SPECIAL EVENTS APPLICATION – EVENTS ON PRIVATE / PUBLIC PROPERTY Please PRINT or TYPE

NOTE: ALL APPLICATIONS MUST BE COMPLETED AND SUBMITTED TO THE CITY FOR APPROVAL 60 DAYS PRIOR TO THE EVENT INCLUDING PAYMENT OF ALL APPLICATION FEES (SEE ATTACHED).

Event Name, Date, and Time: Mental Health Day May	17 2016	Approx 9	-2		
*Brief Description of the Exent: Speakers and Information Violence perentian and Address/Location of Event: City Event Coordinator: Arel Best Telephone #1: 954 - 546 0388	Tables to health re Hall - Ar.	eduate re Pared Tooks Um NWCo Hilda Best Cail Address: bp	sidents on s. Inference Rose ver PhD cc3 caol.	com + Comm	ission Chambers
Additional Contact Person for the Even	t: Alissa	,			
Telephone #1:	E-m	nail Address:			
Telephone #2:	Fax	с		+ + +	
Organization or Sponsor of Event: Beauty Address:					
City, State, Zip Code:					
Telephone:					
Is this a Non-Profit Organization? []	Yes [] No	Tax ID #:		**************************************	_
Corporation Name (As it appears in the Ar					
Date of Incorporation:		State of Incorpor	ration:		
Federal ID #:					
Authorizing Official for the Organization	n:				
Telephone #1:	E-r	mail Address:			
Telephone #2:					
Authorizing Official for the Organization	n:				

*Property Owner:				
*Please Note - A l	letter of Consent is red	quired from the prope	rty owner for the	approval of this application.
is the letter attack	hed?[]Yes []No			
Will any portion o	f this event take place	on Public or City Pro	perty? Yes	[] No
Will there be a cha	arge for admission? [] Yes [// No If ye	es, how much? _	<u> </u>
Has this event be	en held in the past? [] Yes [] No		
If so, Indicate the	city location of last ev	rent:		
Is the event to tak	e place: [1] Indoors	[] Outdoors [4	Both	
Number of Expec	ted Daily Attendants:	(BSO o	r Fire Details may b	e required - refer to page 6)
	ne duration of the even			
DAY	DATE	START TIME	END TIME	TOTAL # OF HOURS
		-11		
Anticipated Date	and Time to Begin Set	t-Up: 5/7/20	016 8:3000	m
Anticipated Date	and Time for Complet	ion of Break-Down: _	2:30-	3:00pm
*Please Note - A rejected, resulting The site plan must vehicular drive pagrandstand, blead pyrotechnical matemachanical), petti	in a significant time de st include the following aths, fire hydrant locat ther or other seating le erial, fireworks, etc. In	following conditions mulay. The fire department entrances and exits ions, fire department ocations, tent and standardition, the site plant in addition, the site plant in the	est accompany the a ent must have easy, emergency vehic connections, stree age locations, coo an must include th	application or the application will be application or the application will be access to the special event areaset access routes, parking, generally the closure requests, fenced areaset closure requests, fenced areaset closure areas, and locations of any rides (animal or recreation vehicles for overnight
housing, etc.	t for any road closures	211140		
Please identify th	e street name(s) and/o	or locations for closu	re requests:	

