CITY OF APOPKA
DEVELOPMENT REVIEW COMMITTEE

DATE: **June 15, 2016**
TIME: **9:00 AM Development Review Committee Meeting**
LOCATION: **120 E. Main Street (Administration Conference Room – 1st Floor)**

I. Staff Comments on the following:

A. Special Events:

1. Event: Festival – Reggae Riddim Jamaican Restaurant
Date: August 6, 2016
Time: 10:00 A.M. thru 8:00 P.M.
Location: 819 South Orange Blossom Trail

2. Event: Debbie Turner Block Party
Date: October 1, 2016
Time: 2:00 P.M. thru 8:00 P.M.
Location: Kit Land Nelson Park

B. Concept Plan: None

C. Site Plans: None

D. Subdivisions/Plats:

3. Apopka Farms PR16-08
Master Plan/Preliminary Development Plan
Parcel No.'s: 35-20-27-0000-00-020; 35-20-27-0000-00-053; &
36-20-27-0000-00-006
Location: 4145 W. Orange Blossom Trail

E. Street Name Review: None

F. FLUM / Rezoning: None

G. Special Exception: None

II. Other Business:

A. Public Hearing: None

B. Vacate/Variance: None

C. Request for Extension: None

D. Discussion: None

E. Peddlers Permit: None

F. Plan Final Review and Sign-off: **Projects at "Zoning Counter"**

Please direct any comments or questions concerning the items scheduled for this meeting to the Community Development Department at (407) 703-1712.

David B. Moon, AICP,
Planning Manager

Backup material for agenda item:

1. Event: Festival – Reggae Riddim Jamaican Restaurant
   Date: August 6, 2016
   Time: 10:00 A.M. thru 8:00 P.M.
   Location: 819 South Orange Blossom Trail

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JUN 08 2016

Special Event Permit Application | 2016 et

Special Events Permit

Applicants Information

Name of Applicant: Marcia Williams Phone: 407-3046145

Address: 819 South OBT City: Apopka

ZIP: 32703 Email address: marangwil67@hotmail.com

Secondary Contact: Garfield Williams Phone: 407-2220447

If Special Event is for an organization, please also complete below

Name of Organization: _____

Tax Exempt: Yes: _____ No: _____ State of Florida Tax Number: _____

If claiming tax exemption a copy of 501-C3 and tax exemption certificates must be provided. Taxes will be charged if not provided.

Type of Event

Name of the Event: Festival

Date(s) of the Event: 08/06/2016 Hours of Event: 10 Am – 8 Pm

Location of the Event: Reggae Riddim Jamaican Restaurant 819 South Orange Blossom Trail

Does the location of the event take place on Public or Private Property? Public

Briefly describe the event and all activities that will occur during the event: Jamaican Independence Festival Displaying the Jamaican Culture Through the Food, music, and dance. There will Be a reggae band Jamaican dance, And a display of ethnic Jamaican Food & spices

Expected attendance: _____

Will there be admission, vendor, participant or other fees: Yes: ____ No: ✓

Will you be serving alcohol: Yes: ____ No: ✓

*If yes for serving alcohol, you will be required to obtain approval from City Council. Upon final approval you will need to provide a copy of the liquor license.

Special Events Permit
(Continued)

Type of Event

Description of any equipment being used (Tents, Banners, Signs, Animals, Etc.): There Will be a 10 by 30 Tent Small Banner Saying "Jamaican Independence Day Cultural Celebration"

Will you have any street, lane, or sidewalk closures? Yes:_____ No: ✓

If yes, explain: _____

Once your completed event permit is received the following will happen:

- The event calendar will be checked to make sure there are no conflicting events (if so, you will be notified immediately).
- Your application will be submitted and reviewed by DRC (Development & Review Committee).
- If approved the event may require additional approval from the City Council if there are any street closures or alcohol sales.
- If the location of the event takes place on City Property, you will be required to complete the Facility Use Agreement.
- You may be required to hire off-duty Apopka Police and Fire Fighters depending upon the size of the event.
- Temporary event signage will require a weekend directional sign permit from the Building Department.
- Any tents 200 square feet or larger will require the following:
  -Copy of Certificate of Flame Resistance for tent.
  -City Inspection Sheet signed by Fire/Building Department Officials
  -Copy of tent permit from Building Department
- Applicants must provide adequate restroom facilities during event.
- Meetings are scheduled, if need be, to solve any conflicts or concerns. A meeting will be required for events with more than 1,000 people in attendance.
- If approved, your final permit will be sent to you.
- You must have your final permit with you on the day of your event. If you don't provide it when asked, your event may be shut down.

