



For

**CITY OF TAMARAC
APPLICATION FOR BUSINESS REVENUE
SPECIAL EVENTS**

NOTE: APPLICATION **IS NOT** THE ISSUED RECEIPT
7525 NW 88TH AVE – TAMARAC, FL 33321-2401
(954) 597-3537; Fax: (954) 597- 3540

Attn: Judy Yacobellis, Sr. Business Revenue Specialist

DATE:	NEW OR FIRST TIME EVENT	<input type="checkbox"/>	ANNUAL EVENT	<input type="checkbox"/>	OUTSIDE EVENT	<input type="checkbox"/>	OTHER – Sidewalk Sale	<input type="checkbox"/>
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APPLICANT NAME	APPLICANT TITLE
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HOME PHONE NUMBER:	FAX NUMBER:	CELL PHONE NUMBER:	BUSINESS PHONE NUMBER:
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BUSINESS NAME	TAX ID NUMBER
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D/B/A	SOCIAL SECURITY NUMBER
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BUSINESS ADDRESS	SUITE / BAY
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MAILING ADDRESS			
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SUITE / BAY	CITY	STATE	ZIP CODE
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PROPERTY MANAGER OR LEASING AGENT:	PHONE NUMBER:
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FULLY DESCRIBE EXACT NATURE OF SPECIAL EVENT:

LOCATION / PLAZA COMMUNITY NAME:	PLAZA CODE	JEC
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CHECK ONE <input checked="" type="checkbox"/> <input type="checkbox"/> BUSINESS OWNER <input type="checkbox"/> MANAGER <input type="checkbox"/> CONTRACTOR/QUALIFIER	<input type="checkbox"/> REGISTERED AGENT <input type="checkbox"/> BROKER OF RECORD <input type="checkbox"/> OTHER	CHECK ONE <input checked="" type="checkbox"/> <input type="checkbox"/> CORPORATION <input type="checkbox"/> SOLE PROPRIETORSHIP <input type="checkbox"/> PARTNERSHIP () GENERAL OR () LIMITED
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PRORATED FEES & CERTIFICATE OF OCCUPANCY

LICENSES OBTAINED BETWEEN OCTOBER 1 AND SEPTEMBER 30TH, SHALL BE SUBJECT TO THE FULL YEAR FEE.
AND/OR
I AFFIRM THE BUSINESS REVENUE DIVISION REFERRED ME TO THE BUILDING DEPARTMENT TO APPLY FOR AND OBTAIN A TEMPORARY BANNER PERMIT; AND/OR A TENT; ELECTRICAL; PLUMBING; STRUCTURAL; FIRE; OR MECHANICAL PERMIT.
INITIAL: _____ DATE: _____

I AFFIRM THE INFORMATION GIVEN ON AND WITH THIS APPLICATION IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I AM AUTHORIZED TO ACT AND BIND THE FIRM IN ALL MATTERS CONNECTED WITH THE BUSINESS.

SIGNATURE OF APPLICANT OR AUTHORIZED AGENT

TITLE

DATE

THIS PAGE FOR BUSINESS REVENUE OFFICE USE ONLY

BUSINESS REVENUE RECEIPTS REQUIRED ~ SEE BUSINESS RESTRICTIONS AND / OR COMMENTS BELOW:

CLASSIFICATION:	LICENSE FEE	OTHER FEES:	BUSINESS NUMBER
THS – TEMP. HOLIDAY SALE APPLICATION REVIEW*	\$250.00		
*In addition to other requirements, permits, & fees			
TMP ____ - TEMPORARY SPECIAL EVENT/HOLIDAY SALE	\$334.40		
TMPP – TEMPORARY SIDEWALK SALE EVENT, WITH LICENSED BUSINESS	\$125.00		

LICENSE RESTRICTIONS / COMMENTS

1.

2.

