Who/What?		
6.	is there alcohol being sold or given away?	Yes	No
7.	Are there any road closures required?	Yes	No
	If so what roads/intersections?		
8.	What is your estimated attendance? _250		<u>.</u>

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.

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Name

Date