



City of Margate
DEVELOPMENT REVIEW COMMITTEE
Application for Outdoor Event

5790 Margate Blvd., Margate, FL 33063
954-972-6454

Submittal Date (official use):

01-27-15 A09:24 IN

Project Name Margate City Fair		DRC # 02-15-05
Address 1000 N. State Road 7		
Acreage	Folio Number	Paid: N/A
Existing Use		
Legal Description 1000 N. State Rd 7, Margate, FL 33063		

☐ Check this box if you would like to rent the City's portable stage for your promotional event.

Petitioners interested in renting the City's portable stage for their promotional event shall be charged \$50/hr with a minimum rental of four hours for the use of the stage, plus labor costs of \$75/hr. Rentals shall be subject to availability. Official rental forms and agreements are available from, and are to be filed with, the Parks and Recreation Department.

Agent/Contact Name Margate Chamber of Commerce	
Address 6221 Margate Boulevard	
Phone Number (954) 582-0399	Fax Number (954) 590-8914
Email Address admin@margatechamber.org	

Property Owner Name Margate CRA	
Address 5790 Margate Blvd., Margate, FL 33063	
Phone Number 954-935-5323	Fax Number 954-935-3211
Email Address cra@margatefl.com	

OWNER'S AFFIDAVIT: I certify that I am the owner of record for the above referenced property and give authorization to file this petition. I understand that I, or a representative on my behalf, must be present at the DRC meeting. I further understand that my petition will be subject to the regulations of Chapter 16 ½ of the Margate City Code.

Handwritten signature of Anne Colonna.
Property Owner's Signature

1-20-15
Date



January 15, 2015

To The City of Margate DRC Committee:

The Margate Chamber of Commerce and Hildebrand has received land use approval from the Margate CRA to host the Margate City Fair on 1000 SR 7 in Margate, contingent upon DRC approval of the site map as signified by their signature on the DRC Outdoor Event Application. The land use was approved for March 16th, 2015 to April 1st, 2015, including set up (March 16th-20th) and take down (March 30th to April 1st).

The days and times of operating hours are as follows:

Fridays- March 20th & 27th: 3pm-12am

Saturdays- March 21st & 28th: 12pm-12am

Sundays- March 22nd & 29th: 12pm-11pm

Monday-Thursday March 23rd through March 26th: 3pm-11pm

The Margate City Fair will include the following elements:

- Assorted Carnival Rides provided by Hildebrand (See Site Map)
- 40'x80' Fire Resistant Tent provided by Tents and Events
- 24'x16'x24" Platform Stage provided by Tents and Events (See Site Map)
- Port A John's & hand washing sinks (See Site Map)
- 10-15 food trucks provided through Hildebrand Rides (See Site Map)
- A Beer Garden will be operated March 20th-March 22nd and March 27th-March 29th. The Margate Chamber will obtain the necessary liquor license. (See Site Map)
- A Car Show will take place on March 22nd (See Site Map)
- A fenced space has been allocated to a Petting Zoo & for Dog Adoptions, and any and all animal waste will be disposed of by Hildebrand and the Chamber (See Site Map)
- A 20' Clothing Donation trailer onsite from The Salvation Army, as outlined on the Site Map.

A security fence will be put into place around the entire event, with the exception for the Car Show, in order to improve upon event security. A \$2.00 entry fee will be in place, and the ticket booth will be placed in 2 locations clearly marked on the site plan. Parking will be located on the same property site with lighting provided at night for attendee's safety. The Chamber has contacted the Police Department to apply for Police security at this event. The Building Permit Application for outdoor structures is currently underway and will be obtained prior to opening the Fair.

Respectfully,


Rebecca Case

Executive Director of the Margate Chamber of Commerce

6221 Margate Boulevard, Margate, FL 33063 • Phone: (954) 582-0399 • Fax (954) 590-8914

Email: admin@margatechamber.org • www.margatechamber.com

CITY OF MARGATE



HOLD-HARMLESS AGREEMENT

RE: OUTDOOR EVENT

Event Name/Description: Margate City Fair

Event Location: 1000 N. State Rd 7

Date(s) Of Event: 3/16/2015-4/1/2015 (including set up and break down)

Property Legal Description: 1000 N State Rd 7, Margate, FL 33063

Pursuant to the requirements set forth in Section 3.24, of Article III, of Appendix A, of the Code of the City of Margate, Florida, the petitioner(s) appearing before the Development Review Committee for the promotional outdoor event described above do(es) hereby agree to indemnify, defend, and hold the City of Margate harmless for any claim or suit arising out of the planning, organizing, or operation of this promotional outdoor event.

