



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: 1 PERMIT APPLICATION NUMBER 14-40
DATE APPLICATION RECEIVED 1/8

APPLICATION FOR PERMIT - OUTDOOR PUBLIC ASSEMBLY (18A)

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

NAME OF EVENT: Tour de Cure at Lake Nona

SPONSORING ORGANIZATION/PERSON: American Diabetes Association

HEAD OF ORGANIZATION: _____ FEDERAL TAX ID # 13-1623888

ADDRESS: 2290 Lucien Way, suite 230 Maitland FL 32751
Street City State Zip

PHONE: Business (407) 660-1926 2nd # 1

APPLICANT: Roxanne Rampersaud E-MAIL: rrampersaud@diabetes.org

ADDRESS: 2290 Lucien Way, 230 Maitland FL 32751
Street City State Zip

PHONE: Business (407) 660-1926 2nd # 1 FAX _____

PERSON RESPONSIBLE FOR EVENT CHARGES: Cesar Cesario

LOCATION OF EVENT: 6850 Lake Nona Blvd, Orlando FL 32817

DATE (S) OF EVENT: March 16, 2014 (Sunday)

SET UP START TIME: 5:30 (a.m.) (p.m.) BREAKDOWN END TIME: 6:00 (a.m.) (p.m.)

'EVENT' START TIME: 7:00 (a.m.) (p.m.) 'EVENT' END TIME: 6:00 (a.m.) (p.m.)

ESTIMATED NUMBER OF PARTICIPANTS (not including spectators): 1,500 (NOT to exceed 2:00 a.m.)

ESTIMATED NUMBER OF SPECTATORS ATTENDING EVENT: 700

*** 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>Food will be served, however nothing will be sold</u>
	<input checked="" type="checkbox"/>	Are fireworks or other pyrotechnics going to be used? If yes, explain: <u>1.</u>
<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) <u>Lake Nona Blvd between Veterans Way + Medical Drive</u>
	<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"/>		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>Tents + Stage will be used</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>Generators will be used for Band and DJ</u>
		Will there be any signs or banners used at the site? If yes, include size, location, and method of attachment. <u>Signs and banners will be used along route + start + finish</u>
	<input checked="" type="checkbox"/>	Will any admission fee be charged? If so, how much?

Location

PERMIT APPLICATION NUMBER: 14-40

WHO WILL PROVIDE CLEAN-UP FOR STREET/SIDEWALK AFTER THE EVENT? Volunteers

WHO WILL PROVIDE OTHER CLEAN-UP (TRASH, ETC) AFTER THE EVENT? ADA Staff + volunteers

GIVE A DESCRIPTION OF ALL EVENT ACTIVITIES (unless 'private event' info will be on City Calendar): fund-raising cycling event. stage for announcements, medical + vendor tents for educational purposes. Registration + food tent. start + finish and photo area.

"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 protected 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 _____
(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: Roxanne Rampersaud
APPLICANT SIGNATURE

Roxanne Rampersaud
Printed/Typed Name of Applicant

Date: 1-8-14

Sworn to me and subscribed before me this 8th day of January, 2014.

Daisy Garcia
NOTARY PUBLIC SIGNATURE (or Law Enforcement Officer)

My commission expires 4/15/2017

REV 2/24/10

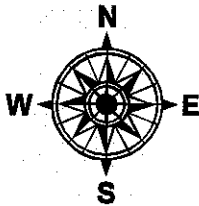
LAKE NONA®

#14-40
Tour de Cure American Diabetes Association

"LAKE NONA"

March 17, 2013

10 - Mile Route



**Contact Number
for Support/SAG:**
321-438-5933
321-438-5952

SAFETY FIRST!

Helmets are mandatory!
Headphones are unsafe and illegal.
Bicycles are vehicles.
Obey all traffic laws.
Ride on the right side of the road.
Stop at signs and lights.
Use hand signals for stops and turns.
Allow cars to pass and **HAVE FUN!**

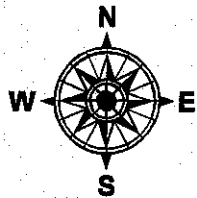
Route subject to change based on
road conditions.

