

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

PART I: EVENT REQUEST

6. Environmental issues/effects on surrounding areas

Event name: Farmers' Market at Whole Foods Market Fort Lauderdale						
Purpose of event (check one): 🗆 Fundraiser 🗆 Awareness 🗀	Recreation Other	Farmers' Market				
Requested location: <u>South parking lot of Whole Foods Market in Ft. Lauderdale, located at: 2000 North Federal</u> Highway, Ft. Lauderdale, FL						
Estimated daily attendance: <u>Approximately 400 throughout market</u>	hours.					
Requested dates and time of event: DATE DAY	BEGIN	END				
EVENT DAY 1: Every Tuesday September Outher	4:00 PM	9:00 PM				
EVENT DAY 2:	AM/PM	AM/PM				
EVENT DAY 3:	AM/PM	AM/PM				
SETUP: Starts at approximately 2:00pm	AM/PM	AM/PM				
BREAKDOWN: Approximately 9:00-9:30pm						
Has this event been held in the past? X Yes No						

If yes, please list past dates and locations: <u>Same location, every Tuesday evening.</u>

Detailed event description (include activities, entertainment, vendors, etc.): Farmers' Market consists of vendors who operate individually from within a 10'x10' canopy during specified market hours, each selling varied products typically sold at traditional farmers' markets, including produce, flowers, plants, honey, jams, jellies & preserves, sauces, marinades, oils and vinegars, handmade soaps, soy candles, homemade bath & body products, baked goods, prepared foods, nuts, herbs, pasta, and a variety of other products pertinent to outdoor green markets.

Organization name: Florida Fresh Market, Enterprises, Inc. Address: 16471 SW 18 Street City, State, Zip: Miramar, FL 33027 Phone: <u>305-318-6148</u> Fax: <u>N/A</u> Corporation name: Same as Above (as it appears in articles of incorporation) Date of incorporation: December 2011 State incorporated in: Florida Federal ID #: 45-4462025 Two authorizing officials for the organization: President: Amy Casanova Phone: 305-318-6148 Exec. Director/Secretary: Iris Casanova Phone: 305-318-6148 Event Coordinator: <u>Iris Casanova</u> Will you be on-site? <u>X*</u> Yes *or designated manager Title: <u>Executive Director</u> Phone: <u>305-318-6148</u> Cell: <u>305-318-6148</u> E-mail address: <u>icasa2684@aol.com</u> Fax: <u>N/A</u> Additional Contact: Amy Casanova Will you be on-site? X* Yes *or designated manager Title: President Phone: 305-318-6148 Cell: ____ E-mail address: _____ Fax: ____ Event production company (if other than applicant): Same as Above Address: SAME AS ABOVE City, State, Zip: Contact person: ______Title: _____ Phone: (day) ______ (night) _____ (cell) _____ _____ Fax:___ E-mail address: **PART III: EVENT INFORMATION** Are you planning to charge admission? ____Yes X No If yes, how much? \$ 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

	you planning on selling alcoholic beverages?Yes I [†] yes, how will the beverages be served? (Draft truck, cold plate, mini-bar	X_No , beer tub, table service, etc.)
Are you	you planning on serving free alcoholic beverages?Yes If yes, to whom will it be given?	_X_No
Are you	you planning to have any type of amusement rides?Yes If yes, name of company:Yes	X_No
	What type of rides are you planning?N/A (All rides must be approved by the State of Florida Bureau of Fair Rides a prior to opening. Contact Ron Jacobs at (850) 921-1530.	and all permits must be secured
Are you	you planning to play or have music? If yes, what music format(s) will be used? (amplified, acoustic, recorded,	_X_No live, disc jockey, etc):
	List the type of equipment you will use (speakers, amplifier, drums, etc):	N/A
	Will you use any type of soundproofing equipment?Yes	No
	List the days and times music will be played:	
	How close is the event to the nearest residence?	
Will you	your event require road closings?Yes If yes, list requested streets and times in detail :	X_No
Please a arrows,	*PLEASE NOTE***** You are required to secure barricades and/or direct se attach a layout of your traffic plan, including the placement and numbers, cones, and message boards, as well as the name of the company you was proved by the Police Dept. which may terminate any event occurring without	ional traffic signs for road closings. er of barricades, signs, directiona vill be using. Your traffic plan must
**** <u>P</u>	our road closings affect access to parking spaces or parking lots? <u>X</u> Yes *PLEASE NOTE***** All road closings which result in loss of revenue from illed to the event organizer and must be paid in full before the event. Please	n inaccessible parking spaces will
	rking spaces belong to shopping center and have been designated for use by t traffic or flow within the shopping center.)	the landlord so that it doesn't
·	any recyclable materials be utilized at this event? (Materials that can be recycled include all clean paper, cardboard, glass, cans, and milk or juice boxes.) Please refrain from the use of Styrofoam	
Who wil	will provide clean up services for garbage and recyclables? Each vendor take	es their own; organizer supervises
**** <u>No</u> done at cases by	ect Name: <u>Iris Casanova</u> Phone: <u>305-318-6148</u> *NOTE***** All grounds must be cleaned up immediately after completing at all City facilities and parks. Recycling may be provided by your organizations by the City of Fort Lauderdale. You are responsible for securing recycling sownsend@fortlauderdale.gov or (954) 828-5956.	on, a private company or in some

