CITY OF APOPKA
DEVELOPMENT REVIEW COMMITTEE

DATE: **April 20, 2016**
TIME: **9:00 AM Development Review Committee Meeting**
LOCATION: **120 E. Main Street (Community Development Conference Room)**

I. Staff Comments on the following:

A. Special Events: NONE

B. Concept Plan: NONE

C. Site Plans:

1. Wekiva Parkway Industrial Park
Preliminary Development Plan
Developers Agreement
Parcel I.D.s: 01-21-27-0000-00-030; 01-21-27-0000-00-060; 06-21-27-7172-12-060;
06-21-28-7172-13-000; 12-21-27-0000-00-010; 12-21-27-0000-00-018

D. Plats: NONE

E. Street Name Review: NONE

F. FLUM / Rezoning: NONE

G. Special Exception:

2. Miracle Grace Academy SPEX16-01
Special Exception
Location: 2252/2250 E. Semoran Boulevard
Parcel No.: 12-21-28-0000-00-014
Proposed Use: Private K-2 School

II. Other Business:

A. Public Hearing: NONE

B. Vacate/Variance: NONE

C. Request for Extension: NONE

D. Discussion:

3. Special Events Permit Application – Second Reading

E. Peddlers Permit:

4. Vehicle for Hire - Tmax Transportation Services LLC - Maxo Angervil

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

David B. Moon, AICP,
Planning Manager

1

DEVELOPERS AGREEMENT

THIS DEVELOPERS AGREEMENT is made this _____ day of _____ 2016 by and between the City of Apopka Florida, a Florida municipal corporation whose address for the purpose of this Agreement is _____ ("City") and Mid Florida Freezer Warehouses, Ltd, a Florida limited partnership whose address for the purpose of this Agreement is P.O. Box 572 Cape Canaveral, FL 32920 ("Owner").

RECITALS

A. The Owner owns approximately _____ acres of property more particularly described on attached Exhibit "A" ("Property").

B. The Owner is currently in the process of obtaining a borrow pit permit to allow the excavating, removal and sale of fill dirt from the Property.

C. Upon completion of the removal of the fill dirt, Owner desires to develop the Property into an industrial park.

D. The City is desirous of obtaining certain rights of ways from the Owner to assist in the general public transportation needs of the City.

E. The Owner is in need of other rights of ways to be vacated by the City to allow Owner to develop the Property in the future.

NOW THEREFORE, in and for consideration of the foregoing recitals, the mutual covenants and benefits herein contained and other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, City and Owner agree as follows:

1. Recitals. The foregoing recitals are true and correct and are hereby incorporated as terms of this Agreement

2. Authority. This Agreement is entered into by the City under the home rule powers granted to it by the Florida Constitution (including Article VIII, Section 2(b) thereof), the general powers conferred upon municipalities by statute and otherwise (including Chapters 163 and 166, Florida Statutes), and the City's Municipal Code. This Agreement does not constitute a "development agreement" under the Florida Local Government Development Agreement Act, or under the City's Land Development Regulations.

3. Vacation of Public Right of Way. The City agrees to entertain a Petition by Owner to vacate that portion of a publicly dedicated right of way traversing west from S.R. 429 Western Beltway which bisects the Owner's Property, all more particularly described in attached Exhibit "B". The City will not oppose the Petition to Vacate said public right of way to remove the same from public use thereby allowing Owner to develop the Property free from the imposition of said right of way. The Owner shall file a Petition to Vacate in substantially the same form as set forth in attached Exhibit "C" Upon submittal of the Petition to Vacate by Owner, the City will not oppose the same and will proceed to approve it thereby vacating the right of way as set forth in attached Exhibit "B".

4. Peterson Road Extension. The City is desirous of extending Peterson Road across Owner's Property as described in attached Exhibit "D". The City's purpose in obtaining this extension is to allow smoother transportation and access from Peterson Road to Highway 437, West Orange Avenue. Accordingly, Owner agrees to convey to City a 60' right of way extending from the southern terminus of Peterson Road located at the south border of Owner's Property extending continuous through Owner's Property to the northern border comprising 60' in width for the purposes set forth herein. Owner shall execute and deliver to City a general warranty deed for the 60' right of way at such time as the right of way is secured from the property owner to the north, Small Bay Partners, LLC.