Please Note - You	must identify any fend	cing area on the site pla	n.		
building permits and of the canopy fabric be obtained from the	tent structures with ca I inspections. All cand for field testing must e canopy manufactur	opies must be flame ret be submitted for produ	00 square feet [Per ardant. A certificate ct approval with this company. Please	NFPA 1: Table 1.12.19(a)] re e of flame retardency and a sa s application. This information apply for the permit at the Ru	mple
"Please Note - All inspections. All tent testing must be sub manufacturer or the separate exits remo addition, they must indicating the locati Permits must be obtained.	tents in excess of 20 is must be flame retar emitted for product apprentiated for product apprentiately located from each have emergency egron of all Exits, Exit stained for all tents a	dant. A certificate of flat proval with this applicated in the tents have side the other with electrically tess lighting and fire expense. Emergency Light	PA 1: Table 1.12. Tame retardancy and ation. This informal informal informal information, they are treated illuminated exit significant in the second interest apply for all rease apply for all researces.	19(a)] require building permits a sample of the tent fabric for tion can be obtained from the as buildings. They must have as battery back-uper a life safety plan for these g, Fire Extinguisher locations permits at the Building Depart provals.	e tente e two p. In tents
*Will electricity be (for lighting, sound	required for this eve I, cooking, other pov	ent? wer needs, etc.) [] Ye	es II No		
Please Note – The inspections. Please Beach Blvd. Events site. Please allow 8	use of generators, to e apply for the permits requiring electricity -10 working days for p	t(s) prior to setting up are the responsibility of	orary electrical cor at the Building De f the applicant and generator less than	nation of Both nections, etc. require permits partment located at 100 W. D must have a master electricia 5KW does not require a permi)ania
Please indicate the	type (Band, DJ, Live	e Performers, etc.): _			
Please specify the	hours of entertainm	ent:			
DAY	DATE	START TIME	END TIME	TOTAL # OF HOURS	
*Will a stage(s) be *Please note Fire Ex	used in this event?	[] Yes [] No ent in the next question.			

*Do you have adequate fire extinguishers for this event? [] Yes [] No

*Are you requesting to fence the event area? [] Yes [i] No

^{*}Please Note - Fire extinguishers must be supplied for each tent, canopy, cooking appliance and stage. They must be accessible from anywhere in the tent or on the stage without having to travel any further than 75 feet for access. Extinguishers must be easily accessible and not obscured from view. Fire extinguishers must be commercial "ABC Multi-Purpose" (minimum 5lbs.) fire extinguishers that are currently certified and tagged by a licensed company. You

"Will there be concessions or sales of food at this event? [] Yes No
Please specify:
*Please Note STATE HEALTH INSPECTIONS FOR FOOD: Pursuant to Florida law (Chapter 509, Florida Statutes) event sponsors are required to contact the State Health Inspector no less than 3 days prior to the event. Advance notification of 7 to 10 days is advisable. Please send a fax with your event plans and contact information to Fax Number (954) 956-5699. The Inspector's office will contact you to discuss food vendors and amounts and types of food you plan to make available to the public, whether it is being given away or sold.
An original Certificate of Liability Insurance and Workers' Compensation Certificate is required from all vendors. You must ensure that the Liability Certificate is for this specific event, has the proper dates, and names the City of Dania Beach as an Additional Insured. No event will be approved without this insurance.
*Will any type of cooking appliances be used by either the Sponsor of the Event or any of its vendors? [] Yes [] No
*If so, indicate the type of appliance(s) to be used and the number of each appliance to be used: [] N/A [] Electric Grill(s); # [] Gas Grill(s); # [] Charcoal Grill(s); # [] Smoker Grills(s); # [] Grease Fryer(s); # [] Oven(s); # [] Electric Range Burner(s); # [] Gas Range Burner(s); #
*Please Note - Grease Fryers are not permitted indoors unless they are protected with an approved Hood and a UL300 Compliant Wet Chemical Automatic Fire Suppression System in accordance with NFPA 96.
*Does each cooking appliance have its own dedicated Fire Extinguisher? [] Yes [V No *Please Note - Each cooking appliance must have its own dedicated fire extinguisher. Class K fire extinguishers are required for fryers. You need to demonstrate that this requirement will be met by making a note on the site plan indicating compliance with all of the above requirements or providing a letter to the fire prevention bureau.
*Does each cooking area have the proper clearances from all other event areas? [] Yes No *Please Note - Cooking areas can be located no closer than 30 feet from any tent or canopy structure, event rides, stages, grandstands or bleachers, etc. Ensure that this measurement is demonstrated on the site plan.
*Will there be sales of alcohol at this event? [] Yes [] No *Please Note — An original certificate of liquor liability insurance naming the City of Dania Beach as additional insured and a 1/2/3 Day Special Sales License is required to be submitted with this application. The license must be obtained from the State of Florida Department of Business and Professional Regulation.
If Yes, Please Specify Types of Alcohol to be Sold: N/A [] Beer [] Wine [] Liquor [] Mixed Drinks [] Other:
If alcohol is being served, please indicate how the beverages will be served: N/A [] Draft Truck [] Cold Plate [] Mini-Bar [] Beer Tub [] Table Service

