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CITY OF FORT LAUDERDALE SPECIAL EVENT APPLICATION

EB 7

Submit a <u>COMPLETED APPLICATION</u>, SITE PLAN and SITE PLAN NARRATIVE by email <u>60 days</u> before your planned event. Events Planned for July or August must be submitted by **May 1**st.

After you submit the application with your fee you will be contacted to meet with the Special Events team to review:

- 1. Facility/Location requested
- 2. Compliance with City ordinances
- 3. Special permits required
- 4. Other Charges for City Services
- 5. Security requirements
- 6. Environmental issues/effects on surrounding areas

Fee must accompany application

At least 60 days prior to event \$200.00

59 to 30 days prior to event \$400.00

Less than 30 days prior to event Denied unless approved by City Manager or designee

PART I: EVENT REOUEST						
Fvent Name IDF Walk for Primary Immunodeficiency						
Purpose of event (check one Expected maximum attendar Has this event been held in the If yes, please list past dates, load 11/20/2016 - Hollywood North	nce <u>400</u> le past? <u>x</u> ocations and a	Expecte YesNo ttendance	ed sustained attenda			
			nado i am(450)			
Detailed Description (Activities sponsor exhibitors, DJ, kid fries		rendiriment, etc.,				
sponsor exhibitors, Do, kid me	activities					
ocation Snyder Park		e e				
Date and Time DATE	DAY	BEGIN	END	Attendance		
SETUP: 11/19/2017	Sunday	6:30 am	8:30 am, M/PM	25		
EVENT DAY 1:11/19/2017_	Sunday	8:30 am AM/PM	12 pm AM/PM	400		
EVENT DAY 2:		AM/PM	AM/PM			
EVENT DAY 3:		AM/PM	AM/PM	<u> </u>		
BREAKDOWN:11/19/ 2017	Sunday	12 pmAM/PM	1 pm AM/PM	25		
*events scheduled for more than	n 3 days will be su	ubject to special counc	cil approval			
PART II: APPLICANT		*** <u> </u>				
Organization Name Immune Deficiency Foundation Phone: 48-564-4906 For-Profit Non-profit Registered)						