Additionally, Owner shall provide, by deed of conveyance, additional road footage on that portion of Peterson Road lying west of S.R. 429, Western Beltway. Presently, Peterson Road exists as a publicly dedicated roadway west of S.R. 429 but currently does not have a roadway width of 60'. Owner agrees to convey by general warranty deed to the City additional footage along the roadway to allow the roadway to obtain a 60' width commensurate with Peterson Road on the east side of S.R. 429, Western Beltway.

The conveyances herein are expressly contingent upon the City obtaining the necessary roadway property from other third party property owners necessary to complete the entire Peterson Road extension as planned.

5. Vacation of King Street. .City agrees to entertain a Petition by Owner to vacate that portion of a publicly dedicated right of way running along the Eastern portion of Owner's Property as more particularly described in attached Exhibit "E". The City will not oppose the Petition to Vacate said public right of way to remove the same from public use thereby allowing Owner to develop the Property free from the imposition of said right of way. The Owner shall file a Petition to Vacate in substantially the same form as set forth in attached Exhibit "F". Upon submittal of the Petition to Vacate by Owner, the City will not oppose the same and will proceed to approve it thereby vacating the right of way as set forth in attached Exhibit "E".

6. Mutual Cooperation. Within thirty (30) days of execution of this Agreement, the City and Owner agree to execute any and all further documents necessary to effectuate the terms

of this Agreement including but not limited to deeds of conveyance, petitions to vacate, affidavits and any other documents that may be required to consummate the transactions contemplated herein.

7. Binding Effect. This Agreement, once effective, shall be binding upon and enforceable by and against the parties hereto and their assigns. This Agreement shall be assignable by the Owners without the need for consent by the City. The rights and obligations set forth in this Agreement shall run with the land and be binding on all successors and/or assigns. The parties hereby covenant that they will enforce this Agreement and that it is a legal, valid and binding agreement.

8. Notices. All notices or payments required to be made hereunder shall be made at the following addresses:

To City: _____

_____

_____

With a Copy to: _____

_____

_____

To Owner: _____

_____

_____

With a Copy to: _____

_____

_____

9. Entire Agreement. This Agreement constitutes the entire agreement of the parties with respect to the transactions contemplated herein, and it supersedes all prior understandings or agreements between the parties relating to this Agreement. No amendment to the terms of this Agreement shall be effective unless it is in writing signed by all parties hereto. Amendments to this Agreement will take effect and will be binding against the City only if approved by a vote of the City Commission.

10. Waiver. The failure of any party hereto to insist upon or enforce any right ore privilege granted hereunder shall not constitute or operate as a waiver thereof and nothing shall constitute a waiver of any party's right to insist upon strict compliance with the terms hereof. Provided however, any party may, in writing, waive the benefit of any provision or condition for its benefit which is contained herein. Waivers of material provisions of either this Agreement or the City's Land Development Regulations will be valid and binding against the City only if approved by a vote of the City Commission.

11. Governing Law. This Agreement shall be governed by the law of the State of Florida. Venue for any judicial proceeding pertaining to this Agreement shall be in the Ninth Judicial Circuit of Florida in Orange County Florida.

12. Severability. If any provision of this Agreement is found by a court of competent jurisdiction to be invalid or unenforceable to any extent, the remainder of this Agreement shall not be affected thereby and shall remain enforceable to the greatest extent permitted by law.

13. Recording. This Agreement shall be recorded in the Public Records of Lake County, Florida by the Owner at its expense.

14. Effective Date. This Agreement shall become effective after approval by the City Commission and execution of this Agreement by all parties.

[SIGNATURE ARE ON THE FOLLOWING PAGE]

IN WITNESS WHEREOF, the parties have set their hands and seals on the date first written above.

CITY OF APOPKA
By: City Commission

By:_____
Mayor

Attest:
By:_____
City Manager

Approved as to form and correctness:
By:_____
City Attorney

STATE OF FLORIDA
COUNTY OF ORANGE

The foregoing instrument was executed, sworn to and acknowledged before me this _____ day of _____ 2016 by _____ as Mayor of the City of Apopka.

(SEAL)

_____
Signature of Notary Public

_____
Name of Notary Public
(typed, printed or stamped)

Personally known _____ or produced _____ as identification.

"OWNER"
Mid Florida Freezer Warehouses, Ltd.

_____
Printed name:_____

By:_____
Printed Name:_____
Its:_____

_____
Printed name:_____

STATE OF FLORIDA
COUNTY OF ORANGE

The foregoing instrument was executed, sworn to and acknowledged before me this _____ day of _____ 2016 by _____ as _____ of Mid-Florida Freezer Warehouses, Ltd.