For further information, to determine if the event location is in the City limits, or to inquire about special requirements for your event, please contact the Community Relations and Events Coordinator, at 407-703-1809, or visit us at 120 E. Main Street, 1st Floor, Apopka, Florida, Monday through Friday, 8:30 a.m. until 4:30 p.m.

HOLD HARMLESS AGREEMENT

I, Marcia Williams, on behalf of Reggae Riddim Jamaican Restaurant, agree to indemnify and hold harmless the City of Apopka, its agents, employees or any other person against loss or expense including attorneys' fees, by reason of the liability imposed by law upon the City of Apopka except in the case of the City of Apopka's sole negligence, for damage because of bodily injury, including death at any time resulting therefrom, sustained by any person or persons, or on account of damage to property arising out of or in consequence of the issuance of the permit or conduct of the assembly or any of its participants, in whole or in part, whether such injuries to persons or damage to property are due or claim to be due to any passive negligence of its employees or agents or any other person. It is further understood and agreed that Marcia Williams shall, at the option of the City of Apopka, defend the City of Apopka with appropriate counsel and shall further bear all costs and expenses, including the expense of counsel, in the defense of any suit arising hereunder.

Marcia Williams
PRINTED NAME OF APPLICANT

M. Willia
SIGNATURE OF APPLICANT

DATE SUBMITTED

Cultural Festival 08/06/2016 819 South O.B.T.
EVENT NAME / EVENT DATE / LOCATION OF EVENT

STATE OF FLORIDA
COUNTY OF ORANGE

SWORN TO (OR AFFIRMED) AND SUBSCRIBED BEFORE ME THIS 25 DAY OF MAY, 2016 BY ~~Marcia A Williams~~, WHO IS PERSONALLY KNOWN TO ME OR HAS PRODUCED FL DL Lic W452-541-67-645-1 AS IDENTIFICATION.

A. Leon
NOTARY PUBLIC SIGNATURE

Andrea Leon
NOTARY PUBLIC PRINTED NAME

A. LEON
Notary Public - State of Florida
My Comm. Expires Aug 22, 2018
Commission # FF 152767
Bonded Through National Notary Assn.

FOR OFFICIAL USE ONLY

DRC APPROVAL:_____ DATE:_____

DRC COMMENTS:

_____

_____

FIRE APPROVAL:_____ DATE:_____

FIRE COMMENTS:

_____

_____

POLICE APPROVAL:_____ DATE:_____

POLICE COMMENTS:

_____

_____

EVENTS APPROVAL:_____ DATE:_____

EVENTS COMMENTS:

_____

_____

RISK MANAGEMENT APPROVAL:_____ DATE:_____

RISK MANAGEMENT COMMENTS:

_____

_____

RECREATION APPROVAL:_____ DATE:_____

RECREATION COMMENTS:

_____

_____

CITY COUNCIL WILL CONSIDER THIS REQUEST SUBJECT TO APPLICANT MEETING ALL CITY REQUIREMENTS ON:

MEETING DATE:_____ APPROVED:_____ DENIED:_____

PERMIT FEE: $50.00 DATE PAID: _____ REC'D BY: _____ DATE EXEMPTED:_____

HOLD HARMLESS AGREEMENT

I, Marcia Williams, on behalf of Reggae Riddim Jamaican Restaurant, agree to indemnify and hold harmless the City of Apopka, its agents, employees or any other person against loss or expense including attorneys' fees, by reason of the liability imposed by law upon the City of Apopka except in the case of the City of Apopka's sole negligence, for damage because of bodily injury, including death at any time resulting therefrom, sustained by any person or persons, or on account of damage to property arising out of or in consequence of the issuance of the permit or conduct of the assembly or any of its participants, in whole or in part, whether such injuries to persons or damage to property are due or claim to be due to any passive negligence of its employees or agents or any other person. It is further understood and agreed that Marcia Williams shall, at the option of the City of Apopka, defend the City of Apopka with appropriate counsel and shall further bear all costs and expenses, including the expense of counsel, in the defense of any suit arising hereunder.

