

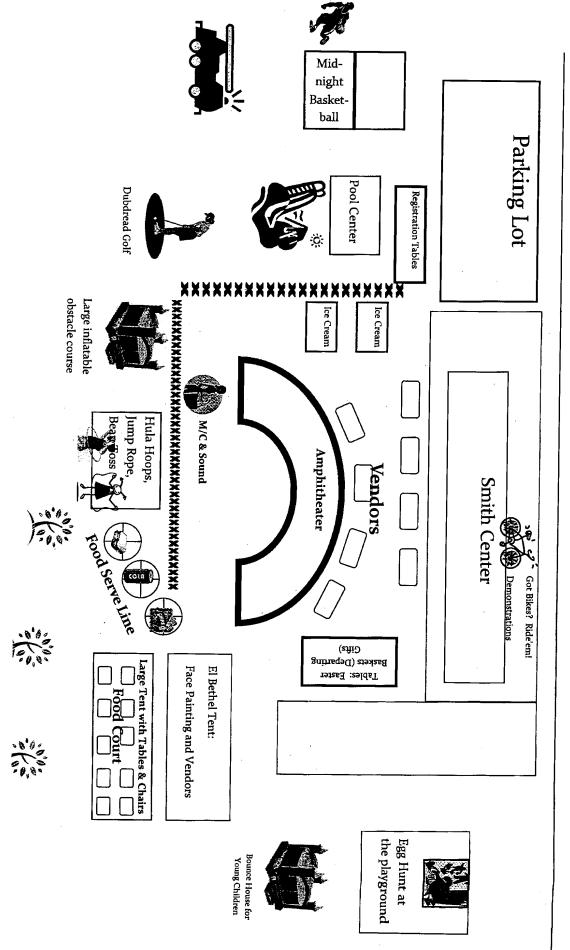


POLICE DEPARTMENT

NOTE: Permit is NOT FINAL until executed by Chief of Police and is subject to approval by City Council and affected City Departments:		
PERMIT APPLICATION NUMBER 14-73		
DATE APPLICATION RECEIVED SELECTION RECEIVED		
APPLICATION FOR PERMIT - OUTDOOR PUBLIC ASSEMBLY (18A) Must be submitted at least 50 days before event.		
NAME OF EVENT: DISTRICT 6 - 8th Annual "EGGCELLENT" KIDS HEALTH FAIR & EGG HUR		
SPONSORING ORGANIZATION PERSON: DISTRICT 6 Commissioner Sumue 1 B. Ings		
HEAD OF ORGANIZATION:FEDERAL TAX ID # 85 - 801542 7957C -		
ADDRESS: 400 S. ORANGE AVE. Orlando FL 32801		
PHONE: Business (407) 246 - 2006 2nd # (407) 246 - 2596 Zip		
APPLICANT: Sylvia Wills EMAN: Sylvia Wills @ City of Orlandon NE		
ADDRESS: 400 S. Orance Ave Orlando FL 32801		
PHONE: Business (407) 246-2596 2nd # (407) 246-3016 FAX 407-246-3010		
PERSON RESPONSIBLE FOR EVENT CHARGES: Samuel B. Ings, Commissioner Dist. 6		
LOCATION OF EVENT: DR. James P. Smith Center		
DATE (S) OF EVENT: April 12, 2014 Suturday		
SET UP START TIME: 8 (a.m.)(p.m.) BREAKDOWN END TIME: 3 (a.m.)(p.m.)		
'EVENT' START TIME: 2 (a.m.) (p.m.)		
ESTIMATED NUMBER OF PARTICIPANTS (not including speciators):		
ESTIMATED NUMBER OF SPECTATORS ATTENDING EVENT: 400		
## the answer to any of the following questions is YES_EXPLAIN FULLY 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.		
Do you intend to serve or sell any food, goods, or services? If yes, explain which ones.		
Burgers Hot Dogs Chips		
Are fireworks or other pyrotechnes going to be used? If yes, explain:		
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.		
DR. JAMES R. Smith Center		
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 there be any hot-air balloons or other inflatable device, helicopters, or parachutists? If yes, which ones.		
Will there be any amplified sound equipment? What type? Decibel level? How /where will power source be accessed?		
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?		