**START/
FINISH**

0 0.15 0.3 0.6 0.9 Miles

Maps design and prepared by
ADA Route Planning Committee

LAKE NONA®


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 ADA Route Planning Committee


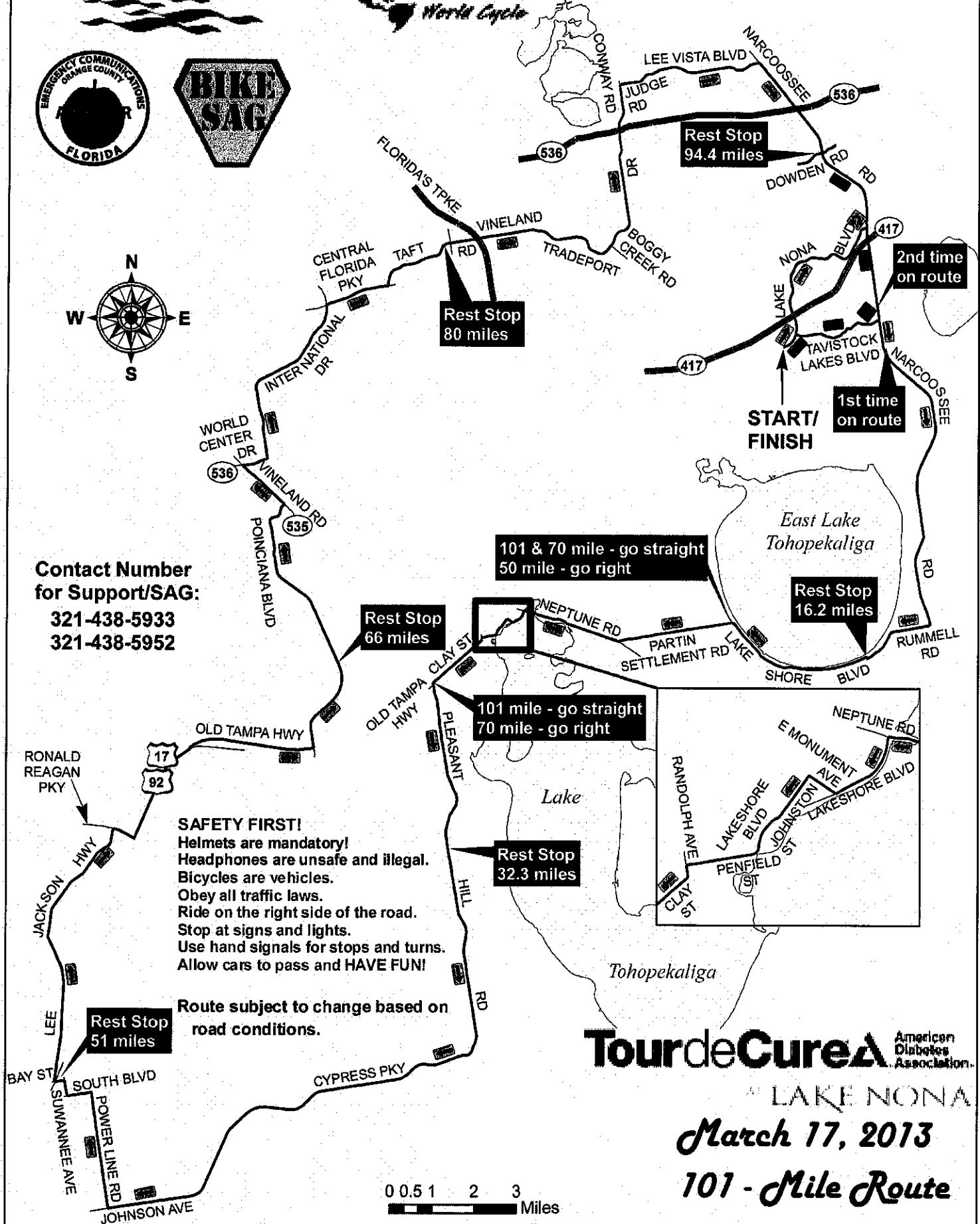
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Tour de Cure American Diabetes Association

