

CITY OF APOPKA
DEVELOPMENT REVIEW COMMITTEE

DATE: April 05, 2017
TIME: 9:00 AM Development Review Committee Meeting
LOCATION: 120 E. Main Street (City Hall Conference Room – 1st Floor)

I. Staff Comments on the following:

A. Special Events:

1. Event: AFFA Firefighter Combat Challenge
Dates: May 12th and May 13th, 2017
Time: 8:00 A.M. thru 5:00 P.M.
Location: Sam's Club Parking Lot

2. Event: B.A.N.G. Boxing Gym
Date: September 23, 2017
Time: 10:00 A.M. thru 12:00 Noon
Location: 519 S. Central Avenue (VFW)

B. Concept Plan:

3. Mullinax Ford - PUD Amendment SPR17-
19C
Concept Plan
Location: 1551 E. Semoran Boulevard
Parcel ID #s: 11-21-28-0000-00-065; 11-21-28-0000-00-066; 11-21-28-0000-00-068

C. Site Plans:	None
D. Subdivisions/Plats:	None
E. Street Name Review:	None
F. FLUM / Rezoning:	None
G. Special Exception:	None
H. Annexations:	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) 703-1739.



David B. Moon, AICP,
Planning Manager

Special Event Permit Application | 2017

Special Event Permit

Applicants Information

Name of Applicant: Apopka Firefighters Assoc Phone: 407-703-1756
 Address: 175 E 5th ST City: Apopka
 ZIP: 32703 Email address: thompson@apopka.net
 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: Scott Firefighter Combat Challenge
 Date(s) of the Event: 5/12/17 - 5/13/17 Hours of Event: 8:00 am - 5:00 pm
 Location of the Event: SAM'S CLUB PARKING LOT
 Does the location of the event take place on Public or Private Property? Private
 Briefly describe the event and all activities that will occur during the event: _____
Obstacle Course

Expected attendance: 500

Will there be admission, vendor, participant or other fees: Yes: _____ No: X

Will you be serving alcohol: Yes: _____ No: X

*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 Event Permit
(Continued)

Type of Event

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

TENTS, BANNERS, FIRE HOSES & CLIMBING TOWER

Will you have any street, lane, or sidewalk closures?

Yes: _____ No: X

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 Events Coordinator, 407-703-1809 or cray@apopka.net.

HOLD HARMLESS AGREEMENT

I, Todd Bengtson, on behalf of APFA, 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 APFA 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.

Todd Bengtson
PRINTED NAME OF APPLICANT

[Signature]
SIGNATURE OF APPLICANT

3/27/17
DATE SUBMITTED

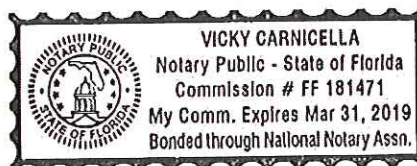
Scott Fire Fighter Challenge 5/12-13/17 Sam's Club
EVENT NAME / EVENT DATE / LOCATION OF EVENT

STATE OF FLORIDA
COUNTY OF ORANGE

SWORN TO (OR AFFIRMED) AND SUBSCRIBED BEFORE ME THIS 27th DAY OF MARCH, 2017 BY Todd Bengtson, WHO IS PERSONALLY KNOWN TO ME OR HAS PRODUCED _____ AS IDENTIFICATION.

[Signature]
NOTARY PUBLIC SIGNATURE

Vicky Carnicella
NOTARY PUBLIC PRINTED NAME



Special Event Permit Application | 2017

FOR OFFICIAL USE ONLY

Name/Date of Event _____

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

Special Events Permit Application

Carolyn Ray – Events Coordinator, cray@apopka.net 407-703-1809

Special Event Permit Requirements

- ☐ _____ Completed Special Event Permit Application.
- ☐ _____ A non-refundable application fee of \$50.00 or completed application for waiver of permit fee is due when application is submitted.
- ☐ _____ A certificate of general liability insurance listing the "City of Apopka" as 'Additional Insured' must be submitted. Copy of the declaration sheet and endorsement page must be included. Additional insurance may be required.
- ☐ _____ Signed and notarized hold harmless agreement.
- ☐ _____ 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.
- ☐ _____ Letter from the property owner granting permission for use of their property.
- ☐ _____ A list of all concessionaries and vendors (if applicable).
- ☐ _____ Copies of flyers and advertisements (if applicable).
- ☐ _____ Rental Fees if applicable

-All applications must be submitted 60 days prior to the event date.

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

Backup material for agenda item:

2. Event: B.A.N.G. Boxing Gym
Date: September 23, 2017
Time: 10:00 A.M. thru 12:00 Noon
Location: 519 S. Central Avenue (VFW)

Special Event Permit

Applicants Information

Name of Applicant: Jimmy Rivera Phone: 407-342-6327
 Address: 190 Lake Shepard Dr. City: Apopka
 ZIP: 32703 Email address: bangboxinggym@gmail.com
 Secondary Contact: Blanca Rivera Phone: 407-342-6399

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

Name of Organization: B.A.N.G. Boxing Gym
 Tax Exempt: Yes: ☒ No: ☐ State of Florida Tax Number: 46-3750167
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: Gloves up Guns Down
 Date(s) of the Event: 9-23-2017 Hours of Event: 10a-12a (mid)
 Location of the Event: VFW, 519 S. Central Ave, Apopka 32703
 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: This event will be an amateur boxing show. There will be weigh-ins in the morning and boxing in the afternoon.