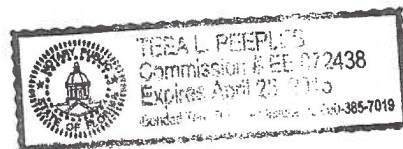
Petitioner's Signature: Harlan J Bast II

Petitioner's Printed Name: Harlan J Bast II

Petitioner's Official Title:

Organization/Corporation: Hildebrand Rides, Inc

Subscribed and sworn to before me this 22 day of January
2015.



Tere L Peoples
Signature of Notary

Notary's Seal



Personally known to me.

Produced identification: _____

CITY OF MARGATE



HOLD-HARMLESS AGREEMENT

RE: OUTDOOR EVENT

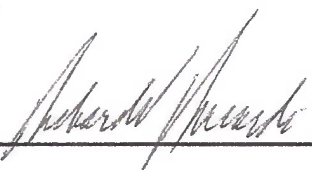
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Petitioner's Signature: 

Petitioner's Printed Name: Richard Riccardi

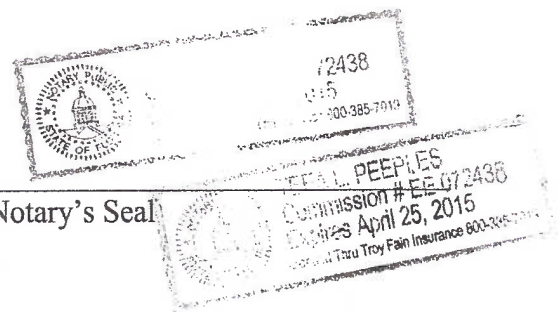
Petitioner's Official Title: President

Organization/Corporation: Margate Chamber of Commerce

Subscribed and sworn to before me this 22 day of January
20 15.


Signature of Notary

Notary's Seal



☒ Personally known to me.

Produced identification: _____

Certificate of Flame Resistance



F-12123



"A tent for every event"



(800) 349-0370

www.tentsnevents.com

This certifies that the tent used by: **Tents 'n' Events**

Tent Size & Color 25' x 20'

Manufactured Date Dec 2011

THIS IS TO CERTIFY THAT THIS MATERIAL IS MANUFACTURED FROM FLAME RETARDANT FABRIC. THIS RETARDANT IS INHERENT AND CANNOT BE REMOVED BY WASHING. APPROVED BY THE STATE FIRE MARSHALL, CALIFORNIA FIRE CODES, AND WE WILL MEET THE N.F.P.A.1, N.F.P.A.101, N.F.P.A.701 AND 50903.2 FEDERAL FIRE FIELD TEST.

FABRIC ALSO MEETS REQUIREMENTS OF MIL-C-43006D CPA1-84.

