APOPKA DEVELOPMENT REVIEW COMMITTEE AGENDA

October 4, 2023 9:00 AM

Apopka City Hall Council Chambers

SPECIAL EVENTS

1. D&J Aviation, LLC - D&J Aviation Day - Apopka Airport - November 10, 2023, 10:00 AM - 3:00 PM

2. VFW Post 10147- United States Marine Corp Birthday Celebration - November 10, 2023, 6:00 PM - 10:00 PM

3. Alpha Kapa Aplha Sorority Inc.- Alpha Beta Sigma Omega Chapter - Sorority Fall Festival - November 11,2023, 11:30 AM - 6:30 PM

FUTURE LAND USE AMENDMENT

REZONING

PLAT

SPECIAL EXCEPTION

SITE PLAN:

MAJOR DEVELOPMENT PLAN

CONSTRUCTION SITE PLAN

1. Crossroad at Kelly Park Phase 1B - Construction Site Plan (CSP), 2nd Submittal

DISCUSSION

ADJOURNMENT

Individuals with disabilities needing assistance to participate in any of these proceedings should contact the City Clerk at least two (2) working days in advance of the meeting date and time at (407) 703-1704. F.S. 286.0105 If a person decides to appeal any decision or recommendation made by Council with respect to any matter considered at this meeting, he will need record of the proceedings, and that for such purposes he may need to ensure that a verbatim record of the proceedings is made, which record includes the testimony and evidence upon which the appeal is to be based.

Any opening invocation that is offered before the official start of the Council meeting shall be the voluntary offering of a private person, to and for the benefit of the Council. The views or beliefs expressed by the invocation speaker have not been previously reviewed or approved by the City Council or the city staff, and the City is not allowed by law to endorse the religious or non-religious beliefs or views of such speaker. Persons in attendance at the City Council meeting are invited to stand during the opening ceremony. However, such invitation shall not be construed as a demand, order, or any other type of command. No person in attendance at the meeting shall be required to participate in any opening invocation that is offered or to participate in the Pledge of Allegiance. You may remain seated within the City Council Chambers or exit the City Council Chambers and return upon completion of the opening invocation and/or Pledge of Allegiance if you do not wish to participate in or witness the opening invocation and/or the recitation of the Pledge of Allegiance.

- Completed Special Event Permit Application (Online Form or print form can be requested at events@apopka.net).
- Event Description
- A non-refundable application fee of $50.00 or completed application for waiver of permit fee is due when application is submitted. *Staff will contact you about this step.*
- 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, please see the event insurance requirements.
- 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 and must be to scale.
- Letter from the property owner granting permission for use of their property. (if on private property)
- If alcohol will be served at your event you must include the alcohol permit and insurance with the completed permit
- Copies of flyers and advertisements.
- Policies and protocols in regards to CDC Guidelines/COVID-19 & social distancing

Applicant must be present for duration of event.

Organization Name	D&J Aviation, LLC
Name of Applicant	Justin Ash
Mailing Address	1321 APOPKA AIRPORT ROAD
City	APOPKA
State	FL
Zip Code	32712
Cell Phone	14075902550
Email	Justin@ldmaxflight.com
Is your organization a Non – Profit (501C3) OR Tax Exempt Organization?	No
State of Florida Tax ID Number	58-8017982968-1
Name of the Event	D&J Aviation Day
Date(s) of the Event	11/04/2023
Hours of the Event	10:00-15:00
Location of the Event	Apopka Airport
Does the location of the event take place on Public or Private Property?	Yes
Anticipated attendance:	300
Briefly describe the event and all activities that will occur during the event:	It will be an Aviation Day hosted by D&J Aviation at Apopka Airport. The event is private, invite-only, and will consist of vendors, airplanes on display, cars on display, food trucks, etc. with activities for the guests.

Event Category	• Festival/Celebration
Are there flyers or advertisements for this event?	No
Will there be admission fees to your event?	No
Will you be serving alcohol?	No
Is your event open to the public?	No
Does your event include food concession?	Yes
Do you intend to have food trucks at your event?	Yes
How many?	3
Will there be merchandising vending at your event?	Yes
How many vendors?	10
Will they need electric?	No
Will you be hiring a private security company for the event?	Yes
Name of Security Company:	Apopka City Police
Do you require overnight security?	No
Are there musical entertainment features related to your event?	No
Will amplified sound be used during the event?	No
Will any streets be closed or will the flow of traffic be affected by the event?	No
Does your event include the use of tents?	No
Will inflatables be used at your event?	No
Will your event include any fireworks or pyrotechnics?	No

Layout map for event *File(s) attached:*

Date/Time (on site load in and load out)

For events that are held on City Property, set up days and load out days may require additional fees.

Setup/Load In

Date	11/04/2023
Start Time	7:00 AM (EDT)
End Time	10:00 AM (EDT)

Event Dates

Date	11/04/2023
Start Time	10:00 PM (EDT)
End Time	2:00 PM (EDT)

Take Down/Load Out

Date	11/04/2023
Start Time	2:00 PM (EDT)
End Time	4:00 PM (EDT)

I, Being the Applicant/Event Organizer, have read and understand the guidelines contained within the City of Apopka's Special Event Permit Application and agree to conduct my event in accordance. I further understand that failure to abide by these guidelines may result in the denial or forfeiture of my Special Event Permit.

The City of Apopka is not responsible for lost, stolen or damaged items.

I acknowledge that the information contained in this application is true, correct, and complete to the best of my knowledge.

Applicant Signature	
Name of Applicant	Justin Ash
Title of Applicant	Member
Date Submitted	09/26/2023

The Applicant/Event Organizer shall maintain at all times throughout the duration of the event, a current insurance policy naming the City of Apopka as an additional insured providing coverage for all approved event activities and must be active on the date(s) of the event, including the set-up and break-down period. Failure to provide proof of adequate coverage will result in the denial of the special event permit or cancellation of the event. The City may require subcontractors acting on behalf of the Applicant/Event Organizer to provide proof of insurance or other related documents depending on the scope or location of the event.