	PERMIT APPLICATION ER: 14-73	
WHO WILL PROVIDE CLEAN-UP FOR STREET/SIDEWALK AFTER THE EVENT?	lA	
WHO WILL PROVIDE OTHER CLEAN-UP (TRASH, ETC) AFTER THE EVENT?	Staff o Valuations	
GIVE A DESCRIPTION OF ALL EVENT ACTIVITIES (unless 'private event' info will be on City (Calendari: Easter Food Hund	
Food Family Fung Enter-	tainment, aimes,	
Kids Health Fair	Jacobs Janes	
"PARADE" INFORMATION: MARSHALLING TIME:	DISPERSAL TIME:	
NUMBER OF: PERSONS ANIMALS	VEHICLES	
WHOMHICH WILL CONSTITUTE THE PARAME:		
TOTAL NUMBER OF UNITS:(approximate	efy)	
PORTION OF ROADWAY(S)/SIDEWALK(S) THAT THE PARADE WILL OCCUPY (EXPLAIN FULLY, ROUTE, ETC):		
1		
——————————————————————————————————————		
**ADIAGRAM OF THE PROPOSED ASSEMBLY SUP 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 <u>City of Orlando</u> . The application and fee must be submitted to the Box 913, Orlando, FL 32802. If the event will necessitate or require the use of City facilit <u>All projected costs must be paid before the event</u> and prior to issuance of the per services will be totaled and the Permittee may be subject to additional charges or a partial of the permittee may be subject to additional charges or a partial of the permittee may be subject to additional charges or a partial of the permittee may be subject to additional charges or a partial of the permittee may be subject to additional charges or a partial of the permittee may be subject to additional charges or a partial of the permittee may be subject to additional charges or a partial of the permittee may be subject to additional charges or a partial of the permittee may be subject to additional charges or a partial of the permittee may be subject to additional charges or a partial of the permittee may be subject to additional charges or a partial of the permittee may be subject to additional charges or a partial of the permittee may be subject to additional charges or a partial of the permittee may be subject to additional charges or a partial of the permittee may be subject to additional charges or a partial of the permittee may be subject to additional charges or a partial of the permittee may be subject to additional charges or a partial of the permittee may be subject to additional charges or a partial of the permittee may be subject to additional charges or a partial of the permittee may be subject to additional charges or a partial of the permittee may be subject to additional charges or a partial of the permittee may be subject to additional charges or a partial of the permittee may be subject to additional charges or a partial of the permittee may be subject to additional charges or a partial of the permittee may be subject to additional charges or a partial of the permittee may be subject to additional charges or a partial of the per	Orlando Police Department, Special Operations Division, P. O. ties, personnel, or equipment, the Permittee must pay the costs.	
Application Fee Received by:	on	
(S.O.D. Representative)	(Date)	
CERTIFICATION BY APPLICANT: I CERTIFY THAT ALL INFORMATION CONTAINED IN THIS MISREPRESENTATIONS WILL CONSTITUTE A CRIMINAL VIOLATION OF THE CODE OF THE CITCHAPTER 18A (can be viewed at www.municode.com) AND I AGREE TO COMPLY WITH ALL APPEVENT MAY BE CANCELLED BY THE CHIEF OF POLICE SHOULD ANY CONDITIONSSTIPULAT BE VIOLATED. I CERTIFY THAT I AM AUTHORIZED BY THE ORGANIZATION NAMED HEREIN T ALSO HAVE RECEIVED THE NOTICE INFORMING ME OF MY RESPONSIBILITIES AND OBLIGATION.	TY OF ORLANDO. I CERTIFY THAT I HAVE REVIEWED CITY CODE PLICABLE PROVISIONS OF THE CITY CODE. I UNDERSTAND THE ICONS OF THE PERMIT OR CITY ORDINANCE OR STATE STATUTE TO ACT AS ITS ACENT OR THE PERMIT OF CITY ORDINANCE OR STATE STATUTE.	
BY FILING THIS APPLICATION, I, AND THE ORGANIZATION ON WHOSE BEHALF I MAKE THIS AND SEVERALLY INDEMNIFY AND HOLD THE CITY HARMLESS AGAINST LIABILITY, INCLUDING APPEAL, FOR ANY AND ALL CLAIMS FOR DAMAGE TO PROPERTY OR INJURY TO, OR DEASUANCE OF THE PERMIT OR THE CONDUCT OF THE ACTIVITY OR ANY OF ITS PARTICIPANT	NG COURT COSTS AND ATTORNEYS' FEES FOR TRIAL AND ON	
SIGNED: SW	from to me and subscribed before me this 25 day of	
Sylvia Wills Printed Typed Name of Applicant	100 NARY 2014	
Date: 02-25-14 -	TARY PUBLIC SIGNATURE (or Law Enforcement Officer)	
Myd	commission expires	





Bruton Blvd.