

## CITY OF FORT LAUDERDALE **OUTDOOR EVENT APPLICATION**

\$100 Fee must accompany application

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
- Compliance with City ordinances
   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

Event name: Michelob Ultra 13.1 For	t Lauderdale Half Mara	thon & 5K	
Purpose of event (check one): 🗆 Fur	ndraiser 🗆 Awareness	s □ Recreation 🛚 🗷 Otl	her Running Event
Requested location: Start Line: SW 1 *See attached map	st Ave/ SW 2nd St and	Finish Line/ Post Race Are	ea: South Beach Park
Estimated daily attendance: 3,000			
Requested dates and time of event:  DATE	DAY	BEGIN	END
EVENT DAY 1:11/15/2015	Sunday	6:30AM <sub>AM/PM</sub>	11:00AMAM/PM
EVENT DAY 2:	_	AM/PM	AM/PM
EVENT DAY 3:		AM/PM	AM/PM
SETUP: 11/14/2015	Saturday	_7AM _AM/PM	
BREAKDOWN:11/15/15	Sunday		1PM AM/PM
Has this event been held in the past?	X_YesNo		•
If yes, please list past dates a	nd locations: Every N	lovember since 2008 (upco	oming 8th year)
<b><u>Detailed</u></b> event description (include a	ctivities, entertainment,	, vendors, etc.): 8th Annu	ual Michelob Ultra 13.1
Fort Lauderdale Half Marathon & 5K			
downtown las olas & Rio Vista areas	combined with a unique	e run through the Henry Ki	inney Tunnel. Runners will also

PART II: APPLICANT	
Organization name: Life Time Fitness Triathlon Series, L	TC
Address: 8879 SW 131st Street	City, State, Zip: Miami FL 33176
Phone: 305-278-8668 Fax: 305	-278-4166
Corporation name: Life Time Fitness Triathlon Series, LL	
(as it appears in a	articles of incorporation)
Date of incorporation: State incorpora	ated in: Federal ID #:
Two authorizing officials for the organization: President: Frankie Ruiz (Chief Running Officer)	hone:
Secretary: Pi	hone:
Event Coordinator: Meryl Leventon	Will you be on-site? X Yes No
Title: Event Manager Phone: 305-278-8	3668 Cell: 610-659-2613
mleventon@lifetimefitness.com	Fax:
Additional Contact: Alex DeGracia	Will you be on-site? X_YesNo
Title: Event Manager Phone:	Cell: 786-427-9744
E-mail address: adegracia@lifetimefitness.com	Fax:
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?  If yes, how much? \$ 60-95	X YesNo
Are you requesting to fence the event?	Yes <u>X</u> No
Are you planning on having any type of concession?  If yes, State Health Dept. must be notified 10 days	Yes X No prior to event. Call John Litscher at 954-632-8094.

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? X Yes No  If yes, to whom will it be given? Participants over the age of 21, CSC Event Security will ID and manage.
Are you planning to have any type of amusement rides?Yes _X_NoYesX_No
What type of rides are you planning?(All rides must be approved by the State of Florida Bureau of Fair Rides and all permits must be secured <u>prior</u> to opening. Contact Ron Jacobs at (850) 921-1530.
Are you planning to play or have music?   If yes, what music format(s) will be used? (amplified, acoustic, recorded, live, disc jockey, etc):
Recorded- National Anthem & Live Band for Post Race Party
List the type of equipment you will use (speakers, amplifier, drums, etc):  Speakers & Amps, basic equipment
Will you use any type of soundproofing equipment?YesX_No
List the days and times music will be played: 11/15/15 starting at 7:45AM
How close is the event to the nearest residence? See attached map
Will your event require road closings?  If yes, list requested streets and times in <b>detail</b> : See attached turn by turn list. Will need all road closed by
6AM in order to safely secure and properly cone the race route.
*****PLEASE NOTE***** 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? X YesNo *****PLEASE NOTE***** 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 Keela Black at 828-3794.
Will any recyclable materials be utilized at this event? X Yes 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? Emeralds Irish Cleaning Service
Contact Name: Meryl Leventon Phone: 610.659.2613  *****NOTE***** All grounds must be cleaned up immediately after completion of event. Recycling should be
**** <u>NOTE</u> ***** 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 <a href="mailto:lity.nc.nd/">ltownsend@fortlauderdale.gov</a> or (954) 828-5956.