- Comprehensive listing of all subcontractors, including but not limited to concessionaires, vendors, exhibitors, and entertainers must be submitted no later than forty-five (45) business days prior to the event.
- All certificates of insurance, required extensions to said insurance certificates, copies of insurance policies and insurance agreements must be submitted no later than **thirty (30) business days prior to the event**.

If insurance requirements are not met at least twenty (20) business days prior to the date of the event, your event will be cancelled!

Please provide a copy of your certificate of insurance.	*File(s) attached:* D & J Aviation, LLC Quote.pdf Aerohut Building Insurance 2023-2024.pdf

The City of Apopka defines an Applicant/Event Organizer as any individual or organization that is responsible for all aspects of an event to include advertising, marketing, talent costs, insurance, hold harmless agreement contracts, along with all the revenues and expenses for the event. The Applicant/Event Organizer agrees to conduct this event in accordance with the City of Apopka Code of Ordinances (Chapters 46 and 62).

REQUIREMENTS

- Applicant/Event Organizer recognizes the City's authority to halt the operation of the above listed event due to inclement weather or any other safety concern that may arise.
- The City is not responsible or liable for any damage, loss or theft to any vendor or event participant.
- Applicant/Event Organizer agrees that the City may use photographic images and video taken at the event in promotions and publications. These images may be used online or provided to media outlets and/or used in social media applications.

INSURANCE

Before activity setup, or any other site activity begins, Applicant/Event Organizer must have a Certificate of Liability Insurance **(including all extensions to the insurance certificate—to also include a copy of the complete insurance policy)** on file with the City's Risk Management Division. The cost of such insurance shall be the responsibility of the Applicant/Event Organizer and must meet ALL requirements as directed by the City of Apopka. The City reserves the right to increase coverage as determined for higher risk events or activities. This insurance policy must remain in effect throughout the entire duration of the property use beginning with load-in and ending at the conclusion of load-out.

- Applicant/Event Organizer shall, at its sole cost and expense, procure and maintain throughout the term of this agreement, Commercial 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. If such GL insurance contains a general aggregate limit, it shall apply separately to this event in the amount of $2,000,000. Products and completed operations aggregate shall be $1,000,000. Damage to rented premises shall be included at $100,000. The event Applicant/Event Organizer and their representatives who wish to drive on City property to set up or tear down for events, and/or Food Trucks and/or any vehicle that functions as the workplace or is used to perform contracted work must provide an Automobile Liability insurance policy in the minimum amount of $300,000 Combined Single Limit. If alcohol is being served, the Applicant/Event Organizer shall provide evidence of coverage for liquor liability in the minimum amount of $1,000,000. The insurance policy must not exclude Personal Injury/Advertising Injury, Medical, volunteer coverage or spectator liability.
- 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 certificate(s) and all extensions to the insurance certificate(s) should be sent to: City of Apopka, Risk Management, 120 East Main Street, Apopka, FL 32703 or e-mailed to riskmanagement@apopka.net. 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.
- Applicant/Event Organizer is solely responsible for all applicable policy premiums, deductibles, and/or self-insured retention attached to any required coverages. Said insurance coverages procured by the Applicant/Event Organizer as required herein, including but not limited to any excess and/or umbrella coverages, shall be considered, and the Applicant/Event Organizer agrees that said insurance coverages 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 Applicant/Event Organizer as required herein.
- Applicant/Event Organizer shall require and verify that all subcontractors, including but not limited to concessionaires, vendors, exhibitors, and entertainers, maintain insurance meeting all of the requirements stated herein. Furthermore, the insurance policy held by the Applicant/Event Organizer shall have no endorsement(s) restricting, limiting or excluding the subcontractors or work on behalf of the Applicant/Event Organizer by a subcontractor. The Certificate of Insurance submitted by the Applicant/Event Organizer must clearly state that all such subcontractors are "Named Insureds".

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

By signing below, I acknowledge that I have read and understand the insurance requirements contained herein. I further understand that my permit application may be declined if I fail to provide the appropriate insurance coverage.

Signature of Applicant	
Name of Applicant	Justin Ash
Title of Applicant	Member
Sponsoring Organization Name	D&J Aviation, LLC

SHANNON & LUCHS
ideas. innovation. insurance.

Date: 26-Sep-23

To: Victoria Neuville
Aviation Insurance Resources

From: Jennifer Zak

AIR SHOW LIABILITY QUOTATION
THROUGH
ACE PROPERTY AND CASUALTY INSURANCE COMPANY

Named Insured: D&J Aviation, LLC

Inception Date: 4-Nov-23 Expiration Date: 5-Nov-23
Both dates at 12.01 AM Standard Time at the address of the Named Insured as stated herein

COVERAGES:	LIMIT	PREMIUM
Bodily injury & Property Damage including malpratice	$1,000,000	$825
Host Liquor	$1,000,000	$129
Non-Owned & Hired Auto (On Airport Premises Only)	NOT REQUESTED	NOT REQUESTED
Personal/Advertising Injury	NOT REQUESTED	NOT REQUESTED
Products - Completed Operations	NOT REQUESTED	NOT REQUESTED
Medical Payments	$5,000/$30,000	$129
Fire Legal Liability	NOT REQUESTED	NOT REQUESTED
Explosives Liability	NOT REQUESTED	NOT REQUESTED
Liquor Law	NOT REQUESTED	NOT REQUESTED
Hangarkeeper's Liability	NOT REQUESTED	NOT REQUESTED
Non-Owned Aircraft	NOT REQUESTED	NOT REQUESTED

FL FIGA 2023 Premium Surcharge	$7.25
FL FIGA 2023 Emergency Premium Surcharge	$10.35

Commission 5% premium only PREMIUM TOTAL $1,100.60

ADDITIONAL COVERAGES for TRIA and/or Extended Coverage WAR is available at the following terms:

TRIA	Additional Premium	$18	Selection of these optional
Extended Coverage WAR	Additional Premium	NOT REQUESTED	Coverages will also increase the
TRIA and Extended Coverage WAR	Additional Premium	NOT REQUESTED	amount of tax (if any) show above

All coverages other than Bodily Injury and Property Damage are optional. The coverage is broad and includes injury from owned and non-owned Mobile Equipment, fright and mental anguish, limited contractual liability, broad defense expenses, loss of use under the Property Damage Liability and is a "Duty to Defend" form.

