



Special Event Application

Special Event Applications are required for all events planned for City property, the Central Broward Regional Park, Public Streets and Roads, and for *Carnivals, Fairs, Circuses (see below) or any other events determined by the Special Events Team. Applications must be filed no less than 60 days prior to the commencement of the proposed event – no faxed, electronically transmitted, or emailed applications will be accepted.

A non-refundable \$1,000.00 permit application fee is required upon submittal of this application. Additionally a Clean-up/impact deposit (detailed below) is also due upon submittal. Clean-up/impact deposit fees may be refunded if the event is not approved or if the event is canceled prior to the start date.

Additional fees for public safety details/coverage and other City services will be determined during the Special Event Application review process.

Clean-up/impact deposit fees:

- 1- 2 day events = \$1,000
- 3- 5 day events = \$3,000
- 5-7 day events = \$5,000
- 7-14 day events = \$15,000
- 14-29 day event = TBD

*All carnivals, fairs, circuses, and/or any events lasting more than 14 days require Special Exemption approvals from the City Commission (Code of Ordinances Sec 12-38).

Name of Organization: _____ Organization's website: _____

List the Sponsors of the Event: _____

Type of Org: Individual Business Charitable Faith Govt. Agency Other _____

Organization Contact: _____ Contact #: _____

Org.'s Address: _____ Zip: _____ Contacts Email: _____

Name of Event: _____ Operating Date(s) & Time(s): _____

Set up / Break down Date(s) & Time(s): _____

Description of Event: (e.g., Outdoor concert by singer Joe Smith, children's arts & crafts expo.) Please attach all programs as well.

Are any dignitaries expected to be part of the program or plan to be a guest? If so, who is expected?

Location of Event

- City Hall Park Westwind Park Sports Park Wolk Park Veterans Park Sadkin Center
- West Ken Lark Park St George Park Other Broward County Central Regional Park

If Other, please identify: _____

If the event is not held on your property, has a letter of authorization from the property owner been filed with this application? Yes
No

If the event is in a City or County Park, has a Facility Permit/letter been attached to this application? Yes No

Has a site plan in scale been filed with this application? Yes No

Event Transportation Considerations

Projected event attendance: _____ Fees for Entrance: _____

Projected daily attendance: _____

Projected peak-hour attendance: _____ Projected Peak Time: _____

Will off-site parking be provided? Yes No

If yes, and off-site parking will occur is there a site plan indicating where the parking is located, with ingress and egress for both vehicles and pedestrians?

Yes No

Will any road closings be necessary? Yes No

If yes, has a site plan been filed showing the change in vehicular and pedestrian ingress and egress?

Yes No

If yes, has a letter of authorization from the owner of the off-site parking location been filed with this application? Yes No

Will public transportation be provided? Yes No

If yes, has an attachment been provided showing the total number of vehicles to be used, the number of vehicles by the seating capacity, insurance for each vehicle with the City named as an additional insured, the hours of operation, the name of each driver, and the driver license's number for each driver? Yes No

Event Performance Considerations

Will there be a Stage or Riser: Yes No

If yes, has a site plan been filed showing the location of the stage/rider, and the dimensions (i.e., length, width) been filed with this application? Yes No

Will there be amplified Music or a Public Address System? Yes No
If Yes, explain if it will be a band, radio station etc:

Will there be any use of any pyrotechnics? Yes No
If yes contact the Fire Marshal at 954-730-2950 for specific requirements.

Have you ordered Port-O-Lets? Yes No

If Yes, have you attached the contract with the waste company? Yes No

Womens: _____ Mens: _____
Handicapped Stalls- Womens: _____ Mens: _____

Have Rides been ordered: Yes
No

If yes, has the contract from the ride provider been filed with the application with the description of the rides including dimensions and seating capacity? Yes No

Attached copy of States intention to inspect mechanical rides: Yes No Not Applicable

Will there be any tents or canopies? Yes No

If yes, has a site plan been filed showing the location of each tent and canopy and their dimensions (i.e., length, width) been filed with this application? Yes No

Have accommodations been made to meet Title I & Title II of the Americans with Disabilities Act regarding non discrimination on the basis of disability? Yes No

If yes, has a site plan been filed showing the location of accommodations? (i.e. port-o-lets, ingress and egress, pathways, parking etc.) Yes No

Event Advertising Considerations

Will the event be advertised? Yes No
If yes, how? _____

Attached copy(s) of advertisement/flyers: Yes No

Will signs or banners be advertising the event? Yes No

If yes, where and what dimensions:

Is the event open to the public or just your members? _____

Event Operations

Will you be hiring a Security Company? Yes No

If yes, is the contract with Security Company filed with this application? Yes No

Name of Clean Up Company being hired for event clean up: _____

Attached contract with Clean Up Company: Yes No Not Applicable

Name of the Electrical Company hired to over see electrical needs:

Attached contract with Electrical Company: Yes No Not Applicable

Will Parks & Leisure, DEES, Fire, or Police personnel be needed? Yes No -

If Yes, please attach a detailed summary of what you think you will need.

