

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

Constitution of the state of th

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: Elevate 954	Beach wo	rkout.	
Purpose of event (check one): ☐ Fundraise	er Awareness	Recreation 🗆 Other	er
Requested location: 1100 Seabor	eeze Blud.	fort Lauder	Jule FL.
(Just North of vol			
Estimated daily attendance: 75 -			<i>y</i>
Requested dates and time of event: DATE	DAY	BEGIN	END
EVENT DAY 1:	Saturday	9 (AM/PM	12:30 AM/PM
EVENT DAY 2: 4 12	Saturday		12:30_AM/PM
EVENT DAY 3: 10/241	saturday		12:30 AM/PM
SETUP:	·	8.30 (AM/PM	
BREAKDOWN:			AM/EM
Has this event been held in the past?	YesNo		
If yes, please list past dates and loc	rations:) //(c-	3/7/5-4/15	- Same location
@ 2000 1100 Senbroeze to	olud.		
<u>Detailed</u> event description (include activitie	es, entertainment, ve	ndors, etc.): Free	f:thess
workat/butcamp held			
build Fitness & health			_

PART II: APPLICANT					
Organization name: Elevate T	raining &	f. Iness	CLC		
Address: 34w SN 26 T	-		_		
Phone: 454 530 2328	Fax:				
Corporation name: Elevate T	Taining &	File!	S LLC		
Date of incorporation: $\frac{7/30113}{}$	State incorp	orated in:	Federal ID #:	46-33	300041
Two authorizing officials for the organizers.	zation:	Phone: 7	96 877487	sy_	
Secretary:	· · · · · · · · · · · · · · · · · · ·	Phone: Q	54 530 23	<u> 20</u>	
Event Coordinator: Michael	,				
Title: <u>President</u>					
E-mail address: Mike @ el	e vate 954.	Com	Fax:	NA	
Additional Contact:			Will you be on-site?	Yes	No
Title:	Phone:		Cell:	·	
E-mail address:			Fax:		
Event production company (if other tha	nn applicant):		1		·
Address:		City, State	e, Zip:		
Contact person:		Title:		,	
Phone: (day)	_ (night)		(cell)		· ·
E-mail address:			Fax:		
PART III: EVENT INFORMATION					
Are you planning to charge admission? If yes, how much? \$			Yes No		
Are you requesting to fence the event?			Yes 🔼 No		
Are you planning on having any type of If yes, State Health Dept. must		ays prior to ev	Yes No		2-8094.

If ye	planning on selling alcoholic beverages? yes, how will the beverages be served? (Draft truck, o	Yes old plate, mini-bar	No , beer tub, table se	vice, etc.)
Are you p	planning on serving free alcoholic beverages? f yes, to whom will it be given?	Yes	X_No	
	planning to have any type of amusement rides? f yes, name of company:	Yes	No	
(A	What type of rides are you planning?		•	be secured
Are you pl	planning to play or have music? f yes, what music format(s) will be used? (amplified, a	Yes recorded,	No live, disc jockey, et	c):
L i s	ist the type of equipment you will use (speakers, amp	lifier, drums, etc):		
W	Vill you use any type of soundproofing equipment?	Yes	No	
Lis	ist the days and times music will be played:			
Нс	low close is the event to the nearest residence?			
Will your e	event require road closings? f yes, list requested streets and times in detail :	Yes	<u>≪</u> No	
	·			<u>.</u>
Please atta arrows, co	EASE NOTE***** You are required to secure barrica tach a layout of your traffic plan, including the plac cones, and message boards, as well as the name of th wed by the Police Dept. which may terminate any even	ement and number ne company you w	er of barricades, si ill be using. Your ti	gns, directiona affic plan mus
TTTT PLE	road closings affect access to parking spaces or parking EASE NOTE***** All road closings which result in low to the event organizer and must be paid in full before	ss of revenue from the event. Please	i inaccessible parkir call Dee Paris at 82	
(M cai	ecyclable materials be utilized at this event? Materials that can be recycled include all clean paper, ans, and milk or juice boxes.) Please refrain from the	use of Styrofoam p	plastic drink contain plates and cups.	ers, aluminum
Who will p	provide clean up services for garbage and recyclables?	Elevas	e	·
Co **** <u>NOT</u> done at all cases by th	ontact Name: Michael Ruffe() y TE***** All grounds must be cleaned up immediate Il City facilities and parks. Recycling may be provided to the City of Fort Lauderdale. You are responsible for se end@fortlauderdale.gov or (954) 828-5956.	Phone: 78 ely after completion by your organization	on of event. Recycling on, a private compa	ny or in some