Please note: Airmeet Liability policy excludes coverage for participants or passengers while in, on entering or alighting from and Aircraft, balloon or any performing vehicle

DISCLOSURE
NOTICE OF TERRRORISM
INSURANCE COVERAGE

You are hereby notified that under the Terrorism Risk Insurance Act, as amended, you have a right to purchase insurance coverage for losses resulting from acts of terrorism. *As defined in Section 102(1) of the Act:* The term "act of terrorism" means any act or acts that are certified by the Secretary of the Treasury---in consultation with the Secretary of Homeland Security, and the Attorney General of the United States---to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

YOU SHOULD KNOW THAT WHERE COVERAGE IS PROVIDED BY THIS POLICY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM, SUCH LOSSES MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHTAFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THE FORMULA, THE UNITED STATES GOVERNMENT GENERALLY REIMBURSES 85% THROUGH 2015; 84% BEGINNING ON JANUARY 1, 2016; 83% BEGINNING ON JANUARY 1, 2017; 82% BEGINNING ON JANUARY 1, 2018; 81% BEGINNING ON JANUARY 1, 2019 AND 80% BEGINNING ON JANUARY 1, 2020 OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURANCE COMPANY PROVIDING THE COVERAGE. THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS THAT MAY BE COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A $100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURERS' LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS $100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED $100 BILLION, YOUR COVERAGE MAY BE REDUCED.

Acceptance or Rejection of Terrorism Insurance Coverage

_____I hereby elect to purchase terrorism coverage for a prospective premium of $18

_____I hereby decline to purchase terrorism coverage for certified acts of terrorism. I understand that I will have no coverage for losses resulting from certified acts of terrorism.

_____
Policyholder/Applicant's Signature

ACE PROPERTY AND CASUALTY INSURANCE COMPANY
Insurance Company

_____
Print Name

To be advised when policy is purchased
Policy Number

_____
Date

TR-19604d (01/15)

W ORANGE BLOSSOM
ALD GLEY RD
Orlando Apopka
Event Location
Crowd Seating
Kid Zone
Volunteers

- Completed Special Event Permit Application (Online Form or print form can be requested at events@apopka.net).
- Event Description
- A non-refundable application fee of $50.00 or completed application for waiver of permit fee is due when application is submitted. *Staff will contact you about this step.*
- 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, please see the event insurance requirements.
- 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 and must be to scale.
- Letter from the property owner granting permission for use of their property. (if on private property)
- If alcohol will be served at your event you must include the alcohol permit and insurance with the completed permit
- Copies of flyers and advertisements.
- Policies and protocols in regards to CDC Guidelines/COVID-19 & social distancing

Applicant must be present for duration of event.

Organization Name	VFW Post 10147
Name of Applicant	Andy Anderson
Mailing Address	519 S Central Ave
City	Apopka
State	Florida
Zip Code	32703
Cell Phone	4077184260
Email	danderson1947@cfl.rr.com
Is your organization a Non – Profit (501C3) OR Tax Exempt Organization?	Yes
State of Florida Tax ID Number	85-8013734909-1

A copy of your 501C3 non-profit certificate is required for non-profit status. Otherwise taxes will be charged.

Please attach a copy of your 501C3 non-profit certificate	*File(s) attached:* Tax Exemption Certificate.pdf
Name of the Event	United States Marine Corp Birthday Celebration
Date(s) of the Event	10 November 2023
Hours of the Event	1800-2200
Location of the Event	VFW Post 10147 / Apopka Community Center

Does the location of the event take place on Public or Private Property?	Yes
Anticipated attendance:	200
Briefly describe the event and all activities that will occur during the event:	Friday, Nov. 10, 2023 will be the United States Marine Corps' 247th birthday. While not a Federal holiday, Marines around the world have celebrated the Marine Corps Birthday for over a century.
Event Category	• Festival/Celebration
Are there flyers or advertisements for this event?	No
Additional Event Information	This event is not open to the public and advertisement/notification will be restricted to Marines and their invited guests.
Will there be admission fees to your event?	Yes
Will you be serving alcohol?	Yes
Copy of your liquor license & insurance	*File(s) attached:* 2023-2024 Liquor License.pdf 92201233_USLI LL Binder.pdf

If yes for serving alcohol, a copy of your liquor license & insurance is required.

City Council approval is also required.

Is your event open to the public?	No
Does your event include food concession?	Yes
Do you intend to have food trucks at your event?	No
Will there be merchandising vending at your event?	No
Will they need electric?	No
Will you be hiring a private security company for the event?	No
Do you require overnight security?	No
Are there musical entertainment features related to your event?	No
Will amplified sound be used during the event?	Yes
Will any streets be closed or will the flow of traffic be affected by the event?	No

Does your event include the use of tents?	No
Will inflatables be used at your event?	No
Will your event include any fireworks or pyrotechnics?	No

Date/Time (on site load in and load out)

For events that are held on City Property, set up days and load out days may require additional fees.