Marcia Williams
PRINTED NAME OF APPLICANT

M. Willia
SIGNATURE OF APPLICANT

DATE SUBMITTED

Cultural Festival 08/06/2016 819 South O.B.T.
EVENT NAME / EVENT DATE / LOCATION OF EVENT

STATE OF FLORIDA
COUNTY OF ORANGE

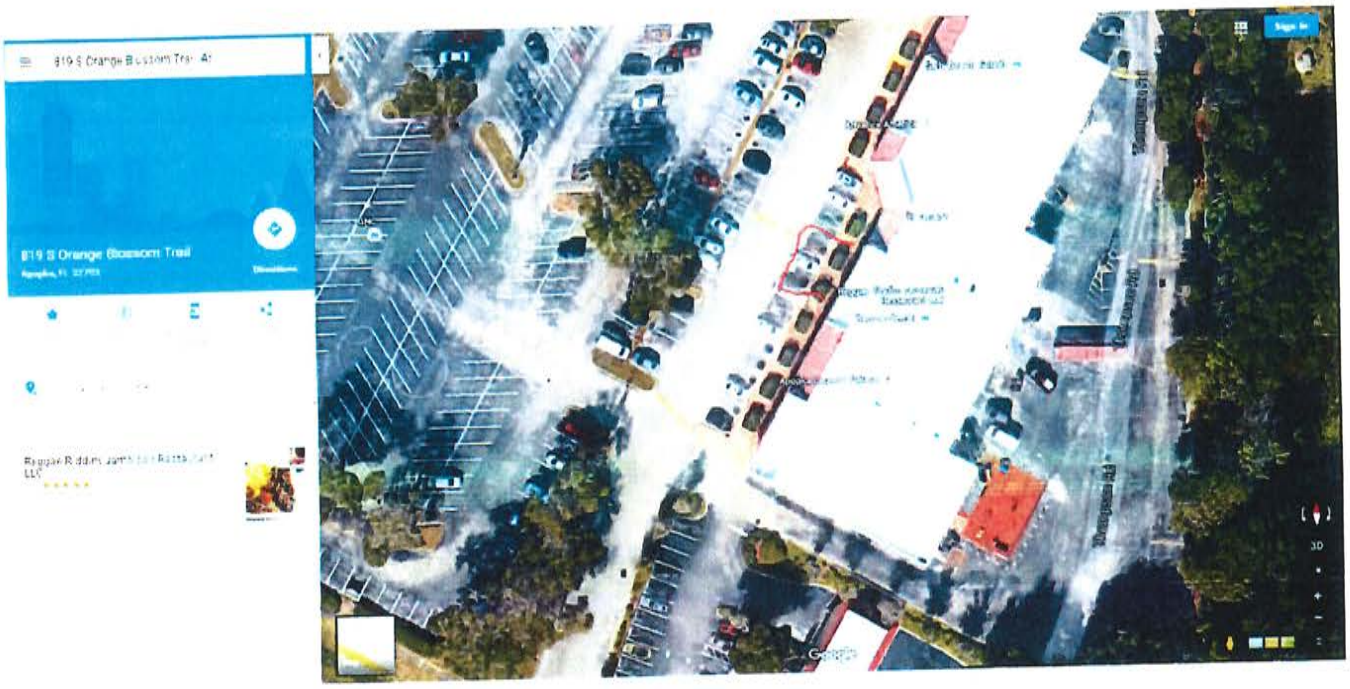
SWORN TO (OR AFFIRMED) AND SUBSCRIBED BEFORE ME THIS 25 DAY OF MAY, 2016 BY Marcia A Williams WHO IS PERSONALLY KNOWN TO ME OR HAS PRODUCED FL DL Lic W452-541-67-645-1 AS IDENTIFICATION.

A. Leon
NOTARY PUBLIC SIGNATURE

Andrea Leon
NOTARY PUBLIC PRINTED NAME

A. LEON
Notary Public - State of Florida
My Comm. Expires Aug 22, 2018
Commission # FF 152767
Bonded Through National Notary Assn.