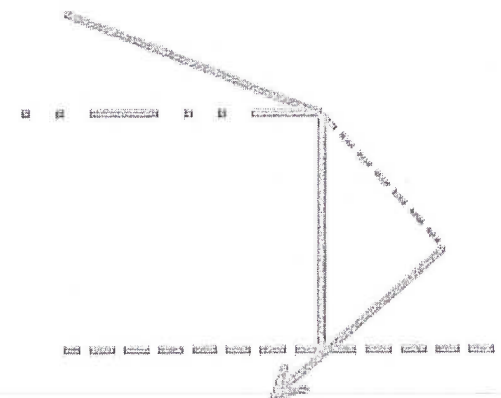
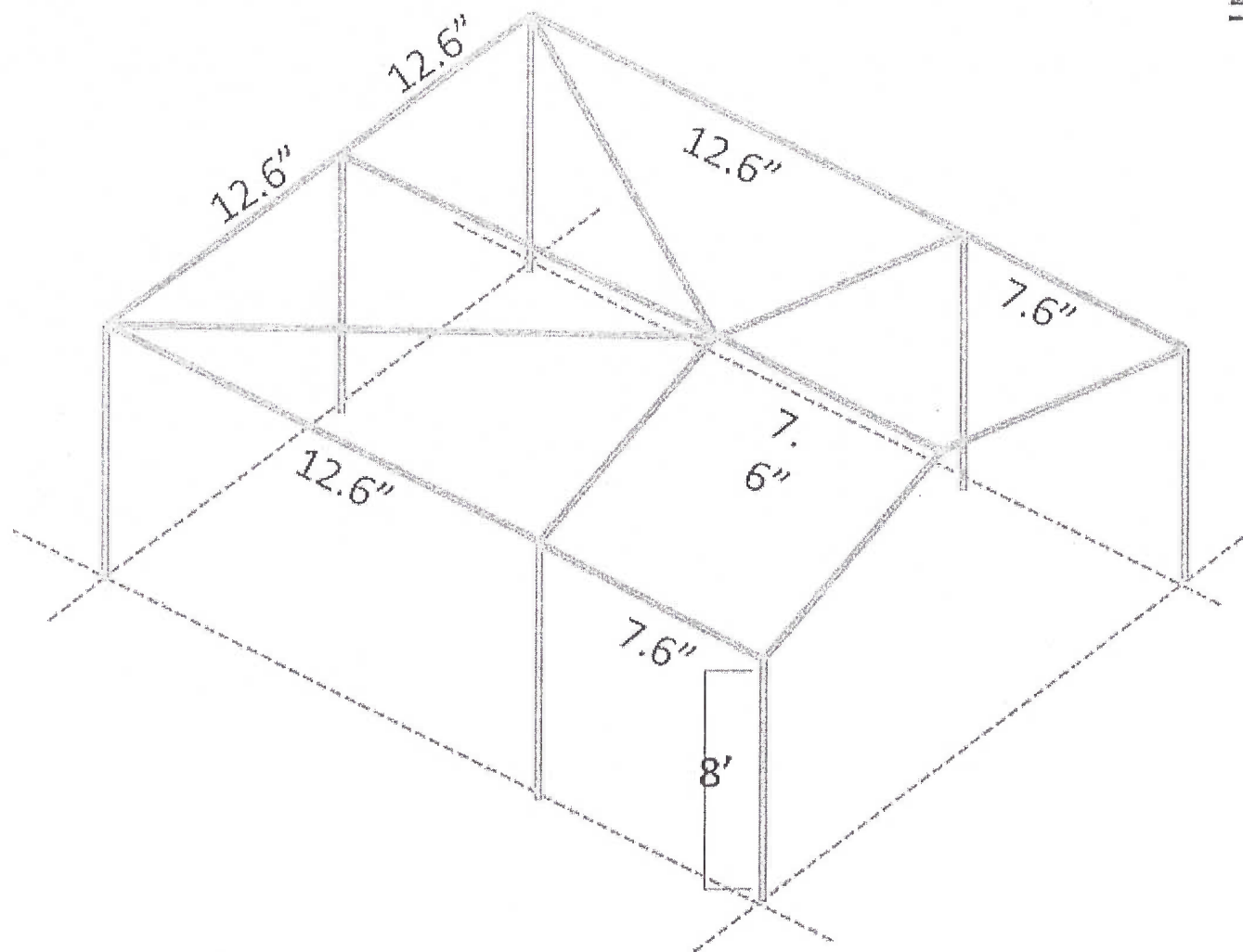
ALTHOUGH WE HAVE USED THE BEST MATERIAL AVAILABLE AND ERECTED THIS TENT IN A SAFE AND PROPER MANNER, THIS IS A TEMPORARY STRUCTURE AND COULD BECOME UNSAFE UNDER EXTREME WEATHER CONDITION.

NO SMOKING

TNE 2

*Swatch
Attached
on original*

25' x 20 1/2 Gable



Time Downs:

1" x 42" Steel Spikes

3/8" Marine Poly Rope



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
01/05/2015

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER **Allied Specialty Insurance, Inc.**
85 N.E. Loop 410, Suite 600
San Antonio, TX 78216
210-341-1321 800-235-8774

CONTACT NAME:	
PHONE (A/C, No, Ext):	FAX (A/C, No):
E-MAIL ADDRESS:	
INSURER(S) AFFORDING COVERAGE	
INSURER A: T.H.E. Insurance Company	NAIC # 12866
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

INSURED **Hildebrand Rides, Inc.**
OD Pavilion Amusement Park, Inc.
226 Commercial Court
Sebring, FL 33876

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR / WVO	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
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A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		CPP0104415-00	10/03/2014	10/03/2015	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ EACH OCCURRENCE \$ AGGREGATE \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$					
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N 1 N/A	WC144676	10/03/2014	10/03/2015	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

EFFECTIVE FROM: 03/18/15 through 03/31/15

ADDITIONAL INSURED: Margate Chamber of Commerce, City of Margate, City of Margate Community Redevelopment agency, Advance Asset Management, Sun Power Electric Co.

AS RESPECTS TO THE GENERAL LIABILITY PERTAINING TO THE OPERATIONS OF THE NAMED INSURED ONLY.