Company: N/A	License #:	
	Phone:	
PART IV: APPLICANT'S ACCEPTA	ICE	
The information I have provided on th	application is true and complete to the best of my knowledge.	
applicable) must furnish an original ce additionally insured in the amount of a	e City Commission, I understand that I (and the production company tificate of General Liability insurance naming the City of Fort Lauderdale least one million dollars (\$1,000,000) or greater as deemed satisfactory tertificate of liquor liability insurance in the amount of \$500,000 if alcohology.	as by
I understand that a Parks and Recreat notified if any conflicts arise.	on sponsored activity has precedence over the above schedule and I will	be
I understand that the City of Fort Lau EMS is required by City Ordinance to b	erdale Police Department will determine all security requirements and the onsite during all outdoor events.	nat
enforcement personnel, code enforcement representative that the entertainment volume to an acceptable level as determay be directed to shut down the mu	se ordinance. If at any time during the event it is determined by lament personnel, parks and recreation personnel, or any other cormusic is causing a noise disturbance, I will be directed to lower to nined by City staff. If a second noise disturbance arises during the event ic or entertainment for the remainder of the event. I agree to abide by the event and understand that my failure to do so may result in a civil citation the event.	ity he t, I all
Iris Casanova	Executive Director	
Name of applicant	Tiitle	
07/22/15		

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

<u>imeehan@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

PREVENTION

1.	Are you planning to have canopies (no sides) for this event? X YesNo
	How many and what sizes? Approximately forty 10'x10' standard canopies
	Name of Company:N/A 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?YesX_No
	How many and what sizes?N/A
	Name of Company:N/A A building permit, exit signs, emergency lights, fire extinguishers, and "No Smoking" signs are required fo 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 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? X Yes No
	How many and what kind? Approx. 6-8 prepared food vendors, such as arepas, grilled items, etc.
	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>OP</u>	ERATIONS/EMS
Spe	* 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	What is your estimated sustained attendance? Approx. 400 dispersed throughout market hours
3. (On-site contact? NAME Iris Casanova PHONE: 305-318-6148
	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 vehicl	es?	Yes	No_X_	
If yes	s, A Hold-Harmless Agreement mu MILLION DOLLARS <u>must be pro</u>	st be signed and Liability ovided.	coverage of a	minimum of	
2. Is this a no	ew or previously held event?		New	Previous X	
If yes	, Previous date(s): Started				
3. Any establ	ished security, traffic, or other ap	propriate plan(s)?	Yes	NoX	
	, besides Fort Lauderdale Police, vote security company, volunteers,		this plan?		
•	ve an established detail of off-dut , who is your Police department c	ontact?	Yes		
5. Any notabl	le entertainers or special circumst		event?	No_X_	
Who/\	What?			····	
6. Is there alo	ohol being sold or given away?		Yes	No <u>X</u>	
7. Are there a	ny road closures required?		Yes	NoX	
If so v	what roads/intersections?				
8. What is you	ır estimated attendance? <u>Approx.</u>	400, dispersed throughou	ut market hou	r <u>s.</u> ,	
also understar hourly rate an Events "Cost E All payments v	the off duty rate for Police person nd there is a 24 hour cancellation nd costs to be incurred by the exestimate" worksheet developed at will be paid within two (2) weeks of	requirement to avoid the vent organizer will be qu the Special Events logist of the payroll being subm	3 hour minim oted on the Ctics meeting a	um payment per office City of Ft. Lauderdale	er. The Specia
<u>Iris Casanova,</u>	Exec. Director	<u>07/22/15</u>			

Date

Name

POLICE DEPARTMENT OUESTIONNAIRE