From: **Garfield Williams**
Subject: photo
Date: May 25, 2016 at 1:16 PM
To: Jud



CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY) 5/25/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
THE INSURANCE STORE USA II, LLC
511 S Orange Blossom Trail
Apopka, FL 32703
A095539

CONTACT NAME: Sam Georgi
PHONE (A/C, No, Ext): (407)880-2090 FAX (A/C, No): (407)880-6554
E-MAIL ADDRESS: Sam@theinsstoreusa.com

INSURER(S) AFFORDING COVERAGE	NAIC#
INSURER A: Mount Vernon Fire Insurance Co.	
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

INSURED
Reggae Riddim Jamaican Restaurant
819 S Orange Blossom Trail
Apopka, FL 32703

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO-JECT LOC OTHER:	X		BP2563965	02/12/16	02/12/17	EACH OCCURRENCE	$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
							MED EXP (Any one person)	$ 5,000
							PERSONAL & ADV INJURY	$ 1,000,000
							GENERAL AGGREGATE	$ 2,000,000
							PRODUCTS - COMP/OP AGG	$ 1,000,000
								$
	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident)	$
							BODILY INJURY (Per person)	$
							BODILY INJURY (Per accident)	$
							PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION $						EACH OCCURRENCE	$
							AGGREGATE	$
								$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N N/A If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE OTH-ER	
							E.L. EACH ACCIDENT	$
							E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
A	Liquor Liability			BP2563965	02/12/16	02/12/17	$1,000,000/2,000,000	
A	Building			BP2563965	02/12/16	02/12/17	90,000	
A	Contents			BP2563965	02/12/16	02/12/17	10,000	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
"The City of Apopka - its officers, representatives, employees, agents, instructors and volunteers - is named as additional insured with respect to General Liability.

CERTIFICATE HOLDER
City of Apopka
120 E. Main Street
P.O. Box 1229
Apopka, Florida 32703
Phone: (407) 703-1809
Events@Apopka.net

CANCELLATION
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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Apopka Land Shopping Center
1840 Main Street, Suite 204
Weston, FL 33326

May 27, 2016

Reggae Riddim Jamaican Restaurant
819 S Orange Blossom Trail
Apopka, FL 32703

To Marcia:

Re: Landlord Authorization for One-day Event August 6, 2016

This letter is to serve as authorization for Marcia Brooks d/b/a Reggae Jamaican Restaurant to conduct the one-day event to place a small tent in the parking lot on August 6, 2016 directly in front of her business. After the event the tent and all debris shall be removed by tenant, if not the Landlord will bill tenant for the cost of the cleanup. The property will be left in the same condition as it was found.

Tenant will provide proof of insurance at least 30 days prior to the event.

If you have questions please call 954-385-0001 or email carol@coastalequities.com.

Sincerely,
Carol Higgins
Carol Higgins
Property Manager, Apopka Associates 2006, LLC

Backup material for agenda item:

2. Event: Debbie Turner Block Party
   Date: October 1, 2016
   Time: 2:00 P.M. thru 8:00 P.M.
   Location: Kit Land Nelson Park

RECEIVED
JUN 08 2016
By et

Special Events Permit

Applicants Information

Name of Applicant: Debbie Turner Phone: 407-620-0978

Address. 229 E 5th St City: Apopka, Fl

ZIP: 32703 Email address: debbieturnercancercenter@gmail.com

Secondary Contact: Ken Graves Phone: 407-464-7308

If Special Event is for an organization, please also complete below

Name of Organization: Debbie Turner Cancer Care & Resource Center

Tax Exempt: Yes: ✓ No: _____ State of Florida Tax Number: 85801573495OC-2

If claiming tax exemption a copy of 501-C3 and tax exemption certificates must be provided. Taxes will be charged if not provided.

Type of Event

Name of the Event: Debbie Turner Block Party

Date(s) of the Event: Oct 1, 2016 Hours of Event: 2:00 - 8:00

Location of the Event: Kitland Nelson Park

Does the location of the event take place on Public or Private Property? Public

Briefly describe the event and all activities that will occur during the event: live Concert, Food Vendors, Vendors, Auctions

Expected attendance: 100 - 250

Will there be admission, vendor, participant or other fees: Yes: ✓ No: ____

Will you be serving alcohol: Yes: ✓ No: ____

*If yes for serving alcohol, you will be required to obtain approval from City Council. Upon final approval you will need to provide a copy of the liquor license.