EVENT: Margate Chamber of Commerce Carnival

CERTIFICATE HOLDER

Sun Power Electric Co.

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Carol A. Serra



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 DATE (MM/DD/YYYY)
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PRODUCER Allied Specialty Insurance, Inc. 85 N.E. Loop 410, Suite 600 San Antonio, TX 78216 210-341-1321 800-235-8774		CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS:		FAX (A/C, No):
INSURED Hildebrand Rides, Inc. OD Pavilion Amusement Park, Inc. 226 Commercial Court Sebring, FL 33876		INSURER(S) AFFORDING COVERAGE INSURER A: T.H.E. Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:		NAIC # 12866

COVERAGES

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REVISION NUMBER:

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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

EFFECTIVE FROM: 03/18/15 through 03/31/15

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AS RESPECTS TO THE GENERAL LIABILITY PERTAINING TO THE OPERATIONS OF THE NAMED INSURED ONLY.

EVENT: Margate Chamber of Commerce Carnival

CERTIFICATE HOLDER

CANCELLATION

Margate Chamber of Commerce

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Carol A. Serra



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INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A: T.H.E. Insurance Company

12866

INSURER B:

INSURER C:

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INSURER E:

INSURER F:

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EVENT: Margate Chamber of Commerce Carnival

CERTIFICATE HOLDER

City of Margate

CANCELLATION

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AUTHORIZED REPRESENTATIVE

Carol A. Serra



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	UMBRELLA LIA <input type="checkbox"/> OCCUR EXCESS LIA <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$					\$ \$ \$
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EVENT: Margate Chamber of Commerce Carnival

CERTIFICATE HOLDER
CANCELLATION

City of Margate Community Redevelopment Agency

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Carol A. Serra



CERTIFICATE OF LIABILITY INSURANCE

 DATE (MM/DD/YYYY)
01/05/2015

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER **Allied Specialty Insurance, Inc.**
85 N.E. Loop 410, Suite 600
San Antonio, TX 78216
210-341-1321 800-235-8774

CONTACT

NAME:

PHONE

(A/C, No, Ext):

FAX

(A/C, No):

E-MAIL

ADDRESS:

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A: **T.H.E. Insurance Company**

12866

INSURER B:

INSURER C:

INSURER D:

INSURER E:

INSURER F:

INSURED **Hildebrand Rides, Inc.**
OD Pavilion Amusement Park, Inc.
226 Commercial Court
Sebring, FL 33876

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR / WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY		CPP0104415-00	10/03/2014	10/03/2015	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 5,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					
A	AUTOMOBILE LIABILITY		CPP0104415-00	10/03/2014	10/03/2015	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ FACH OCCURRFNCF \$ AGGREGATE \$
	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AU-TOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS					
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE				FACH OCCURRFNCF \$ AGGREGATE \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		WC144676	10/03/2014	10/03/2015	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N 1 N/A				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

EFFECTIVE FROM: 03/18/15 through 03/31/15

ADDITIONAL INSURED: Margate Chamber of Commerce, City of Margate, City of Margate Community Redevelopment agency, Advance Asset Management, Sun Power Electric Co.

AS RESPECTS TO THE GENERAL LIABILITY PERTAINING TO THE OPERATIONS OF THE NAMED INSURED ONLY.

EVENT: Margate Chamber of Commerce Carnival

CERTIFICATE HOLDER

Advance Asset Management

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Carol A. Serra

LAKEVIEW DR. APARTMENTS

132227

PROPERTY LINE

POINT OF DIVISION ADJUTMENT

13 DRAINAGE MAINTENANCE

13 DRAINAGE MAINTENANCE

STATE ROAD 7 (US 41)

100' ROW

RIGHT OF WAY

MARGATE BLVD.

CITY REH. FUND

STATE ROAD 7 (US 41)