LAKE NONA

March 17, 2013

101 - Mile Route

#14-40

LAKE NONA®

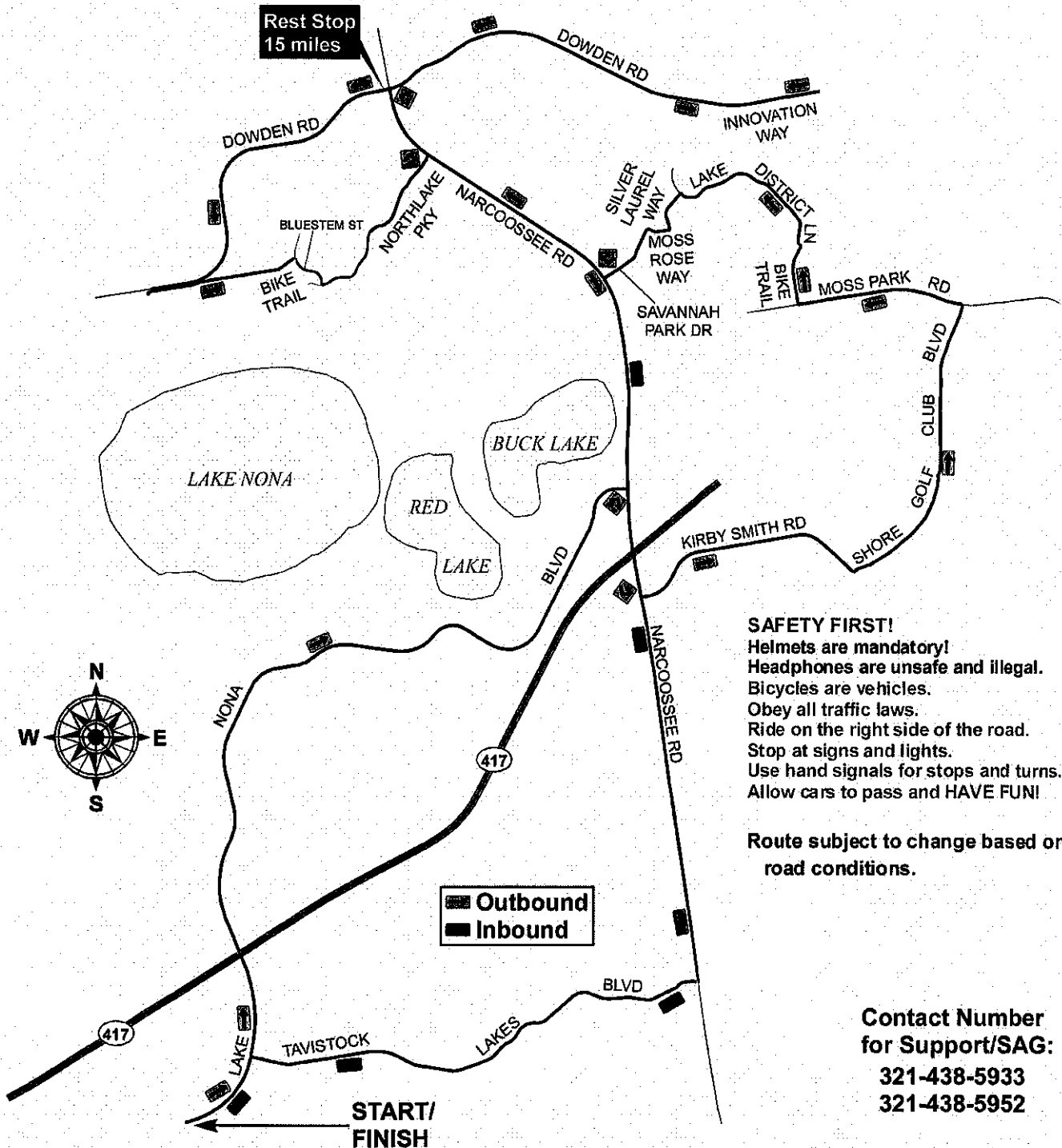


Tour de Cure American Diabetes Association

LAKE NONA

March 17, 2013

25 - Mile Route



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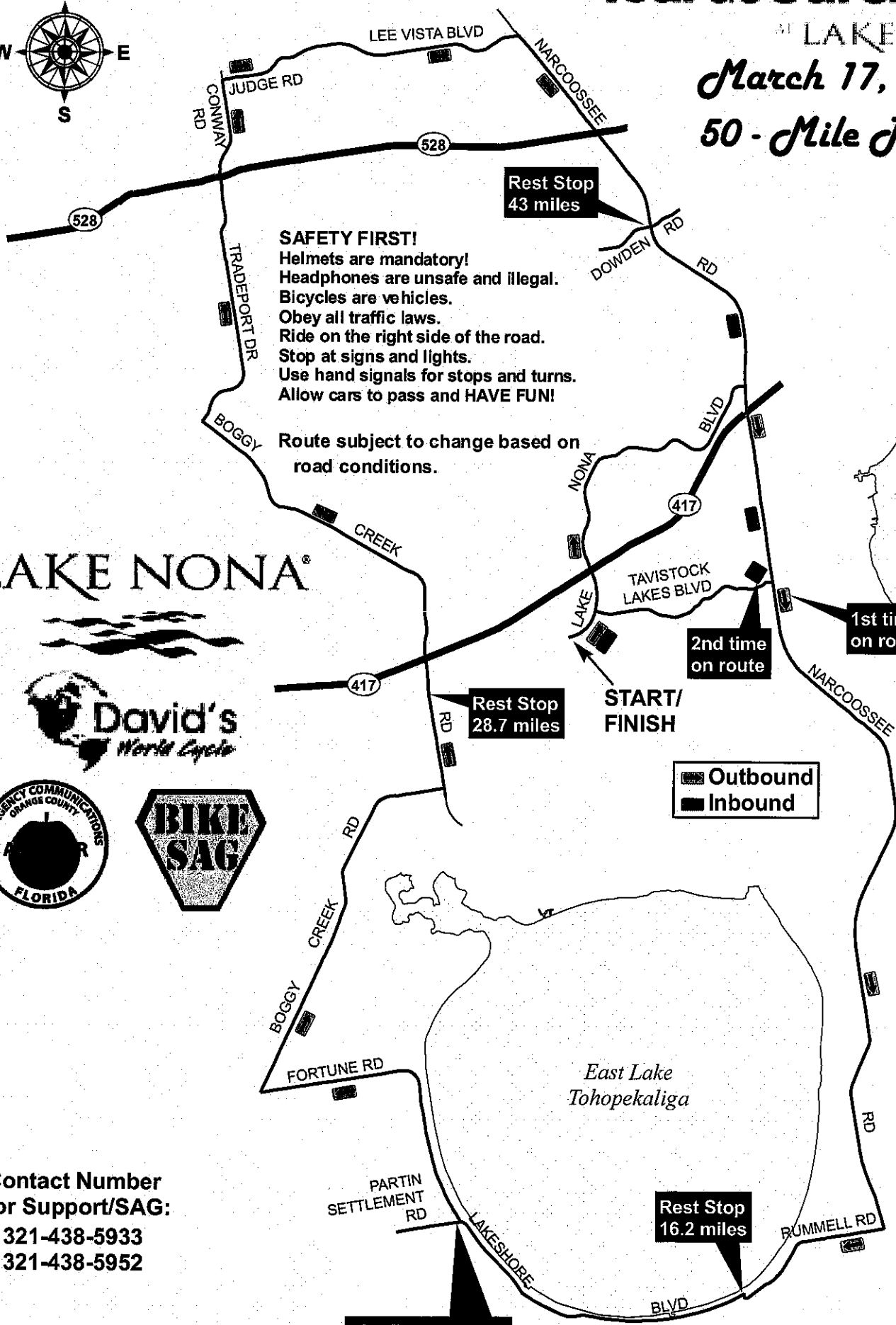
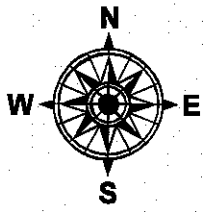
321-438-5933

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Maps design and prepared by
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March 17, 2013

50 - Mile Route



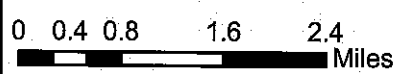
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50 mile - right
70 & 101 - straight