Setup/Load In

Date	11/10/2023
Start Time	3:00 PM (EDT)
End Time	6:00 PM (EDT)

Event Dates

Date	11/10/2023
Start Time	6:00 PM (EDT)
End Time	10:00 PM (EDT)

Take Down/Load Out

Date	11/10/2023
Start Time	10:00 PM (EDT)
End Time	11:00 PM (EDT)

I, Being the Applicant/Event Organizer, have read and understand the guidelines contained within the City of Apopka's Special Event Permit Application and agree to conduct my event in accordance. I further understand that failure to abide by these guidelines may result in the denial or forfeiture of my Special Event Permit.

The City of Apopka is not responsible for lost, stolen or damaged items.

I acknowledge that the information contained in this application is true, correct, and complete to the best of my knowledge.

Applicant Signature	D. Anderson
Name of Applicant	Dwight (Andy) Anderson
Title of Applicant	Commander VFW Post 10147
Date Submitted	09/24/2023

The Applicant/Event Organizer shall maintain at all times throughout the duration of the event, a current insurance policy naming the City of Apopka as an additional insured providing coverage for all approved event activities and must be active on the date(s) of the event, including the set-up and break-down period. Failure to provide proof of adequate coverage will result in the denial of the special event permit or cancellation of the event. The City may require subcontractors acting on behalf of the Applicant/Event Organizer to provide proof of insurance or other related documents depending on the scope or location of the event.

- Comprehensive listing of all subcontractors, including but not limited to concessionaires, vendors, exhibitors, and entertainers must be submitted no later than forty-five (45) business days prior to the event.
- All certificates of insurance, required extensions to said insurance certificates, copies of insurance policies and insurance agreements must be submitted no later than **thirty (30) business days prior to the event**.

If insurance requirements are not met at least twenty (20) business days prior to the date of the event, your event will be cancelled!

Please provide a copy of your certificate of insurance.	*File(s) attached:* 23-24 CERT- City of Apopka (revised).pdf

The City of Apopka defines an Applicant/Event Organizer as any individual or organization that is responsible for all aspects of an event to include advertising, marketing, talent costs, insurance, hold harmless agreement contracts, along with all the revenues and expenses for the event. The Applicant/Event Organizer agrees to conduct this event in accordance with the City of Apopka Code of Ordinances (Chapters 46 and 62).

REQUIREMENTS

- Applicant/Event Organizer recognizes the City's authority to halt the operation of the above listed event due to inclement weather or any other safety concern that may arise.
- The City is not responsible or liable for any damage, loss or theft to any vendor or event participant.
- Applicant/Event Organizer agrees that the City may use photographic images and video taken at the event in promotions and publications. These images may be used online or provided to media outlets and/or used in social media applications.

INSURANCE

Before activity setup, or any other site activity begins, Applicant/Event Organizer must have a Certificate of Liability Insurance **(including all extensions to the insurance certificate—to also include a copy of the complete insurance policy)** on file with the City's Risk Management Division. The cost of such insurance shall be the responsibility of the Applicant/Event Organizer and must meet ALL requirements as directed by the City of Apopka. The City reserves the right to increase coverage as determined for higher risk events or activities. This insurance policy must remain in effect throughout the entire duration of the property use beginning with load-in and ending at the conclusion of load-out.

- Applicant/Event Organizer shall, at its sole cost and expense, procure and maintain throughout the term of this agreement, Commercial 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. If such GL insurance contains a general aggregate limit, it shall apply separately to this event in the amount of $2,000,000. Products and completed operations aggregate shall be $1,000,000. Damage to rented premises shall be included at $100,000. The event Applicant/Event Organizer and their representatives who wish to drive on City property to set up or tear down for events, and/or Food Trucks and/or any vehicle that functions as the workplace or is used to perform contracted work must provide an Automobile Liability insurance policy in the minimum amount of $300,000 Combined Single Limit. If alcohol is being served, the Applicant/Event Organizer shall provide evidence of coverage for liquor liability in the minimum amount of $1,000,000. The insurance policy must not exclude Personal Injury/Advertising Injury, Medical, volunteer coverage or spectator liability.
- 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 certificate(s) and all extensions to the insurance certificate(s) should be sent to: City of Apopka, Risk Management, 120 East Main Street, Apopka, FL 32703 or e-mailed to riskmanagement@apopka.net. 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.
- Applicant/Event Organizer is solely responsible for all applicable policy premiums, deductibles, and/or self-insured retention attached to any required coverages. Said insurance coverages procured by the Applicant/Event Organizer as required herein, including but not limited to any excess and/or umbrella coverages, shall be considered, and the Applicant/Event Organizer agrees that said insurance coverages 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 Applicant/Event Organizer as required herein.
- Applicant/Event Organizer shall require and verify that all subcontractors, including but not limited to concessionaires, vendors, exhibitors, and entertainers, maintain insurance meeting all of the requirements stated herein. Furthermore, the insurance policy held by the Applicant/Event Organizer shall have no endorsement(s) restricting, limiting or excluding the subcontractors or work on behalf of the Applicant/Event Organizer by a subcontractor. The Certificate of Insurance submitted by the Applicant/Event Organizer must clearly state that all such subcontractors are "Named Insureds".

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

By signing below, I acknowledge that I have read and understand the insurance requirements contained herein. I further understand that my permit application may be declined if I fail to provide the appropriate insurance coverage.

Signature of Applicant D. Anderson

Name of Applicant	Dwight (Andy) Anderson
Title of Applicant	Commander - VFW Post 10147
Sponsoring Organization Name	VFW Post 10147

0000229 12/16/21

FLORIDA

Consumer's Certificate of Exemption

Issued Pursuant to Chapter 212, Florida Statutes

85-8013734909C-1	02/28/2022	02/28/2027	VETERANS ORGANIZ
Certificate Number	Effective Date	Expiration Date	Exemption Categor

This certifies that

APOPKA ALTAMONTE SPRINGS VETERANS OF
FOREIGN WARS OF THE UNITED STATES
POST 10147 INC
519 S CENTRAL AVE
APOPKA FL 32703-5251

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

STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

2601 BLAIR STONE ROAD
TALLAHASSEE FL 32399-0783

Congratulations! With this license you become one of the nearly one million Floridians licensed by the Department of Business and Professional Regulation. Our professionals and businesses range from architects to yacht brokers, from boxers to barbeque restaurants, and they keep Florida's economy strong.

