

## 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 thus be they out competely

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

timated daily attendance: 2	,		
equested dates and time of event:	DAY	BEGIN	END
EVENT DAY 1: SEPTEM	8/20 M	10 AMPM	4 AM/PM
EVENT DAY 2:		AM/PM	AM/PM
EVENT DAY 3:		AM/PM	AM/PM
SETUP:		AM/PM	
BREAKDOWN:			AM/PM
s this event been held in the past?	Yes No		
If yes, please list past dates	and locations: 5Ep1	.21,2014 A	NO APRIL 5, 201

PART II: APPLICANT
Organization name: 4:30 BOAR-ORSON BAR
Address: 3343 NE 32N ST City, State, Zip: FUT LANGER CALE, EL
Phone: 727 4667149 Fax: 33308
Corporation name: FABER BROTHERS L.L.C.
(as it appears in articles of incorporation)
Date of incorporation: 3/27/13 State incorporated in: E Federal ID #: 46-2043299
Two authorizing officials for the organization:  President: DAVID FASKL  Phone: 721 4(64 7149
Secretary: MANK FASKI Phone: 727 224 9988
Event Coordinator: TWID FORSTR Will you be on-site? Yes No
Title: <u>0 W N E R</u> Phone: 7274667146 Cell: <u>5 AM E</u>
E-mail address: DFAGEA7126MAL.com Fax:
Additional Contact: MALK CA361 Will you be on-site? YesNo
·
Title: <u>CO-OWNER</u> Phone: 7279249988 Cell: <u>SAME</u>
E-mail address: MFABERA BEHRPAINT. 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?YesNo  If yes, how much? \$
Are you requesting to fence the event?Yes
Are you planning on having any type of concession?  Yes  Yes  No  If yes, State Health Dept. must be notified 10 days prior to event. Call John Litscher at 954-632-8094.

Are you	u planning on serving free alcoholic beverages?  If yes, to whom will it be given?		X_No
Are you	ou planning to have any type of amusement rides?  If yes, name of company:		<u>X</u> No
	What type of rides are you planning?(All rides must be approved by the State of Florida B prior to opening. Contact Ron Jacobs at (850) 921-15	ureau of Fair Rides ar 330.	nd all permits must be secured
Are you	ou planning to play or have music?  If yes, what music format(s) will be used? (amplified	Yes , acoustic, recorded,	No live, disc jockey, etc):
	List the type of equipment you will use (speakers, ar	nplifier, drums, etc):	
	Will you use any type of soundproofing equipment?	Yes	_ <b>K</b> No
	List the days and times music will be played:		
	How close is the event to the nearest residence?	200 4ARD	\$
Will you	our event require road closings?  If yes, list requested streets and times in <b>detail</b> :	<b>X_</b> Yes	No
N	TORMSIDE, WEST BOWN LANE	OF NE	32NO STREET
120	NICH IS IN FRONT OF BUSINA	SS3 LOCATIO	30 S11054
**** <u>F</u> Please arrows, be app  Will you	MICH IS IN FROM OF BUSING  PLEASE NOTE**** You are required to secure bare  e attach a layout of your traffic plan, including the part  is, cones, and message boards, as well as the name of  proved by the Police Dept. which may terminate any end  our road closings affect access to parking spaces or part  if PLEASE NOTE***** All road closings which result in	ricades and/or direction lacement and number the company you we went occurring without thing lots?  Yes a loss of revenue from	ional traffic signs for road closing er of barricades, signs, direction will be using. Your traffic plan must the proper use of barricades. No in inaccessible parking spaces will
***** Please arrows, be app  Will you **** be bille  Will an	PLEASE NOTE**** You are required to secure bare attach a layout of your traffic plan, including the part of your road at the name of proved by the Police Dept. which may terminate any effect access to parking spaces or particular traffic plan and the paid in full before the event organizer and must be paid in full before your recyclable materials be utilized at this event?  (Materials that can be recycled include all clean papar cans, and milk or juice boxes.) Please refrain from the part of the part o	ricades and/or directive lacement and number of the company you were occurring without thing lots? Yes a loss of revenue from ore the event. Please or, cardboard, glass, the use of Styrofoam	ional traffic signs for road closing er of barricades, signs, direction will be using. Your traffic plan must the proper use of barricades. Non inaccessible parking spaces will call Dee Paris at 828-3771. No plastic drink containers, aluminuplates and cups.
***** Please arrows, be app  Will you **** be bille  Will an	MICH IS IN FROM OF BUSINE  PLEASE NOTE**** You are required to secure bar  e attach a layout of your traffic plan, including the p  is, cones, and message boards, as well as the name of  proved by the Police Dept. which may terminate any e  our road closings affect access to parking spaces or pa  PLEASE NOTE**** All road closings which result in  illed to the event organizer and must be paid in full before  my recyclable materials be utilized at this event?  (Materials that can be recycled include all clean pap	ricades and/or directive lacement and number of the company you were occurring without thing lots? Yes a loss of revenue from ore the event. Please or, cardboard, glass, the use of Styrofoam	ional traffic signs for road closing er of barricades, signs, direction will be using. Your traffic plan must the proper use of barricades. Non inaccessible parking spaces will call Dee Paris at 828-3771. No plastic drink containers, aluminuplates and cups.

Will you require electricity? Yes X No 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 Liabili 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 ha notified if any conflicts arise.	s precedence over the above schedule and I will be
I understand that the City of Fort Lauderdale Police Department EMS is required by City Ordinance to be onsite during all outdoor	
I understand that the City has a noise ordinance. If at an 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.	is 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
Name of applicant Tit	tle
8/4/15 Date	

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:

\* 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 QUESTIONNATRE

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PR	EVENTION
1.	Are you planning to have canopies (no sides) for this event?YesYes
	How many and what sizes?
	Name of Company:
2.	Are you planning to have tents (with sides) for this event?Yes
	How many and what sizes?
	Name of Company:
Ви	** <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?Yes
	Name of company conducting the show:
4.	Are you having food vendors?YesNo
	How many and what kind?
	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>OF</u>	PERATIONS/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  * 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

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.

DAVID TABEZ PHONE 727 466 7149

2. What is your estimated sustained attendance? 100 - 150

3. On-site contact? NAME

Yes Liability coverage of  New		
New		
	Previous X	
11111 - 00		
411RIC 5, 20	15	
Yes	No	
sing for this plan?		
Yes	No_ <u>X</u>	
	1	
Yes	No_X	
YesX_	No	
SIDE, WEST	- BOUND	
	<u> </u>	
void the 3 hour mil ill be quoted on th	nimum payment per offi ne City of Ft. Lauderdal	icer. The e Specia
	Yes for your event? Yes	YesNo