

staff initials BS

rev 06/04/2018 applicant initials

CAM 18-0882 Exhibit 2 Page 1 of 5

1 of 6

CAM # 18-0882

| Date of registration: <u>1976</u> State registered in: <u>FL</u> F | ederal ID #: <u>41-2349756</u> |
|--|---|
| Email Address: ZacaMac 60 Aor, COM | ax: 754-551-6144 |
| Two Authorizing Officials for the Organization | |
| President: Dorothy B. Frazier | Phone: 954 - 746 - 2504 |
| Secretary: ROSE Daniel | Phone: 954-868-3893 |
| Event Coordinator Name Daneka Millel | Will you be on-site? XYesNo |
| Title: Event - Coold' nator Phone: | Cell: 954 · 266 - 8544 |
| E-mail address: ZacZMac62 Aol. COM | Fax: 754-551-6144 |
| Additional Contact Name Bonita McClaly | Will you be on-site? X_YesNo |
| Title: Event Cooldinate R- Phone: | Cell: 954-868-3893 |
| E-mail address: NFC, Dutreach. Ministries 2 gmail. Co | DH Fax: |
| Event Production Company (if other than applicant): | NA |
| Address: City, Sta | te, Zip: |
| Contact Name:Title: | |
| Phone: (day) (night) | Cell |
| E-mail address: | Fax: |
| PART III: EVENT INFORMATION | |
| All City permits must be obtained through the City's Departm Building Services Division using the Building Permit Form - Apply of before the event. Contact the DSD Building Services Division (954 | and pay for the permits at least 30 days |
| AdmissionYes XNo If yes, | how much? \$ |
| | |
| Alcohol For SaleYesNo Alcoh If yes, how will the beverages be controlled and served? (Draft true | ol For FreeYes '/No uck, bar tender, beer tub, etc.) |
| *Provide State of Florida alcohol licenses and \$500,000 of Liquor Liability Ir | |
| | |
| *Provide State of Florida alcohol licenses and \$500,000 of Liquor Liability Ir | nsurance 30 days before event. |
| *Provide State of Florida alcohol licenses and \$500,000 of Liquor Liability In Amusement Rides If yes, name and contact of company: What type of rides are you planning? *Florida Bureau of Fair Rides, Ron Jacobs (850) 921-1530 must be contact | nsurance 30 days before event. ed 30 days before the event to schedule |
| *Provide State of Florida alcohol licenses and \$500,000 of Liquor Liability In Amusement Rides If yes, name and contact of company: | nsurance 30 days before event. ed 30 days before the event to schedule |

.

CAM 18-0882 Exhibit 2 Page 2 of 5

| Company: | License #: |
|---|---|
| Name of electrician: | Phone: |
| Entertainment If yes, what type of entertainment will be there? Any no | table performers? |
| | Singing, speaking 3 Dancing |
| Fencing or BarricadesYesNo * Include proposed fences in your Site Plan & Narrative | |
| Fireworks & Flame EffectsYesNo | |
| Name & Contact of Company conducting the show: _ *A permit and Fire Watch is required for all pyrotechnics displa | |
| Food VendorsYesNo * State Health Dept. Tara Palmer at (954) 397-9366 must be no inspected by the Fire Rescue Department, Capt. Bruce Strand serving food. A fire extinguisher is required for each food boo secured on the outside of the booth. Inspections during non-w | dhagen at (954) 828-5080 to ensure compliance prior to th. If a propane tank is used for a fuel source, it must be |
| Music No If yes, what music format(s) will be used? (amplified, ac | oustic, recorded, live, MC, DJ, etc.): |
| | |
| List the type of equipment you will use (speakers, amplit <u>Speakers</u> , <u>Keyboards</u> , <u>Drums</u> | Amplifiers (11/17/18) from 12 noon to 3:0 pm. Approximately 100Ft. |
| Days and times music will be played: <u>Sqturdag</u> | (11/17/18) from 12 moon to 3:0 PM. |
| How close is the event to the nearest residence? | Approximately 100Ft. |
| Soundproofing equipment?Yes 🛛 👗 No | |
| Parking ImpactYesNo If yes, lot location(s)? | 2 |
| Date(s) of ClosureTime(s) of C *All Parking Spaces that are impacted by an event will be bill Mobility Dept. and must be paid in full before the event. <u>even</u> | ed to the event organizer through the Transportation & |
| Road Closings Yes No If yes, define closure 22 rd Road to 223 Date(s) of Closure <u>1-17-18</u> Time(s) of Clo *Closing roads requires submitting an approved Maintenanc | (s) NW Hn Street from NW Dind Road - West Sure 11:30 AM-3 DM se of Traffic plan to the Special Events Director for each |
| agency affected BEFORE the Commission will vote on it. To approved MOT plan. | o expedite the process you may want to select a pre- |
| Bridge ClosingsYesNo If yes, bridge location | on(s) |
| Date(s) of ClosureTime(s) of Closer *Closing a bridge requires submitting the Unites States Coar application to the Special Events Director for each agency at | |
| rev 06/04/2018 applicant initials staff init | tials <u>BS</u> CAM # <u>18-0882</u> 3 of 6 |
| , | CAM 18-0882 Exhibit 2 |

