CITY OF APOPKA
DEVELOPMENT REVIEW COMMITTEE

DATE: **March 22, 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: Easter Sunrise Service – First United Methodist Church
Date: April 16, 2017
Time: 6:30 A.M. thru 7:30 A.M.
Location: Kit Land Nelson Park

2. Event: Arts and Jazz Festival - Orange County Public Schools
Date: April 1, 2017
Time: 9:30 A.M. thru 4:30 P.M.
Location: Apopka Amphitheater

B. Concept Plan:

3. 828 S. Washington Avenue (Proposed Church) SPR17-16C
Concept Plan
Parcel ID #: 09-21-28-96-70-350

4. Crosby Inn/Restaurant SPR17-15C
Concept Plan
Location: 1440 W. Orange Blossom Trail
Parcel ID #: 05-21-28-0000-0-010

5. Lake Lucie Equestrian Trailhead (Conservation Area) SPR17-14C
Concept Plan
Location: 43 Rainey Road
Parcel ID #: 05-20-28-0000-00-003

6. Orchid Estates – Gazebo, Trail and Landscaping PR17-07C
Concept Plan
Location: 4457 Chandler Road - Parcel ID #: 18-20-28-0000-00-055
Location: 4456 Chandler Road - Parcel ID #: 18-20-28-0000-00-059

C. Site Plans:

7. Piedmont Plaza (Re-Submittal) MSP16-01
Proposed: Master Sign Plan
Location: 2302 E. Semoran Boulevard
Parcel ID #s: 12-21-28-0000-00-003; 12-21-28-0000-00024;
12-21-28-0000-00025; 12-21-28-0000-00027

8. Piedmont Plaza (Re-Submittal) SPR17-06R
Revised Redevelopment Plan/Final Development Plan
Location: 2302-2444 E. Semoran Boulevard
Parcel ID #: 12-21-28-0000-00-003

D. Plats: None
E. Street Name Review: None
F. FLUM / Rezoning: None
G. Special Exception: None
H. Annexation: 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

Backup material for agenda item:

1. Event: Easter Sunrise Service – First United Methodist Church
   Date: April 16, 2017
   Time: 6:30 A.M. thru 7:30 A.M.
   Location: Kit Land Nelson Park

Special Events Permit

Applicants Information

Name of Applicant: First United Methodist Church Phone: (407) 886-3421

Address: 201 S. Park Ave City: Ave.

ZIP: 32703 Email address: pastor@fumcapopka.com

Secondary Contact: John G. Fisher Phone: (321) 543-8377

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

Name of Organization: 1st United Methodist Church of Apopka

Tax Exempt: Yes: X 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: Easter Sunrise Service

Date(s) of the Event: 4-16-17 Hours of Event: 6:30 am - 7:30 am

Location of the Event: Kitt Land 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:

Music / Sermon / Communion

Expected attendance: ~ 100

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 Events Permit
(Continued)

Type of Event

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

Tables, Chairs, Sound System

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, at 407-703-1809 or cray@apopka.net.

HOLD HARMLESS AGREEMENT

I, John G. Fisher, on behalf of 1st Umc, 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 1st Umc 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.

John G. Fisher
PRINTED NAME OF APPLICANT

SIGNATURE OF APPLICANT

3-10-17
DATE SUBMITTED

Easter Sunrise Service 4-16-17 Kitt Lang Nelson Park
EVENT NAME / EVENT DATE / LOCATION OF EVENT

STATE OF FLORIDA
COUNTY OF ORANGE

SWORN TO (OR AFFIRMED) AND SUBSCRIBED BEFORE ME THIS 10th DAY OF March, 2017 BY John Fisher, WHO IS PERSONALLY KNOWN TO ME OR HAS PRODUCED _____ AS IDENTIFICATION.

Lorena M. Potter
NOTARY PUBLIC SIGNATURE

LORENA M. POTTER
MY COMMISSION # FF991175
EXPIRES May 10, 2020
(407) 398-0163 FloridaNotaryService.com

NOTARY PUBLIC PRINTED NAME
Lorena M. Potter

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

APPLICANT: John G. Fisher

MAILING ADDRESS: 201 S. Park Ave Apopka FL 32703
PO BOX OR STREET CITY STATE ZIP

HOME PHONE# (321) 543-8377 WORK # (407) 886-3421

NAME OF ORGANIZATION: 1st United Methodist Church of Apopka

MAILING ADDRESS: 201 S. Park Ave Apopka FL 32703
PO BOX OR STREET CITY STATE ZIP

CONTACT PERSON: John G. Fisher PHONE # (321) 543-8377

NAME OF EVENT: Easter Sunrise Service

DATE(S) OF EVENT: 4-16-17 TIME(S) OF EVENT: 6:30 - 7:30 am

LOCATION OF EVENT: Kit Land Nelson Park

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

SIGNATURE OF APPLICANT

3-10-17
DATE SUBMITTED TO COMMUNITY DEVELOPMENT

John G. Fisher
PRINTED NAME OF APPLICANT

STATE OF FLORIDA
COUNTY OF ORANGE

SWORN TO 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

(SEAL)