Expected attendance: 350

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 Event Permit (Continued)

Type of Event

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

boxing ring

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 Events Coordinator, 407-703-1809 or cray@apopka.net.

HOLD HARMLESS AGREEMENT

I, Jimmy Rivera, on behalf of Bang Boxing gym 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.

Jimmy Rivera
PRINTED NAME OF APPLICANT

Jimmy Rivera
SIGNATURE OF APPLICANT

3-26-2017
DATE SUBMITTED

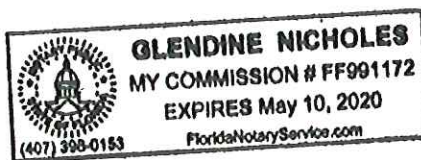
EVENT NAME / EVENT DATE / LOCATION OF EVENT

STATE OF FLORIDA
COUNTY OF ORANGE

SWORN TO (OR AFFIRMED) AND SUBSCRIBED BEFORE ME THIS 27th DAY OF MARCH, 2017 BY Jimmy Rivera, WHO IS PERSONALLY KNOWN TO ME OR HAS PRODUCED FL D/L AS IDENTIFICATION.

Glendine Nicholes
NOTARY PUBLIC SIGNATURE

Glendine Nicholes
NOTARY PUBLIC PRINTED NAME



CITY OF APOPKA
WAIVER OF SPECIAL EVENT FEES FOR
NOT-FOR-PROFIT ORGANIZATIONS AND CHURCHES

APPLICANT: Jimmy Rivera
MAILING ADDRESS: 190 Lake Shepard Dr. Apopka FL, 32703
PO BOX OR STREET CITY STATE ZIP

HOME PHONE# 407-342-6327 WORK # _____
NAME OF ORGANIZATION: B. A. N. G. Boxing Gym
MAILING ADDRESS: 855 N. Park Ave, Suite 4, Apopka, FL 32712
PO BOX OR STREET CITY STATE ZIP

CONTACT PERSON: Jimmy Rivera PHONE # 407-342-6327
NAME OF EVENT: _____

DATE(S) OF EVENT: 9-23-17 TIME(S) OF EVENT: _____

LOCATION OF EVENT: VFW, 519 S. Central Ave, Apopka, FL 32703

APPLICANT MUST SUBMIT PROOF OF NOT-FOR-PROFIT STATUS WITH THE IRS (501-C3)

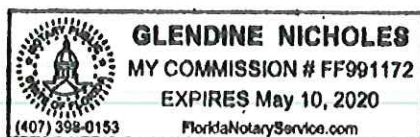
[Signature]
SIGNATURE OF APPLICANT
Jimmy Rivera
PRINTED NAME OF APPLICANT

DATE SUBMITTED TO COMMUNITY DEVELOPMENT

STATE OF FLORIDA
COUNTY OF ORANGE

SWORN TO AND SUBSCRIBED BEFORE ME THIS 27th DAY OF March, 2017,
BY Jimmy Rivera WHO IS PERSONALLY KNOWN TO ME OR HAS
PRODUCED FL DL AS IDENTIFICATION.

(SEAL)



[Signature]
NOTARY PUBLIC SIGNATURE
Glendine Nicholes
NOTARY PUBLIC PRINTED NAME

OFFICIAL USE ONLY

DATE APPROVED: _____

Glenn Irby, City Manager

DATE DENIED: _____



Consumer's Certificate of Exemption

DR-14
R. 04/11

Issued Pursuant to Chapter 212, Florida Statutes

85-8016745575C-1	05/11/2015	05/31/2020	501(C)(3) ORGANIZATION
Certificate Number	Effective Date	Expiration Date	Exemption Category

This certifies that

BANG BOXING GYM INC
464 DREAM LAKE DR
APOPKA FL 32712-4182



is exempt from the payment of Florida sales and use tax on real property rented, transient rental property rented, tangible personal property purchased or rented, or services purchased.



Important Information for Exempt Organizations

DR-14
R. 04/11

1. You must provide all vendors and suppliers with an exemption certificate before making tax-exempt purchases. See Rule 12A-1.038, Florida Administrative Code (F.A.C.).
2. Your *Consumer's Certificate of Exemption* is to be used solely by your organization for your organization's customary nonprofit activities.
3. Purchases made by an individual on behalf of the organization are taxable, even if the individual will be reimbursed by the organization.
4. This exemption applies only to purchases your organization makes. The sale or lease to others of tangible personal property, sleeping accommodations, or other real property is taxable. Your organization must register, and collect and remit sales and use tax on such taxable transactions. Note: Churches are exempt from this requirement except when they are the lessor of real property (Rule 12A-1.070, F.A.C.).
5. It is a criminal offense to fraudulently present this certificate to evade the payment of sales tax. Under no circumstances should this certificate be used for the personal benefit of any individual. Violators will be liable for payment of the sales tax plus a penalty of 200% of the tax, and may be subject to conviction of a third-degree felony. Any violation will require the revocation of this certificate.
6. If you have questions regarding your exemption certificate, please contact the Exemption Unit of Account Management at 800-352-3671. From the available options, select "Registration of Taxes," then "Registration Information," and finally "Exemption Certificates and Nonprofit Entities." The mailing address is PO Box 6480, Tallahassee, FL 32314-6480.

2805323.

Special Event Permit Application | 2017

FOR OFFICIAL USE ONLY

Name/Date of Event _____

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:** _____