CITY OF APOPKA
DEVELOPMENT REVIEW COMMITTEE

DATE: **March 08, 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: Phileman Ministries
Date: Sunday, April 16, 2017
Time: 7:00 A.M. thru 9:00 A.M.
Location: 58 Main Street (Parking Lot)

2. Event: Semoran Baptist Temple DBA Grace Pointe Church
Easter Service at Apopka Amphitheater
Date: Sunday, April 16, 2017
Time: 9:00 A.M. thru 10:30 A.M
Location: Apopka Amphitheater & Pavilion

3. Event: Flapjack Dash – Killarney Baptist Church
Date: Saturday, May 6, 2017
Time: 6:00 A.M. thru 10:00 A.M
Location: Northwest Recreation Complex

B. Concept Plan:

4. Meadow View Apartments — SPR17-11C
Concept Plan
Location: West of Vick Road and Welch Road Intersection
Parcel ID #: 32-20-28-0000-00-042

5. Magnolia Commerce Center — SPR17-12C
Concept Plan\Minor Amendment
Location: North of 1st Street and east of Bradshaw Road
Parcel ID #: 09-21-28-7552-03-010

C. Site Plans: None

D. Subdivisions/Plats:

6. Vistas at Waters Edge (Re-submittal) — PR17-02
Final Development Plan (Residential Subdivision – 147 Lots)
Location: S. Binion Road at Harmon Road
Parcel ID #: 19-21-28-0000-00-011; 19-21-28-0000-00-021;
19-21-28-0000-00-022

E. Street Name Review: None
F. FLUM / Rezoning: None
G. Special Exception: None

II. Other Business:

A. Public Hearing: None
B. Vacate/Variance: None
C. Request for Extension: None
D. Discussion: None

E. Peddlers Permit:

7. Door-to-Door Soliciation - Vivint Solar Developer LLC - Daniel Hibbs

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: Phileman Ministries
   Date: Sunday, April 16, 2017 Time: 7:00 A.M. thru 9:00 A.M.
   Location: 58 Main Street (Parking Lot)

CITY OF APOPKA

APPLICATION FOR SPECIAL EVENT/OUTDOOR ASSEMBLY PERMIT

APPLICANT'S NAME: Anita Kelly

MAILING ADDRESS: PO Box 2466, Apopka FL 32712
PO BOX OR STREET CITY STATE ZIP+4

PHONE: CELL 4074612288 HOME _____ WORK 4077023957

NAME OF GROUP/ORGANIZATION: Philemon Ministries

MAILING ADDRESS: _____
PO BOX OR STREET CITY STATE ZIP+4

PHONE: _____ CONTACT PERSON: _____

CHAIRPERSON OF PARADE: _____

MAILING ADDRESS: _____
PO BOX OR STREET CITY STATE ZIP+4

PHONE: CELL _____ HOME _____ WORK _____

DATE(S) OF EVENT: Sunday, April 16, 2017

HOURS OF EVENT (BEGIN): 7Am (END): 9Am

EXACT LOCATION OF EVENT: Parking Lot SR Main Street

_____ (ATTACH MAP)

PUBLIC FACILITIES OR EQUIPMENT TO BE USED: _____

ANTICIPATED # OF DAILY PARTICIPANTS: 50 ANTICIPATED # OF DAILY SPECTATORS: _____

DESCRIBE ALL ACTIVITIES WHICH WILL OCCUR DURING THE EVENT: Sunrise service (worship) music, singing, speaker

WILL ALCOHOLIC BEVERAGES BE SOLD? YES _____ NO X IF YES, EXPLAIN: _____

DESCRIPTION OF ANY EQUIPMENT AND/OR PRODUCTS, TO BE USED: (TENTS, AMPLIFIERS, BANNERS, SIGNS, ANIMALS, ETC.): Amplifier, speaker, mic, chairs, signs

APPLICANT MUST PROVIDE ADEQUATE RESTROOM FACILITIES DURING EVENT, APPLICANT IS RESPONSIBLE TO PROVIDE POLICE AND FIRE PROTECTION IF DEEMED NECESSARY BY THE POLICE CHIEF AND/OR FIRE CHIEF. APPLICANT MUST PROVIDE WRITTEN AUTHORIZATION FOR APPLICANT TO APPLY FOR PERMIT ON BEHALF OF GROUP OR ORGANIZATION.

PLEASE CONTINUE ON REVERSE SIDE.

HOLD HARMLESS AGREEMENT

I, Anita Kelly, HEREBY REPRESENT, STIPULATE CONTRACT AND AGREE THAT Philemon Ministries WILL JOINTLY AND SEVERALLY INDEMNIFY AND HOLD THE CITY OF APOPKA HARMLESS AGAINST LIABILITY, INCLUDING COURT COSTS AND ATTORNEY'S FEES, AND INCLUDING ATTORNEY'S FEES FOR AN APPEAL, FOR ANY AND ALL CLAIMS FOR DAMAGE TO PROPERTY OR INJURY TO OR DEATH OF PERSONS ARISING OUT OF OR RESULTING FROM THE ISSUANCE OF THE PERMIT OR THE CONDUCT OF THE ASSEMBLY OR ANY OF ITS PARTICIPANTS.

Anita Kelly
SIGNATURE OF APPLICANT

Anita Kelly
PRINTED NAME OF APPLICANT

2-22-17
DATE SUBMITTED

STATE OF FLORIDA
COUNTY OF ORANGE

SWORN TO (OR AFFIRMED) AND SUBSCRIBED BEFORE ME THIS 22nd DAY OF FEBRUARY, 2017 BY ANITA KELLY, 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: Anita Kelly (309 Lancer Oak Dr 32712)

MAILING ADDRESS: PO Box 2466, Apopka FL 32712
PO BOX OR STREET CITY STATE ZIP

HOME PHONE# 407-461-2288 WORK # _____

NAME OF ORGANIZATION: Philerion Ministries

MAILING ADDRESS: PO Box 2466, Apopka FL 32712-2466
PO BOX OR STREET CITY STATE ZIP

CONTACT PERSON: Anita Kelly PHONE # 407-461-2288

NAME OF EVENT: Sunrise Service

DATE(S) OF EVENT: 4/16/17 TIME(S) OF EVENT: 7am-9am

LOCATION OF EVENT: Parking Lot (Rear) 58 E. Main Street

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

Anita Kelly 2/22/17
SIGNATURE OF APPLICANT DATE SUBMITTED TO COMMUNITY DEVELOPMENT

Anita Kelly
PRINTED NAME OF APPLICANT

STATE OF FLORIDA
COUNTY OF ORANGE

SWORN TO AND SUBSCRIBED BEFORE ME THIS 22nd DAY OF FEBRUARY, 2017,
BY ANITA KELLY WHO IS PERSONALLY KNOWN TO ME OR HAS
PRODUCED FL D/L AS IDENTIFICATION.