Page 3 of 5

Sanitation & Waste

| *The Green Checklist in the Events Manua | | rovided at all City events, facilities & parks. | | | |
|--|---|---|--|--|--|
| Company Name | Contact | Phone | | | |
| All grounds must be cleaned up immedia responsible for securing recycling service | | r you will be subject to fees. You are | | | |
| Security/PoliceYesN | o Who is your Police cor | ntact for officers and security planning? | | | |
| Name | Phone Phone | | | | |
| *Security companies and their plans mus | be approved and you may still k | be required to hire City Police. See below. | | | |
| Security Company | Contact | Phone | | | |
| Tents or Canopies Yes X No penetration of ground spike is allowed | o d. All structures must be water-we | ighted. | | | |
| Quantity and size of each? | | | | | |
| Company Name | Contact | Phone ht is required. A permit and final inspection | | | |
| *A detailed Site Plan showing the location is required if there are multiple canopies, | | | | | |
| Toilets Yes Yes *All toilets must be removed within 24 hou your contract or invoice to be faxed to (State) | urs. Portable Toilets are regulated 254) 467-4898 to ensure complian | by Broward County. They require a copy of ce with minimum standards. | | | |
| Transportation PlanYesNo * Any events larger than 5,000 people mu | ust have an approved Transporta | tion Plan. <u>eventtam@fortlauderdale.gov</u> | | | |
| Part IV: SECURITY AND EMERGEN | CY SERVICES | | | | |

Your Event may require Security and Emergency Services which will be determined using this application, your Site Plan and Narrative, MOT, transportation plan and any additional information requested during your Special Events meeting. The hourly rate and costs for services will be quoted on the "Cost Estimate" worksheet developed at the meeting and provided to the organizer. The cost may change after the meeting.

If Fire Rescue or Police staff are scheduled for the event then a minimum of four (4) hours for each Fire Rescue staff and a minimum of three (3) hours for each Police staff will be charged. Fire Rescue also charges 45 minutes to set up and 45 minutes to break down for each event. If the event is canceled then an event representative must call each department at least 24 hours before the event is expected to begin or the organization will be charged.

Fire Prevention and Emergency Medical Services

Fire Rescue may need to inspect your event or provide services based on your Building Permit, expected attendance and other risk factors such as alcohol, time, day, location, event type or weather. When you complete your Building Permit Form with Department of Sustainable Development (DSD) indicate all the permits and inspections you need and immediately pay DSD directly. All other payments for services will be invoiced to the event coordinator and must be paid within thirty (30) days. For questions call the Fire Marshal at (954) 828-6370.

| On-site Contact Name | Bonita 1 | Accloin Phon | = 954-868-38 | <u>'43</u> |
|----------------------|--------------------|---------------------|-----------------------|------------|
| rev 06/04/2018 | applicant initials | 7 staff initials BS | CAM # <u>18-088</u> 2 | 4 of 6 |

CAM 18-0882 Exhibit 2 Page 4 of 5

PART VI: 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 with the necessary plans, 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 thirty (30) days in advance of the event.

I understand that City of Fort Lauderdale Parks and Recreation sponsored activities have 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 the City of Fort Lauderdale Fire Rescue department will determine all fire and Emergency Medical Services requirements.

I understand that any cancelations for City scheduled services must be made by phone to each department representative at least 24 hours before the scheduled event time or the organizer will be liable for any associated fees.

I understand that I may be required to provide a deposit based on historical performance or lack thereof.

I understand that the City has a noise ordinance that my event must follow. 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. 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.

Event coordinators

$\frac{1}{2}$

PART VII: SUBMISSION

Email application and plans 60 days before your planned event to: specialevents@fortlauderdale.gov

Include theses plans with application for:

- 1. ALL events Event Site Plan & Narrative show stages, restrooms, fencing, tents etc.
- 2. Closed Roads Maintenance of Traffic Plan show barricades, directions, cones, etc.
- 3. 5000+ people Transportation Plan show transportation options for attendees.
- 4. Security needs Security Plan detail how event coordinator will manage security.
- 5. Riverwalk District Events Security Deposit Made payable to Riverwalk Fort Lauderdale Inc. for events held on public property in the Riverwalk District.

<u>Mail</u> application fee (payable to **City of Fort Lauderdale**) to: Barbara Smith, Special Events Coordinator 100 North Andrews Avenue Fort Lauderdale, FL 33301

applicant initia

Questions? (954) 828-6075

rev 06/04/2018

staff initials BS

CAM #18-0882

6 of **6**

CAM 18-0882 Exhibit 2 Page 5 of 5