



CITY OF ORLANDO

POLICE DEPARTMENT



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

DISTRICT: 5

PERMIT APPLICATION NUMBER 14-46

DATE APPLICATION RECEIVED 1/14/14 SG

APPLICATION FOR PERMIT - OUTDOOR PUBLIC ASSEMBLY (18A)

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

NAME OF EVENT: Bines B-Q

SPONSORING ORGANIZATION/PERSON: City of Orlando

HEAD OF ORGANIZATION: _____ FEDERAL TAX ID # _____

ADDRESS: _____

PHONE: Business () _____ 2nd # () _____

APPLICANT: Doug Richards E-MAIL: Douglas.Richards@cityoforlando.net

ADDRESS: 400 South Orange Ave Orlando FL 32806

PHONE: Business (407) 246-2788 2nd # () _____ FAX 407-246-2584

PERSON RESPONSIBLE FOR EVENT CHARGES: Doug Richards

LOCATION OF EVENT: Orange Ave between Amelia and Livingston Surface Lot SE corner of Garland & Central.

DATE(S) OF EVENT: Saturday, March 1, 2014

SET UP START TIME: 3/1/14 6 (a.m.) (p.m.) BREAKDOWN END TIME: 3/2/14 4 (a.m.) (p.m.)

'EVENT' START TIME: 3/1/14 4 (a.m.) (p.m.) 'EVENT' END TIME: 3/1/14 10 (a.m.) (p.m.)

ESTIMATED NUMBER OF PARTICIPANTS (not including spectators): 100

ESTIMATED NUMBER OF SPECTATORS ATTENDING EVENT: 15,000

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

YES	NO	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Do you intend to dispense, sell, or permit any alcoholic beverages? If yes, explain which ones. <u>Yes</u>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Do you intend to serve or sell any food, goods, or services? If yes, explain which ones. <u>Yes, BBQ and alcohol</u>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Are fireworks or other pyrotechnics going to be used? If yes, explain:
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Will it be necessary to have any street, lane, or sidewalk closures? If yes, specify which ones. (Fee is \$350.00) <u>SG</u> <u>Central EB bet. Garland & RR tracks. Pine St. bet. Garland & RR tracks</u> <u>Right lane on Garland bet. Pine & Central</u>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Is the event going to be held in any city park or recreational facility? If yes, which one.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Will any tent(s), stages, or other structures be used? Which ones? ** (If tent is larger than 10' x 10', call 407-246-2271 for a permit.) <u>Stage and 10x10 tents</u>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Will there be any hot-air balloons or other inflatable device, helicopters, or parachutists? If yes, which ones.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Will there be any amplified sound equipment? What type? Decibel level? How / where will power source be accessed? <u>Full PA powered via temp power sources</u>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Will there be any signs or banners used at the site? If yes, include size, location, and method of attachment. <u>Sponsor banners</u>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Will any admission fee be charged? If so, how much?

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WHO WILL PROVIDE CLEAN-UP FOR STREET/SIDEWALK AFTER THE EVENT? City of Orlando

WHO WILL PROVIDE OTHER CLEAN-UP (TRASH, ETC) AFTER THE EVENT? City of Orlando

GIVE A DESCRIPTION OF ALL EVENT ACTIVITIES (unless 'private event' info will be on City Calendar): Free event, live music with BBQ for sale

"PARADE"

INFORMATION: MARSHALLING TIME: _____ DISPERSAL TIME: _____

NUMBER OF: PERSONS _____ ANIMALS _____ VEHICLES _____

WHOWHICH WILL CONSTITUTE THE PARADE: _____

TOTAL NUMBER OF UNITS: _____ (approximately)

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

**** 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: _____ on _____ (Date)
(S.O.D. Representative)

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: Douglas Richards
APPLICANT SIGNATURE

Douglas Richards
Printed/Typed Name of Applicant

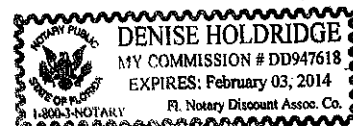
Date: 1/7/14

Sworn to me and subscribed before me this 7TH day of

JANUARY, 2014

Denise Holdridge
NOTARY PUBLIC SIGNATURE (or Law Enforcement Officer)

