



CITY OF ORLANDO



POLICE DEPARTMENT

NOTE: Permit is **NOT FINAL** until executed by Chief of Police and is subject to approval by City Council & affected City Depts.

DISTRICT: 3

PERMIT APPLICATION NUMBER 14-30

DATE APPLICATION RECEIVED 1/2/14 SG

APPLICATION FOR PERMIT - OUTDOOR PUBLIC ASSEMBLY (18A)

*** Must be submitted at least 60 days before event. ***

NAME OF EVENT: Smile Mile

SPONSORING ORGANIZATION/PERSON: Event Marketing + Management Intl

HEAD OF ORGANIZATION: Jon Hughes

FEDERAL TAX ID #

ADDRESS: 1013 Montana St.

Orlando

FL

32803

PHONE: Business (407) 896-1160

2nd # ()

City

State

Zip

APPLICANT: Sterlynn Clendenin

E-MAIL: sterlynn@trackshack.com

ADDRESS: 1013 Montana St.

Orlando

FL

32803

PHONE: Business (407) 896-1160

2nd # ()

City

State

Zip

FAX

PERSON RESPONSIBLE FOR EVENT CHARGES: Sterlynn Clendenin

LOCATION OF EVENT: Fashion Squadre Mile

DATE (S) OF EVENT: 3/8/14 (Saturday)

SET UP START TIME: 5:00 (a.m.) (p.m.)

BREAKDOWN END TIME: 12:00 (a.m.) (p.m.)

'EVENT' START TIME: 8:00 (a.m.) (p.m.)

'EVENT' END TIME: 11:30 (a.m.) (p.m.)

(NOT to exceed 2:00 a.m.)

ESTIMATED NUMBER OF PARTICIPANTS (not including spectators): 2000 participants

ESTIMATED NUMBER OF SPECTATORS ATTENDING EVENT: 300

*** If the answer to any of the following questions is **YES EXPLAIN FULLY** in the space provided or on an attachment. ***

YES	NO	
	X	Do you intend to dispense, sell, or permit any alcoholic beverages? If yes, explain which ones.
X		Do you intend to serve or sell any food, goods, or services? If yes, explain which ones. <u>Fruit, granola bars, + water will be served but not sold</u>
	X	Are fireworks or other pyrotechnics going to be used? If yes, explain:
X		Will it be necessary to have any street, lane, or sidewalk closures? If yes, specify which ones. (Fee is \$350.00)
	X	Is the event going to be held in any city park or recreational facility? If yes, which one.
X		Will any tent(s), stages, or other structures be used? Which ones? **If tent is larger than 15' x 15', call 407-246-2271 for a permit. <u>10x10 Pop up tents</u>
	X	Will there be any hot-air balloons or other inflatable device, helicopters, or parachutists? If yes, which ones.
X		Will there be any amplified sound equipment? What type? Decibel level? How /where will power source be accessed? <u>PA system at start/finish lines</u>
X		Will there be any signs or banners used at the site? If yes, include size, location, and method of attachment. <u>sponsor banners will be hung at start/finish lines</u>
	X	Will any admission fee be charged? If so, how much?

WHO WILL PROVIDE CLEAN-UP FOR STREET/SIDEWALK AFTER THE EVENT? EMMI staff
 WHO WILL PROVIDE OTHER CLEAN-UP (TRASH, ETC) AFTER THE EVENT? EMMI staff

GIVE A DESCRIPTION OF ALL EVENT ACTIVITIES (unless 'private event' info will be on City Calendar):
1 Mile Kids Race

"PARADE"
 INFORMATION: MARSHALLING TIME: 7:30 a.m. DISPERSAL TIME: 8:00 a.m.
 NUMBER OF: PERSONS 2000 ANIMALS 0 VEHICLES 1
 WHO/WHICH WILL CONSTITUTE THE PARADE:
 TOTAL NUMBER OF UNITS: 2001 (approximately)

