

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

PAR	TI: EVENT REC	DUEST					
Event	name:	Hospice Regatta	2015			·	
Purpos	e of event (chec	:k one): x Fundı	raiser Awareness	☐ Recreation [□ Other	<u> </u>	
Reques	sted location: <u>Es</u>	planade Park	_				
Estima	ted daily attenda	ance: <u>300</u>	·				
Reques	sted dates and ti	me of event: DATE	DAY	BEGIN	EI	ND	
	EVENT DAY 1:	<u>May 16</u>	Saturday	<u>1P</u>	M <u>11</u>	PM	
	EVENT DAY 2:			AM/PI	М	AM/PM	
	EVENT DAY 3:			AM/PI	М	AM/PM	
	SETUP:	<u> May 14</u>	Thursday	<u>10 A</u> M/P	M		
	BREAKDOWN:	May 18 N	<u>londay</u>	<u>9</u> AM			
Has this	s event been hel	d in the past?	X_YesNo				
<u>Club</u>	If yes, please li	st past dates and	l locations: <u>1997-2009 ir</u>	ı Esplanade Park; 2	010-2014 La	auderdale Yacht	

<u>Detailed</u> event description (include activities, entertainment, vendors, etc.): <u>Dinner, Music, Silent Auction, Awards</u> <u>Ceremony for 2015 Hospice Regatta</u>

Organization name: Hospice of Palm Beach County Foundation/Hospice by the Sea Address: 5300 East Avenue City, State, Zip: West Palm Beach, FL 33407 Phone: <u>561-494-6884</u> Fax: 561-494-6889 Corporation name: (as it appears in articles of incorporation) Date of incorporation: ______ State incorporated in: FL Federal ID #:_____ Two authorizing officials for the organization: President: Greg E Leach Phone: 561-494-6885 Secretary: _____ Phone: _____ Event Coordinator: Lauryn Barry Will you be on-site? X_Yes No Title: Director of Special Events Phone: <u>561-494-6884</u> Cell: <u>561-628-9041</u> E-mail address: Lbarry@hpbcf.org Fax: 561-494-6889 Additional Contact: Mary Coleman Will you be on-site? X Yes ____No Title: Special Events Coordinator Phone: 561-416-5037 Cell: 561-281-0495 E-mail address: MColeman@hpbcf.org Fax: 561-494-6889 Event production company (if other than applicant): N/A 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 Yes No If yes, how much? \$50 Are you requesting to fence the event? ___Yes X No Are you planning on having any type of concession? X Yes No If yes, State Health Dept. must be notified 10 days prior to event. Call John Litscher at 954-632-8094.

PART II: APPLICANT

Are you planning on selling alcoholic beverages? If yes, how will the beverages be served? (Draft truck, cold <u>Draft Truck</u>	X_YesNo I plate, mini-bar, beer tub, table service, etc.)
Are you planning on serving free alcoholic beverages? If yes, to whom will it be given? Those 21 years and olde	X_YesNo r in VIP dinner area
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 prior to opening. Contact Ron Jacobs at (850) 921-1530.	u of Fair Rides and all permits must be secured
Are you planning to play or have music? If yes, what music format(s) will be used? (amplified, aco	X_YesNo ustic, recorded, live, disc jockey, etc):
Amplified - live band	
List the type of equipment you will use (speakers, amplific	er, drums, etc):
Speakers; Amplified up to 5 pieces	
Will you use any type of soundproofing equipment?	Yes <u>x_</u> No
List the days and times music will be played: Saturday, Ma	ay 16, 2015 6:30 PM to 9:30 PM
How close is the event to the nearest residence? 10 block	s / / · · · ·
Will your event require road closings? If yes, list requested streets and times in detail : SW 4 th A	N YesNo Mond closky avenue south of SW 2 Street, Midstreet to cul-de-
**** <u>PLEASE NOTE</u> ***** You are required to secure barricade Please attach a layout of your traffic plan, including the placem arrows, cones, and message boards, as well as the name of the be approved by the Police Dept. which may terminate any event of	nent and number of barricades, signs, directional company you will be using. Your traffic plan must
Will your road closings affect access to parking spaces or parking I ****PLEASE NOTE***** All road closings which result in loss to be billed to the event organizer and must be paid in full before the	of revenue from inaccessible parking spaces will
Will any recyclable materials be utilized at this event? (Materials that can be recycled include all clean paper, car cans, and milk or juice boxes.) Please refrain from the use	dboard, glass, plastic drink containers, aluminum
Who will provide clean up services for garbage and recyclables? M	ichael Johns
Contact Name:	Vour organization, a private company or in some
Will you require electricity? X YesNo Events requiring electricity are the responsibility of the applicant. Department of Sustainable Development Building Services Division utilize electricity at Gazebo	All permits must be obtained through the City's at (954) 828-5191 before setting up. We will