OFFICIAL USE ONLY

DATE APPROVED: _____

_____
Glenn Irby, City Manager

DATE DENIED: _____

G:\Shared\4020\PLANNING_ZONING\Special Events\Forms\Waiver of Special Event Fees.wpd

0000013 04/03/12

FLORIDA DEPARTMENT OF REVENUE

Consumer's Certificate of Exemption

DR-14
R. 04/11

Issued Pursuant to Chapter 212, Florida Statutes

85-8012558039C-4	05/31/2012	05/31/2017	RELIGIOUS-PHYSICAL PLACE
Certificate Number	Effective Date	Expiration Date	Exemption Category

This certifies that

THE FIRST UNITED METHODIST CHURCH
OF APOPKA INC
201 S PARK AVE
APOPKA FL 32703-4256

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.

0000013 04/03/12

FLORIDA
DEPARTMENT OF REVENUE

Consumer's Certificate of Exemption

DR-14
R. 04/11

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201 S PARK AVE
APOPKA FL 32703-4256

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.

GENERAL COUNCIL ON FINANCE AND ADMINISTRATION
PO Box 340029
Nashville, TN 37203-0029
THE UNITED METHODIST CHURCH

January 25, 2011

THE FIRST UNITED METHODIST CHURCH OF APOPKA
201 South Park Avenue
Apopka, FL 32703

Re: Certification of Inclusion in The United Methodist Church Group Tax Exemption Ruling
Affiliated Organization: The First United Methodist Church of Apopka
Affiliated Organization's Employer Identification Number (EIN): 59-1258663

This letter will certify that the affiliated organization named above is included in The United Methodist Church Group Tax Exemption Ruling ("UMC Group Ruling"). In particular, as stated in the group ruling determination letter issued to The United Methodist Church by the Internal Revenue Service ("IRS"), this affiliated organization is exempt from federal income tax under Section 501(c)(3) of the Internal Revenue Code.

This certification letter is issued by the General Council on Finance and Administration of The United Methodist Church ("GCFA"), who is the central organization for the UMC Group Ruling. As the central organization, GCFA has been granted the authority by the IRS to determine which organizations are included in the UMC Group Ruling. (The IRS Group Exemption Number ("GEN") for the UMC Group Ruling is 2573.) Thus, this certification letter, together with the enclosed copy of the IRS group ruling determination letter, serves to verify the tax-exempt status of this affiliated organization.

If you have any further questions, please feel free to contact the GCFA Legal Department at (866) 367-4232 or legal@gcfa.org.

Sincerely,

GENERAL COUNCIL ON FINANCE AND ADMINISTRATION OF
THE UNITED METHODIST CHURCH

H. Anthony Velázquez
Paralegal

Enclosures

CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY) 03/15/2017

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 have ADDITIONAL INSURED provisions or 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:	
Aon Risk Services, Inc of Florida 7650 Courtney Campbell Causeway Suite 1000 Tampa FL 33607 USA	PHONE (A/C. No. Ext): (866) 283-7122	FAX (A/C. No.): 800-363-0105
	E-MAIL ADDRESS:	

INSURED	INSURER(S) AFFORDING COVERAGE	NAIC #
354767 FIRST UMC, APOPKA 201 S. PARK AVE Apopka FL 32703 USA	INSURER A: The Princeton Excess & Surp Lines Ins Co	10786
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** 570065748967 **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. Limits shown are as requested

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 X SIR $1,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY [ ] PRO-JECT [ ] LOC OTHER:			N2-A3-RL-0000017-07 Excess GL SIR applies per policy terms & conditions	12/31/2016	12/31/2017	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$1,000,000 $1,000,000
	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY SCHEDULED AUTOS NON-OWNED AUTOS ONLY						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? Y/N [ ] (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A					[ ] PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE-EA EMPLOYEE E.L. DISEASE-POLICY LIMIT	

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

RE: Easter Sunrise Service at Kitt Land Nelson Park on April 16, 2017.

CERTIFICATE HOLDER

City of Apopka
120 E. Main St.
Apopka FL 32703 USA

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

Aon Risk Services Inc of Florida

Holder Identifier : 354767

Certificate No : 570065748967

Backup material for agenda item:

2. Event: Arts and Jazz Festival - Orange County Public Schools
   Date: April 1, 2017
   Time: 9:30 A.M. thru 4:30 P.M.
   Location: Apopka Amphitheater

Art / Jazz Fest
April 1, 2017

Special Event Permit Application | 2017

Special Events Permit

Applicants Information

Name of Applicant: Orange County Public Schools Phone: (407) 317-3700 x2025906

Address: 6501 Magic Way, Bldg. 200 City: Orlando

ZIP: 32809 Email address: _____

Secondary Contact: Laura Kelly Phone: (407) 317-3700 x 2025906

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

Name of Organization: Orange County Public Schools

Tax Exempt: Yes: X No: _____ State of Florida Tax Number: 85-801262226C-6

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: Apopka Arts and Jazz Festival

Date(s) of the Event: April 1, 2017 Hours of Event: 9:30am - 4:30pm

Location of the Event: Apopka Amphitheater

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:

Arts and Jazz Festival. Exhibition of arts and student performances.