(SEAL)

_____
Signature of Notary Public

_____
Name of Notary Public
(typed, printed or stamped)

Personally known _____ or produced _____ as identification.

Backup material for agenda item:

3. Special Events Permit Application - Second Reading

City of Apopka

Special Events Permit Application

Point of Contact:

Sarah Ryan
City Events Coordinator
407-703-1809
SRyan@apopka.net

Special Events Permit Checklist

- ❑ Completed Special Event Permit Application.
- ❑ A site plan (MAP) or Parade/Race Route *MUST* be submitted with your application. Map must identify location of staging, tents, parking, barricades, vendors, and restrooms.
- ❑ A certificate of general liability insurance listing the "City of Apopka" as 'Additional Insured' must be submitted. Other insurance coverage may be required.
- ❑ A non-refundable application fee of $50.00 or completed application for waiver of permit fee is due when application is submitted.
- ❑ Letter from the property owner granting permission for use of their property.
- ❑ Signed and notarized hold harmless agreement.
- ❑ A list of all concessionaries and vendors (if applicable).
- ❑ Copies of flyers and advertisements (if applicable).

*All applications must be submitted 40 days prior to the event date.

*All required documentation must be attached with the application. A partial application submission will not be accepted.

Special Events Permit

Applicants Information

Name of Applicant: _____ Phone: _____

Address: _____ City: _____

ZIP: _____ Email address: _____

Secondary Contact: _____ Phone: _____

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: _____

Date(s) of the Event: _____ Hours of Event: _____

Location of the Event: _____

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

Briefly describe the event and all activities that will occur during the event: _____

_____

_____

_____

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.): _____

_____

_____

_____

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 larger than 100 square feet 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, _____, on behalf of _____, 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.

_____
PRINTED NAME OF APPLICANT

_____
SIGNATURE OF APPLICANT

_____
DATE SUBMITTED

STATE OF FLORIDA
COUNTY OF ORANGE

SWORN TO (OR AFFIRMED) AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____, 20___ BY _____, WHO IS PERSONALLY KNOWN TO ME OR HAS PRODUCED _____ AS IDENTIFICATION.

_____
NOTARY PUBLIC SIGNATURE

_____
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:_____

City of Apopka
Insurance Requirements
General Events and Activities

The original insurance certificate and all extensions to the insurance certificate should be sent to:
City of Apopka, Human Resources, 120 East Main Street, Apopka, FL 32703
or E-mailed to riskmanagement@apopka.net
Phone: 407-703-1805

Certificate Holder: City of Apopka

These minimum requirements are based on average exposure events and activities. Events or activities that involve high or unusual hazards may require higher limits of coverage.

Workers' Compensation:

If the business falls under the State of Florida Workers' Compensation Law (Businesses employing more than 4 employees), coverage shall be provided for all employees. The coverage shall be for statutory limits in compliance with the applicable state and federal laws. The policy must include **Employers' Liability with a limit of $1,000,000 each accident, $1,000,000 each employee, $1,000,000 policy limit for disease.**

Commercial General Liability Insurance (Occurrence Form Required):

Coverage shall be Per Occurrence, Combined Single Limit for Bodily Injury and Property Damage Liability, including Premises and Operations. Limits of coverage shall be based on the operation and exposure at hand.

Average Exposures	**$1,000,000**
Unusual or High Hazard Exposures	**$3,000,000 and up**

Damage to rented premises shall be included with a limit of $100,000.

If food or beverage is being served, Products Liability must be included in the minimum amount of $2,000,000.

If alcohol is being served, Liquor Liability must be included in the minimum limit of $1,000,000.

Auto Liability:
(Including but not limited to Food Trucks and/or any vehicle that functions as the workplace.)

Coverage shall be Per Occurrence, Combined Single Limit for Bodily Injury and Property Damage, including Premises and Operations in the minimum amount of $300,000. Such insurance shall cover liability arising out of any auto (including owned, hired and non-owned autos).