Company:	License #:
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.
applicable) must rurnish an original certificate of Gene additionally insured in the amount of at least one milli	ission, I understand that I (and the production company, if eral Liability insurance naming the City of Fort Lauderdale as ion dollars ($$1,000,000$) or greater as deemed satisfactory by quor liability insurance in the amount of $$500,000$ if alcohol is
I understand that a Parks and Recreation sponsored a notified if any conflicts arise.	activity has precedence over the above schedule and I will be
I understand that the City of Fort Lauderdale Police I EMS is required by City Ordinance to be onsite during a	Department will determine all security requirements and that all outdoor events.
enforcement personnel, code enforcement personing representative that the entertainment or music is considered to an acceptable level as determined by City something to an acceptable level as determined by City something the directed to shut down the music or entertains.	If at any time during the event it is determined by law nel, parks and recreation personnel, or any other city ausing a noise disturbance, I will be directed to lower the staff. If a second noise disturbance arises during the event, I ment for the remainder of the event. I agree to abide by all and that my failure to do so may result in a civil citation, a
Name of applicant	Title
Date	

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

imeehan@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

PREVENTION

1.	Are you planning to have canopies (no sides) for this event? X_YesNo
	How many and what sizes? One – 40' x 30'
	Name of Company: Regency 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?
	Name of Company:
DUII	**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: A permit is required for all pyrotechnics displays. Contact Capt. Wendy D'Agostino at 954-828-5884.
4.	Are you having food vendors? X_YesNo
	How many and what kind? 2 food trucks TBD
OPI	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
	cial Event Detail Guidelines:
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
Гһе	number of rescue units and paramedics is determined according to attendance and other risk factors.
l. D	Ooes your event require EMS medical standby services based on the guidelines above? YES NO XX
	hat is your estimated sustained attendance? 300
3. O	n-site contact? NAME Lauryn Barry PHONE 561-628-9041
ı mii	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 vehicles?	Yes	No <u>X</u>	
If yes, A Hold-Harmless Agreement must be signed and ONE MILLION DOLLARS <u>must be provided.</u>	d Liability coverage of a	a <u>minimum</u> of	
2. Is this a new or previously held event?	New	Previous X	
If yes, Previous date(s)? May 1997-2014			
3. Any established security, traffic, or other appropriate plan(s)? Yes <u>X</u> No_	:	
If yes, besides Fort Lauderdale Police, who will you be (private security company, volunteers, etc.)	using for this plan?		
Volunteers			
4. Do you have an established detail of off-duty officers? If yes, who is your Police department contact?	Yes	No <u>X</u>	
5. Any notable entertainers or special circumstances scheduled	for your event? Yes	No <u>X</u>	
Who/What?			
6. Is there alcohol being sold or given away?	Yes X No_	<u> </u>	
7. Are there any road closures required?	Yes	No <u>X</u>	
If so what roads/intersections?			
	· ·		
8. What is your estimated attendance? 300			·
		•	
I understand the off duty rate for Police personnel for ALL specialso understand there is a 24 hour cancellation requirement to a hourly rate and costs to be incurred by the event organizer we Events "Cost Estimate" worksheet developed at the Special Events "All payments will be paid within two (2) weeks of the payroll bei	ivoid the 3 hour minim ill be quoted on the C ints logistics meeting a	um payment pe	er officer. The
Name Date		•	

POLICE DEPARTMENT OUESTIONNAIRE