NORTH OF WAY

100' ROW

ADJUTMENT

100' ROW

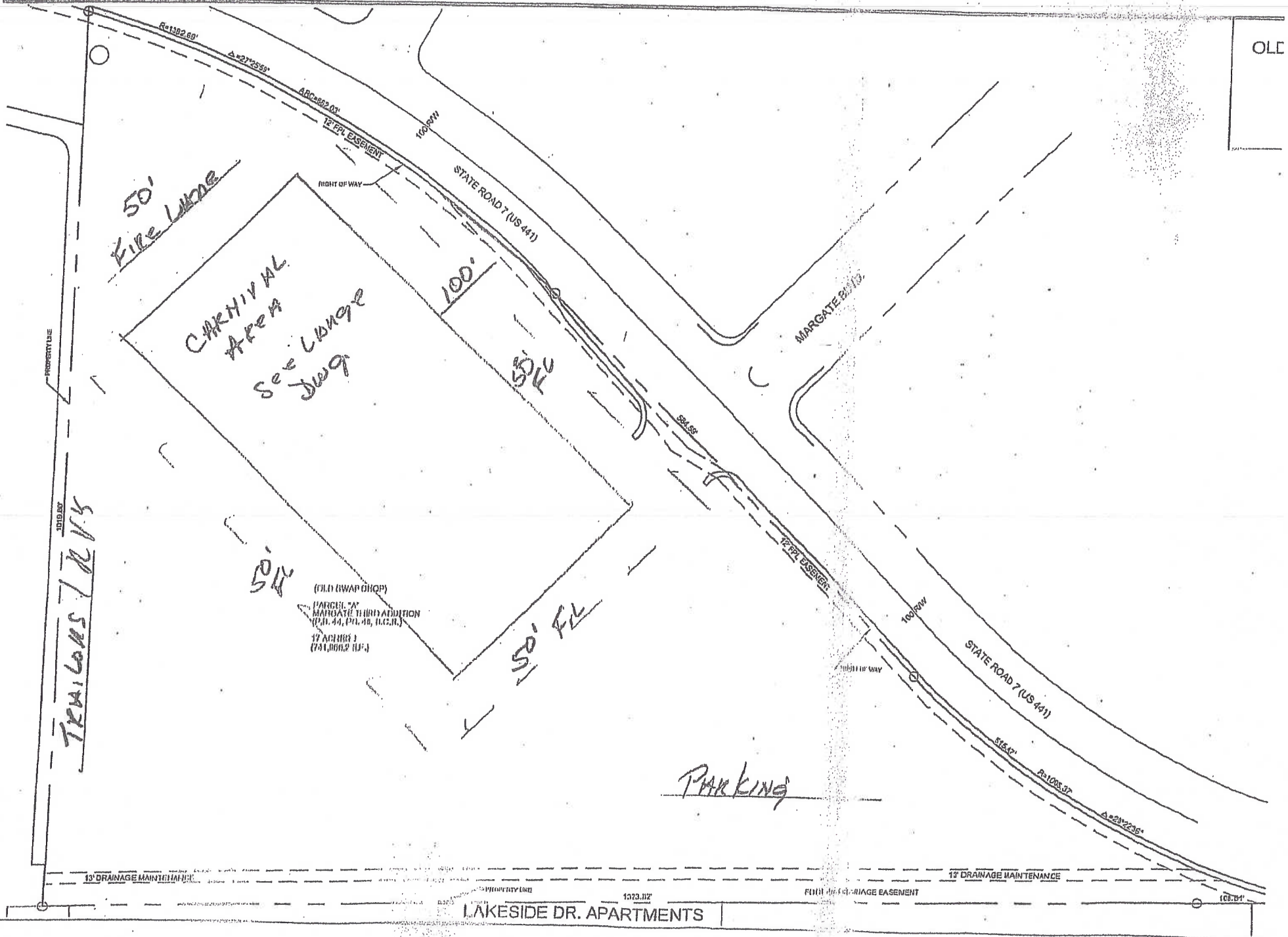
100' ROW

CHEMICAL
TRUCKS / TRAILERS

17 ADJUTMENT
(741,000 S.F.)