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

(SEAL)

NOTARY PUBLIC SIGNATURE

GLENDINE NICHOLES
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

FLORIDA DEPARTMENT OF REVENUE

Consumer's Certificate of Exemption

DR-14
R. 04/11

Issued Pursuant to Chapter 212, Florida Statutes

85-8015502553C-9	10/31/2015	10/31/2020	501(C)(3) ORGANIZATION
Certificate Number	Effective Date	Expiration Date	Exemption Category

This certifies that

PHILEMON MINISTRIES INCORPORATED
58 E MAIN ST
APOPKA FL 32703-5200

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.

COMMENTS BY APPLICANT:_____

_____

_____

I, Anita Kelly, Philtronics Ministries, HEREBY REPRESENT, STIPULATE, CONTRACT AND AGREE THAT _____ WILL JOINTLY AND SEVERALLY INDEMNIFY AND HOLD THE CITY HARMLESS AGAINST LIABILITY, INCLUDING COURT COSTS AND ATTORNEY'S FEES, AND INCLUDING ATTORNEY'S FEES FOR AN APPEAL, FOR ANY AND ALL CLAIMS FOR DAMAGE TO PROPERTY OR INJURY TO OR DEATH OF PERSONS ARISING OUT OF OR RESULTING FROM THE ISSUANCE OF THE PERMIT OR THE CONDUCT OF THE ASSEMBLY OR ANY OF ITS PARTICIPANTS.

Anita Kelly
SIGNATURE OF APPLICANT

Anita Kelly
PRINTED NAME OF APPLICANT

2-17-17
DATE SUBMITTED TO COMMUNITY DEV. DEPT.

STATE OF FLORIDA
COUNTY OF ORANGE

SWORN TO (OR AFFIRMED) AND SUBSCRIBED BEFORE ME THIS 22nd DAY OF FEBRUARY, 2017, BY ANITA KELLY, WHO IS PERSONALLY KNOWN OR PRODUCED FL DL AS IDENTIFICATION.

NOTARY PUBLIC SIGNATURE

GLENDINE NICHOLES
NOTARY PUBLIC PRINTED NAME

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

FOR OFFICIAL USE ONLY

DRC APPROVAL:_____ DATE:_____

DRC COMMENTS:_____

_____

FIRE APPROVAL:_____ DATE:_____

FIRE COMMENTS:_____

_____

POLICE APPROVAL:_____ DATE:_____

POLICE 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:_____

LOU HAUBNER REALTY, INC.
Realtors ®

"Everything We Touch Turns to SOLD"

City of Apopka
120 E. Main Street
Apopka FL 32703

Re: Philemon Ministries

City of Apopka,

Our tenant Philemon Ministries, located at 58 E. Main Street, Apopka will be holding their sunrise service for Easter Sunday on the back parking lot at 58 E. Main. I have approved the use of the back parking lot for this event.

Should you have any questions please feel free to contact me at 407-886-8010.

Respectfully,

Lou Haubner

Lou Haubner
Lou Haubner Realty, Inc.

Google Maps 71 E 5th St

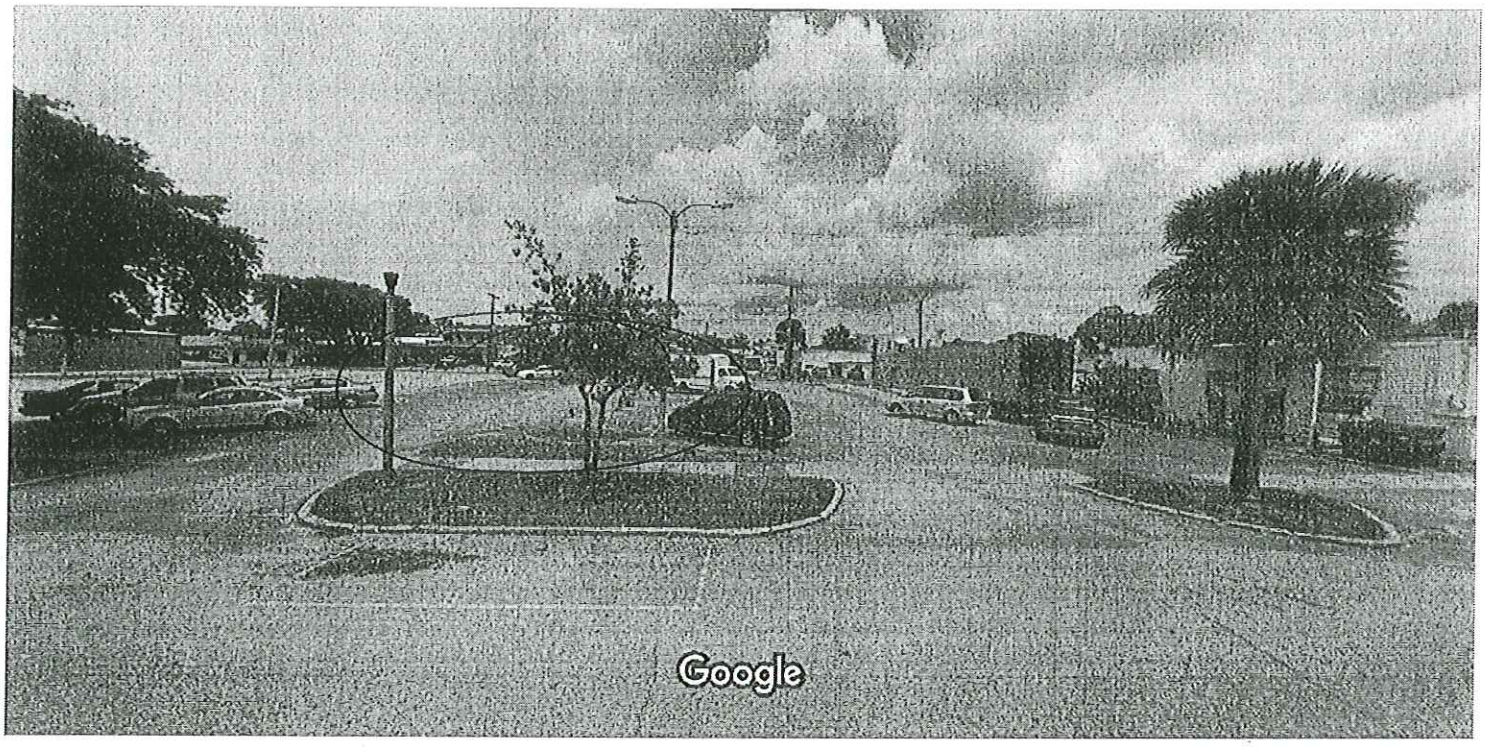
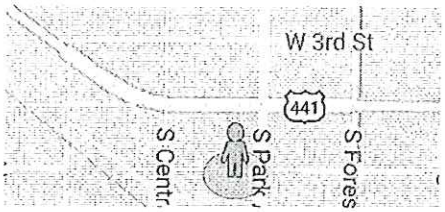