My commission expires FEB. 3, 2014



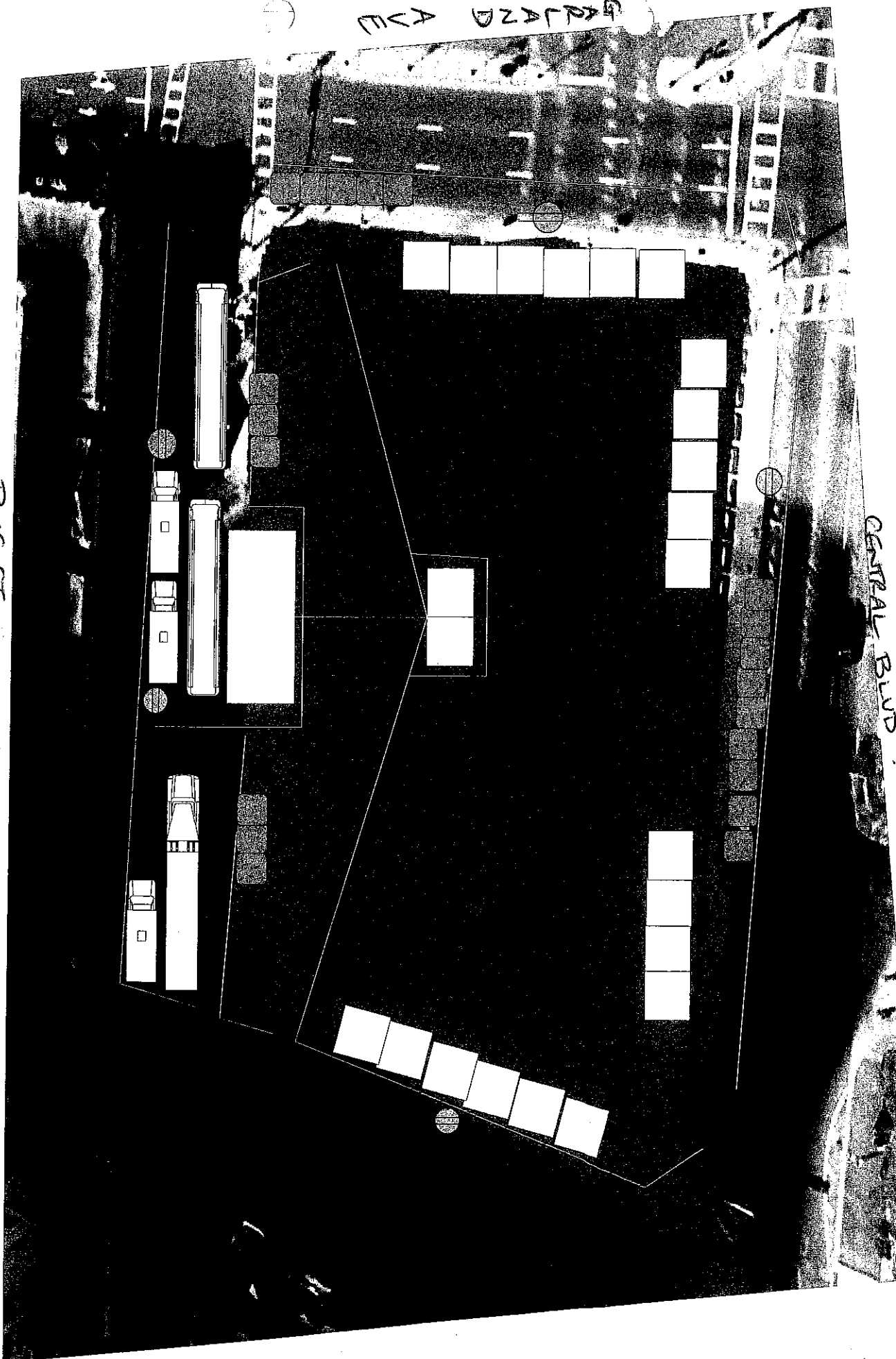
Blues B-Q

3/1/14

6 ALJAZA AVE

CENTRAL BLVD

PINE ST.



Received 1/28/14