Every day we work to improve the way we do business in order to serve you better. For information about our services, please log onto www.myfloridalicense.com. There you can find more information about our divisions and the regulations that impact you, subscribe to department newsletters and learn more about the Department's initiatives.

Our mission at the Department is: License Efficiently, Regulate Fairly. We constantly strive to serve you better so that you can serve your customers. Thank you for doing business in Florida, and congratulations on your new license!

STATE OF FLORIDA DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

BEV5813268 ISSUED: 08/19/2023
RETAILER OF ALCOHOLIC BEVERAGES
APOPKA/ALTAMONTE SPRINGS VFW OF THE OF THE US
VFW POST 10147
CONSUMPTION ON PREMISES ONLY

Signature
LICENSED UNDER CHAPTER 561, FLORIDA STATUTES
EXPIRATION DATE: SEPTEMBER 30, 2024

Ron DeSantis, Governor Melanie S. Griffin, Secretary

STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
DIV OF ALCOHOLIC BEVERAGES & TOBACCO

LICENSE NUMBER: BEV5813268 **EXPIRATION DATE: SEPTEMBER 30, 2024**

THE RETAILER OF ALCOHOLIC BEVERAGES HEREIN IS LICENSED UNDER THE PROVISIONS OF CHAPTER 561, FLORIDA STATUTES
SERIES: 11C
CONSUMPTION ON PREMISES ONLY

APOPKA/ALTAMONTE SPRINGS VFW OF THE OF THE US POST 10147 INC
VFW POST 10147
519 S CENTRAL AVE
APOPKA FL 32703

ISSUED: 08/19/2023

Always verify licenses online at MyFloridaLicense.com
Do not alter this document in any form.
This is your license. It is unlawful for anyone other than the licensee to use this document.

APOPSPR-01 ALUNSFORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 6/28/2023

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: Ali Lunsford	
Hatcher Insurance, LLC PO Box 540689 Orlando, FL 32854	PHONE (A/C, No, Ext): (407) 901-7336	FAX (A/C, No):
	E-MAIL ADDRESS: ALunsford@hatcherins.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Century Surety	36951
INSURED Apopka/Altamonte Springs VFW Post 10147, Inc. PO Box 912 Apopka, FL 32704	INSURER B : Mount Vernon Fire Insurance Co	26522
	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	X COMMERCIAL GENERAL LIABILITY							
	[ ] CLAIMS-MADE [X] OCCUR	X		CCP1157774	6/25/2023	6/1/2024	EACH OCCURRENCE	$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
							MED EXP (Any one person)	$ 5,000
							PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 2,000,000
	X POLICY [ ] PRO-JECT [ ] LOC						PRODUCTS - COMP/OP AGG	$ 1,000,000
	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 $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						[ ] PER STATUTE [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y / N [ ]	N / A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
B	Liquor Liability			LQ 2004421B	6/1/2023	6/1/2024	Each Occu	1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
RE: 519 S. Central Avenue, Apopka, FL 32703. The GL policy includes a blanket Additional Insured endorsement for the Certificate Holder if required by written contract. Liability is limited to loss or damage arising out of negligent acts of the Insured.

CERTIFICATE HOLDER

City of Apopka
P.O. Box 1229
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

- Completed Special Event Permit Application (Online Form or print form can be requested at events@apopka.net).
- Event Description
- A non-refundable application fee of $50.00 or completed application for waiver of permit fee is due when application is submitted. *Staff will contact you about this step.*
- 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, please see the event insurance requirements.
- 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 and must be to scale.
- Letter from the property owner granting permission for use of their property. (if on private property)
- If alcohol will be served at your event you must include the alcohol permit and insurance with the completed permit
- Copies of flyers and advertisements.
- Policies and protocols in regards to CDC Guidelines/COVID-19 & social distancing

Applicant must be present for duration of event.

Organization Name	Alpha Kappa Alpha Sorority Inc. Alpha Beta Sigma Omega Chapter
Name of Applicant	Dayna Dallas
Mailing Address	6001 England Ave.
City	Orlando
State	Florida
Zip Code	32808
Cell Phone	407-222-8808
Email	daynadallas1@gmail.com
Is your organization a Non – Profit (501C3) OR Tax Exempt Organization?	Yes
State of Florida Tax ID Number	36-2152330

A copy of your 501C3 non-profit certificate is required for non-profit status. Otherwise taxes will be charged.

Please attach a copy of your 501C3 non-profit certificate	*File(s) attached:* AKA Tax Exempt Status.pdf
Name of the Event	Fall Festival
Date(s) of the Event	November 11, 2023
Hours of the Event	11:30-6:30
Location of the Event	Billie Dean Community Center/ Alonzo Williams Park

Does the location of the event take place on Public or Private Property?	Yes
Anticipated attendance:	100
Briefly describe the event and all activities that will occur during the event:	Veterans Day Fall Festival with a Turkey Giveaway featuring local vendors and games for children.
Event Category	• Festival/Celebration
Are there flyers or advertisements for this event?	Yes
Attach Flyer or Advertisement 1	*File(s) attached:*

Additional Event Information	We will also be honoring our Veterans and doing a Turkey giveaway of about 100 to 200 turkeys.
Will there be admission fees to your event?	No
Will you be serving alcohol?	No
Is your event open to the public?	Yes
Does your event include food concession?	No
Do you intend to have food trucks at your event?	Yes
How many?	6
Will there be merchandising vending at your event?	Yes
How many vendors?	10

Will they need electric?	Yes

Additional fees apply for electric use.