Image capture: Apr 2014 © 2017 Google

Apopka, Florida

Street View - Apr 2014



Backup material for agenda item:

2. Event: Semoran Baptist Temple DBA Grace Pointe Church
   Easter Service at Apopka Amphitheater
   Date: Sunday, April 16, 2017 Time: 9:00 A.M. thru 10:30 A.M
   Location: Apopka Amphitheater & Pavilion

Special Events Permit

Applicants Information

Name of Applicant: GRACE POINTE CHURCH_ Phone: _407-889-3383_____

Address: __2051 W. LESTER ROAD___ City: _APOPKA____

ZIP: _32712___ Email address: ___JUDY@GPC.ME_____

Secondary Contact: _JUDY HENDERSON____ Phone: __321-689-9888_

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

Name of Organization: _SEMORAN BAPTIST TEMPLE DBA GRACE POINTE CHURCH_____

Tax Exempt: Yes: _X___ No: _____ State of Florida Tax Number: _85-8012582986C-0___

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

Type of Event

Name of the Event: _EASTER SERVICE AT APOPKA AMPHITHEATER_____

Date(s) of the Event: _SUNDAY, APRIL 16, 2017___Hours of Event: EVENT START 9 AM (SETUP/ TEAR DOWN 6:30- 11:30__

Location of the Event: ____APOPKA AMPHITHEATER & PAVILION_____

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

Briefly describe the event and all activities that will occur during the event: ___EASTER SERVICE WITH SPEAKING/ LIVE MUSIC FOR THE COMMUNITY

Expected attendance: _900_____

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.): _____EVENT SIGNS AND SMALL POP-UP TENTS.

NOTE: Please do not schedule sports events in the fields behind the amphitheater. It was disruptive to the service in 2016.

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, _REV. JASON M. HENDERSON_, on behalf of _GRACE POINTE CHURCH_, 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 _GRACE POINTE CHURCH_ 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.

__REV. JASON M. HENDERSON__
PRINTED NAME OF APPLICANT

_____
SIGNATURE OF APPLICANT

____2/24/17_____
DATE SUBMITTED

___EASTER SERVICE AT AMPHITHEATER___
EVENT NAME / EVENT DATE / LOCATION OF EVENT

STATE OF FLORIDA
COUNTY OF ORANGE

SWORN TO (OR AFFIRMED) AND SUBSCRIBED BEFORE ME THIS 24 DAY OF February, 2017 BY Jason Henderson, WHO IS PERSONALLY KNOWN TO ME OR HAS PRODUCED _____ AS IDENTIFICATION.

Karyn R. Howe
NOTARY PUBLIC SIGNATURE

Notary Public State of Florida
Karyn R Howe
My Commission FF 139634
Expires 07/08/2018

Karyn R. Howe
NOTARY PUBLIC PRINTED NAME

FLORIDA DEPARTMENT OF REVENUE

Consumer's Certificate of Exemption

DR-14
R. 04/11

Issued Pursuant to Chapter 212, Florida Statutes

85-8012582986C-0	08/31/2015	08/31/2020	RELIGIOUS-PHYSICAL PLACE
Certificate Number	Effective Date	Expiration Date	Exemption Category

This certifies that

SEMORAN BAPTIST TEMPLE INC
GRACE POINTE CHURCH
2051 W LESTER RD
APOPKA FL 32712-2202

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.).

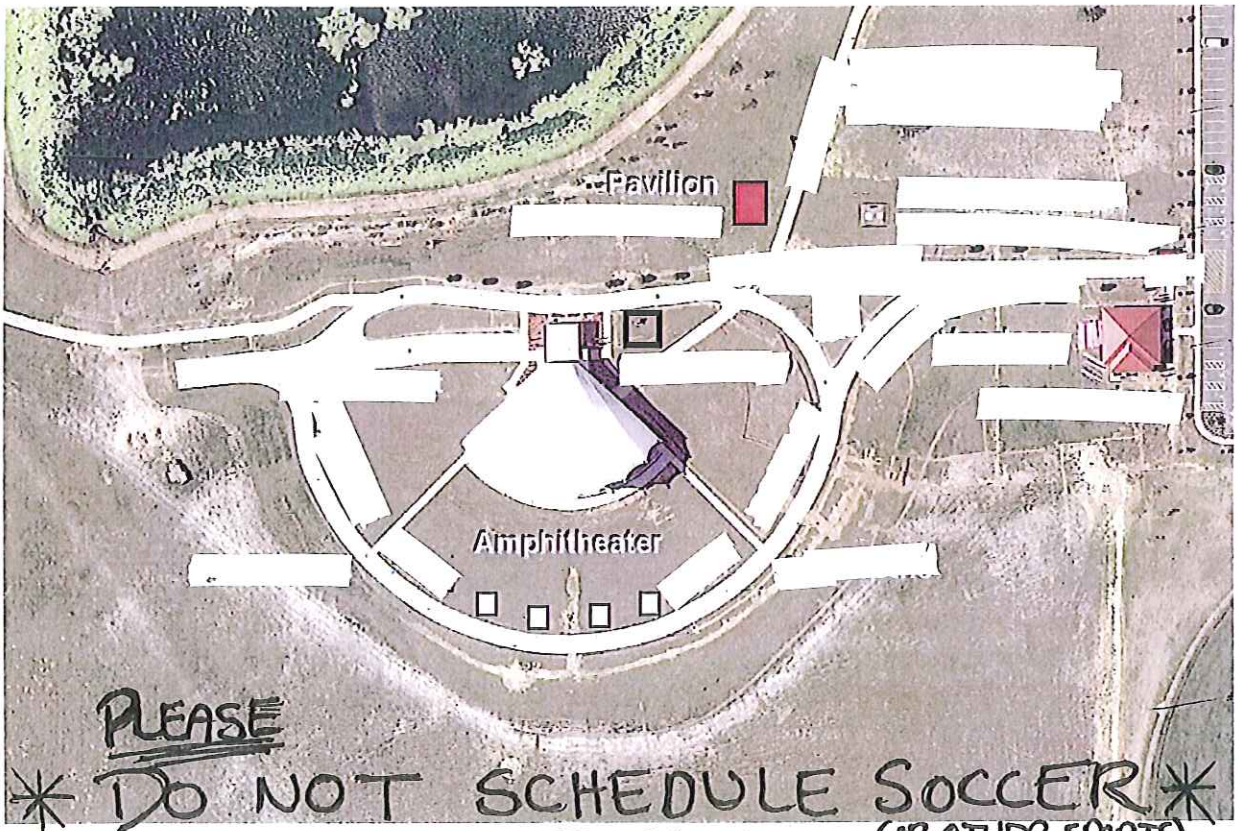
2. Your *Consumer's Certificate of Exemption* is to be used solely by your organization for your organization's customary nonprofit activities.