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LAKE NONA



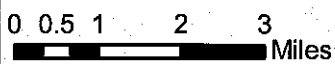
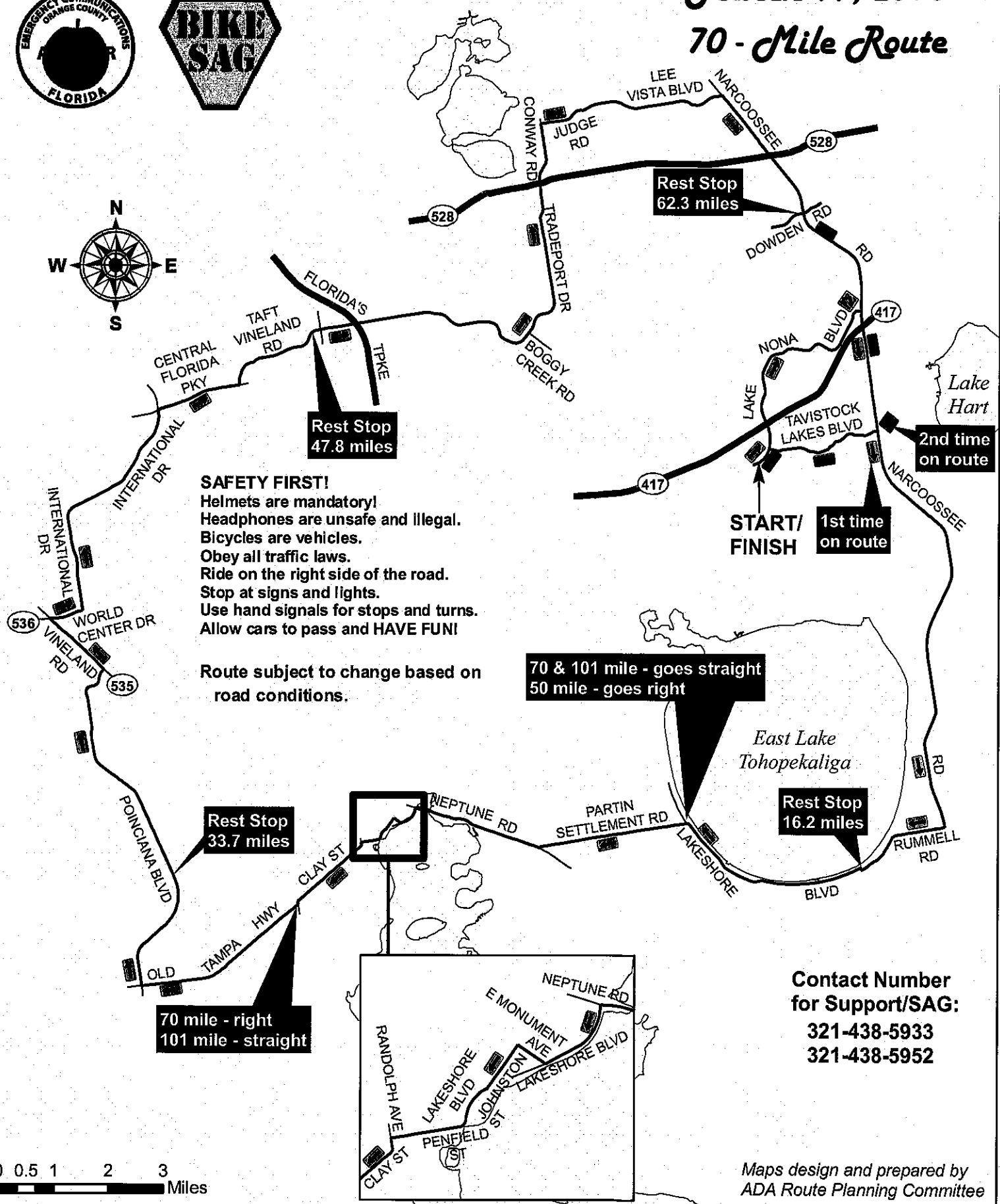
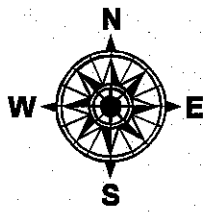
Tour de Cure