Will you be hiring a private security company for the event?	No
Do you require overnight security?	No
Are there musical entertainment features related to your event?	No
Will amplified sound be used during the event?	Yes
Will any streets be closed or will the flow of traffic be affected by the event?	No
Does your event include the use of tents?	No
Will inflatables be used at your event?	Yes
Will your event include any fireworks or pyrotechnics?	No

Layout map for event *File(s) attached:*

Date/Time (on site load in and load out)

For events that are held on City Property, set up days and load out days may require additional fees.

Setup/Load In

Date	11/11/2023
Start Time	11:30 AM (EDT)
End Time	12:00 PM (EDT)

Event Dates

Date	11/11/2023
Start Time	12:00 PM (EDT)
End Time	5:00 PM (EDT)

Take Down/Load Out

Date	11/11/2023
Start Time	5:00 PM (EDT)
End Time	6:00 PM (EDT)

I, Being the Applicant/Event Organizer, have read and understand the guidelines contained within the City of Apopka's Special Event Permit Application and agree to conduct my event in accordance. I further understand that failure to abide by these guidelines may result in the denial or forfeiture of my Special Event Permit.

The City of Apopka is not responsible for lost, stolen or damaged items.

I acknowledge that the information contained in this application is true, correct, and complete to the best of my knowledge.

Applicant Signature	
Name of Applicant	Dayna Dallas
Title of Applicant	Member
Date Submitted	09/19/2023

The Applicant/Event Organizer shall maintain at all times throughout the duration of the event, a current insurance policy naming the City of Apopka as an additional insured providing coverage for all approved event activities and must be active on the date(s) of the event, including the set-up and break-down period. Failure to provide proof of adequate coverage will result in the denial of the special event permit or cancellation of the event. The City may require subcontractors acting on behalf of the Applicant/Event Organizer to provide proof of insurance or other related documents depending on the scope or location of the event.

- Comprehensive listing of all subcontractors, including but not limited to concessionaires, vendors, exhibitors, and entertainers must be submitted no later than forty-five (45) business days prior to the event.
- All certificates of insurance, required extensions to said insurance certificates, copies of insurance policies and insurance agreements must be submitted no later than **thirty (30) business days prior to the event**.

If insurance requirements are not met at least twenty (20) business days prior to the date of the event, your event will be cancelled!

The City of Apopka defines an Applicant/Event Organizer as any individual or organization that is responsible for all aspects of an event to include advertising, marketing, talent costs, insurance, hold harmless agreement contracts, along with all the revenues and expenses for the event. The Applicant/Event Organizer agrees to conduct this event in accordance with the City of Apopka Code of Ordinances (Chapters 46 and 62).

REQUIREMENTS

- Applicant/Event Organizer recognizes the City's authority to halt the operation of the above listed event due to inclement weather or any other safety concern that may arise.
- The City is not responsible or liable for any damage, loss or theft to any vendor or event participant.
- Applicant/Event Organizer agrees that the City may use photographic images and video taken at the event in promotions and publications. These images may be used online or provided to media outlets and/or used in social media applications.

INSURANCE

Before activity setup, or any other site activity begins, Applicant/Event Organizer must have a Certificate of Liability Insurance **(including all extensions to the insurance certificate—to also include a copy of the complete insurance policy)** on file with the City's Risk Management Division. The cost of such insurance shall be the responsibility of the Applicant/Event Organizer and must meet ALL requirements as directed by the City of Apopka. The City reserves the right to increase coverage as determined for higher risk events or activities. This insurance policy must remain in effect throughout the entire duration of the property use beginning with load-in and ending at the conclusion of load-out.

- Applicant/Event Organizer shall, at its sole cost and expense, procure and maintain throughout the term of this agreement, Commercial 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. If such GL insurance contains a general aggregate limit, it shall apply separately to this event in the amount of $2,000,000. Products and completed operations aggregate shall be $1,000,000. Damage to rented premises shall be included at $100,000. The event Applicant/Event Organizer and their representatives who wish to drive on City property to set up or tear down for events, and/or Food Trucks and/or any vehicle that functions as the workplace or is used to perform

contracted work must provide an Automobile Liability insurance policy in the minimum amount of $300,000 Combined Single Limit. If alcohol is being served, the Applicant/Event Organizer shall provide evidence of coverage for liquor liability in the minimum amount of $1,000,000. The insurance policy must not exclude Personal Injury/Advertising Injury, Medical, volunteer coverage or spectator liability.

- 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 certificate(s) and all extensions to the insurance certificate(s) should be sent to: City of Apopka, Risk Management, 120 East Main Street, Apopka, FL 32703 or e-mailed to riskmanagement@apopka.net. 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.
- Applicant/Event Organizer is solely responsible for all applicable policy premiums, deductibles, and/or self-insured retention attached to any required coverages. Said insurance coverages procured by the Applicant/Event Organizer as required herein, including but not limited to any excess and/or umbrella coverages, shall be considered, and the Applicant/Event Organizer agrees that said insurance coverages 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 Applicant/Event Organizer as required herein.
- Applicant/Event Organizer shall require and verify that all subcontractors, including but not limited to concessionaires, vendors, exhibitors, and entertainers, maintain insurance meeting all of the requirements stated herein. Furthermore, the insurance policy held by the Applicant/Event Organizer shall have no endorsement(s) restricting, limiting or excluding the subcontractors or work on behalf of the Applicant/Event Organizer by a subcontractor. The Certificate of Insurance submitted by the Applicant/Event Organizer must clearly state that all such subcontractors are "Named Insureds".

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

By signing below, I acknowledge that I have read and understand the insurance requirements contained herein. I further understand that my permit application may be declined if I fail to provide the appropriate insurance coverage.