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.



PLEASE

* DO NOT SCHEDULE SOCCER * (OR OTHER SPORTS)
IN FIELD BEHIND
AMPHITHEATER.
IT IS DISRUPTIVE TO THE EVENT.

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

APPLICANT: REV. JASON M. HENDERSON

MAILING ADDRESS: 2051 W. LESTER RD, APOPKA, FL 32712
PO BOX OR STREET CITY STATE ZIP

HOME PHONE#_____ WORK #_____

NAME OF ORGANIZATION: GRACE POINTE CHURCH

MAILING ADDRESS: 2051 W. LESTER RD., APOPKA, FL 32712
PO BOX OR STREET CITY STATE ZIP

CONTACT PERSON: JUDY HENDERSON PHONE # 321-689-9888

NAME OF EVENT: EASTER AT THE AMPHITHEATER

DATE(S) OF EVENT: 4/16/17 TIME(S) OF EVENT: 9 AM

LOCATION OF EVENT: AMPHITHEATER & PAVILION

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

SIGNATURE OF APPLICANT

2/24/17
DATE SUBMITTED TO COMMUNITY DEVELOPMENT

REV. JASON M. HENDERSON
PRINTED NAME OF APPLICANT

STATE OF FLORIDA
COUNTY OF ORANGE

SWORN TO AND SUBSCRIBED BEFORE ME THIS 24 DAY OF February, 2017,
BY Jason Henderson WHO IS PERSONALLY KNOWN TO ME OR HAS
PRODUCED _____ AS IDENTIFICATION.

(SEAL)

Notary Public State of Florida
Karyn R Howe
My Commission FF 139634
Expires 07/08/2018

Karyn R. Howe
NOTARY PUBLIC SIGNATURE

Karyn R. Howe
NOTARY PUBLIC PRINTED NAME

OFFICIAL USE ONLY

DATE APPROVED: _____

DATE DENIED: _____

Richard D. Anderson, CAO

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

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 02/24/2017

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	TERRY L. BROWN INSURANCE AGENCY INC PO BOX 121246 CLERMONT, FL 347121246	CONTACT NAME: Kelly L Evans PHONE (A/C, No, Ext): 352/243-1100 FAX (A/C, No): E-MAIL ADDRESS: KELLY@CHURCHAGENT.NET	
		INSURER(S) AFFORDING COVERAGE	NAIC #
		INSURER A : GUIDEONE AMERICA INS CO	42331
INSURED	SEMORAN BAPTIST TEMPLE INC DBA: GRACE POINTE CHURC 2051 W. LESTER RD. Apopka, FL 32712	INSURER B : GUIDEONE MUTUAL INS CO	15032
		INSURER C :	
		INSURER D :	
		INSURER E :	
		INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	☑ COMMERCIAL GENERAL LIABILITY	Y		1190-538	07/08/2016	07/08/2017	EACH OCCURRENCE	$	1,000,000
	☐ CLAIMS-MADE ☑ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$	1,000,000
							MED EXP (Any one person)	$	10,000
							PERSONAL & ADV INJURY	$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$	3,000,000
	☑ POLICY ☐ PRO-JECT ☐ LOC						PRODUCTS - COMP/OP AGG	$	3,000,000
	OTHER:							$	
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$	
	☐ ANY AUTO						BODILY INJURY (Per person)	$	
	☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS						BODILY INJURY (Per accident)	$	
	☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$	
								$	
	☐ UMBRELLA LIAB ☐ OCCUR						EACH OCCURRENCE	$	
	☐ EXCESS LIAB ☐ CLAIMS-MADE						AGGREGATE	$	
	☐ DED ☐ RETENTION $							$	
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N			10000303	10/15/16	10/15/17	☑ PER STATUTE ☐ OTH-ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? ☐ (Mandatory in NH)	N/A					E.L. EACH ACCIDENT	$	500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$	500,000
							E.L. DISEASE - POLICY LIMIT	$	500,000

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

Form CG2026, Additional Insured ? ?Designated Person or Organization" is attached.

CERTIFICATE HOLDER

CITY OF APOPKA HUMAN RESOURCES
120 E Main Street
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 Terry L. Brown

NAMED INSURED: Semoran Baptist Temple/dba Grace Pointe

POLICY NUMBER: 01190538

COMMERCIAL GENERAL LIABILITY
CG 20 26 07 04

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)
City of Apopka, Human Resources 120 East Main Street Apopka, FL 32703 RE: Easter Services - April 15-16, 2017 Location: Apopka Amphitheater & Pavilion 3710 Jason Dwelley Parkway Apopka, FL 32712
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

A. In the performance of your ongoing operations; or

B. In connection with your premises owned by or rented to you.

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. N/A
- ☑ Signed and notarized hold harmless agreement.
- ☐ A list of all concessionaries and vendors (if applicable). N/A
- ☐ Copies of flyers and advertisements (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.

Special Event Permit Application 2017

FOR OFFICIAL USE ONLY

DRC APPROVAL:_____

DATE:_____

DRC COMMENTS:

_____

_____

FIRE APPROVAL:_____

DATE:_____

FIRE COMMENTS:

_____

_____

POLICE APPROVAL:_____

DATE:_____

POLICE COMMENTS:

_____

_____

EVENTS APPROVAL: CRW

DATE: 2.28.17

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:_____

Backup material for agenda item:

3. Event: Flapjack Dash – Killarney Baptist Church
   Date: Saturday, May 6, 2017 Time: 6:00 A.M. thru 10:00 A.M
   Location: Northwest Recreation Complex

May 6, 2017
6am-10am

Special Events Permit

Applicants Information

Name of Applicant: Ron Yahr III ___ _____ Phone: _(407)252-4600___ ____

Address: _30751 Alcrest Avenue__ _____ City: _Sorrento_____

ZIP: _32776_____ Email address: _RYahr@live.com_____

Secondary Contact: _Ron Yahr jr._ _____ Phone: _(407)810-3645_ _____

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

Name of Organization: _Killarney Baptist Church

Tax Exempt: Yes: _x__ No: _____ State of Florida Tax Number: 85-8012646326C-3

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: _Flapjack Dash____ _____

Date(s) of the Event: _5/6/2017_____Hours of Event: _6AM-10AM_ _____

Location of the Event: _Northwest Recreation Complex_ _____

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: _Charity 5K run and_ pancake breakfast._ _____

_____

_____

Expected attendance: _150_____

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.): _Race course_ _____

directional signs, small (<200 square foot) canopies) for registration, start and finish

signs, tables for water on the course, portable electric griddles for pancakes._ _____

_____

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

If yes, explain: _See course map for affected areas.__ _____

_____

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

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

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

HOLD HARMLESS AGREEMENT

I, Ron Yahr III, on behalf of Killarney Baptist, 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 Killarney Baptist 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.