NUMBER OF DAYS (LIMITED TO FOUR (4)) DAYS ONLY:	HOURS OF OPERATION : (LIMITED TO 8 AM TO 8 PM)	PORT-O-LETS REQUIRED IF NO INSIDE REST ROOMS AVAILABLE: NO ___; YES ___	OTHER:	SECURITY: NO ___; YES ___	REMOVABLE TENT ONLY FOR SIDEWALK EVENT: NO ___; YES ___
EVENT FEE	PENALTY FEE	FIRE INSPECTION FEE	SPEC. EXCEPTION REQUIRED (FEE)	TOTAL FEE DUE	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

SPECIAL EXCEPTION REQUIRED: _____ **USE:** _____

APPROVAL DATE: _____ **RESOLUTION NUMBER:** _____

LICENSE APPLICATION ROUTING AND APPROVALS

INITIAL REVIEW: BY: _____ DATE: _____

SR. OCC. LIC. SPEC. APPROVAL: BY: _____ DATE: _____

PLANNING & ZONING APPROVAL: BY: _____ DATE: _____

ZONING DISTRICT: _____ **COMMENTS:** _____

DIRECTOR OF COMMUNITY DEVELOPMENT: _____

DATE: _____ **COMMENTS:** _____



INDICATES DOCUMENTS REQUIRED X INDICATES DOCUMENTS OBTAINED

<input type="checkbox"/> ALCOHOL BEVERAGE LICENSE - 954-917-1350	<input type="checkbox"/> HOTEL & REST. APPROVAL – 850-487-1395 5080 COCONUT CREEK PARKWAY – MARGATE, FL
<input type="checkbox"/> ARC BOND OR LETTER OF CREDIT	<input type="checkbox"/> PROOF OF 501.C-3 NON PROFIT (to exempt fees)
<input type="checkbox"/> ARTICLES OF INCORPORATION – 850-245-6052	<input type="checkbox"/> LEASE AGREEMENT - SIGNED
<input type="checkbox"/> BILL OF SALE	<input type="checkbox"/> <u>LETTER PERTAINING TO EVENT HOURS, DATES, ETC.</u>
<input type="checkbox"/> BROWARD COUNTY CONSUMERS AFFAIRS 954-765-5350	<input type="checkbox"/> <u>LIABILITY INSURANCE – CITY MUST BE NAMED AS</u> <u>“CERTIFICATE HOLDER” & “ADDITIONAL INSURED”</u>
<input type="checkbox"/> BROWARD COUNTY HEALTH DEPT – 954-467-4700	<input type="checkbox"/> MERCHANT AFFIDAVIT
<input type="checkbox"/> BROWARD COUNTY BUSINESS REVENUE RECEIPT 954-831-4000 115 SOUTH ANDREWS AVENUE FT LAUDERDALE	<input type="checkbox"/> <u>PAYMENT SPECIAL EVENT FEES</u>
<input type="checkbox"/> CERTIFICATE OF COMPETENCY - BROWARD COUNTY 954-765-5108	<input type="checkbox"/> PORT-O-LET AGREEMENT
<input type="checkbox"/> CERTIFICATE OF OCCUPANCY - 6011 NOBHILL RD BUILDING DEPT - 954-597-3444 or 954-597-3438	<input type="checkbox"/> PRODUCT LIST OF FIREWORKS OR SPARKLERS
<input type="checkbox"/> CERTIFICATE OF PUBLIC - CONVENIENCE & NECESSITY CONSUMER AFFAIRS DIVISION 954-765-5350	<input type="checkbox"/> <u>PROPERTY OWNER PERMISSION</u>
<input type="checkbox"/> CERTIFICATE OF FLAME RESISTANCE – if applicable for all tents – if applicable	<input type="checkbox"/> REGISTRATION AS DISTRIBUTOR OF SPARKLERS STATE OF FL. DEPT. OF FINANCIAL SERVICES
<input type="checkbox"/> <u>CLEANUP STATEMENT – STATING THAT</u> <u>PROPERTY WILL BE MAINTAINED DURING EVENT</u>	<input type="checkbox"/> RESOLUTION BY CITY AUTHORIZING AN AGREEMENT WITH FIRE WORK COMPANY FOR DISPLAY
<input type="checkbox"/> COIN OPERATED - AMUSEMENT	<input type="checkbox"/> SANITATION AGREEMENT
<input type="checkbox"/> <u>DRIVERS LICENSE</u> - CLEAR PICTURE	<input type="checkbox"/> SECURITY AGREEMENT (IF APPLICABLE)
<input type="checkbox"/> FICTITIOUS NAME REGISTRATION – 850-245-6058	<input type="checkbox"/> <u>SITE PLAN OF EVENT LOCATION</u>
<input type="checkbox"/> FIRE WORKS DISPLAY PERMIT (CITY OF TAMARAC)	<input type="checkbox"/> SOCIAL SECURITY NUMBER
<input type="checkbox"/> FIRE INSPECTION	<input type="checkbox"/> SPECIAL TEMP. 1-3 DAY ALCOHOLIC BEV. LICENSE
<input type="checkbox"/> FLORIDA STATE LICENSE – 850-487-1395 & 954-917-1330	<input type="checkbox"/> SPECIAL EXCEPTION
<input type="checkbox"/> FOOD SERVICE MGR CERTIFICATE – 1-866-372-7233 or 1-850-446-0257	<input type="checkbox"/> <u>TAX ID NUMBER</u> - 954-346-3000
<input type="checkbox"/> PERMITS REQUIRED FOR TEMPORARY BANNERS, SIGNS, AND GENERATORS	<input type="checkbox"/> WORKERS COMPENSATION INSURANCE
<input type="checkbox"/> <u>HOLD HARMLESS AGREEMENT (WILL FAX)</u>	<input type="checkbox"/> TENT PERMIT (IF APPLICABLE)