Signature of Applicant	
Name of Applicant	Dayna Dallas
Title of Applicant	Member
Sponsoring Organization Name	Alpha Kappa Alpha Sorority, Inc, Alpha Beta Sigma Omega Chapter

IRS Department of the Treasury
Internal Revenue Service
P.O. Box 2508
Cincinnati OH 45201

In reply refer to: 0248467585
Aug. 08, 2011 LTR 4167C E0
36-2152330 000000 00
00014440
BODC: TE

ALPHA KAPPA ALPHA SORORITY INC
5656 S STONY ISLAND AVE
CHICAGO IL 60637-1906

33206

Employer Identification Number: 36-2152330
Group Exemption Number: 9321
Person to Contact: Mrs Pamela Skiles
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your July 28, 2011, request for information about your tax-exempt status.

Our records indicate that you were issued a determination letter in OCTOBER 1952, and that you are currently exempt under section 501(c)(7) of the Internal Revenue Code.

Based on the information supplied, we recognized the subordinates named on the list you submitted as exempt from Federal income tax under section 501(c)(07) of the Code.

Because your subordinate organizations are not an organization described in section 170(c) of the Code, donors may not deduct contributions made to them. They should advise their contributors to that effect.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

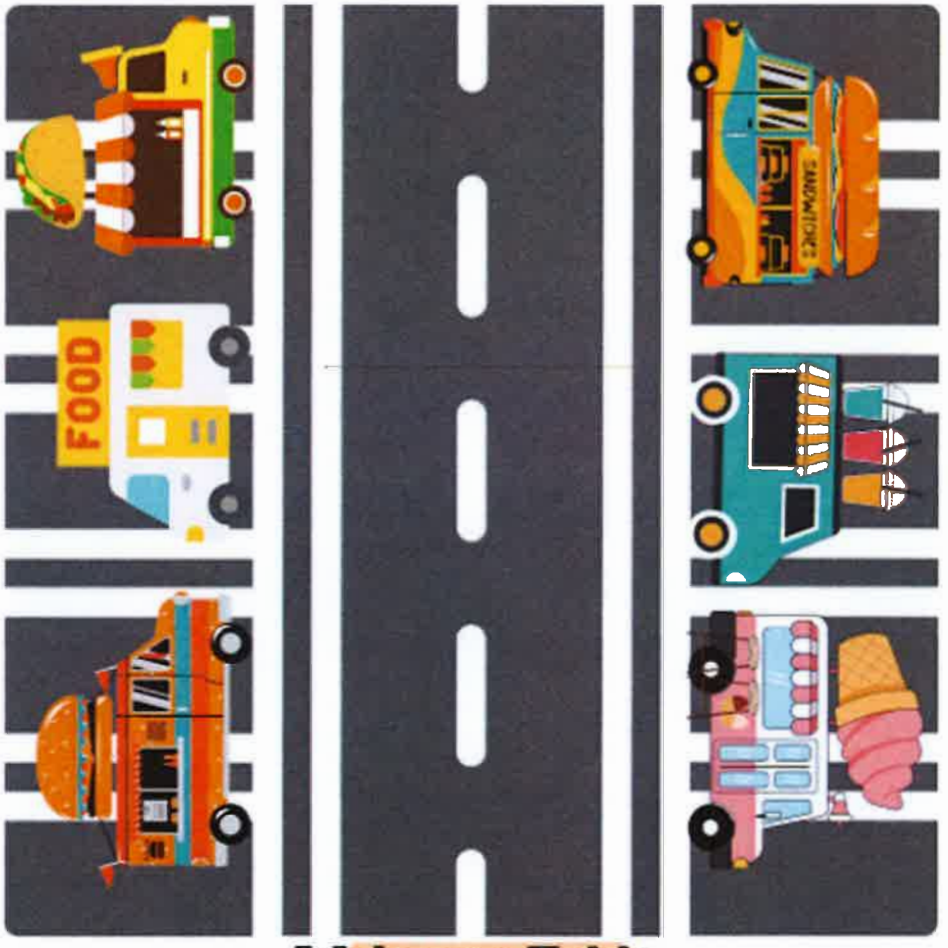
Sincerely yours,

S. A. Martin, Operations Manager
Accounts Management Operations

KIDS ZONE

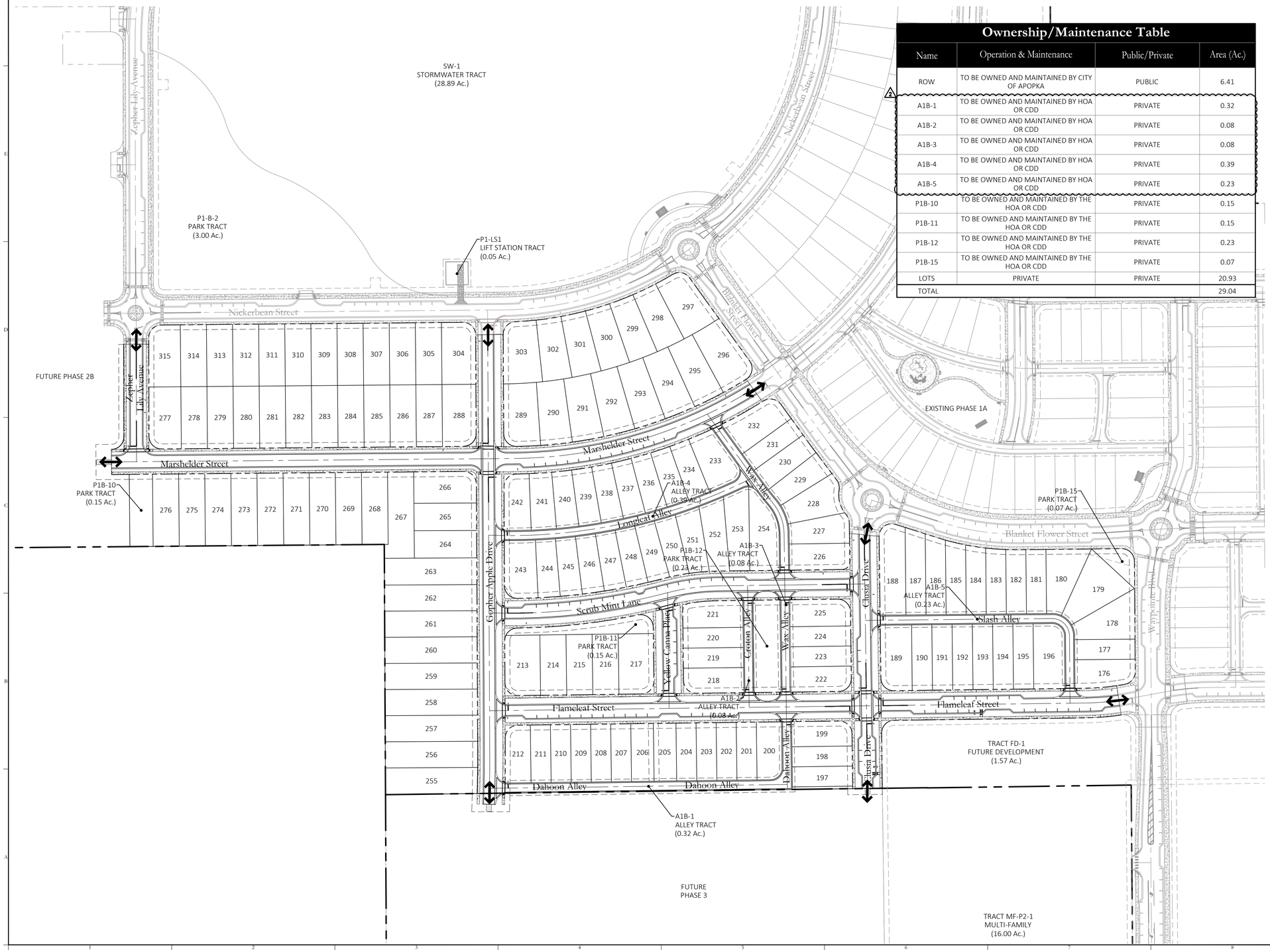
Vendor 's Row

Billie Dean Community Center



Welcome Table


ALPHA BETA SIGMA OMEGA
CHAPTER OF
Alpha Kappa Alpha Sorority, Inc.
ΑΚΑ
Soaring to Greater Heights of Service & Sisterhood
VETERANS DAY
ABSO
FALL FESTIVAL
Turkey Giveaway 2p-4p
November 11, 2023
12:00 PM - 5:00 PM
Soaring to Greater Heights of Service & Sisterhood
Build Our Economic Wealth
AKA
ENJOY THE FAMILY-FRIENDLY ACTIVITIES
ALONZO WILLIAMS PARK
12:00PM - 5:00PM
MUSIC - FOOD TRUCKS- ARTS & CRAFTS