PORTION OF ROADWAY(S)/SIDEWALK(S) THAT THE PARADE WILL OCCUPY (EXPLAIN FULLY, ROUTE, ETC):
Route is attached

A DIAGRAM OF THE PROPOSED ASSEMBLY SITE MUST BE SUBMITTED WITH THIS APPLICATION.
 INCLUDE: ROUTE FOR RACE/PARADE/MARCH; LOCATION OF VENDOR SITES; LOCATION OF TENTS, STAGES, BLEACHERS,
 LOCATION OF FIREWORKS/PYROTECHNICS, PARADE STARTING POINT, TERMINATION POINT, MARSHALLING AREA, AND DISPERSAL AREA; ETC.

NOTICE: There is a **NON-REFUNDABLE** application fee payable when this application is filed. Payment must be made with a check or money order, payable to the **City of Orlando**. The application and fee must be submitted to the Orlando Police Department, Special Operations Division, P. O. Box 913, Orlando, FL 32802. If the event will necessitate or require the use of City facilities, personnel, or equipment, the Permittee must pay the costs. **All projected costs must be paid before the event and prior to issuance of the permit.** Upon completion of the event, the exact charges for City services will be totaled and the Permittee may be subject to additional charges or a partial refund. **Altered applications will NOT be accepted.**

Application Fee Received by: Adam Ramez on 11/2/14 \$200
 (S.O.D. Representative) (Date)

CERTIFICATION BY APPLICANT: I CERTIFY THAT ALL INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT. ANY FALSEHOODS OR MISREPRESENTATIONS WILL CONSTITUTE A CRIMINAL VIOLATION OF THE CODE OF THE CITY OF ORLANDO. I CERTIFY THAT I HAVE REVIEWED CITY CODE CHAPTER 18A (can be viewed at www.Municode.com) AND I AGREE TO COMPLY WITH ALL APPLICABLE PROVISIONS OF THE CITY CODE. I UNDERSTAND THE EVENT MAY BE CANCELLED BY THE CHIEF OF POLICE SHOULD ANY CONDITIONS/STIPULATIONS OF THE PERMIT OR CITY ORDINANCE OR STATE STATUTE BE VIOLATED. I CERTIFY THAT I AM AUTHORIZED BY THE ORGANIZATION NAMED HEREIN TO ACT AS ITS AGENT FOR THE HEREIN DESCRIBED ACTIVITY. I ALSO HAVE RECEIVED THE NOTICE INFORMING ME OF MY RESPONSIBILITIES AND OBLIGATIONS SHOULD I CANCEL THE EVENT.

BY FILING THIS APPLICATION, I, AND THE ORGANIZATION ON WHOSE BEHALF I MAKE THIS APPLICATION, CONTRACT AND AGREE THAT WE WILL JOINTLY AND SEVERALLY INDEMNIFY AND HOLD THE CITY HARMLESS AGAINST LIABILITY, INCLUDING COURT COSTS AND ATTORNEYS' FEES FOR TRIAL AND ON APPEAL, FOR ANY AND ALL CLAIMS FOR DAMAGE TO PROPERTY OR INJURY TO, OR DEATH OF PERSONS ARISING OUT OF OR RESULTING FROM THE ISSUANCE OF THE PERMIT OR THE CONDUCT OF THE ACTIVITY OR ANY OF ITS PARTICIPANTS.

SIGNED: [Signature]
 APPLICANT SIGNATURE
Sterlynn Clendenin
 (Printed/Typed Name of Applicant)

Date: 12/23/13

Sworn to me and subscribed before me this 23rd day of
December, 20 13

[Signature]
 NOTARY PUBLIC SIGNATURE (or Law Enforcement Officer)

My commission expires
STEVEN R. LAPIERRE
 NOTARY PUBLIC
 STATE OF FLORIDA
 Comm# EE087434
 Expires 6/14/2015

14-30