Ron Yahr III
PRINTED NAME OF APPLICANT

Ron Yahr III
SIGNATURE OF APPLICANT

3/1/17
DATE SUBMITTED

Flapjack Dash 5K / 5-6-17 / Northwest Recreation Complex
EVENT NAME / EVENT DATE / LOCATION OF EVENT

STATE OF FLORIDA
COUNTY OF ORANGE

SWORN TO (OR AFFIRMED) AND SUBSCRIBED BEFORE ~~ME~~ THIS 1 DAY OF March, 2017 BY Ronald Yahr III, WHO IS ~~PERSONALLY KNOWN~~ TO ME OR HAS PRODUCED _____ AS IDENTIFICATION.

Lori S Hardy
NOTARY PUBLIC SIGNATURE

Lori S Hardy
NOTARY PUBLIC PRINTED NAME

LORI HARDY
MY COMMISSION # GG 011015
EXPIRES: November 12, 2020
Bonded Thru Notary Public Underwriters

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

APPLICANT: Ron Yahr III

MAILING ADDRESS: 30751 Alcrest Avenue, Sorrento FL 32776
PO BOX OR STREET CITY STATE ZIP

HOME PHONE# (407) 252-4600 WORK # _____

NAME OF ORGANIZATION: Kilbarney Baptist Church

MAILING ADDRESS: 701 Formosa Avenue, Winter Park FL 32789
PO BOX OR STREET CITY STATE ZIP

CONTACT PERSON: Ron Yahr III PHONE # (407) 252-4600

NAME OF EVENT: Flapjack Dash 5K

DATE(S) OF EVENT: 5-6-17 TIME(S) OF EVENT: 6AM-10AM

LOCATION OF EVENT: Northwest Recreation Complex

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

Ron Yahr III 3-1-17
SIGNATURE OF APPLICANT DATE SUBMITTED TO COMMUNITY DEVELOPMENT

Ron Yahr III
PRINTED NAME OF APPLICANT

STATE OF FLORIDA
COUNTY OF ORANGE

SWORN TO AND SUBSCRIBED BEFORE ME THIS 1 DAY OF March, 20 17,
BY Ronald Yahr III WHO IS PERSONALLY KNOWN TO ME OR HAS
PRODUCED _____ AS IDENTIFICATION.

(SEAL)

LORI HARDY
MY COMMISSION # GG 011015
EXPIRES: November 12, 2020
Bonded Thru Notary Public Underwriters

Lori Hardy
NOTARY PUBLIC SIGNATURE

Lori S. Hardy
NOTARY PUBLIC PRINTED NAME

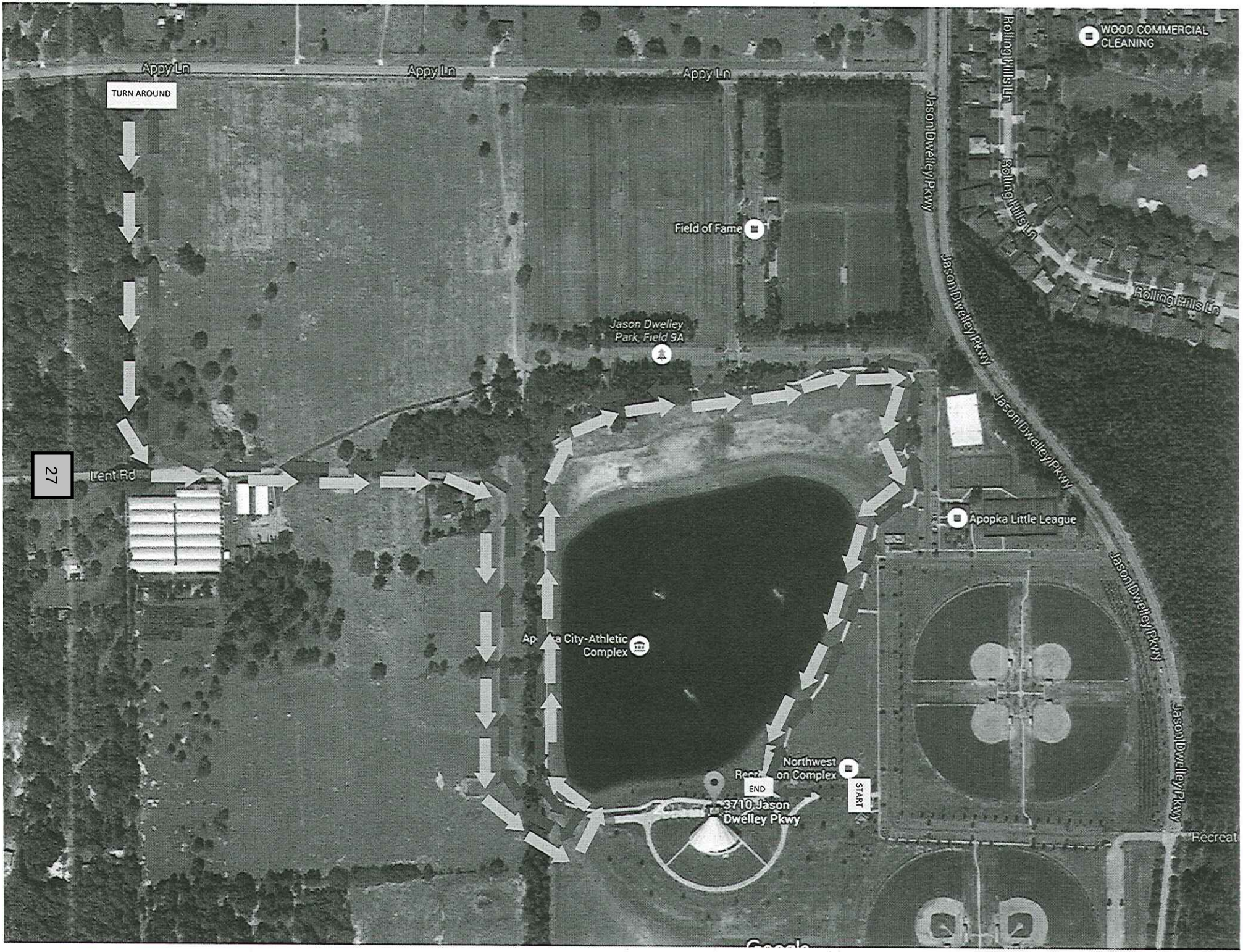
OFFICIAL USE ONLY

DATE APPROVED: _____

Richard D. Anderson, CAO

DATE DENIED: _____

G:\Shared\H020\PLANNING_ZONING\Special Events\Forms\Waiver of Special Event Fees.wpd


