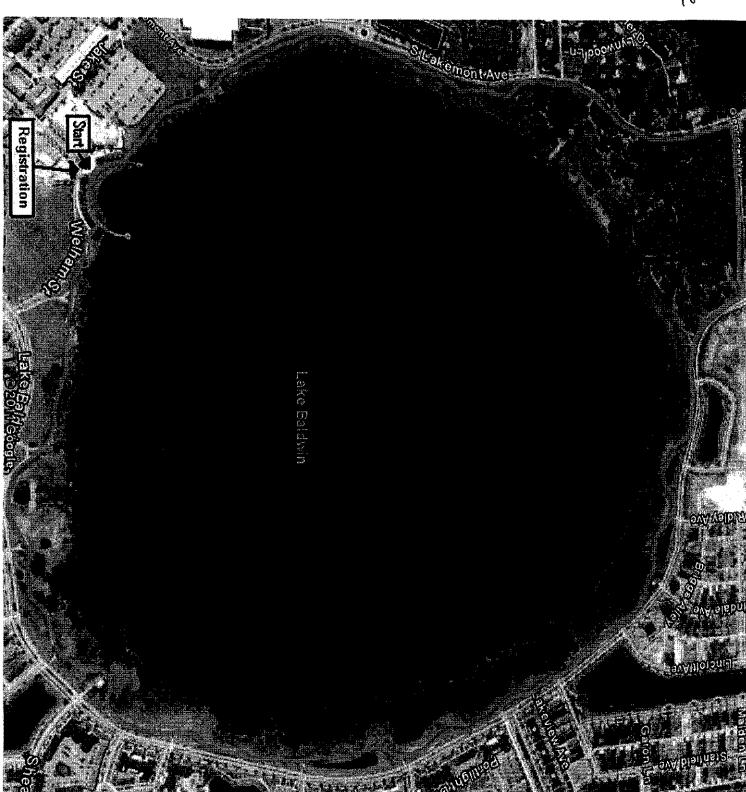




## POLICE DEPARTMENT

NOTE: Permit is NOT FINAL until executed by Chie	of Police and is subject to approval by City Council and affected City Departments.
DISTRICT:3	PERMIT APPLICATION NUMBER 14-44.  DATE APPLICATION RECEIVED 1114148
APPLICATION FOR PE	RMIT - OUTDOOR PUBLIC ASSEMBLY (18A)  ubmitted at least <u>60 days</u> before event. ***
NAME OF EVENT: 2014 Central Flo	orida Walk Like MADD 5k
SPONSORING ORGANIZATION/PERSON: Mothers	Against Drunk Driving Central FL Affiliate
HEAD OF ORGANIZATION: Yolanda Lars	00 FEDERAL TAX ID # 94-2707273
ADDRESS: 1 Parlieu Place S	te. 285 Winter Park FL 32792
PHONE: Business (407) 831-6353 ext	7273 2nd # (407) 687-1331 Zip
APPLICANT: Melissa Crowley	E-MAIL: Melissa Crowley @ model org
ADDRESS: I Purlieu Place St	e 285 Winter Park FL 32792
PHONE: Business (407) 831-623 (201)	73722nd#(386)747-8439 City FAX 407-831-6281 Zip
PERSON RESPONSIBLE FOR EVENT CHARGES:	ssa Crowley
LOCATION OF EVENT: Lake Baldwin	Park
DATE (S) OF EVENT: March 29, 204	(SATURDAY)
SET UP START TIME: 6:30	(p.m.) BREAKDOWN END TIME: (a.m.) (a.m.)
'EVENT' START TIME: 8:30	(p.m.) 'EVENT' END TIME: 12:00 (a.m.) (m)
ESTIMATED NUMBER OF PARTICIPANTS (not include	ding spectators): 750 (NOT to exceed 2:00 a.m.)
ESTIMATED NUMBER OF SPECTATORS ATTENDIN	IG EVENT: O
*** If the answer to any of the following questi	ons is YES, EXPLAIN FULLY in the space provided or on an attachment. ***
YES NO	
X X	nit any alcoholic beverages? If yes, explain which ones.
V San	goods, or services? If yes, explain which ones.
Are fireworks or other pyrotechnics goi	e providing food and coffee, and providing water.
	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.	
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.)	
Will any tenties), stages, or other structu	res de usea? Which ones? "(If lent is larger than 10 x 10, call 407-246-227 f for a permit.)
I IIIOC WILL L	ner inflatable device, helicopters, or parachutists? If yes, which ones.
X Bounce House	
\[ \lambda \	oment? What type? Decibel level? How where will power source be accessed? Loud Spracker
Will there be any signs or banners used  X 72" x 36" banners b	(65-8A). You're Scure will be are sed by Plugshot the park. d at the site? If yes, include size, location, and method of attachment.
Will any admission fee be charged? If	so, how much?
Kar - 1	manage managed the language and from

WHO WILL PROVIDE CLEAN-UP FOR STREET/SIDEWALK AFTER THE EVENT? WE will clean up the acea		
WHO WILL PROVIDE OTHER CLEAN-UP (TRASH, ETC) AFTER THE EVENT? WE will clean up trash etc.		
GIVE A DESCRIPTION OF ALL EVENT ACTIVITIES (unless 'private event' info will be on City Calendar): Work, Bounce House		
Massages, Silent Auction, Music, Games, Food, and Activities for all		
age groups		
"PARADE" INFORMATION: MARSHALLING TIME: N/A DISPERSAL TIME: N/A		
NUMBER OF: PERSONS $N/A$ ANIMALS $N/A$ VEHICLES $N/A$		
WHOWHICH WILL CONSTITUTE THE PARADE: N /A		
TOTAL NUMBER OF UNITS: N/A (approximately)		
PORTION OF ROADWAY(S)/SIDEWALK(S) THAT THE PARADE WILL OCCUPY (EXPLAIN FULLY, ROUTE, ETC):		
:		
**ADIAGRAM 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		
(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 <a href="https://www.Municode.com">www.Municode.com</a> ) 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: Malissa Clowley Sworn to me and subscribed before me this 3 day of APPLICANT SIGNATURE 20 14.		
Melissa Crowley Printed/Typed Name of Applicant		
Date: January 13, 2014 NOTARY PUBLIC SIGNATURE (or Law Enforcement Officer)		
MARIA ORDEHI  Notary Public - State of Florida My Comm. Expires Aug 11, 2015 Commission # EE 121348  My commission expires		



14-41