Will you require electricity?  Events requiring electricity are the responsibility of the Department of Sustainable Development Building Serv	applicant. All permits must be obtained through the City's				
Company:	License #:				
Name of electrician:	Phone:				
PART IV: APPLICANT'S ACCEPTANCE					
The information I have provided on this application is t	true and complete to the best of my knowledge.				
applicable) must furnish an original certificate of Gene additionally insured in the amount of at least one milli	ssion, I understand that I (and the production company, if eral Liability insurance naming the City of Fort Lauderdale as on dollars ( $$1,000,000$ ) or greater as deemed satisfactory by uor liability insurance in the amount of $$500,000$ if alcohol is				
nderstand that a Parks and Recreation sponsored activity has precedence over the above schedule and I will be ified if any conflicts arise.					
I understand that the City of Fort Lauderdale Police E 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 personnel representative that the entertainment or music is calculated to an acceptable level as determined by City's may be directed to shut down the music or entertain.	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				
Meryl Leventon , Life Time Athletic Events	Event Manager				
Name of applicant	Title				
1/28/2015					
Date					
Please <b>email</b> completed application at least 96 days at imeehan@fortlauderdale.gov	nead of your planned event to:				

Please mail the \$100.00 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? 10x10's
	Name of Company: Glen's Tents  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? X YesNo
	How many and what sizes?1- Medical Tent, 10x20
	Name of Company: LTF using Glen's Tents
	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.
Bul	** <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 _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?YesXNo
	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.  ERATIONS/EMS
Spe	cial 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	number of rescue units and paramedics is determined according to attendance and other risk factors.
1. I	Does your event require EMS medical standby services based on the guidelines above? YES_XNO
2. V	What is your estimated sustained attendance? 3,000
3. (	On-site contact? NAME Meryl Leventon PHONE 610.659.2613
Δm	inimum 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.

POLI	CE DEPARTMENT OUESTI	ONNAIRE		
1. Does your event require use of police	vehicles?	Yes_X	No	
If yes, A Hold-Harmless Agreeme ONE MILLION DOLLARS <u>must</u>		lity coverage o	f a <u>minimum</u> of	
2. Is this a new or previously held event	?	New	_ Previous X	-
If yes, Previous date(s)? Every	November since 2008			-
3. Any established security, traffic, or other	ner appropriate plan(s)?	Yes_X	No	
If yes, besides Fort Lauderdale P (private security company, volun		for this plan?		
CSC Event Security will be hand We will also have event volunte 4. Do you have an established detail of o If yes, who is your Police departr Lt. Pat Hart	eers assisting in various area off-duty officers?	s of the event Yes <u>X</u>	that can be ide	rnight watch. ntified in ∨olunteer s
5. Any notable entertainers or special cir	,	our event?	No_X	
Who/What?		· .		
6. Is there alcohol being sold or given aw	ay?	Yes	No_X	
7. Are there any road closures required?		Yes_X	. No	
If so what roads/intersections?_S	ee attached turn by turn			
8. What is your estimated attendance? 3,	000			
I understand the off duty rate for Police   also understand there is a 24 hour cancel hourly rate and costs to be incurred by Events "Cost Estimate" worksheet develo All payments will be paid within two (2) w	lation requirement to avoid t the event organizer will be ped at the Special Events lo	the 3 hour min quoted on the gistics meeting	imum payment e City of Ft. La	per officer. The uderdale Special
Meryl Leventon, Course Manager	1/28/2015	-		
Name	Date			