Appy Ln
Appy Ln
Appy Ln
TURN AROUND
WOOD COMMERCIAL CLEANING
Rolling Hills Ln
Rolling Hills Ln
Rolling Hills Ln
Jason Dwelley Pkwy
Jason Dwelley Pkwy
Jason Dwelley Pkwy
Jason Dwelley Pkwy
Jason Dwelley Pkwy
Field of Fame
Jason Dwelley Park, Field 9A
27
Trent Rd
Apopka Little League
Ap a City-Athletic Complex
Northwest on Complex
END
START
3710 Jason Dwelley Pkwy
Recreat

0000015 05/11/13

FLORIDA DEPARTMENT OF REVENUE

Consumer's Certificate of Exemption

DR-14
R. 04/11

Issued Pursuant to Chapter 212, Florida Statutes

85-8012646326C-3	06/30/2013	06/30/2018	501(C)(3) ORGANIZATION
Certificate Number	Effective Date	Expiration Date	Exemption Category

This certifies that

KILLARNEY BAPTIST CHURCH INC
701 FORMOSA AVE
WINTER PARK FL 32789-4566

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.

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 60 days prior to the event date.

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

$1,600 amp. rental fee

FLAPJACK DASH

5K Road Race and Pancake Breakfast!

Benefitting the Killarney Youth

Time:

May 6th, 2017 - 7:30am

Place:

Northwest Recreation Complex
Apopka, FL

Registration:

$30 registration Includes Pancake Breakfast and Race Shirt.

$5 Breakfast Fee for Non-Runners

$20 Virtual Race Option

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:_____

Backup material for agenda item:

7. Door-to-Door Soliciation - Vivint Solar Developer LLC - Daniel Hibbs

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

PEDDLER PERMIT APPLICATION

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

Business/Organization Information	Applicants Information
Name: Vivint Solar Developer LLC	Name: Daniel Hibbs
Address: 515 Ferguson Dr, Orlando FL	Address: [redacted]
Shopping Center:	City/State/Zip: [redacted] Windermere Fl 34786
City/State/Zip: Orlando FL 32805	Phone: [redacted] Fax:
Phone: 407.449.2224 Fax:	Email Address: Daniel.Hibbs@vivintsolar.com
Mailing Address (If different than above)	**Mailing Address (If different than above)**
Street:	
City/State/Zip	

Describe the nature of your business or goods to be sold: (In Detail):	Solar P.V. System						
Location where goods will be sold:	Apopka						
Date Permit to be issued for:	From:	2-14-17		To:	3-14-18		
Vehicle Description: (*if applicable*):	Year:	02	Make:	Toyota	Model:	4 Runner	
Color:	Gold	State:	Fl	Owner:	Daniel Hibbs		
Names and Address of Manufacture of goods to be sold:							
Name/Address/Phone Number of two(2) reliable character/business references (preferably in Orange County):							
1. Name:	Sarah Rich	Address: [redacted]			Phone No. [redacted]		
2. Name:	Jeslyn Tuiketei	Address: [redacted]			Phone No. [redacted]		
Have you ever been convicted of any felony, misdemeanor, or violation of any municipal ordinance?					____ Yes	____ No	
If Yes, please explain:							

Federal Tax ID Number (FEI#):		**OR**	Social Security Number:	[redacted]
Fictitious Name Registration #:		**OR**	Exemption Status: (Attach Copy)	
Regulatory License/Certification #:			Corporate Doc #:	

Sent to PD 2-22-17 @ 3:46pm / See attached e-mail

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: Vivint Solar Developer LLC	Name: Daniel Hibbs
Address: 515 Ferguson Dr, Suite C	Address [redacted]
Shopping Center:	City/State/Zip: Windermere FL 34786
City/State/Zip: Orlando FL 32805	Phone: [redacted] Fax:
Phone: 407-449-2224 Fax:	Email Address: Daniel.Hibbs@vivintsolar.com
Mailing Address (If different than above)	
Street:	
City/State/Zip	

Business Description (In Detail): solar installation

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: 2-14-17

BUSINESS TAX RECEIPT APPLICATION

PLANNING & ZONING DIVISION

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

Classification Code	Description	Business Tax Number

Notes:	

Fee Type	Fee Amount	Date Paid	Date Issued	Cash Receipt #	Debit/Credit Receipt #	Check #
Application Fee:	10.00	2-22-17				1278
Background Check/ Fingerprinting Fee:	42.50	2-22-17				1279
BTR Fee:						
Peddler Permit Fee:						
TOTAL:						

Issued by:	

INDEMNITY AND HOLD HARMLESS AGREEMENT

THIS AGREEMENT made and entered into this 14th day of February, 20 17, by and between, Daniel Hibbs hereinafter referred to as _____ and the CITY OF APOPKA, FLORIDA, hereinafter referred to as The City.

Daniel Hibbs 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 14th day of February, 20 17, through the 14th day of February, 20 18.

Signature of Applicant: _____

STATE OF FLORIDA
COUNTY OF ORANGE

The foregoing instrument was acknowledged before me this 14th day of February, 2017, by, Daniel Hibbs and who is personally known to me or who has produced _____ as identification and who did (did not) take an oath.

_____
Notary Public:

Commission No.: GG063154

Commission Expires: 1/17/2021

BILLY STANDRIDGE
MY COMMISSION # GG063154
EXPIRES January 17, 2021

Department	Approved	Denied	Comments:
CD - Zoning:			
Fire:			
Police:			
Risk Management:			
City Council:			

PEDDLER PERMIT AGREEMENT

THIS AGREEMENT made and entered into this 14th day of February, 2017, by and between, Daniel Hibbs (Permit Applicant and/or Organization), hereinafter referred to as Permit Applicant, and the CITY OF APOPKA, FLORIDA, hereinafter referred to as the City.

Peddlers, canvassers, salesmen, hawkers, itinerant merchants, vendors and solicitors are required to apply for and receive a Peddler Permit before conducting business within the City of Apopka. Permit Applicant agrees to comply with all local ordinances and codes, including but not limited to Chapter 62-Peddlers and Solicitors-Articles I and II of the City of Apopka Municipal Code, as well as all applicable state and federal statutes and regulations, throughout the duration of this agreement. Permit Applicant further agrees to provide additional documentation as required by the Community Development Department. This agreement will automatically terminate one year from the date of Peddler Permit issuance.

Definition

Peddlers, canvassers, salesmen, hawkers, itinerant merchants and vendors mean all persons not having a permanent duly licensed place of business within the corporate limits of the City, and seeking to sell, give or in any way dispose of goods, services, wares or merchandise of every kind and nature. Solicitor means all persons seeking or soliciting funds or services of any kind or nature and for any purpose whatsoever.