Evidence of Insurance:

The **City of Apopka** is to be specifically included as a named, **additional insured on all policies except Workers' Compensation**. In the event the insurance coverage expires prior to the completion of the use period, a renewal certificate shall be issued 30-days prior to said expiration date. The policy shall provide a 30-day notification clause in the event of cancellation or modification to the policy. All certified certificates of insurance and insurance policies and declaration sheet must be on file with and approved by the City of Apopka prior to the event. **The Description of Operations must explicitly state that the City of Apopka is named as an additional insured and also detail the name and date(s) of the event/activity.**

Backup material for agenda item:

4. Vehicle for Hire - Tmax Transportation Services LLC - Maxo Angervil

Community Development Department
120 East Main Street
Apopka, Florida 32703
Phone: 407-703-1712
communitydevelopment@apopka.net

VEHICLE FOR HIRE PERMIT APPLICATION

FILING THIS APPLICATION AND REMITTING THE APPLICATION AND VEHICLE FOR HIRE FEE(S) FOR A CITY VEHICLE FOR HIRE PERMIT DOES NOT ALLOW THE APPLICANT TO OPERATE OR ENGAGE IN ANY TYPE OF BUSINESS, OCCUPATION OR PROFESSION UNTIL A VEHICLE FOR HIRE PERMIT IS ISSUED TO THE APPLICANT. NOTE: THE $10.00 NON-REFUNDABLE APPLICATION FEE IS IN ADDITION TO THE BUSINESS TAX FEE(S).

Business Information	**Owner Information (If corporation, provide corporate officer information)**
T-MAX TRANSPORTATION Services	
Name: T-MAX TRANSPORTATION SERVICES	Name: MAXO ANGERVIL
Address: 732 HAVEN OAK CT	Address: 732 HAVEN OAK CT
Shopping Center:	City/State/Zip: APOPKA FL, 32703
City/State/Zip: APOPKA, FL, 32703	Phone: 407-437-1769 Fax: 888-977 2984
Phone: 407-437 1769 Fax: 888- 977 2984	Email Address: MAXBen97@Hotmail-FR
Mailing Address (If different than above)	
Street:	
City/State/Zip	

List of Vehicles to be used:

Make:	LAND ROVER	Model:	RANGE ROVER	Tag #:	EMYA83	Color:	BLUE
Make:		Model:		Tag #:		Color:	
Make:		Model:		Tag #:		Color:	

Have you ever been convicted of any felony, misdemeanor, or violation of any municipal ordinance? ☐ Yes ☒ No			
If yes, please explain:			
Name/Address/Phone Number of two (2) reliable character/business references:			
Name: RIGAUD Colin	Address: 6220 South Orange Blossom	Phone No.: 407-230 7356	
Name: JOAB ANGERVIL	Address: 3273 Rolling Hill APOPKA	Phone No.: 407-529 7222	
Federal Tax ID Number (FEI#):	OR	Social Security #: [redacted]	
Fictitious Name Registration #:		Corporate Doc #:	

Department	**Approved**	**Denied**	**Date**	**Comments:**
CD – Zoning:				
Fire:				
Police:				
Risk Management:				
City Council:				

Application Fee: $10.00 Date Paid: _____ Date Issued: _____ Issued by: _____

Bus Tax Subtotal: $_____ Total Paid: $_____ Cash ☐ Credit/Debit: ☐ Check #: _____

Community Development Dept.
120 East Main Street
Apopka, Florida 32703
Phone: 407-703-1712
communitydevelopment@apopka.net

BUSINESS TAX RECEIPT APPLICATION

FILING THIS APPLICATION AND REMITTING THE APPLICATION AND BUSINESS TAX FEE(S) FOR A CITY BUSINESS TAX RECEIPT DOES NOT ALLOW THE APPLICANT TO OPERATE OR ENGAGE IN ANY TYPE OF BUSINESS, OCCUPATION OR PROFESSION UNTIL A BUSINESS TAX RECEIPT IS ISSUED TO THE APPLICANT. NOTE: THE $10.00 NON-REFUNDABLE APPLICATION FEE IS IN addition TO THE BUSINESS TAX FEE(S).

