CITY OF APOPKA
DEVELOPMENT REVIEW COMMITTEE

DATE: **August 10, 2016**
TIME: **9:00 AM Development Review Committee Meeting**
LOCATION: **120 E. Main Street (Community Development Conference Room)**

I. Staff Comments on the following:

A. Special Events:

1. Event: Asian Food Music and Cultural Festival – Indian Horizon of Florida Inc.
Dates: December 17 & 18, 2016
Time: 3:00 P.M. thru 12:00 A.M.
Location: Apopka Amphitheatre

2. Event: Kite Festival – Gujarati Society of Central Florida, Inc.
Date: January 8, 2017
Time: 8:00 A.M. thru 4:00 P.M.
Location: Apopka Amphitheatre

B. Concept Plan: None

C. Site Plans:

3. Rogers Road / Etheridge — PR16-16
Preliminary Development Plan
Parcel I.D. #29-20-28-0000-00-004
Location: 2303 Rogers Road

4. Views at Waters Edge — PR16-17
Master Site Plan/Preliminary Development Plan
Parcel I.D. #19-21-28-0000-00-011; 19-21-28-0000-00-021; 19-21-28-0000-00-022
Location: S. Binion Road at Harmon Road

5. Northwest Distribution Facility – Building D — SPR16-17
Preliminary Site Development Plan
Parcel No.'s: 17-21-28-5953-01-0000; 17-21-28-5953-03-000; 17-21-28-5953-04-000
Location: Between S.R. 451 and Ocoee Apopka Road, and east of Boy Scout Road

D. Plats: None
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: None
F. Plan Final Review and Sign-off: **Projects at "Zoning Counter"**

Please direct any comments or questions concerning the items scheduled for this meeting to the Community Development Department at (407) 703-1739.

David B. Moon

David B. Moon, AICP,
Planning Manager

Backup material for agenda item:

1. Event: Asian Food Music and Cultural Festival – Indian Horizon of Florida Inc.
   Dates: December 17 & 18, 2016
   Time: 3:00 P.M. thru 12:00 A.M.
   Location: Apopka Amphitheatre

City of Apopka

Special Events Permit Application

Point of Contact:

Sarah Ryan
City Events Coordinator
407-703-1809
SRyan@apopka.net

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.

Special Events Permit

Applicants Information

Name of Applicant: INDIAN HORIZON OF FLORIDA INC Phone: 321-662-1887

Address: 2585 AZZURRA LN City: OCOEE

ZIP: 34761 Email address: INDIANHORIZON0674@yahoo.com

Secondary Contact: BANGLADESH AMERICAN FOUNDATION Phone: 407-963-5709

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

Name of Organization: INDIAN HORIZON OF FLORIDA INC.

Tax Exempt: Yes: ✓ No: _____ State of Florida Tax Number: 85-8015367971C-8

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: ASIAN FOOD MUSIC AND CULTURAL FESTIVAL

Date(s) of the Event: _____ Hours of Event: 10AM - 12 AM.

Location of the Event: ADOPK AMPHY THEATER

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

Briefly describe the event and all activities that will occur during the event: IT WILL BE A CULTURAL FESTIVAL. 18 COUNTRIES FROM ALL OVER THE WORLD WILL PARTICIPATE IN TWO DAYS OF EVENT.

Expected attendance: 2000

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

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

*If yes for serving alcohol, you will be required to obtain approval from City Council. Upon final approval you will need to provide a copy of the liquor license.

Special Events Permit
(*Continued*)

Type of Event

Description of any equipment being used (Tents, Banners, Signs, Animals, Etc.): TENT, BAR BQ, PA SYSTEM, LIGHTS

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

If yes, explain: _____

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

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

For further information, to determine if the event location is in the City limits, or to inquire about special requirements for your event, please contact the 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, HARENDRA SINGH, on behalf of IHF, agree to indemnify and hold harmless the City of Apopka, its agents, employees or any other person against loss or expense including attorneys' fees, by reason of the liability imposed by law upon the City of Apopka except in the case of the City of Apopka's sole negligence, for damage because of bodily injury, including death at any time resulting therefrom, sustained by any person or persons, or on account of damage to property arising out of or in consequence of the issuance of the permit or conduct of the assembly or any of its participants, in whole or in part, whether such injuries to persons or damage to property are due or claim to be due to any passive negligence of its employees or agents or any other person. It is further understood and agreed that _____ shall, at the option of the City of Apopka, defend the City of Apopka with appropriate counsel and shall further bear all costs and expenses, including the expense of counsel, in the defense of any suit arising hereunder.

HARENDRA SINGH
PRINTED NAME OF APPLICANT

SIGNATURE OF APPLICANT

8-5-16
DATE SUBMITTED

ASIAN FOOD FESTIVAL
EVENT NAME / EVENT DATE / LOCATION OF EVENT

STATE OF FLORIDA
COUNTY OF ORANGE

SWORN TO (OR AFFIRMED) AND SUBSCRIBED BEFORE ME THIS 5 DAY OF August, 2016 BY Harendra Singh, WHO IS PERSONALLY KNOWN TO ME OR HAS PRODUCED DL# S520-337-55-332-0 AS IDENTIFICATION.