Will you require electricity? Yes No Events requiring electricity are the responsibility of the applicant	nt All permits must be obtained through the Co. (
Department of Sustainable Development Building Services Division	sion at (954) 828-5191 before setting up
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.
Before receiving final approval from the City Commission, I applicable) must furnish an original certificate of General Liabi additionally insured in the amount of at least one million dollar the City Risk Manager, and an original certificate of liquor liabil being served.	ility 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 had notified if any conflicts arise.	as precedence over the above schedule and I will be
I understand that the City of Fort Lauderdale Police Departme EMS is required by City Ordinance to be onsite during all outdo	ent will determine all security requirements and that or events.
I understand that the City has a noise ordinance. If at arenforcement personnel, code enforcement personnel, parl 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.	ks 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
Manuel Raffetty Name of applicant	60-0 Wher / President
Name of applicant	ue ,

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:

Date

* 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>	REVENTION
1.	Are you planning to have canopies (no sides) for this event? YesNo
	How many and what sizes? 3-4 lox10
	Name of Company:
	Name of Company:
2.	Are you planning to have tents (with sides) for this event?Yes
	How many and what sizes?
	Name of Company: A building permit, exit signs, emergency lights, fire extinguishers, and "No Smoking" signs are required for tents. A fire watch at overtime rate may apply. Contact Capt. Bruce Strandhagen at 954-828-5080.
Bui	** <u>PLEASE NOTE</u> ***** All permits required by the Florida Building Code must be obtained through the ilding 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?YesNo
	Name of company conducting the show:
4.	Are you having food vendors?Yes
	How many and what kind?
<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. PERATIONS/EMS
Sp€	ecial 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	e 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? YESNO
	What is your estimated sustained attendance? 25-106
3.	On-site contact? NAME Michael Rafferty PHONE 786 8774879
	ninimum of 4 hours will be charged for all special event details. 45 minutes will be added to the pre and post ent times (totaling 1.5 hours), allowing for travel and preparation for the event.

POLICE DEPARTMENT OUESTIONNAIRE					
Does your event require use of police vehicles?	Yes	No_R			
If yes, A Hold-Harmless Agreement must be signed as ONE MILLION DOLLARS <u>must be provided.</u>	nd Liability coverage	of a <u>minimum</u> of			
2. Is this a new or previously held event? If yes, Previous date(s)? $\frac{2}{\sqrt{3/5}}$	New 5/4/4/15	Previous			
3. Any established security, traffic, or other appropriate plant	(s)? Yes	No X			
If yes, besides Fort Lauderdale Police, who will you be (private security company, volunteers, etc.)	e using for this plan?				
Do you have an established detail of off-duty officers? If yes, who is your Police department contact?	Yes	No_X			
5. Any notable entertainers or special circumstances schedule	ed for your event? Yes				
Who/What?					
6. Is there alcohol being sold or given away?	Yes	No	•		
7. Are there any road closures required?	Yes	_ No_X			
If so what roads/intersections?		- v			
·					
8. What is your estimated attendance? \(\frac{15-100}{2}\)					
I understand the off duty rate for Police personnel for ALL spraiso understand there is a 24 hour cancellation requirement to hourly rate and costs to be incurred by the event organizer Events "Cost Estimate" worksheet developed at the Special Events	avoid the 3 hour mi will be quoted on the vents logistics meeting	nimum payment properting the contract of the c	per officer. The iderdale Special		
All payments will be paid within two (2) weeks of the payroll be	eing submitted.				
Michael Rufferty 6	19/15	·			
Name Date					