Business Information	Owner Information (If corporation, provide corporate officer information)
Name: TMAX TRASPORTATION services	Name: MAXO ANGERVIL
Address: 732 HAVEN OAK Ct	Address: 732 HAVEN OAK Ct
Shopping Center:	City/State/Zip: APOPKA FL, 32703
City/State/Zip: APOPKA FL, 32703	Phone: 407-437 1769 Fax: 888-977 2984
Phone: 407-437 1769 Fax: 888-977 2984	Email Address: MAXBEN97@Hotmail.FR
Mailing Address (If different than above)	
Street:	
City/State/Zip	

Business Description (In Detail):

Federal Tax ID Number (FEI #): _____ **OR** Social Security Number: [redacted]

Fictitious Name Registration #: _____ **OR** Exemption Status: _____

(Attach Copy) (Licensed Professional, First & Last Name Used, Incorporated, Attorney)

Regulatory License/Certification: _____ Corporate Doc: _____

CERTIFICATION: I certify that all the information contained herein is true and correct to the best of my knowledge and belief. If any portion is found to be false or misrepresented, such fact may be just cause for immediate revocation of any business tax receipt(s) issued to me. I acknowledge that the issuance of this business tax receipt is contingent upon complying with the building and fire requirements of the City. Inspections will be performed and should deficiencies be found that are in conflict with required codes, I understand that the City will **not** issue the business tax receipt until I (or the owner of the building if leased) make the required corrections. I understand that should corrections be necessary, I am **not** permitted to operate this business until those corrections have been made and all applicable fees have been paid. It is further understood that I must FULLY comply with the Codes of the City of Apopka.

I understand that an Orange County business tax receipt must be obtained after the City business tax receipt is issued.

I further understand that it is the applicant's responsibility to secure the business tax receipt(s) prior to conducting business in the City of Apopka.

Applicant Info (If different that owner info)	*I have read the foregoing document and the facts stated in it are true.*
Name:	
Address:	
City/State/Zip:	
Phone: Fax:	Applicant's Signature:
Email Address:	Date Submitted: 04-08-16

BUSINESS TAX RECEIPT APPLICATION

PLANNING & ZONING DIVISION

Date Received:	Date Approved:	Approved By:
Telephone and/or Mobile Business Only: Yes:	No:	Zoning Est.:
Legal Description:		
Comprehensive Plan (Land Use)		
Comments:		

☐ Full Fiscal Year Fee:$_____ ☐ Half Year Fee: $_____ ☐ Transfer Fee:$_____

Classification Code	Bus Tax Fee	Other Fee	Penalty	Total	Bus Tax Number

Notes:_____

_____

_____

Application Fee: $10.00 Date Paid: _____ Date Issued: _____ Issued by: _____

Bus Tax Subtotal: $_____ Total Paid: $_____ Cash ☐ Credit/Debit: ☐ Check #: _____

Courrier Outlook

Rech. dans les messages e...

Nouveau | Supprimer Archiver Courrier indésirable | Ranger Déplacer vers ...

Dossiers

- Boîte de réceptio 481
- Courrier indésirable 86
- Brouillons 12
- Éléments envoyés
- Éléments supprimés 11

Sunbiz.org Payment Receipt

donotreply@sunbiz.org
À : maxben97@hotmail.fr;

Cet expéditeur n'a pas passé les vérifications relatives à la détection des fraudes et n'est peut-être pas la personne qu'il prétend

Thank you for submitting your payment to **Florida Department of State, Division of Corporations.** This e confirmation that your payment was received by our office.
Your filing will be posted on our website http://www.sunbiz.org/ within 1-3 business days.

The transaction information is listed below:

Receipt Number:	3668928098
Transaction Date/Time:	4/7/2016 1:04:00 PM
Card Number:	XXXX XXXX XXXX 1943
Card Type:	MasterCard
Approval Code:	06976Z
Payment Amount:	$125.00
Document Number:	NEW

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
04/08/2016 1:14 PM

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	CONTACT NAME: GEICO Insurance Agency, Inc.	
GEICO Insurance Agency, Inc. 1 GEICO Blvd Fredericksburg, VA 22412	PHONE (A/C. No. Ext):	FAC (A/C. No):
	E-MAIL ADDRESS:	

INSURED	INSURER(S) AFFORDING COVERAGE	NAIC #
MAXO ANGERVIL TMAX TRANSPORTATION SERVICES 732 HAVEN OAK CT APOPKA, FL 32703	INSURER A: NATIONAL INDEMNITY COMPANY OF THE	42137
	INSURER B: SOUTH	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** 274,281 **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	
	GENERAL LIABILITY						EACH OCCURRENCE	$
	COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	$
	CLAIMS-MADE OCCUR						MED EXP (Any one person)	$
							PERSONAL & ADV INJURY	$
							GENERAL AGGREGATE	$
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS – COMP/OP AGG	$
	POLICY PRO-JECT LOC							$
A	AUTOMOBILE AUTHORITY						COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	ANY AUTO						BODILY INJURY (Per Person)	$ N/A
	ALL OWNED AUTOS / X SCHEDULED AUTOS	Y		74APG071551-01	03/29/2016 3:11 PM	03/29/2017 12:01 AM	BODILY INJURY (Per accident)	$ N/A
	HIRED AUTOS / NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$ N/A
							PIP Limit - $10,000	Covered
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	$
	EXCESS LAB CLAIMS-MADE						AGGREGATE	$
	DED RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATU-TORY LIMITS / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N (Mandatory in NH)	N / A					E. L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E. L. DISEASE – EA EMPLOYEE	$
							E. L. DISEASE – POLICY LIMIT	$
								$
								$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Certificate Holder is named as Additional Insured on this policy.