Please Specify Types of Alcohol to be given away: [] N/A [] Beer [] Wine [] Liquor [] Mixed Drinks [] Other:
Will there be retail sales at this event? [] Yes [] No
Please Specify:
*Will there be any carnival rides, mechanical or vehicular rides, or animal rides at this event? [] Yes [] No
*If yes, please describe:
What is the name of the vendor or vendors providing the rides? [] N/A
*Please Note - If carnival rides are to be present, the rides must be inspected by a state inspector, city electrical inspector, and fire inspector 48 hours prior to the rides opening.
Are you providing to us a copy of the ride vendor's Certificate of Liability and Workers' Compensation Insurance with this application? [] Yes [] No *Please Note — An original Certificate of Liability and Workers' Compensation Insurance is required for any and all rides. Ensure that the Certificate is for this specific event, has the proper dates, and names the City of Dania Beach as an Additional Insured. No event will be approved without this insurance.
*Will recreational vehicles be used for temporary overnight housing? [] Yes [No *Please Note – Indicate the locations of these on the site plan.
*Will there be any use of pyrotechnics or fireworks displays at this event? [] Yes [] No *Please Note - Pyrotechnics fireworks displays require special applications, permits and inspections as well as an original Certificate of Liability and Workers' Compensation Insurance. In addition, a Fire Inspector will be required to be present during set-up and displays. This expense will be passed on to the event. (BSO or Fire Details may be required - refer to page 6)
*Will there be use of any Grandstands or Bleachers for seating at this event? [] Yes No *Please Note - Bleachers and Grandstands may have to meet special safety code requirements. Locations must be indicated on the site plan. Plumbing permit is required for portable toilets.
*Are portable, ADA compliant sanitary facilities being provided for this event? [] Yes [] No
If so, How many? [] N/A *Please Note – Provide the locations of all sanitary facilities on the site plan.
*Is there a request for any temporary signage for this event? [] Yes [] No *Please Note – Any questions regarding temporary signage should be directed to City Code Compliance, (954)924-6810.
Are there any services being requested from the City of Dania Beach? [] Yes [] No
If yes, please explain: Larking, Saniby facilities, meeting room + fee warren
Please list any other conditions, terms or relevant information related to this event that may be of interest to

the City:

BSO DETAIL REQUIREMENT

Based upon anticipated attendance, site or building size, site location, and ability to assure public safety requirements, a Broward Sheriff's Office Detail may be required.

FIRE WATCH REQUIREMENT

A Fire-Watch may be imposed depending on the type of event, number of persons present and hazards involved. The number of personnel and apparatus required may vary depending on the type of event and hazards involved. Below are the current rates charged for the presence of a fire watch detail, fire inspector or both:

Off-Duty detail assignment services performed by Dania Beach Fire Rescue Personnel will be paid at their current overtime rate of pay with benefits (3 Hour Minimum). In addition, a City administrative fee of 10% will also be charged based on the total cost of personnel and apparatus. Personnel costs are currently estimated to be \$84.42 per hour, per person (3 hour minimum).

The cost of apparatus is as follows: Rescue Truck - \$32.00 per hour Engine (1500 gpm) - \$71.00 per hour Ladder (1500 gpm) - \$80.00 per hour

The City of Dania Beach requires payment 14 days in advance for the detail services and fees are to be made payable to The City of Dania Beach by means of <u>cash advance or a cashier's check</u>. Fees are based on individual employee's overtime rates which vary from person to person. The amount estimated is based on the highest overtime rate currently payable in addition to fees for FICA, Medicare, Worker's Compensation and Administrative fees. In the event that the entire estimated amount is not required for services, the City will refund the money, less the expenses incurred for the service. Should the amount of time required for the fire watch detail exceed that agreed upon before the event, the Event sponsor will be required to pay for any overage based on the actual cost for the Fire Watch. The Event sponsor will be responsible to pay the actual service price incurred.

The information I have provided on this application is true and complete to the best of my knowledge. I understand that approval of this event is contingent upon review and approval of all City Disciplines, the City Attorney's Office and the City Commission.

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Adeic Besner, Psy D.

Print name of Applicant

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STATE OF FLORIDA COUNTY OF BROWARD