



# 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 14-31  
DATE APPLICATION RECEIVED 1/7/14 SG

### APPLICATION FOR PERMIT - OUTDOOR PUBLIC ASSEMBLY (18A)

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

NAME OF EVENT: Central Florida Walk to Defeat ALS  
SPONSORING ORGANIZATION/PERSON: The ALS Association Florida Chapter  
HEAD OF ORGANIZATION: Kim Hanna, President FEDERAL TAX ID # 94-3124732  
ADDRESS: 3242 Parkside Center Circle Tampa FL 33619  
PHONE: Business (813) 637-9000 x125 2nd # (813) 205-5566 City State Zip  
APPLICANT: same as above E-MAIL: ppalmer@alsafl.org  
ADDRESS: same as above  
PHONE: Business (813) 205-5566 2nd # ( ) City State Zip FAX 813-681-9010  
PERSON RESPONSIBLE FOR EVENT CHARGES: Patti Palmer + The ALS Association  
LOCATION OF EVENT: International Plaza / Lake Eola  
DATE (S) OF EVENT: MARCH 15 2014 (SATURDAY)  
SET UP START TIME: 6:00 (a.m.) (p.m.) BREAKDOWN END TIME: 3:30 (a.m.) (p.m.)  
'EVENT' START TIME: 9:30 (a.m.) (p.m.) 'EVENT' END TIME: 1:30 (a.m.) (p.m.)  
(NOT to exceed 2:00 a.m.)  
ESTIMATED NUMBER OF PARTICIPANTS (not including spectators): 800  
ESTIMATED NUMBER OF SPECTATORS ATTENDING EVENT: 0

\*\*\* 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"/>		Do you intend to serve or sell any food, goods, or services? If yes, explain which ones. <u>maybe have food trucks / Coffee + Bagel Am</u>
	<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)
		Is the event going to be held in any city park or recreational facility? If yes, which one. <u>Lake Eola</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 - 10x10's - 20x20 - 20x30</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>DOA / RADIO Station - Power @ The Park</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>attached to tent</u>
	<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? Lake Eola

WHO WILL PROVIDE OTHER CLEAN-UP (TRASH, ETC) AFTER THE EVENT? Lake Eola

GIVE A DESCRIPTION OF ALL EVENT ACTIVITIES (unless 'private event' info will be on City Calendar): FUNDRAISING WALK  
AROUND Lake Eola / gathering pre + post @ International  
Plaza - music / sponsor tents etc.

"PARADE" N.A.

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: Sharon Himes on 11/7/14 \$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](http://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: Patricia M Palmer  
APPLICANT SIGNATURE

PATRICIA M PALMER  
Printed/Typed Name of Applicant

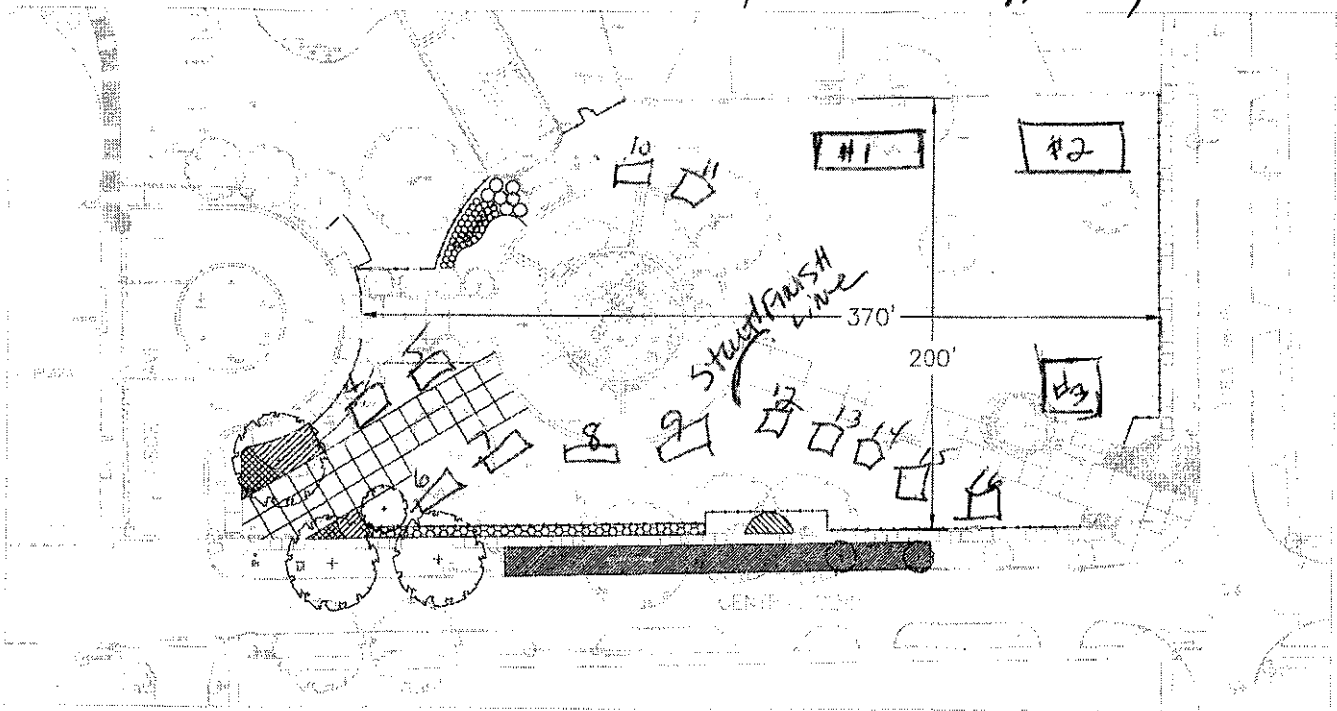
Date: 12/16/13

Sworn to me and subscribed before me this 16th day of December, 2013

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

My commission expires December 20, 2016  
#EE859746

## Central Fla Walk to Defeat ALS 3/15/14



LAKE EOLA PARK  
International Plaza  
SCALE: 1"=40'-0"

#1 Stage

#2 KIDS ZONE

#3 Check IN

#4-9 FOOD VENDORS/OR WATER ETC.

#10-16 Sponsor tents

PORTA POTTIES - TBD

Layout may change slightly - depending  
on final # of Sponsor tents