Expected attendance: 500

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

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 Events Permit (Continued)

Type of Event

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

Tents, Banners and Signs

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, at 407-703-1809 or cray@apopka.net.

HOLD HARMLESS AGREEMENT

I, John Morris, CFO, on behalf of OCPS, 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.

John Morris as CFO for OCPS
PRINTED NAME OF APPLICANT

SIGNATURE OF APPLICANT

March 16, 2017
DATE SUBMITTED

Arts and Jazz Festival / Apopka Amphitheater
EVENT NAME / EVENT DATE / LOCATION OF EVENT

STATE OF FLORIDA
COUNTY OF ORANGE

SWORN TO (OR AFFIRMED) AND SUBSCRIBED BEFORE ME THIS 16 DAY OF March, 2017 BY John Morris, WHO IS PERSONALLY KNOWN TO ME OR HAS PRODUCED _____ AS IDENTIFICATION.

NOTARY PUBLIC SIGNATURE

SANDRA ROOPWAH
MY COMMISSION #FF087660
EXPIRES January 29, 2018
(407) 398-0153 FloridaNotaryService.com

Sandra Roopwah
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: CReuf DATE: 3.16.17

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

APPLICANT: Orange County Public Schools

MAILING ADDRESS: 6501 Magic Way, Bldg. 200 Orlando, FL 32809
PO BOX OR STREET CITY STATE ZIP

HOME PHONE#_____ WORK # (407) 317-3700 x2025906

NAME OF ORGANIZATION: Orange County Public Schools

MAILING ADDRESS: 6501 Magic Way, Bldg. 200 Orlando, FL 32809
PO BOX OR STREET CITY STATE ZIP

CONTACT PERSON: John Morris PHONE # (407) 317-3700 x2025906

NAME OF EVENT: Arts and Jazz Festival

DATE(S) OF EVENT: April 1, 2017 TIME(S) OF EVENT: 9:30am-4:30pm

LOCATION OF EVENT: Apopka Amphitheater

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

_____ _____
SIGNATURE OF APPLICANT DATE SUBMITTED TO COMMUNITY DEVELOPMENT

_____
PRINTED NAME OF APPLICANT

STATE OF FLORIDA
COUNTY OF ORANGE

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

_____
NOTARY PUBLIC SIGNATURE

(SEAL)

_____
NOTARY PUBLIC PRINTED NAME

OFFICIAL USE ONLY

DATE APPROVED: _____

_____
Glenn Irby, City Manager

DATE DENIED: _____

G:\Shared\4020\PLANNING_ZONING\Special Events\Forms\Waiver of Special Event Fees.wpd

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 6/30/2016

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 Public Risk Insurance Agency P. O. Box 2416 Daytona Beach FL 32115	CONTACT NAME: Brittany O'Brien PHONE (A/C, No, Ext): (386) 252-6176 FAX (A/C, No): (386) 239-4049 E-MAIL ADDRESS:
INSURED The School Board of Orange County, Florida 445 W. Amelia Street Attn: Risk Mgmt ELC 3rd Floor Orlando FL 32801	INSURER(S) AFFORDING COVERAGE — NAIC # INSURER A: See Description** INSURER B: Safety National Casualty Corp — 15108 INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES CERTIFICATE NUMBER: CL166801370 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: POLICY PRO-JECT LOC OTHER:			**SBOC-PSI-03 $200,000 Per Person $300,000 Per Occurrence	07/01/2016	07/01/2017	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ ** $ $ $ $ $
A	AUTOMOBILE LIABILITY X ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS X HIRED AUTOS X NON-OWNED AUTOS			**SBOC-PSI-03 $200,000 Per Person $300,000 Per Occurrence	07/01/2016	07/01/2017	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	$ $
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		SP 4054983 Excess Workers' Comp w/ $2,000,000 SIR	07/01/2016	07/01/2017	X PER STATUTE OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ 2,000,000 $ 2,000,000 $ 2,000,000

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

**Company A: In accordance with Florida Statute, The School Board of Orange County, Florida is subject to sovereign immunity per the limits listed above (768.28) and may, at its sole discretion, elect to self-insure. For property and liability, FS 1001.42 and for workers compensation, FS 440.38. Certificate applies to all operations and activities of The SBOC, its schools, elected officials, and employees held on City of Apopka property/facilities or for any services provided to City of Apopka. Questions related to this insurance and agreements with City of Apopka should be directed to riskmanagement@ocps.net and Risk Management of City of Apopka.

CERTIFICATE HOLDER

City of Apopka
120 East Main Street
Apopka, FL 32704

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

Paul Dawson/BRITT