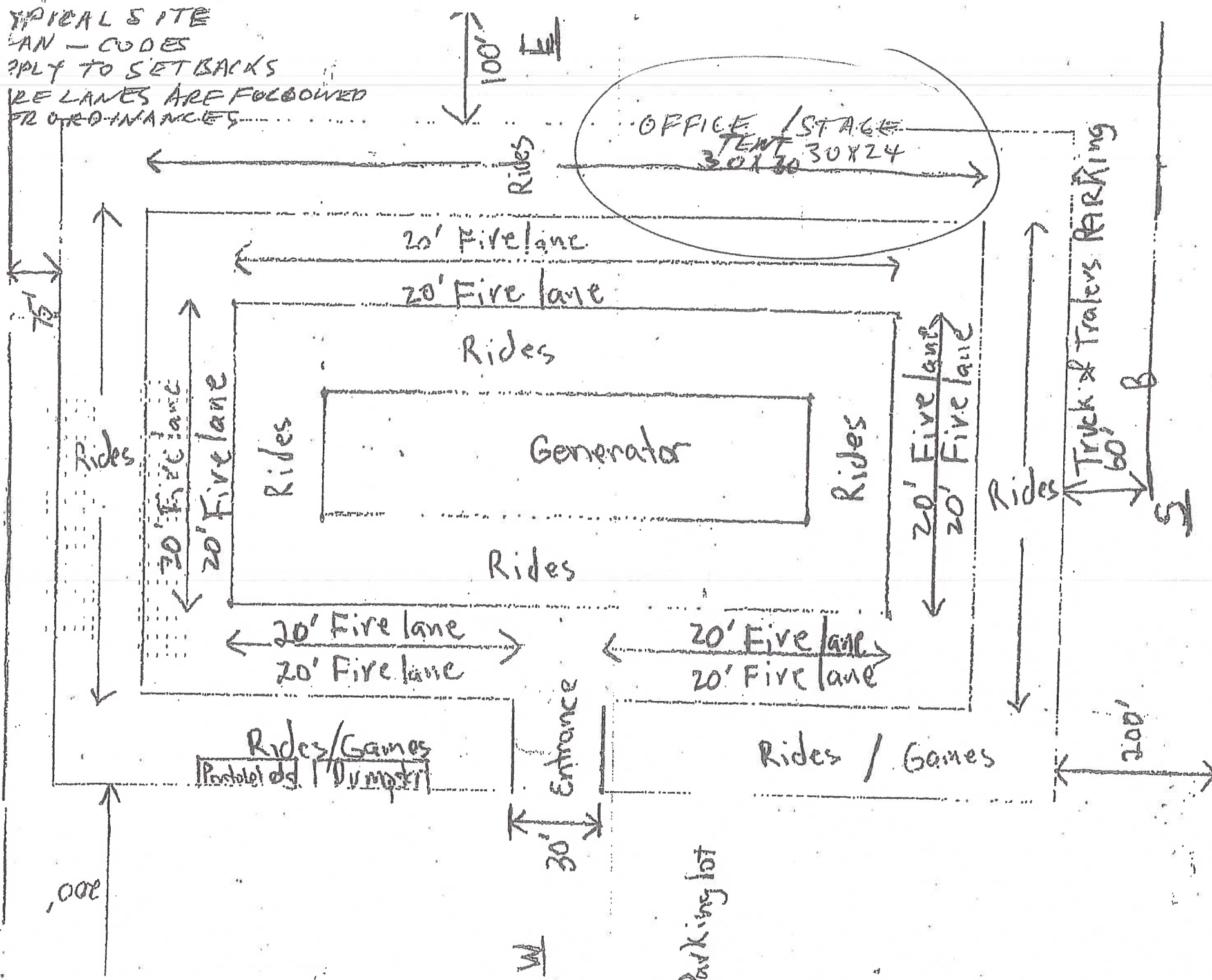
OLD SWAMP
151000

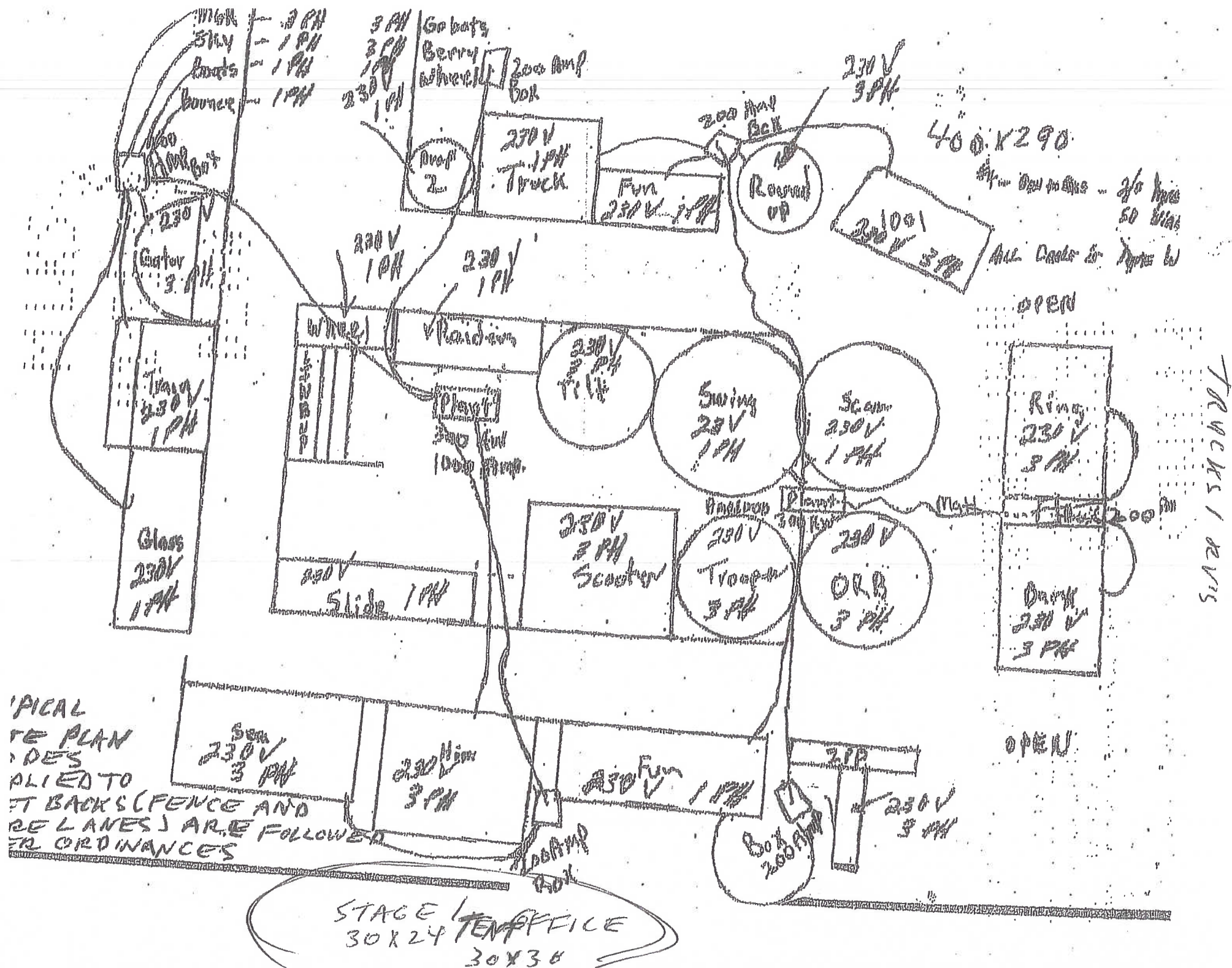
OLD



LAKEVIEW DR. APARTMENTS

TYPICAL SITE
LAN - CODES
APPLY TO SETBACKS