Year, Make, Model, VIN	Collision	Comp or Spec. Caus.	Stated Amount	Phys. Dam. Deductible	In-Tow Limit	Cargo Limit
2013 LAND ROVER RANGE ROVER SPO SALSF2D45DA799136	Covered	C	59,000	1000/1000	N/A	N/A

CERTIFICATE HOLDER

CITY OF APOPKA
120 E MAIN ST
APOPKA, FL 32703

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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T-MAX TRANSPORTATION SERVICES RATE PER TRIP

FROM ORLANDO AIRPORT TO DISNEY WORLD RATE: $50
TO INTERNATIONAL : $50
TO DOWNTOWN ORL :$50
FROM DISNEY TO ANY HOTEL IN CITY OF ORLADO :$45
FROM APOPKA TO ANYWHERE IN ORLANDO :$45

INDEMNITY AND HOLD HARMLESS AGREEMENT

THIS AGREEMENT made and entered into this 8th day of April, 2016, by and between, Maxo Angervil hereinafter referred to as "Business Owner" and the CITY OF APOPKA, FLORIDA, hereinafter referred to as "The City."

WHEREAS, Maxo Angervil hereby agrees to indemnify and hold harmless the City and all of the City's officers, representatives, employees, and/or agents arising out of, or resulting from any damages, injuries, or illness from any and all liability, including any injury to or death of any person, or damage to or destruction of property in or about the premises; defense costs, including attorney's fees and all other fees incidental to defense; loss or damage the City may suffer as a result of claims, demands, costs or judgments against it arising from participation in particular; held on the 8th day of April, 2016, through the 30th day of September 2016.

Signature of Applicant

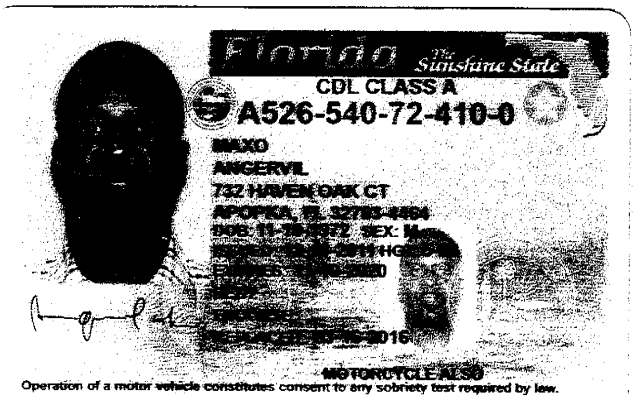
STATE OF FLORIDA
COUNTY OF ORANGE

The foregoing instrument was acknowledged before me this 8th day of April, 2016, by Maxo Angervil and ~~who is personally known to me~~ or who has produced FDL A526-540-72-410-0 as identification and who did (did not) take an oath.

Notary Public

Seal:

JEANNE M. GREEN
MY COMMISSION # FF 178715
EXPIRES: November 28, 2018
Bonded Thru Budget Notary Services


Florida
The Sunshine State
CDL CLASS A
A526-540-72-410-0
ANGERVIL
MOTORCYCLE ALSO
Operation of a motor vehicle constitutes consent to any sobriety test required by law.

INSTRUCTIONS FOR ATTACHING DECAL

1. Clean area where new annual decal is to be affixed.
2. Peel decal from this document.
3. Affix decal in the upper right corner of license plate.

Mail To:
MAXO ANGERVIL
5313 ESPLANADE PARK CI #5104
ORLANDO, FL 32839

IMPORTANT_INFORMATION

SECTION 320.0605, Florida Statutes, requires this registration certificate or an official copy or a true copy of a rental or lease agreement issued for the motor vehicle described be in possession of the operator or carried in the vehicle while the vehicle is being used or operated on the highways or streets of this state.

