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

Applicants Information

Name of Applicant: Apopka Firefighters Assoc. Phone: 407-703-1756

Address: 175 E 5th ST City: Apopka

ZIP: 32703 Email address: thenglish@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 Challange

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: 300

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 AFFA, 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 AFFA 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 OF APPLICANT

3/27/17
DATE SUBMITTED

Scott Fire Fighter Challenge 5/12-13/17 Sams 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.

NOTARY PUBLIC SIGNATURE

Vicky Carnicella
NOTARY PUBLIC PRINTED NAME

VICKY CARNICELLA
Notary Public - State of Florida
Commission # FF 181471
My Comm. Expires Mar 31, 2019
Bonded through National Notary Assn.

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: 46-3150167

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 (mia)

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
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.

NOTARY PUBLIC SIGNATURE

GLENDINE NICHOLES
MY COMMISSION # FF991172
EXPIRES May 10, 2020
(407) 398-0153 FloridaNotaryService.com

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 OF APPLICANT

DATE SUBMITTED TO COMMUNITY DEVELOPMENT

Jimmy Rivera
PRINTED NAME OF APPLICANT

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 D/L AS IDENTIFICATION.

NOTARY PUBLIC SIGNATURE

Glendine Nicholes
NOTARY PUBLIC PRINTED NAME

(SEAL)

GLENDINE NICHOLES
MY COMMISSION # FF991172
EXPIRES May 10, 2020
(407) 398-0153 FloridaNotaryService.com

OFFICIAL USE ONLY

DATE APPROVED: _____

Glenn Irby, City Manager

DATE DENIED: _____

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FLORIDA DEPARTMENT OF REVENUE

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.

FLORIDA DEPARTMENT OF REVENUE

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.

FOR OFFICIAL USE ONLY *Name/Date of Event*_____

DRC APPROVAL:_____ DATE:_____

DRC COMMENTS:

_____

_____

FIRE APPROVAL:_____ DATE:_____

FIRE COMMENTS:

_____

_____

POLICE APPROVAL:_____ DATE:_____

POLICE COMMENTS:

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_____

EVENTS APPROVAL:_____ DATE:_____

EVENTS COMMENTS:

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RISK MANAGEMENT APPROVAL:_____ DATE:_____

RISK MANAGEMENT COMMENTS:

_____

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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:_____