applicant initials_KM_ cb

Address: _110 West Rd., Ste	300	City, State, Zip: Towson, MD 21204
Date of registration:12/1	1/1980State registered in:	DEFederal ID #: <u>52-1214782</u>
Email Address: _kmyers@pi	rimaryimmune.org	Fax;
Two Authorizing Officials for	the Organization	
President: <u>Marcia Boyle</u>		Phone; 800-296-4433
Secretary: Sarah Rose (CFC	<u>)</u>	Phone: 800-296-4433
Event Coordinator Name	Kelly Myers	Will you be on-site? <u>x</u> Yes <u> No</u>
	4	Cell;
E-mail address: kmyers@	primaryi mmune.org	Fax:
Additional Contact Name		Will you be on-site?YesNo
Title:	Phone:	Cell:
E-mail address:		Fax:
	_	
		Situ State 7in:
		City, State, Zip:
	• •	Cell
		Fax:
	ATION	
All City permits must be obt Services Division using the B event. Contact the DSD Bu Admission * All events that are hosted by within 30 days of the conclusion	tained through the City's Departsuilding Permit Form - Apply and villding Services Division (954) 826 —YesNo a for profit will be subject to a feeton of the event.	tment of Sustainable Development Building I pay for the permits at least 30 days before the 3-5191 with any questions. If yes, how much? \$ equal to 20% of their gross profits from the event
*Provide State of Florida alcoh	nollicenses and \$500,000 of Liquor L Yes _x_No	iability Insurance 30 days before event.
	planning? on Jacobs (850) 921-1530 must be I of all vendors and rides <u>prior</u> to us	contacted 30 days before the event to schedule e.
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Electricity Your Events requiring electricity must be pe	es <u>x</u> No ermitted, eventpower@fortlauderd	ale.gov
Company:	Lic	cense #;
Name of electrician:	P	hone:
Entertainmentx_Ye If yes, what type of entertainment v	esNo vill be there? Any notable perfo	ormers?
local DJ		·
Fencing or Barricades * Include proposed fences in your Site F	es <u>x</u> No Plan & Narrative	
Fireworks & Flame EffectsY	es <u>x</u> No	
Name & Contact of Company con *A permit and Fire Watch is required for	ducting the show: all pyrotechnics displays. <u>firemars</u>	hal@fortlauderdale.gov
* State Health Dept. John Litscher at (9) be inspected by the Fire Rescue Depar	tment, Capt. Bruce Strandhagen o quired for each food booth. If a pr	ays prior to event. All Food Vendors must at (954) 828-5080 to ensure compliance prior opane tank is used for a fuel source, it must yours cost, will cost \$75 per hour.
Music If yes, what music format(s) will be u	esNo used? (amplified, acoustic, reco	orded, live, MC, DJ, etc):
amplified music by DJ		
List the type of equipment you will u	use (speakers, amplifier, drums,	etc):
speakers		
Days and times music will be played	d; <u>11/19/2017 - 8:3</u> 0 am to 12	DM
How close is the event to the neare	st residence? <u>1/2 mile</u>	·
Soundproofing equipment?Ye	es <u>x</u> No	
Parking Impact *All Parking Spaces that are impacted to Mobility Dept. and must be paid in full to	by an event will be billed to the ev	rent organizer through the Transportation & <u>auderdale.gov</u>
Road Closings *Closing roads requires submitting an agency affected BEFORE the Commiss Events manual Appendix. To expedite	approved Maintenance of Traffic position will vote on it. Some Forms a	plan to the Special Events Director for each and instructions can be found in the Special ct a pre-approved MOT plan.
Sanitation & Waste Will the event encourage Recycling *The Green Checklist in the Events Man	g and Sustainability? ual Appendix can help you. Portal	_x_YesNo ble Toilets are regulated by Broward County.
Service Provider: All grounds must be cleaned up immed be provided at all City events, facilities	Contact: liately after completion of event a and parks. You are responsible to	Phone:
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Tents or CanopiesNo	
Quantity and size of each? 14 10x10 canopies	
Name & Contact of Company: Best Rental Service, Nalina McConnell *A detailed Site Plan showing the locations and size of each canopy or tent is required. A permit and final instal is required if there are multiple canopies, if they are going to be used for cooking or if there are Tents (with was	
ToiletsYes _x_No *All toilets must be removed within 24 hours. Broward County requires a copy of your contract or invoice to be to (954) 467-4898 to ensure compliance with minimum standards.	e faxed
<u>Iransportation Plan</u> Yes _x_No * Any events larger than 5,000 people must have an approved Transportation Plan. <u>eventtam@fortlauderdale</u>	e.gov
Part IV: SECURITY AND EMERGENCY SERVICES	
Your Event may require Security and Emergency Services which will be determined using this application of the Plan and Narrative, your MOT, your transportation plan and any additional information requested during your Special Events meeting. The hourly rate and costs to be incurred by the organizer will be quoted on the "Cost Estimate" worksheet developed at the meeting and provide organizer. The cost may change if any of your event details change after the meeting. You required to provide a deposit based on historical performance or lack thereof. The Appendix Special Events Manual has a description of most City services and their associated fees.	rmation e event ided to may be
Fire Prevention and Emergency Medical Services	
Fire Rescue will most likely need to inspect your event based on your Building Permit, expattendance and other risk factors such as alcohol, time or day, location, event type or weather you complete your Building Permit Form with DSD you should indicate all the permits and inspection need to avoid delays. See the Special Events Manual Appendix for estimated fees. For any inspectod by the Fire-Rescue department before the event, fees must be paid in advance throus Department of Sustainable Development. A minimum of four hours for each Fire Rescue staff mill be charged for all special event details unless the department receives a cancelation cancelations need to be made by phone at least 24 hours before an event is expected to begin will be charged for the services. All payments will be invoiced to the Event Organizer and must be within thirty (30) days. For questions contact the Fire Marshal at (954) 828-6370	r. When ons you bections ugh the nember on. Any
On-site Contact Name Kelly Myers Phone 443-564-4906	
Police	
Your event may require Security. Depending on your event it may be possible to supplement some City Police services with a private third-party security company if their security plan is approved City Police department. If you want to use a private security company you or the security company present the proposed security plan along with the businesses business license and contact inforwith the events application. The Police will review the plan and let you know if it will me requirements.	by the ny must rmation
If a Fort Lauderdale Police Vehicle is required then a Hold-Harmless Agreement must be signed Liability coverage of a minimum of ONE MILLION DOLLARS must be provided.	ed and
Security Plan Yes x No	
Security CompanyYes _X_No	
Name Contact Phone	
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PART V: APPLICANT'S ACCEPTANCE

The information I have provided on this application is true and complete to the best of my knowledge. If I have not submitted my application within the deadline and according to the rules outlined in the Special Events Manual it may be denied.

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 five hundred thousand dollars (\$500,000) if alcohol is being served. Other liability insurance and fees may also be required up to 30 days in advance of the event.

I understand that a City of Fort Lauderdale Parks and Recreation sponsored activity has precedence over the event requested above 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 Emergency Medical Services is required by City Ordinance to be onsite during all special events.

Any cancelations need to be made by phone to each department representative providing services at least 24 hours before the scheduled event time or the organizer will be liable for any associated fees.

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.

Kelly Myen	<u> Developme</u>	ut Manager	
vame of applicant	 Title	U	
111/17			
Date			

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

events@fortlauderdale.gov

Please mail the application fee (payable to the City of Fort Lauderdale) to:
Jeff Meehan, Special Events Coordinator
1350 W. Broward Boulevard, Fort Lauderdale, FL 33312
Phone: (954) 828-6075 Fax: (954) 828-5650

Please include the following with the application if necessary:

- * Event Site Plan & Narrative including stage(s), other entertainment locations, activities, booths, restrooms, canoples, dumpsters, fencing, generators, etc.
- * Maintenance of Traffic 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.

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