RE LANES ARE FOLLOWED
FRONT FINANCES.....







Parking

Margat

Entry
↑

P r Kin

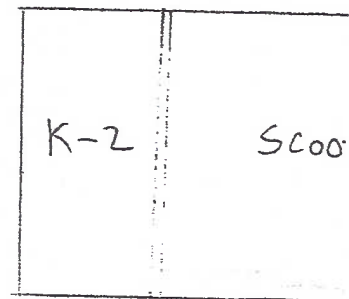
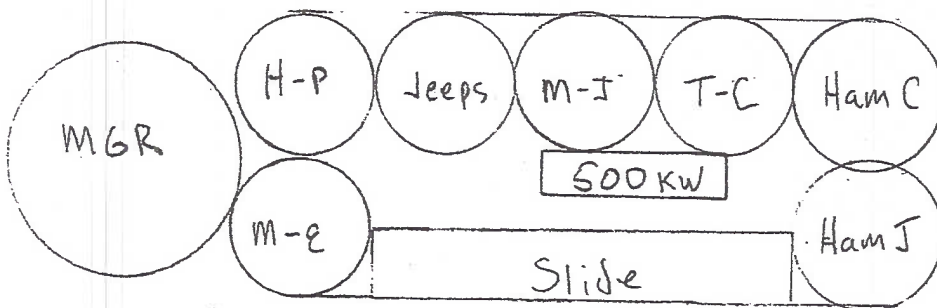
ticket
Booth

