



POLICE DEPARTMENT

DISTRICT: PERMIT APPLICATION NUMBER 14-5 APPLICATION FOR PERMIT - OUTDOOR PUBLIC ASSEMBLY (18A)	NOTE: Permit is NOT FINAL until executed by Chief of Police and is subject to approval by City Council and affected City Departments.			
APPLICATION FOR PERMIT - OUTDOOR PUBLIC ASSEMBLY (18A) "Must be submitted at least 60 days before event." NAME OF EVENT: THAN AND ON (AND NAME OF EVENT. SPONSORING ORGANIZATION/PERSON. WILL A - NIS CLUMP OF PEDRAL TAX D. 8 - 59 - 32 3 500 ADDRESS. CONTROL OF THE SUBME (0.22 443 3 2nd 8) PHONE: Business (180 0.22 443 3 2nd 8) APPLICANT: HOLDWAY PESCH ON AND AND STATE (0.22 443 3 2nd 8) APPLICANT: HOLDWAY PESCH ON AND AND STATE (0.22 443 3 2nd 8) PERSON RESPONSIBLE FOR EVENT CHARGESS. YOUR AND CLUMP OF STATE (0.22 414 3 2nd 8) PERSON RESPONSIBLE FOR EVENT CHARGES. YOUR AND CLUMP OF STATE (0.22 414 3 2nd 8) ESTIMATED NUMBER OF PARTICIPANTS (no m. (p.m.)) ESTIMATED NUMBER OF PARTICIPANTS (not including specialors): ESTIMATED NUMBER OF SPECTATORS ATTENDING EVENT: 1000 "If the answer to any of the following quessions is YES. EXPLAINFULLY in the space provided or on an attachment." YES NO Do you intend to dispense, sell, or permit any alcoholic beverages? If yes, explain which ones. Are fireworks or other pyrotechnics going to be used? If yes, explain which ones. Will any which, stages, or other structures be used? Which one? "If yes, explain which ones. Will any which, stages, or other structures be used? Which ones?" (five, specify which ones. Will there be any hot-cit balloons or other indication of other, indications five, which ones. Will there be any hot-cit balloons or other indications development. What it yes, which ones. Will there be any hot-cit balloons or other indications development? What type? Decide level? How finehas will prever source be accessed? Will there be any hot-cit balloons or other indications development, what is prescribed, and respect to the part of the part o	1	PERMIT APPLICATION NUMBER 14-51		
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PHONE: Business (LBT) (0.22 HG +3 2nd #1 APPLICANT: HI CANVLY PLSON E-MAIL: HPCSON (CWY) CLYNTY CLOY ADDRESS: 10 20 N 02 (0.00 M) C SHE (1.00 M) CLYNTY CLOY PHONE: Business (10 T) (0.25 Feet 1) 3 2nd #1 PERSON RESPONSIBLE FOR EVENT CHARGES: MOVI — A WISH CLYNTY CLOY PERSON RESPONSIBLE FOR EVENT CHARGES: MOVI — A WISH CLYNTY CLOY AND (pm.) BREAKDOWN END TIME: Side (2.00 m) (2.00 m	HEAD OF ORGANIZATION: TOUR TOUR TOUR TOUR TOUR TOUR TOUR TOUR			
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		Will there be any signs or banners used at the site? If yes, include size, location, and method of attachment.		
Will any admission fee be charged? If so, how much?		Will any admission fee be charged? If so, how much?		
#100 per partapart				

	PERMIT APPLICATION NUMBER: 14-51
WHO WILL PROVIDE CLEAN-UP FOR STREET/SIDEWALK AFTER THE EVENT? $\overline{\mathcal{W}}$	Il need maintenance during eve
MHO WILL PROVIDE OTHER CLEAN UP (TRACH ETC) AFTER THE EVENTS 14 700	and entry with cont
SIVE A DESCRIPTION OF ALL EVENT ACTIVITIES (unless 'private event' info will be on	city Calendar): 2 laps around Lake to la
the bood beverages for all Pan	h (upanto, DJ, MUSIC, Entertain
a wish families	
'PARADE" NFORMATION: MARSHALLING TIME:	DISPERSAL TIME:
NUMBER OF: PERSONS ANIMALS	
WHOWHICH WILL CONSTITUTE THE PARADE:	
TOTAL NUMBER OF UNITS:(appro	cimately)
PORTION OF ROADWAY(S)/SIDEWALK(S) THAT THE PARADE WILL OCCUPY (EXPLAIN	I EULL V POLITE ETC).
CATION OF ROADWAT(S)SIDEWALK(S) THAT THE PARADE WILL OCCUPT (EXPLAIN	FOLET, ROUTE, ETG):
** A DIAGRAM OF THE PROPOSED ASSEMBLY SITE MUST	
INCLUDE: ROUTE FOR RACE/PARADE/MARCH, LOCATION OF VENDO LOCATION OF FIREWORKS/PYROTECHNICS, PARADE STARTING POINT, TERMIN	
NOTICE: There is a <u>NON-REFUNDABLE</u> application fee payable when this appropriate, payable to the <u>City of Orlando</u> . 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 All projected costs must be paid before the event and prior to issuance of the	e permit. Upon completion of the event, the exact charges for City
services will be totaled and the Permittee hay be subject to additional charges or a p	eartial refund. Altered applications will NOT be accepted.
Application Fee Received by: (S.O.D. Representative)	on (Date)
CERTIFICATION BY APPLICANT: I CERTIFY THAT ALL INFORMATION CONTAINED IN	1 THIS APPLICATION IS TRUE AND CORRECT. ANY FALSEHOODS OR
CHAPTER 18A (can be viewed at www.municode.com) AND I AGREE TO COMPLY WITH A EVENT MAY BE CANCELLED BY THE CHIEF OF POLICE SHOULD ANY CONDITIONS/ST	LL APPLICABLE PROVISIONS OF THE CITY CODE. I UNDERSTAND THE
BE VIOLATED. I CERTIFY THAT I AM AUTHORIZED BY THE ORGANIZATION NAMED HE ALSO HAVE RECEIVED THE NOTICE INFORMING ME OF MY RESPONSIBILITIES AND OF	REIN TO ACT AS ITS AGENT FOR THE HEREIN DESCRIBED ACTIVITY. I
BY FILING THIS APPLICATION, I, AND THE ORGANIZATION ON WHOSE BEHALF I MAK	E THIS APPLICATION, CONTRACT AND AGREE THAT WE WILL JOINTLY
and severally indemnify and hold the city harmless against liability, in Appeal, for any, and all claims for damage to property or injury to, (OR DEATH OF PERSONS ARISING OUT OF OR RESULTING FROM THE
SSUANCE OF THE PERMIT OR THE CONDUCT OF THE ACTIVITY OR ANY OF ITS PARTI	CIPANTS.
	21
APPLICANT SIGNATURE	Sworn to me and subscribed before me this day of
Heather A. Resch	20 / 1
Printed/Typed Name of Applicant	thet
Date: 1.21.14	NOTARY PUBLIC SIGNATURE (or Law Enforcement Officer)

OF WHITE

My commission expires May

23-2015