Requirements

A. Before a Peddler Permit is issued, the Permit Applicant must have a Certificate of Liability Insurance with all applicable endorsements on file with the City of Apopka. The cost of such insurance shall be the responsibility of the Permit Applicant and must meet ALL requirements as directed by the City of Apopka.

   Permit Applicant shall, at its sole cost and expense, procure and maintain throughout the term of this agreement, Comprehensive General Liability and Workers' Compensation insurance, including Employer Liability insurance, with minimum policy limits of $1,000,000 Combined Single Limits, or to the extent and in such amounts as required and authorized by Florida Law.

   All insurance policies shall: 1) provide that the insurance carrier shall not cancel, terminate or otherwise modify the terms and conditions of said policies except upon thirty days written notice to the City's contract administrator; 2) be evidenced by an endorsed Certificate of Insurance generated and executed by a licensed insurance broker, brokerage, or similar licensed insurance professional evidencing such coverage, and naming the City of Apopka as a named additional insured, as well as furnishing the City with a certified copy, or copies, of said insurance policies; and 3) be approved as to form and sufficiency by the City's contract administrator. The original insurance certificates, all extensions to the insurance certificate, and declaration sheet should be sent to City of Apopka Community Development, 120 East Main Street, Apopka, FL 32703. All insurance coverage shall be written with a company having an A.M. Best Rating of at least the "A" category and size category of VIII.

   Permit Applicant is solely responsible for all applicable policy premiums, deductibles, and/or self-insured retention attached to any required coverage. Said insurance coverage's procured by the Permit Applicant as required herein shall be considered, and the Permit Applicant agrees that said insurance coverage it procures as required herein shall be considered, as primary insurance over and above any other insurance, or self–insurance, available to the City, and that any other insurance, or self-insurance available to the City shall be considered secondary to, or in excess of, the insurance coverage(s) procured by the Permit Applicant as required herein.

B. Permit Applicant understands that entering upon a private residence under false pretenses for the purpose of soliciting orders for the sale of goods, wares, merchandise or personal services, and for disposing of or peddling or hawking goods, wares, merchandise or personal services, or remaining in a private residence or on the premises thereof after the owner or occupant thereof shall request any itinerant merchant or transient vendor to leave, or going in or upon the premises of a private residence by a peddler, solicitor, person, canvasser, salesman, hawker, itinerant merchant and vendor for any such purposes when the owner or occupant thereof has displayed a "no soliciting" sign on such premises, is declared to be unlawful and a nuisance.

C. Permit Applicant shall not engage in house-to-house and business soliciting, peddling, canvassing, selling, hawking, vending, or junk or secondhand dealing without first having a permit and identification card issued.

D. Permit Applicant understands that any person required to obtain a permit that is seen soliciting or peddling who is not known by a police officer to have been issued a permit shall produce his identification card and permit. Solicitors and peddlers shall exhibit their permits and identification cards at the request of any citizen.

E. All applicants are subject to a fingerprint/background check.

Indemnity and Hold Harmless Agreement

Daniel Hibbs (Permit Applicant and/or Organization) shall defend, indemnify and hold harmless the City of Apopka and all of the City of Apopka's officers, agents, and employees from and against all claims, liability, loss and expense, including reasonable costs, collection expenses, attorneys' fees, and court costs which may arise because of the negligence (whether active or passive), misconduct, or other fault, in whole or in part (whether joint, concurrent, or contributing), of Daniel Hibbs (Permit Applicant and/or Organization), its officers, agents or employees in performance or non-performance of its obligations under the Agreement. Daniel Hibbs (Permit Applicant and/or Organization) recognizes the broad nature of this indemnification and hold harmless clause, as well as the provision of a legal defense to the City of Apopka when necessary, and voluntarily makes this covenant and expressly acknowledges the receipt of such good and valuable consideration provided by the City of Apopka in support of these indemnification, legal defense and hold harmless contractual obligations in accordance with the laws of the State of Florida. This clause shall survive the termination of this Agreement. Compliance with any insurance requirements required elsewhere within this Agreement shall not relieve Daniel Hibbs (Permit Applicant and/or Organization) of its liability and obligation to defend, hold harmless and indemnify the City of Apopka as set forth in this article of the Agreement.

Nothing herein shall be construed to extend the City of Apopka's liability beyond that provided in section 768.28, Florida Statutes.

I agree that I am an authorized representative of the organization named above and agree to the conditions as stated.

Signature of Permit Applicant

Daniel Hibbs
Printed Name of Permit Applicant

Title of Permit Applicant

Vivint Solar Developer
Organization/Business

STATE OF FLORIDA
COUNTY OF ORANGE

The foregoing instrument was acknowledged before me this 14th day of February, 2017, by, Daniel Hibbs and who is personally known to me or who has produced _____ as identification and who did (did not) take an oath.

BILLY STANDRIDGE
MY COMMISSION # GG063154
EXPIRES January 17, 2021

Billy Standridge
Notary Public:
Commission No.: GG063154
Commission Expires: 1/17/2021

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 01/24/2017

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 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
MARSH USA INC.
1225 17TH STREET, SUITE 1300
DENVER, CO 80202-5534
Attn: Denver.CertRequest@marsh.com | Fax: 212-948-4381

CONTACT NAME:
PHONE (A/C, No, Ext): **FAX (A/C, No):**
E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Axis Specialty Europe	
INSURER B : Zurich American Insurance Company	16535
INSURER C : American Zurich Insurance Company	40142
INSURER D : Navigators Insurance Company	42307
INSURER E :	
INSURER F :	

INSURED
Vivint Solar, Inc.
Vivint Solar Developer LLC
Vivint Solar Provider LLC
1800 W. Ashton Blvd.
Lehi, UT 84043