Port A John's

Games

Games + F

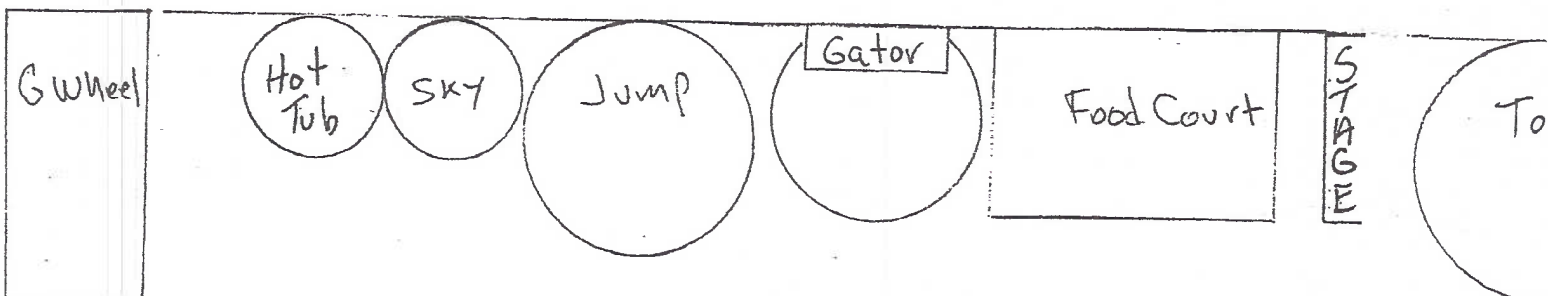
od St



3
5
0
KW

Games +

Food S



Parkine

Rebecca Case

From: Rebecca Case <admin@margatechamber.org>
Sent: Thursday, January 22, 2015 4:08 PM
To: 'JGALASKA@MARGATEFL.COM'
Subject: RE: SPECIAL DUTY REQUEST
Attachments: image001.gif

Hello Officer Galaska,

I was referred to you by tony regarding initiating a special duty request for our Margate City Fair March 20th-29th.

We will have parking barriers and volunteers assisting us in directing traffic in and out of the fair. Therefore we are not requesting traffic control assistance at this time, by are fully aware that it may be needed if the event does have a negative effect on traffic.

We would like to have a police presence during weekends at this event, and after viewing our site plan Tony recommended that we have 3 officers on Friday and Saturdays, and 2 officers on Sundays.

Let me know what information you would require to complete this request.

Thank you so much!

Respectfully,

Rebecca Case, Executive Director

Margate Chamber of Commerce

www.margatechamber.org

6221 Margate Blvd

Margate, FL 33063

954-582-0399 office

954-608-9556 cell

954-590-8914 fax



Application In Process

MARGATE POLICE DEPARTMENT

SPECIAL DUTY DETAIL REQUEST

I, **Rebecca Case, Executive Director**, as the authorized representative of
Margate Chamber of Commerce do hereby agree and request the following.

1. I understand there shall be a minimum of three (3) hours at thirty-one dollars, (\$31.00) per hour, for law enforcement services rendered by any Margate Police Officer.
 - a. Supervisor's rate for instances when detail(s) have more than four (4) officers, is \$34.00 per hour.
 - b. Holiday rate (time and one half the normal rate) \$46.50 per hour for the following holidays: July 4th, Thanksgiving, Christmas Eve, Christmas, New Year's Eve, and New Year's Day.
2. That I, along with my organization, shall be personally responsible to the City of Margate for the payment of any services rendered by a City of Margate Police Officer.
3. There is an additional charge of three dollars (\$3.00) per hour for a Police Unit.
Use of Police Unit: YES ☐ NO ☐
4. I understand and agree as an authorized representative of the below-described organization that should an off-duty Margate police officer operate any motor vehicle or motorized conveyance (other than a City of Margate vehicle) for any reason on behalf of the below-described organization, that the below described organization does hereby agree to hold harmless, indemnify and pay on behalf of the City of Margate and all of its officers, employees, and agents any expenses claims, suits, damages, judgments, costs or expenses of the extent allowable by law, and for any damage to the property which may arise out of the actions of the officers, employees, and agents of the City of Margate in operation of any motorized conveyance or motor vehicle.
5. I understand and agree as an authorized representative of the below-described organization that should an off-duty Margate police officer operate any motor vehicle or conveyance (other than a City of Margate vehicle) for any reason on behalf of the below described organization, that the below-described organization does hereby agree to name as an additional insured both the off-duty officer and the City of Margate.
6. Location of Detail: 1000 N State Road 7, Margate FL 33063
7. Date/Time of Detail: March 20th through March 29th, 2015 are the dates of the event. We are requesting Special Duty Detail on the following dates: 3/20, 3/21, 3/22, 3/27, 3/28, & 3/29. We understand that additional hours may be required in order to maintain community safety.
8. Brief Description of Detail: Margate City Fair will include a variety of carnival rides, live entertainment, food vendors, and various community oriented events.

ORGANIZATION/COMPANY:

NAME: Margate Chamber of Commerce

MAILING ADDRESS: 6221 Margate Blvd,

PHONE NUMBERS: (954) 582-0399

Margate FL 33063

City State Zip Code

AUTHORIZED REPRESENTATIVE SIGNATURE

DATE

OFFICER ACCEPTING REQUEST

DATE

CHIEF OF POLICE

DATE