Attached summary of Staff Request: Yes No Not Applicable

Food and Beverage

Will there be food? Yes No - If Yes, please explain who will be providing it and the cost to customers if any.

Have you contacted the State for food and beverage special event inspection?

Yes No Not applicable

Will there be alcohol? Yes No - If Yes, please explain how it will be distributed etc:

Has the City of Lauderhill been named as additional insured?

Yes No

Not Applicable because _____

Has general liability coverage for One Million dollars been obtained? Yes No

Not applicable, because: _____

Name of Insurance Company: _____

Policy number: _____

Contact: _____

Attached are the Insurance Certificates: Yes No Not applicable

Any other permits that have been applied for: _____

Attached are permits from: _____

Received a copy of 501 C3 papers or State/Federal ID#: Yes No Not Applicable

Application Received by: _____ Date: _____

(Staff)

To the best of my knowledge the above information is true and accurate.

DISCLAIMER: (I/we understand that I am NOT an Agent or Employee of the City of Lauderhill, I/we am an Independent Contractor). I/we agree to hold the City of Lauderhill harmless & defend the City against any Negligence CLAIMS.

Applicant Signature: _____

Date: _____

FOR STAFF ONLY

Application Received by: _____ Date: _____
(Staff)

To the best of my knowledge the above information is true and accurate.
**DISCLAIMER: (I/we understand that I am NOT an Agent or Employee of the City of
Lauderhill, I/we am an Independent Contractor). I/we agree to hold the City of Lauderdale
harmless & defend the City against any Negligence CLAIMS.**

Applicant Signature: _____ Date: _____

All Requirements Were met by: _____ Initials: _____
(Date) (Staff)

SET Recommendations and Approvals

Recommendations: _____

RISK MANAGEMENT _____ Date: _____

Recommendations: _____

FINANCE _____ Date: _____

Recommendations _____

PALS _____ Date: _____

Recommendations: _____

BUILDING _____ Date: _____

Recommendations: _____

CODE _____ Date: _____

Recommendations: _____

FIRE _____ Date: _____

Recommendations: _____

POLICE _____ Date: _____

Recommendations: _____

PLANNING & ZONING _____ Date: _____

Recommendations: _____

DEES _____ Date: _____

Recommendations _____

CITY CLERK _____ Date: _____

Department Head Approvals

Risk Management _____ Date: _____

Finance _____ Date: _____

Parks & Leisure _____ Date: _____

Code/Building _____ Date: _____

Fire _____ Date: _____

Police _____ Date: _____

Planning & Zoning _____ Date: _____

DEES _____ Date: _____

City Clerk _____ Date: _____

City Manager _____ Date: _____

City of Lauderhill

CERTIFICATE OF INSURANCE REQUIRED FROM SERVICE PROVIDERS/EVENTS

Type of Service:

Construction	Gardening
Elevators	Janitorial
Food services	Supplies
Security	Office – clerical

Etc. basically any and all services rendered to the City or events held on City properties.

Certificate Limits:

General Liability

Bodily Injury	\$ 1,000,000
Property Damage	included
Annual Aggregate	\$ 2,000,000
Personal Injury	\$ 1,000,000
Products**	\$ 1,000,000
Completed operations*	\$ 1,000,000

Automobile Liability

Bodily Injury	\$ 1,000,000
Property Damage	included

Worker's Compensation

Statutory Coverage	Yes
Employer's Liability	\$ 100/500/100

Wording:

All vendors will be required to provide proof of insurance to do business with the City. Vendors who provide services that may place the City at a greater exposure with employees and the public, such as contractors, subcontractors, and food vendors, are required to provide certificates that read: **"The City of Lauderhill is hereby named as additional insured". In addition, endorsements supporting the additional insured designation should also be attached. This can be secured by your insurance agent from the insurance company. If you are in doubt, please contact Risk Management at 954-730-3094.**

Special Note: For large events organized by promoters (festivals, etc.) with multiple vendors, certificates need to be provided by the vendors that will be present at the event that not only name the promoter additional insured but the City as well. The official address that should be noted on the Certificate of Insurance should be 5581 West Oakland Park Blvd., Lauderhill, FL 33313. Thank you.

City of Lauderhill

CERTIFICATE OF INSURANCE REQUIRED FROM AMATEUR SPORTS TOURNAMENTS AND EVENTS

Certificate Limits:

Each Occurrence	\$1,000,000
General Aggregate (other than Products-completed Operations)	\$3,000,000
Products-completed Operations Aggregate	\$1,000,000
Personal & Advertising Injury (libel, slander etc.)	\$1,000,000
Legal Liability to Participants	\$1,000,000
Damage to Premises rented to you	\$300,000
Medical Expense (other than participants)	\$5,000
Medical Payments for Participants	\$25,000

Wording:

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