KIDS ZONE - PIE CONTEST
TO REGISTER TO BECOME A VENDOR:
bit.ly/ABSOFallFest



Ownership/Maintenance Table

Name	Operation & Maintenance	Public/Private	Area (Ac.)
ROW	TO BE OWNED AND MAINTAINED BY CITY OF APOPKA	PUBLIC	6.41
A1B-1	TO BE OWNED AND MAINTAINED BY HOA OR CDD	PRIVATE	0.32
A1B-2	TO BE OWNED AND MAINTAINED BY HOA OR CDD	PRIVATE	0.08
A1B-3	TO BE OWNED AND MAINTAINED BY HOA OR CDD	PRIVATE	0.08
A1B-4	TO BE OWNED AND MAINTAINED BY HOA OR CDD	PRIVATE	0.39
A1B-5	TO BE OWNED AND MAINTAINED BY HOA OR CDD	PRIVATE	0.23
P1B-10	TO BE OWNED AND MAINTAINED BY THE HOA OR CDD	PRIVATE	0.15
P1B-11	TO BE OWNED AND MAINTAINED BY THE HOA OR CDD	PRIVATE	0.15
P1B-12	TO BE OWNED AND MAINTAINED BY THE HOA OR CDD	PRIVATE	0.23
P1B-15	TO BE OWNED AND MAINTAINED BY THE HOA OR CDD	PRIVATE	0.07
LOTS	PRIVATE	PRIVATE	20.93
TOTAL			29.04

LEGEND

- MASTER PLAN BOUNDARY
- ROW
- LOT LINES
- PHASE LINE
- FULL ACCESS

50 0 100 200
SCALE IN FEET

Key Map:

NO.	DATE:	DESCRIPTIONS:
2	09/11/2023	SUBMIT TO CITY OF APOPKA
1	08/08/2023	SUBMIT TO SJRWMD
-	06/05/2023	SUBMIT TO CITY OF APOPKA

SUBMISSIONS/REVISIONS

VERTICAL DATUM:	NAVD 88
JOB NO.:	21-027
DESIGNED BY:	MDS
DRAWN BY:	GF/KL
CHECKED BY:	MDS
APPROVED BY:	MDS
SCALE IN FEET:	1" =100'

Project Name:

CROSSROADS AT KELLY PARK - PHASE 1B

Jurisdiction:

CITY of APOPKA, FL

Sheet Title:

SITE PLAN

Sheet No.:

C2.00

Seal:

MARC DANIEL STEHLI LICENSE No. 52781 STATE OF FLORIDA PROFESSIONAL ENGINEER

MARC DANIEL STEHLI
P.E. NO. 0052781
DATE: September 11, 2023

This item has been electronically signed and sealed using a digital signature. Printed copies of this document are not considered signed and sealed and the signature must be verified on any electronic copies.

POULOS & BENNETT

Poulos & Bennett, LLC
2602 E. Livingston St., Orlando, FL 32803
Tel. 407.487.2594 www.poulosandbennett.com
Eng. Bus. No. 28567

Z:\2021\21-027 CALVIN - KELLY PARK PARCELS\CAD\FINAL\CITY\PHASE 1-1B\21-027-PHASE 1-1B-MSP