

# 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

Event name:	Ga	mmaFest			
Purpose of event (check o	one): 🗆 Fundrais	ser □x Awa	reness	☐ Recreation ☐ Ot	ther
Requested location: <u>Es</u>	planade Park				
Estimated daily attendanc	e: <u>150-2</u>	200	······································		
Requested dates and time	e of event: DATE	DAY		BEGIN	END
EVENT DAY 1:7pm	March AM/PM	192	2016		omAM/PM
EVENT DAY 2:				AM/PM	AM/PM
EVENT DAY 3:			<del></del>	AM/PM	AM/PM
SETUP:				AM/PM	
BREAKDOWN:					AM/PM
Has this event been held i	in the past?	x_Yes	No		
If yes, please list pavilion March 2014					rs park, Jacksonville Beach
awareness of healing arts nealing practitioners, also	, and wellness. We focus on sus	le gather the tainable living	local com	munity of yoga instru local farms, educatio	n on living in harmony with
					cus on values that uplift. W yoga, flow arts, martial arts

# Organization name: Playful Roots Yoga Address: 14988 Falling waters Dr City, State, Zip: Jacksonville Beach FL 32250 Phone: 954 599 1560 Fax: Corporation name: <u>Light of Love Spiritual Ministry</u> (as it appears in articles of incorporation) Date of incorporation: 2009 State incorporated in: FL Federal ID #: <u>264606540</u> Two authorizing officials for the organization: President: Tiva Levy AKA Tiiffany Levy Phone: 954 599 1560 Secretary: <u>Cecile Lanao</u> Phone: 904 805 2350 Event Coordinator: \_\_\_\_\_\_ Will you be on-site? x Yes Title: \_\_\_\_\_ Phone: \_\_\_\_ 9545991560 Cell: E-mail address: tiya@playfulwellness.com Fax: \_\_\_\_ Additional Contact: \_\_\_\_\_\_ Will you be on-site? \_\_\_\_Yes \_\_\_\_No Title: \_\_\_\_\_ Phone: \_\_\_\_ Cell: \_\_\_\_ E-mail address: \_\_\_\_\_ 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? \_\_\_Yes \_<u>\_\_x</u>No If yes, how much? \$ Are you requesting to fence the event? \_\_\_\_Yes \_\_x\_No

**PART II: APPLICANT** 

Are you planning on having any type of concession?x_YesNo If yes, State Health Dept. must be notified 10 days prior to event. Call John Litscher at 954-632-8094.
Are you planning on selling alcoholic beverages?Yesx_No  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? Yes x No  If yes, to whom will it be given?
Are you planning to have any type of amusement rides?YesNo
What type of rides are you planning? <u>bounce</u> house  (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? <u>x</u> YesNo If yes, what music format(s) will be used? (amplified, acoustic, recorded, live, disc jockey, etc):
live, Dj amplified
List the type of equipment you will use (speakers, amplifier, drums, etc):
speakers, amplifiers, full band
Will you use any type of soundproofing equipment? YesYes
List the days and times music will be played:march 19 2-7 pm
How close is the event to the nearest residence?
Will your event require road closings?Yesx_No  If yes, list requested streets and times in <b>detail</b> :
****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?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 Dee Paris at 828-3771.
Will any recyclable materials be utilized at this event?

Who will provide clean up services for garbage and recyclables? \_\_\_\_\_\_Playful Roots Yoga Contact Name: \_\_\_\_\_ Tiya Levy Phone: 954 599 1560 \*\*\*\*NOTE\*\*\*\* All grounds must be cleaned up immediately 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 Jtownsend@fortlauderdale.gov or (954) 828-5956. Will you require electricity? \_\_ x Yes No Events requiring electricity are the responsibility of the applicant. All permits must be obtained through the City's Department of Sustainable Development Building Services Division 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 understand that I (and the production company, if applicable) must furnish an original certificate of General Liability insurance naming the City of Fort Lauderdale as additionally insured in the amount of at least one million dollars (\$1,000,000) or greater as deemed satisfactory by the City Risk Manager, and an original certificate of liquor liability insurance in the amount of \$500,000 if alcohol is being served. I understand that a Parks and Recreation sponsored activity has precedence over the above schedule and I will be notified if any conflicts arise. I understand that the City of Fort Lauderdale Police Department will determine all security requirements and that EMS is required by City Ordinance to be onsite during all outdoor events. I understand that the City has a noise ordinance. If at any time during the event it is determined by law enforcement personnel, code enforcement personnel, parks and recreation personnel, or any other city representative that the entertainment or music is causing a noise disturbance, I will be directed to lower the volume to an acceptable level as determined by City staff. If a second noise disturbance arises during the event, I may be directed to shut down the music or entertainment for the remainder of the event. I agree to abide by all provisions of the noise control ordinance and understand that my failure to do so may result in a civil citation, a physical arrest, or the shutting down of the event. Tiya Levy Founder Name of applicant Title 8-12-15

Date

(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.

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?YesNo
How many and what sizes?
Name of Company:
2. Are you planning to have tents (with sides) for this event?YesNo
How many and what sizes?
Name of Company:
****PLEASE NOTE**** All-permits required by the Florida Building Code-must be obtained through the Building Department (including but not limited to electrical, structural, plumbing). Contact the Department of Sustainable 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?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.  OPERATIONS/EMS
Special 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. Does your event require EMS medical standby services based on the guidelines above? YES NO
2. What is your estimated sustained attendance?
3. On-site contact? NAMEPHONE
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.

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Does your event require use of police vehicles?	Yes	No	
If yes, A Hold-Harmless Agreement must be signed and Liab ONE MILLION DOLLARS <u>must be provided</u> .	oility coverage o	of a <u>minimum</u> of	
2. Is this a new or previously held event?	New	Previous	
If yes, Previous date(s)?			
3. Any established security, traffic, or other appropriate plan(s)?	Yes	No	
If yes, besides Fort Lauderdale Police, who will you be using (private security company, volunteers, etc.)	for this plan?		
4. Do you have an established detail of off-duty officers?	Yes	No	
If yes, who is your Police department contact?		,	
5. Any notable entertainers or special circumstances scheduled for y  Who/What?	your event? Yes	No	
6. Is there alcohol being sold or given away?	Yes		
7. Are there any road closures required?	Yes		
If so what roads/intersections?			
8. What is your estimated attendance?			
•	ſ		
I understand the off duty rate for Police personnel for ALL special e also understand there is a 24 hour cancellation requirement to avoid hourly rate and costs to be incurred by the event organizer will be Events "Cost Estimate" worksheet developed at the Special Events I All payments will be paid within two (2) weeks of the payroll being s	the 3 hour mire quoted on th ogistics meeting	nimum payment p e City of Ft. Laud	er officer. The derdale Special
Name Date			

POLICE DEPARTMENT OUESTIONNAIRE