AFTER OBTAINING A CITY LICENSE IT MAY REQUIRED TO OBTAIN A
BROWARD COUNTY BUSINESS TAX RECEIPT AT:
115 SOUTH ANDREWS AVENUE, FORT LAUDERDALE FL (954) 831-4000
COMMENTS:

INDEMNIFICATION AND HOLD HARMLESS AGREEMENT

This Agreement entered into on the _____ day of _____, 20____ is made by and between the City of Tamarac, a municipal corporation (hereinafter "CITY"), and _____, (hereinafter "VENDOR").

WITNESSETH:

WHEREAS, CITY and VENDOR desire to enter into an agreement to provide

_____; and

WHEREAS, the City Commission of the City of Tamarac has determined that the execution of this Indemnification and Hold Harmless Agreement is in the public interest.

NOW, THEREFORE, in consideration of the sum of _____
_____ And other good and valuable consideration received from VENDOR and in consideration of the mutual covenants contained herein, the parties agree as follows:

SECTION 1: That VENDOR shall indemnify, hold the CITY, its officers, employees and agents harmless and defend the CITY, its officers, employees and

agents from any and all claims, causes of action, damages, liability, and expenses including attorney's fees in connection with loss of life, bodily or personal injury, or property damage, including loss of use thereof, directly or indirectly causes by, resulting from arising out of or occurring in connection with _____, in the City of Tamarac.

SECTION 2: The above provisions shall survive the termination of this Agreement and shall pertain to any occurrence during the term of this Agreement, event though the claim may be made after the termination hereof.

SECTION 3: This Hold Harmless Agreement is in addition to any other Agreement entered into by the parties and supplements other Hold Harmless Agreements entered into by the parties.

SECTION 4: VENDOR shall provide the Risk Manager of the City of Tamarac all necessary certificates of insurance in such form and amounts as required by the Risk Manager.

SECTION 5: VENDOR shall keep such policies of insurance in full force and effect during the term of this Agreement and shall provide to the Risk Manager of the City of Tamarac proof of payment of the required documents.

SECTION 6: VENDOR shall provide the CITY with the requisite document evidencing that the signatory for VENDOR has the authority to enter into this Agreement.

SECTION 7: This Agreement shall not be assigned without receiving City Commission approval.

SECTION 8: Venue shall be in Broward County, Florida.

IN WITNESS WHEREOF, the parties hereto have made and executed this Agreement on the respective dates under each signature: CITY OF TAMARAC through its CITY COMMISSION, signing by and through its Mayor, authorized to execute same by Commission action on the _____ day of _____, 20____
_____, signing by and through _____, duly authorized to execute same.

CITY OF TAMARAC

By: _____
Pamela Bushnell, Mayor

Date: _____

By: _____
Michael Cernech
City Manager

Date: _____

ATTEST:

By: _____
Peter Richardson, CMC
City Clerk

Date: _____

Approved as to form and legal
Sufficiency:

By: _____
City Attorney

ATTEST:

Corporate Secretary

By: _____
Officer

(Corporate Seal)

Please print name

STATE OF FLORIDA _____:

COUNTY OF _____ :SS

Before me personally appeared _____, to me well known and known to me to be the person described in and who executed the foregoing instrument, and acknowledged to and before me that he/she executed said instrument for the purposes therein expressed.

WITNESS my hand and official seal, this ____ day of _____, 20____.

NOTARY PUBLIC, State of
Florida At Large

My Commission Expires:

Print or Type Name of Notary