

APPLICATION FOR MARGATE CRA SPECIAL EVENTS

Please review Margate Community Redevelopment Agency Event Policy prior to completion of this form (copy attached).

Event Name: MARGATE FIREFIGHTER BENEVOLENT CARNIVAL AND HEALTH FAIR Expo

Sponsoring Organization (must be a business, non-profit organization or religious institution located in the City of Margate)

Organization name: MARGATE FIREFIGHTER BENEVOLENT ASSOCIATION

Organization Address: PO Box 936133 Margate, FL

Event Date(s): Sept 10 - 20 Hours: Weekdays 5-11pm Weekend 12p-12a

Location (circle one): 1000 N. State Road 7

Refer to Event Policy for usage fees.

(former Swap Shop)

5701 Margate Blvd.

NW corner of Margate Blvd. & State Road 7

5700 Margate Blvd.

SW corner of Margate Blvd. & State Road 7
Chevy Chase Shopping Ctr.

Estimated Attendance: _____

Description of Event: CARNIVAL AND HEALTH FAIR - EVERY DAY

THERE WILL BE A COMMUNITY EDUCATION IN SAFETY, POOL

SAFETY, CPR, OR OTHER PUBLIC EDUCATION EVENT

Check all activities that apply; add any others not shown below:

☐ Food Vendors

☒ Amusement Park Rides

☐ Fireworks

☐ Arts & Crafts Vendors

☐ Kiddie Rides

☐ Religious Event

☐ Other Product Vendors

☐ Bounce House

☐ Circus

☐ Alcoholic Beverages

☐ Inflatables

☒ Other: PUBLIC EDUCATION

☐ Live Entertainment

☐ Rock Climbing Wall

☐ Other: _____

☐ Car Show

☐ Motorized Sports

☐ Other: _____

Event sponsor is responsible for ensuring that food vendors meet the State licensing/permitting requirements.

The use of the City of Margate's mobile stage is available at a cost of \$50 per hour plus a charge of \$75 per hour for staff time (stage must be staffed at all times). Stage needed? ☐ Yes ☒ No

Utility Requirements: Electric and water are only available on the property at 1000 N. State Road 7. There are two power sources on the property. Arrangements for service are the responsibility of the event sponsor. Water service requires an application be made through the City of Margate at least 48 business hours prior to meter installation. Meter fees and deposits are based on size of meter needed. See attached application form for details.

Contact **Waste Management** at (800) 433-2300/(954) 974-7500 to arrange for trash containment/removal and port-o-lets.

Does Sponsor request sponsorship or consideration from the Margate Community Redevelopment Agency? If so, explain what's needed: NO

A PROPOSED LAYOUT OF THE EVENT IS REQUIRED & MUST BE SUBMITTED WITH THIS FORM

(SEE REVERSE SIDE FOR ADDITIONAL INFORMATION)

INSURANCE REQUIREMENTS

The event sponsor(s) is required to provide General Liability insurance coverage as follows:

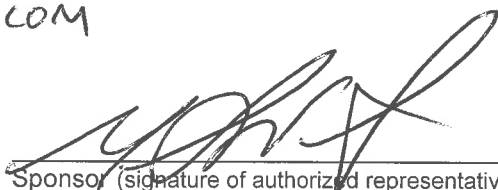
Commercial General Liability-Each Occurrence

GENERAL AGGREGATE	\$2,000,000
PRODUCTS-COMP/OP AGG	\$1,000,000
PERSONAL & ADV INJURY	\$1,000,000
EACH OCCURRENCE	\$1,000,000

The insurance certificate must name the Margate Community Redevelopment Agency as the Certificate Holder; the Margate Community Redevelopment Agency, the City of Margate, and Advanced Asset Management must be named as Additional Insured on the insurance certificate.

Hold Harmless Agreement must be completed and signed by the event sponsors and organizers. Form must be submitted when application is approved. (A sample form is attached).

Contact Name: Marshall Whiteshield
Contact Phone: 954-218-8213
Contact Email: Mwhiteshield@Margate-fl.com


Sponsor (signature of authorized representative)
Marshall Whiteshield, President
Print name and title

STATE OF FLORIDA
COUNTY OF BROWARD

Before me, the undersigned authority, this 18 day of March, 2015, personally appeared TW Broward County who acknowledges that before me he/she freely and voluntarily executed this agreement for the purpose therein expressed.

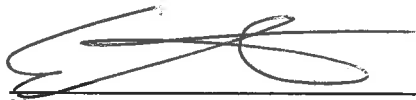
☒ Personally Known

☐ Produced Identification; ID Number and Type of ID _____

(seal)



Eric Stever
COMMISSION # FF 003323
EXPIRES: MAR. 28, 2017
WWW.AARONNOTARY.COM


Notary Public, State of Florida
ERIC STEVER
Print Name

APPROVED BY _____ DATE: _____

APPROVED BY _____ DATE: _____