

## City of Lauderhill Parks and Recreation Department Fee Waiver Request Form

Organization Name: Voice Of The Caribbean Radio	
Organization Address: 3520 West Broward blvd	
City/ State/ Zip: Fort Lauderdale FL 33312	
Organization Website: www.voiceofthecaribbean.com	
Authorized Representative: Michael Downer	
Contact Phone: 954-816-2993 Contact Email: mdowner@v	oiceofthecaribbean.com
Please attach the following to this form:  Letter on Non-Profit's letterhead, signed by authorized representative, specifying the requested facility/room/pavilion including date(s) and time each use as well as the purpose of the use and benefit to the Communit letter is to include the statement certifying that there are no admittance charges to the activity. If the activity is a fundraiser, the request must in how the proceeds will benefit the Community and where the proceeds the fundraiser will go.	y. The e nclude Date Received
X Certificate of Insurance for Organization naming the City of Lauderhill as an additional insured, if applicable.	Date Received
Non-Government agencies must also attach:	05 18 125
☐ Proof of current Not-for-profit status (www.irs.gov)	Date Received
X Proof of current corporate status from the State of Florida Division of Corporations (www.sunbiz.org)	April / 16 / 2024
Requests will not be processed until all items listed above are submitted with this form.	City of Lauderhill Parks and Recreation Department 4141 N.W. 16 <sup>th</sup> Street
Completed form and documentation listed above should be submitted to:	Lauderhill, FL 33313 idelatorre@Lauderhill-fl.gov

## City of Lauderhill Fee Waiver Application

12. Event Date & Time: Monday May, 26,2025

**Instructions:** Please complete all sections of this application and attach all required documents. Incomplete applications will not be considered. Submit the completed application and all supporting materials via Civic Rec by either **June 1st** or **December 1st** for approval.

ECI	
1.	Organization Name: Voice of the Caribbean LLC Federal Tax ID / EIN: 99-2521294
2. 3.	
	Primary Contact Person:
••	Name: Jeanniel Sterling
	o Phone: 954-225-2722
	o Email: jsterling@voiceofthecaribbean.com
5.	Is the organization registered as a nonprofit or other eligible entity?   Yes (x No )
٠.	If yes, provide documentation of nonprofit status.
6	Describe the organization's mission and how it serves the Lauderhill community: (If more space
٠.	needed to answer, please attach additional pages as necessary)
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Lauderhill 33319 Event Purpose and Description: to bring the community together and watch also their favorite
celebrity artist alongside your favorite radio host media personals and disk Jockey Play a fun game of football matches and small entertainment.
List of Activities at the Event:
Will there be any fees charged for attendance or participation? x Yes □ No If yes, provide details: \$30
Estimated Attendance: 1500  Describe how the event will be promoted and marketed to Lauderhill residents: (If more space is needed to answer, please attach additional pages as neessary.).
Radio Ads, social Media posting, flyer distribution to the Lauderhill residents.
Groceylist, Armwave, Carls Sea Food & Commissioner Richard Campbell city of Lauderhill  How does the event align with the City's mission? Bring unity and the community together
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. Does the event provide a unique benefit not available through City departments? ☑ Yes ☐ No . Describe any potential facility or operational impacts and how they will be mitigated:
Does the event provide a unique benefit not available through City departments?  \( \text{Yes} \) No  Describe any potential facility or operational impacts and how they will be mitigated:  Will volunteers or materials be provided by the organization to support the event? (X Yes) \( \text{No} \)
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