SECTION 316.613, Florida Statutes, requires every operator of a motor vehicle transporting a child in a passenger car, van or pickup truck registered in this state and operated on the highways of this state, shall, if the child is 5 years of age or younger, provide for protection of the child by properly using a crash-tested, federally approved child restraint device. For children aged through 3 years, such restraint device must be a separate carrier or a vehicle manufacturer's integrated child seat, for children aged 4 through 5 years, a separate carrier or seat belt may be used.

SECTION 627.733, Florida Statutes, requires mandatory Florida No-Fault Insurance to be maintained continuously throughout the entire registration period; failure to maintain the required coverage could result in suspension of your driver license and registration.

Important note: If you cancel the insurance for this vehicle, immediately return the license plate from this registration to a Florida driver license or tax collector office or mail it to: Dept. of Highway Safety, Return Tags, 2900 Apalachee Parkway, Tallahassee, FL 32399. Surrendering the plate will prevent your driving privilege from being suspended.

CO/AGY 7 / 85 T# 895701827
B#

FLORIDA VEHICLE REGISTRATION

PLATE **EMYA83** DECAL **18919626** Expires **Midnight Thu 11/10/2016**

YR/MK	**2013/LNDR**	BODY	**4D**	COLOR	**BLU**	Reg. Tax	71.10	Class Code	1
VIN	**SALSF2D45DA799136**			TITLE	**111384906**	Init. Reg.	225.00	Tax Months	9
Plate Type	**RGS**	NET WT	**6900**			County Fee	3.00	Back Tax Mos	
						Mail Fee		Credit Class	
DL/FEID	**A526540724100**					Sales Tax		Credit Months	
Date Issued	**2/26/2016**	Plate Issued	**2/26/2016**			Voluntary Fees			
						Grand Total	299.10		

MAXO ANGERVIL
5313 ESPLANADE PARK CI #5104
ORLANDO, FL 32839

IMPORTANT INFORMATION

1. The Florida license plate must remain with the registrant upon sale of vehicle.
2. The registration must be delivered to a Tax Collector or Tag Agent for transfer to a replacement vehicle.
3. Your registration must be updated to your new address within 20 days of moving.
4. Registration renewals are the responsibility of the registrant and shall occur during the 30-day period prior to the expiration date shown on this registration. Renewal notices are provided as a courtesy and are not required for renewal purposes.
5. I understand that my driver license and registrations will be suspended immediately if the insurer denies the insurance information submitted for this registration.

RGS - SUNSHINE STATE PLATE ISSUED X

City of Apopka
Community Development Department
VEHICLE FOR HIRE CHECKLIST

Requirements:

- ☑ Completed Application for Vehicle for Hire Permit w/$10.00 application fee.
- ☑ Completed Application for the Business Tax Receipt.
- ☑ Copy of either your Incorporation Certificate/Fictitious Name Registration/LLC (www.sunbiz.org)
- ☑ **Certificate of Insurance naming the City of Apopka as additional insured in the amount of $1,000,000.** For Information on the particular type of insurance required, please contact City of Apopka Risk Management at 407-703-1805.
- ☑ Copy of Meter Specification or Rate Schedule if per-hour or trip charge.
- ☑ Name, Address & Phone Numbers of two (2) character and/or business references.
- ☑ Copy of State of Florida Commercial Driver's License for each driver. N/A
- ☑ Copy of Florida Division of Motor Vehicles Registration for each vehicle.
- ☐ Executed and Notarized Hold Harmless Agreement (pending City Approval).
- ☐ Approval from Police, Fire, Building, Zoning, and Risk Management (Development Review Committee)
- ☐ City Council Approval (Additional information may be required by City Council.)
- ☐ Once all of the documentation has been received and approved, each driver must obtain a Vehicle for Hire Permit Badge from the Apopka Police Department. There will be a fingerprint/background check fee of $42.50 for each driver.

FEES:

- ☑ $10.00 Application Fee - Paid 4-6-16
- ☑ $42.50 Fingerprint/Background Check Fee per driver - Paid 4-6-16
- ☐ $50.00 Vehicle for Hire Permit Badge fee per driver
- ☐ $TBD for Business Tax Receipt * – 5 passengers - $61.00

*The City Business Tax Receipt is separate and will be assessed based upon passenger occupancy and number of fleet vehicles. (City Code Chapter 86)