COVERAGES **CERTIFICATE NUMBER:** SEA-003127080-01 **REVISION NUMBER:** 1

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	X **COMMERCIAL GENERAL LIABILITY** CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [X] POLICY [ ] PRO-JECT [ ] LOC [ ] OTHER:			3776500117EN	01/29/2017	11/01/2018	EACH OCCURRENCE	$	1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$	1,000,000
							MED EXP (Any one person)	$	10,000
							PERSONAL & ADV INJURY	$	1,000,000
							GENERAL AGGREGATE	$	2,000,000
							PRODUCTS - COMP/OP AGG	$	1,000,000
								$	
B	**AUTOMOBILE LIABILITY** [X] ANY AUTO [ ] ALL OWNED AUTOS [ ] SCHEDULED AUTOS [X] HIRED AUTOS [X] NON-OWNED AUTOS			BAP509601502	11/01/2016	11/01/2017	COMBINED SINGLE LIMIT (Ea accident)	$	1,000,000
							BODILY INJURY (Per person)	$	
							BODILY INJURY (Per accident)	$	
							PROPERTY DAMAGE (Per accident)	$	
							Comp/Coll Ded	$	1,000
A	X **UMBRELLA LIAB** X OCCUR X **EXCESS LIAB** [ ] CLAIMS-MADE [ ] DED [ ] RETENTION $			3776500217EN GL Only	01/29/2017	11/01/2018	EACH OCCURRENCE	$	5,000,000
							AGGREGATE	$	5,000,000
								$	
C	**WORKERS COMPENSATION AND EMPLOYERS' LIABILITY** Y / N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [N] N / A **(Mandatory in NH)**			WC509601302 AZ, CA, CT, FL, HI, MA, MD, NJ, NM, NY, PA, SC, TX, UT	11/01/2016	11/01/2017	X PER STATUTE [ ] OTH-ER		
							E.L. EACH ACCIDENT	$	1,000,000
							E.L. DISEASE - EA EMPLOYEE	$	1,000,000
B	If yes, describe under DESCRIPTION OF OPERATIONS below			WC509601402 (MA)	11/01/2016	11/01/2017	E.L. DISEASE - POLICY LIMIT	$	1,000,000
D	EXCESS LIABILITY AUTO/EL ONLY			GA16EXC888919IV	11/01/2016	11/01/2017	EACH OCCURRENCE		$5,000,000
							AGGREGATE		$5,000,000

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

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 of Marsh USA Inc.
Kathleen M. Parsloe Kathleen M. Parsloe

2016 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M12000004401

Entity Name: VIVINT SOLAR DEVELOPER LLC

Current Principal Place of Business:

3301 N THANKSGIVING WAY
SUITE 500
LEHI, UT 84043

Current Mailing Address:

3301 N THANKSGIVING WAY
SUITE 500
LEHI, UT 84043 US

FEI Number: 80-0756438

FILED
Apr 11, 2016
Secretary of State
CC2683556819

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent — Date

Authorized Person(s) Detail :

Title	MEMBER
Name	VIVINT SOLAR OPERATIONS, LLC
Address	3301 N THANKSGIVING WAY SUITE 500
City-State-Zip:	LEHI UT 84043

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SHALIS WHITEHEAD AUTHORIZED PERSON 04/11/2016

Electronic Signature of Signing Authorized Person(s) Detail — Date

Florida Department of State

Division of Corporations

Department of State / Division of Corporations / Search Records / Detail By Document Number /

Detail by Entity Name

Foreign Limited Liability Company
VIVINT SOLAR DEVELOPER LLC

Filing Information

Document Number	M12000004401
FEI/EIN Number	80-0756438
Date Filed	08/03/2012
State	DE
Status	ACTIVE

Principal Address

3301 N Thanksgiving Way
Suite 500
Lehi, UT 84043

Changed: 03/17/2015

Mailing Address

3301 N Thanksgiving Way
Suite 500
Lehi, UT 84043

Changed: 03/17/2015

Registered Agent Name & Address

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

Authorized Person(s) Detail

Name & Address

Title Member

Vivint Solar Operations, LLC
3301 N Thanksgiving Way
Suite 500
Lehi, UT 84043

Annual Reports

Report Year	Filed Date
2014	04/11/2014
2015	03/17/2015

Jeanne Green

From: Jeanne Green
Sent: Wednesday, February 22, 2017 3:44 PM
To: Randall Fernandez
Cc: Dina Cedillo; Shari Major; James Hitt; Bonnie Smith; Edith Torres
Subject: Peddler Permit Application
Attachments: Vivint Solar - Daniel Hibbs Peddler Application.pdf

I have attached the Peddler Permit application for Daniel Hibbs who works for Vivint Solar Developer LLC. He is coming over in a few minutes for fingerprinting. He has paid the fee.

Jeanne Green
Office Manager
Community Development Department
120 E. Main Street, 2nd Floor
Apopka, Florida 32703
(P) 407-703-1712
(F) 407-703-1791
jgreen@apopka.net

Jeanne Green

From: Lynn Pettingill
Sent: Tuesday, February 28, 2017 9:46 AM
To: Jeanne Green
Subject: Fw: Peddler Permit Application
Attachments: Vivint Solar - Daniel Hibbs Peddler Application.pdf

Good Morning,

This applicant meets the requirements of the police department.

Thanks

From: Randall Fernandez
Sent: Thursday, February 23, 2017 12:25 PM
To: Lynn Pettingill
Subject: FW: Peddler Permit Application

Randy Fernandez
Captain
Apopka Police Department
112 East 6th Street
Apopka, Florida 32703
P: 407-703-1771
F: 407-703-1780

rfernandez@apopka.net

"Most people don't recognize opportunity when it comes, because It's usually dressed in overalls and looks a lot like work." **Thomas Edison**

From: Jeanne Green
Sent: Wednesday, February 22, 2017 3:44 PM
To: Randall Fernandez
Cc: Dina Cedillo; Shari Major; James Hitt; Bonnie Smith; Edith Torres
Subject: Peddler Permit Application

I have attached the Peddler Permit application for Daniel Hibbs who works for Vivint Solar Developer LLC. He is coming over in a few minutes for fingerprinting. He has paid the fee.

Jeanne Green
Office Manager
Community Development Department

City of Apopka
Community Development Department

PEDDLER /SOLICITOR PERMIT CHECK LIST

Requirements:

- ☒ Completed Application for Peddlers/Solicitors Permit w/$10.00 application fee for <u>each person</u> who will be going door-to-door representing company.
- ☒ Name, Address & Phone numbers of two character and/or business references for <u>each person</u> who will be going door-to-door representing company.
- ☒ Completed Application for Business Tax Receipt.
- ☒ **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. Applicant must submit a copy of the certificate of insurance, all endorsement pages and a copy of their policy declaration sheet.
- ☒ Peddler/Solicitor Permit Agreement signed and notarized.
- ☒ Executed Hold Harmless Agreement for <u>each person</u> who will be going door-to-door representing company. (pending City approval)
- ☐ Must obtain a Peddler Permit badge through the Community Development Department. There will be a fingerprint/background check fee of $42.50 for <u>each person</u> who will be going door-to-door.
- ☐ Lease agreement with property owner or notarized letter of approval from property owner to use private property (if applicable)
- ☐ Health Department inspection is required for food sales.
- ☒ Copy of either your Incorporation Certificate/Fictitious Name Registration/LLC (www.sunbiz.org)
- ☐ Copy of Tent Permit from Building Division (if applicable)
- ☐ Approval from Police, Fire, Building, Zoning & Risk Management.
- ☐ City Council Approval (Additional information may be required by City Council)
- ☐ City Premise Inspection Report signed by Fire Department Inspector (if applicable)

Fees:

- ☒ $10.00 Application Fee (non-refundable)
- ☐ $50.00 Peddler Permit Fee
- ☒ $42.50 Fingerprint/Background Check Fee
- ☐ The City Business Tax Receipt fee is separate and will be assessed based upon what is being sold.

(City Code Chapter 62)