American Diabetes Association

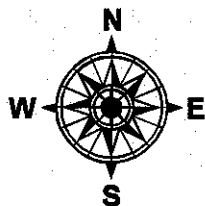
"LAKE NONA"

March 17, 2013

70 - Mile Route



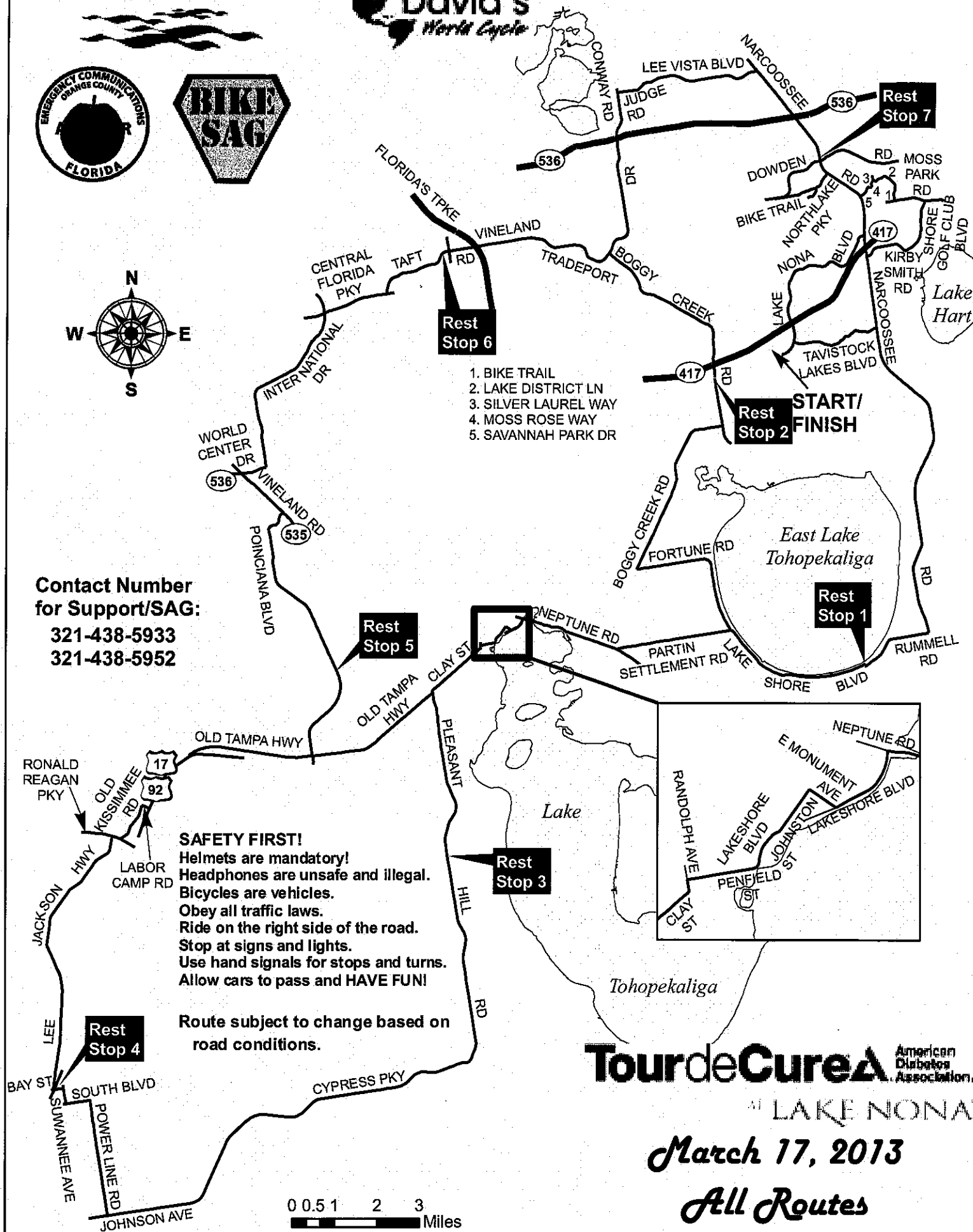
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 0 0.5 1 2 3
 Miles

Tour de Cure American Diabetes Association

LAKE NONA

March 17, 2013

All Routes