APPLICATION FOR MARG Please review Margate Community Redevelop	ATE CRA SPECIAL EVENT	S of this form (copy attached).
Event Name: Neighborhood	1 1 1 1 1 1	off Scouting
Sponsoring Organization (must be a b	usiness, non-profit organization or religious institut	tion located in the City of Margate)
Organization name: James (a)	- Fredrick American	Legion Post 157
Organization Address: 179/	Mears Parkway, Mara	ate, F(33063
Event Date(s): Saturday Aug	145+8 2015 Hours: 7Am	1-5PM
Location (circle one):  Refer to Event Policy for usage fees.  1000 N. State I (former Swap S	, and a sum of the sum	5700 Margate Blvd. 3 SW corner of Margate Blvd. & State Road 7 Chevy Chase Shopping Ctr.
Estimated Attendance:		Chevy Chase Shopping Ctr.
Description of Event: Multiple	units to gather to	Show off
Scouting to the Comm	nunity to show the	skills agined
while in Scouting-1	Gateways built from 1	odles & Rope etc
Check all activities that apply; add		
Food Vendors	Amusement Park Rides	Fireworks
Arts & Crafts Vendors	Kiddie Rides	Religious Event
Other Product Vendors	Bounce House	Circus
Alcoholic Beverages	Inflatables	Other: Tipewood Derby
Live Entertainment	Rock Climbing Wall	Other: Rain Gutter Bode
Car Show	Motorized Sports	
Event sponsor is responsible for ensu	ring that food vendors meet the State	Other: Kound Robin gam
requirements.	mig that lood vehdors meet the state	licensing/permitting
ber flour for stall time (stage must be		YesNo
ornere are two power sources on the percent sponsor. Water service requires	ater are <u>only</u> available on the property roperty. Arrangements for service are an application be made through the con. Meter fees and deposits are based ils.	the responsibility of the
Contact <b>Waste Management</b> at (800) containment/removal and port-o-lets.	433-2300/(954) 974-7500 to arrange	for trash
Does Sponsor request sponsorship or Agency? If so, explain what's needed:	consideration from the Margate Commyes Please waive all for Boyscouts of American	ees for the

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-E GENERAL AGGREGATE PRODUCTS-COMP/OP AGG PERSONAL & ADV INJURY EACH OCCURRENCE	<b>ach Occurrence</b> \$2,000,000 \$1,000,000 \$1,000,000 \$1,000,000
Holder; the Margate Community F	me the Margate Community Redevelopment Agency as the Certificate Redevelopment Agency, the City of Margate, and Advanced Asset Additional Insured on the insurance certificate.
_	t be completed and signed by the event sponsors and organizers.  plication is approved. (A sample form is attached).
Contact Name: SUSAN R Contact Phone: 954-684 Contact Email: FL post 1 Contact Name - Ani Phone 95 EMAIL - Anita I	Sponsor (signature of authorized representative)  Farth link net Susan Butter-Post Adjute  Print name and title
STATE OF FLORIDA COUNTY OF BROWARD	
Before me, the undersigned authority, the who acknowledges that before me he/sh	nis <u>/O</u> day of <u>APRIC</u> , 20 <u>/5</u> , personally appeared <u>Vara Roret a</u> ne freely and voluntarily executed this agreement for the purpose therein expressed.
☐ Personally Known ☐ Produced Identification; ID Number ar	nd Type of ID
KEVIN ADAMS MY COMMISSION # EE1325 EXPIRES September 21, 201 FloridaNotaryService.com	Notary Public, State of Florida  KEUN G. AD ANS

APPROVED BY \_\_\_\_\_\_ DATE: \_\_\_\_\_\_
APPROVED BY \_\_\_\_\_\_ DATE: \_\_\_\_\_