Special Events Permit
(Continued)

Type of Event

Description of any equipment being used (Tents, Banners, Signs, Animals, Etc.): Tents, Banners, Music equipment, Table, Chairs

Will you have any street, lane, or sidewalk closures? Yes:_____ No: ✓

If yes, explain: _____

Once your completed event permit is received the following will happen:

- The event calendar will be checked to make sure there are no conflicting events (if so, you will be notified immediately).
- Your application will be submitted and reviewed by DRC (Development & Review Committee).
- **If approved the event may require additional approval from the City Council if there are any street closures or alcohol sales.**
- If the location of the event takes place on City Property, you will be required to complete the Facility Use Agreement.
- You may be required to hire off-duty Apopka Police and Fire Fighters depending upon the size of the event.
- Temporary event signage will require a weekend directional sign permit from the Building Department.
- Any tents 200 square feet or larger will require the following:
  -Copy of Certificate of Flame Resistance for tent.
  -City Inspection Sheet signed by Fire/Building Department Officials
  -Copy of tent permit from Building Department
- Applicants must provide adequate restroom facilities during event.
- Meetings are scheduled, if need be, to solve any conflicts or concerns. A meeting will be required for events with more than 1,000 people in attendance.
- If approved, your final permit will be sent to you.
- You must have your final permit with you on the day of your event. If you don't provide it when asked, your event may be shut down.

For further information, to determine if the event location is in the City limits, or to inquire about special requirements for your event, please contact the Community Relations and Events Coordinator, at 407-703-1809, or visit us at 120 E. Main Street, 1st Floor, Apopka, Florida, Monday through Friday, 8:30 a.m. until 4:30 p.m.

HOLD HARMLESS AGREEMENT

I, Debbie Turner, on behalf of Cancer Center, agree to indemnify and hold harmless the City of Apopka, its agents, employees or any other person against loss or expense including attorneys' fees, by reason of the liability imposed by law upon the City of Apopka except in the case of the City of Apopka's sole negligence, for damage because of bodily injury, including death at any time resulting therefrom, sustained by any person or persons, or on account of damage to property arising out of or in consequence of the issuance of the permit or conduct of the assembly or any of its participants, in whole or in part, whether such injuries to persons or damage to property are due or claim to be due to any passive negligence of its employees or agents or any other person. It is further understood and agreed that _____ shall, at the option of the City of Apopka, defend the City of Apopka with appropriate counsel and shall further bear all costs and expenses, including the expense of counsel, in the defense of any suit arising hereunder.

Debbie Turner
PRINTED NAME OF APPLICANT

Debbie L Turner
SIGNATURE OF APPLICANT

6/2/16
DATE SUBMITTED

Debbie Turner Block Party Kit Island Park
EVENT NAME / EVENT DATE / LOCATION OF EVENT

STATE OF FLORIDA
COUNTY OF ORANGE

SWORN TO (OR AFFIRMED) AND SUBSCRIBED BEFORE ME THIS 2 DAY OF June, 20 16 BY Debbie L Turner, WHO IS PERSONALLY KNOWN TO ME OR HAS PRODUCED _____ AS IDENTIFICATION.

Gayle Altman
NOTARY PUBLIC SIGNATURE

Notary Public State of Florida
Gayle Altman
My Commission EE 199799
Expires 08/13/2016

Gayle Altman
NOTARY PUBLIC PRINTED NAME

FOR OFFICIAL USE ONLY

DRC APPROVAL:_____ DATE:_____

DRC COMMENTS:

_____

_____

FIRE APPROVAL:_____ DATE:_____

FIRE COMMENTS:

_____

_____

POLICE APPROVAL:_____ DATE:_____

POLICE COMMENTS:

_____

_____

EVENTS APPROVAL:_____ DATE:_____

EVENTS COMMENTS:

_____

_____

RISK MANAGEMENT APPROVAL:_____ DATE:_____

RISK MANAGEMENT COMMENTS:

_____

_____

RECREATION APPROVAL:_____ DATE:_____

RECREATION COMMENTS:

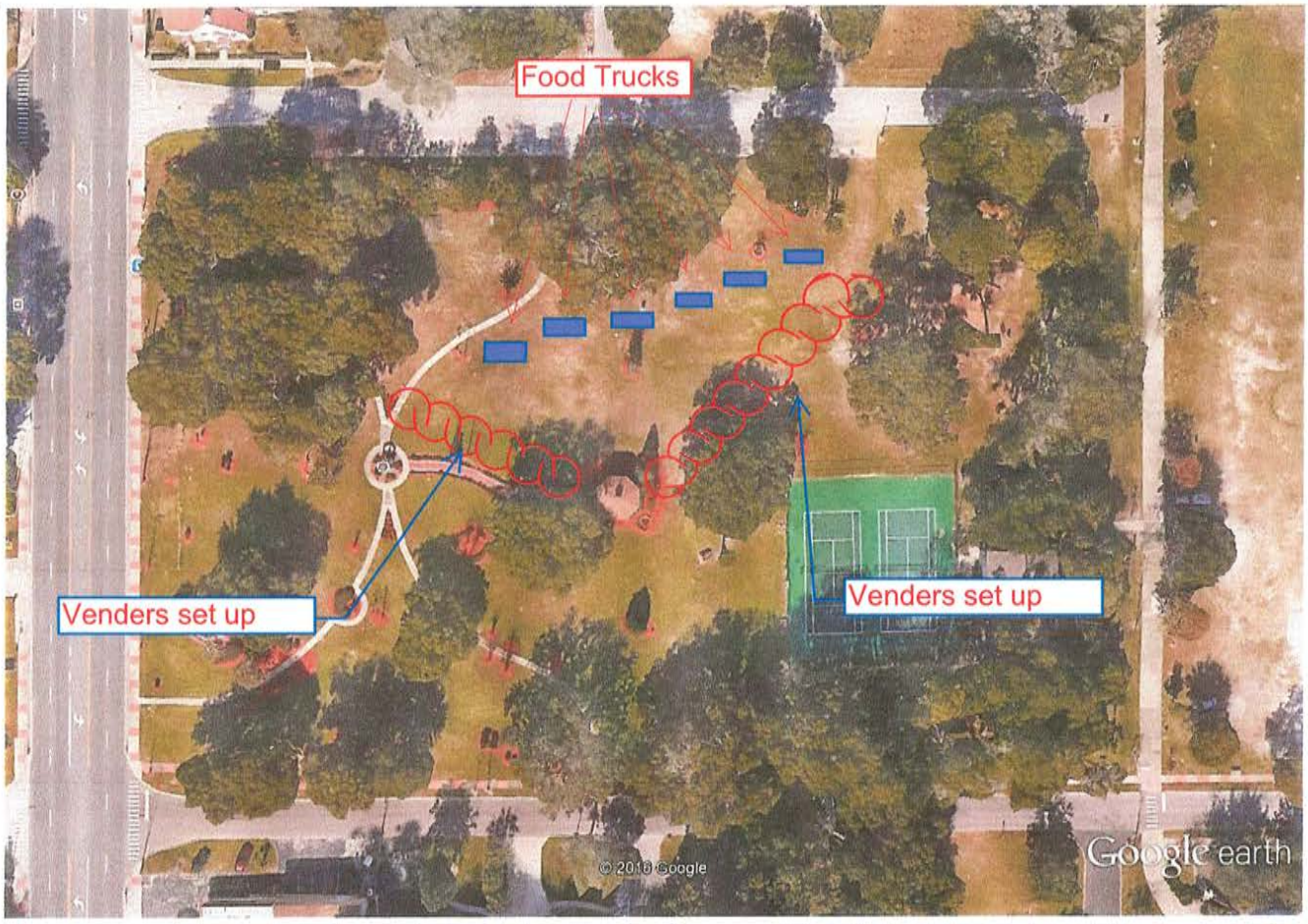
_____

_____

CITY COUNCIL WILL CONSIDER THIS REQUEST SUBJECT TO APPLICANT MEETING ALL CITY REQUIREMENTS ON:

MEETING DATE:_____ APPROVED:_____ DENIED:_____

PERMIT FEE: $50.00 DATE PAID: _____ REC'D BY: _____ DATE EXEMPTED:_____



Google earth

feet 400
meters 100

Google earth

feet 600
meters 200