



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: 4 PERMIT APPLICATION NUMBER 14-51
DATE APPLICATION RECEIVED 1/22/14 SG

APPLICATION FOR PERMIT - OUTDOOR PUBLIC ASSEMBLY (18A)

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

NAME OF EVENT: 7th Annual Orlando Walk for Wishes
SPONSORING ORGANIZATION/PERSON: Make-A-Wish Central and Northern Florida
HEAD OF ORGANIZATION: Kathryn Woman CEO FEDERAL TAX ID # 59-3235806
ADDRESS: 1020 N. Orlando Ave Ste 100 Maitland FL 32751
PHONE: Business 407 622 4673 Street City State Zip
APPLICANT: Heather Pesch E-MAIL: HPesch@wishcentral.org
ADDRESS: 1020 N Orlando Ave Ste 100 Maitland FL 32751
PHONE: Business 407 622 4673 Street City State Zip
PERSON RESPONSIBLE FOR EVENT CHARGES: Make-A-Wish Central & Northern Florida

LOCATION OF EVENT: Lake Eola Park

DATE (S) OF EVENT: March 13, 2014

SET UP START TIME: 11:00 (a.m.) (p.m.) BREAKDOWN END TIME: 9:30 (a.m.) (p.m.)
'EVENT' START TIME: 5:00 (a.m.) (p.m.) 'EVENT' END TIME: 8:00 (a.m.) (p.m.)
(NOT to exceed 2:00 a.m.)

ESTIMATED NUMBER OF PARTICIPANTS (not including spectators): 1000
ESTIMATED NUMBER OF SPECTATORS ATTENDING EVENT: 1000

*** 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"/>	Do you intend to dispense, sell, or permit any alcoholic beverages? If yes, explain which ones.
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Do you intend to <u>serve</u> or sell any food, goods, or services? If yes, explain which ones.
	<input checked="" type="checkbox"/>	Are fireworks or other pyrotechnics going to be used? If yes, explain:
	<input checked="" type="checkbox"/>	Will it be necessary to have any street, lane, or sidewalk closures? If yes, specify which ones. (Fee is \$350.00)
<input checked="" type="checkbox"/>		Is the event going to be held in any city park or recreational facility? If yes, which one. <u>Lake Eola Park</u>
<input checked="" 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>Yes - tents smaller than 15 x 15 stage, tables</u>
	<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"/>		Will there be any amplified sound equipment? What type? Decibel level? How /where will power source be accessed? <u>a DJ w/ portable sound system</u>
<input checked="" type="checkbox"/>		Will there be any signs or banners used at the site? If yes, include size, location, and method of attachment. <u>3' x 8' banner attached w/ zip ties & 1' x 2' banner</u>
<input checked="" type="checkbox"/>		Will any admission fee be charged? If so, how much? <u>\$10 fee per participant</u>

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WHO WILL PROVIDE CLEAN-UP FOR STREET/SIDEWALK AFTER THE EVENT? will need maintenance during event

WHO WILL PROVIDE OTHER CLEAN-UP (TRASH, ETC) AFTER THE EVENT? will need extra trash cans

GIVE A DESCRIPTION OF ALL EVENT ACTIVITIES (unless 'private event' info will be on City Calendar): 2 laps around Lake Eola, free food & beverages for all participants, DS, music, entertainment & wish families

"PARADE"

INFORMATION: MARSHALLING TIME: _____ DISPERSAL TIME: _____

NUMBER OF: PERSONS _____ ANIMALS _____ VEHICLES _____

WHO/WHICH 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: Heather A. Pesch

(S.O.D. Representative)

on

1/22/14 \$200.00

(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: _____

APPLICANT SIGNATURE

Heather A. Pesch

Printed/Typed Name of Applicant

Date: 1-21-14

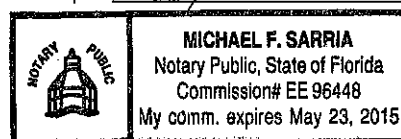
Sworn to me and subscribed before me this 21 day of

January, 20 14

[Signature]

NOTARY PUBLIC SIGNATURE (or Law Enforcement Officer)

My commission expires May 23-2015



N. Rosalind Ave.

Osc
A

Oscola Ave

PORTA POTTY

SeaSide

Lake Eola

Walk Path

Walk Path

Loading here

Jersey Mike's

Checkers

Huey Magoo's

Spoil Me Sweets

Chick-Fil-A

Pizza

Valdiano

Thai

H2O

Vendor Circle

Stage

Speaker for D

DataMax O'Neil

WDBO

Orlando Predators

27 Comm

Gomez

Rosen

Starbucks

Planet Smoothie

Washington St.

N. Eola Dr

PANERA

Cathcart Ave.

E. Ridgewood St.

Day Building/parking

E. Robinson

Power

playground

E. Central Blvd.

Volunteers
Meet Here

Loading Here

T-Shirts

Prizes

Char. Art

Massages