Edith Torres
NOTARY PUBLIC SIGNATURE

NOTARY PUBLIC STATE OF FLORIDA
EDITH TORRES
MY COMMISSION # FF 089751
EXPIRES: February 13, 2018
Bonded Thru Budget Notary Services

Edith Torres
NOTARY PUBLIC PRINTED NAME

FOR OFFICIAL USE ONLY

DRC APPROVAL:_____ DATE:_____

DRC COMMENTS:

_____

_____

FIRE APPROVAL:_____ DATE:_____

FIRE COMMENTS:

_____

_____

POLICE APPROVAL:_____ DATE:_____

POLICE COMMENTS:

_____

_____

EVENTS APPROVAL:_____ DATE:_____

EVENTS COMMENTS:

_____

_____

RISK MANAGEMENT APPROVAL:_____ DATE:_____

RISK MANAGEMENT COMMENTS:

_____

_____

RECREATION APPROVAL:_____ DATE:_____

RECREATION COMMENTS:

_____

_____

CITY COUNCIL WILL CONSIDER THIS REQUEST SUBJECT TO APPLICANT MEETING ALL CITY REQUIREMENTS ON:

MEETING DATE:_____ APPROVED:_____ DENIED:_____

PERMIT FEE: $50.00 DATE PAID: _____ REC'D BY: _____ DATE EXEMPTED:_____

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

APPLICANT: INDIAN HORIZON OF FL

MAILING ADDRESS: 2585 AZZ URRA LANE, OCOEE FL 34761.
PO BOX OR STREET CITY STATE ZIP

HOME PHONE# 321-662-1887 WORK # 407-963-5709 - HUSSEIN

NAME OF ORGANIZATION: INDIAN HORIZON OF FL

MAILING ADDRESS: PO BOX 388- OCOEE FL 34761
PO BOX OR STREET CITY STATE ZIP

CONTACT PERSON: HARI SINGH PHONE # 321-662-1887

NAME OF EVENT: ASIAN FOOD FESTIVAL

DATE(S) OF EVENT: DEC 17 & 18th 2016 TIME(S) OF EVENT: 10 AM TO 12 AM.

LOCATION OF EVENT: APOPKA AMPI THEATRE - 10-3PM Set Up

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

SIGNATURE OF APPLICANT 8-5-16
DATE SUBMITTED TO COMMUNITY DEVELOPMENT

HARI SINGH
PRINTED NAME OF APPLICANT

STATE OF FLORIDA
COUNTY OF ORANGE

SWORN TO AND SUBSCRIBED BEFORE ME THIS 5 DAY OF August, 20 16,
BY Harendra Singh WHO IS PERSONALLY KNOWN TO ME OR HAS
PRODUCED DL# S520-337-55-332-0 AS IDENTIFICATION.

NOTARY PUBLIC STATE OF FLORIDA
EDITH TORRES
MY COMMISSION # FF 089751
EXPIRES: February 13, 2018
Bonded Thru Budget Notary Services

(SEAL)

Edith Torres
NOTARY PUBLIC SIGNATURE
Edith Torres.
NOTARY PUBLIC PRINTED NAME

OFFICIAL USE ONLY

DATE APPROVED: _____

Glenn Irby, City Manager

DATE DENIED: _____

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FLORIDA DEPARTMENT OF REVENUE

Consumer's Certificate of Exemption

DR-14
R. 04/11

Issued Pursuant to Chapter 212, Florida Statutes

Certificate Number	Effective Date	Expiration Date	Exemption Category
85-8015367971C-8	04/30/2015	04/30/2020	501(C)(3) ORGANIZATION

This certifies that

INDIAN HORIZON OF FLORIDA INC
2585 AZZURRA LN
OCOEE FL 34761-5017

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.

x vendors
Load In x

Backup material for agenda item:

2. Event: Kite Festival – Gujarati Society of Central Florida, Inc.
   Date: January 8, 2017
   Time: 8:00 A.M. thru 4:00 P.M.
   Location: Apopka Amphitheatre

City of Apopka

Special Events Permit Application

Point of Contact:

Sarah Ryan
City Events Coordinator
407-703-1809
SRyan@apopka.net

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.

Special Events Permit

Applicants Information

Name of Applicant: Gujarati Society of CFL Phone: 407-460-2020

Address: 1675 Rachels Ridge Loop City: OCOEE

ZIP: 34761 Email address: jpatel5080@yahoo.com

Secondary Contact: Manoj Patel Phone: 407-342-0117

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

Name of Organization: Gujarati Society of Central FLORIDA

Tax Exempt: Yes: ✓ No: _____ State of Florida Tax Number: 05-0620278

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

N05000003619

Type of Event

Name of the Event: Kite Festivel.

Date(s) of the Event: JAN-8th Hours of Event: 8 am - 4pm

Location of the Event: _____

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

Briefly describe the event and all activities that will occur during the event:

Fly Kite.

Expected attendance: 450

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

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

*If yes for serving alcohol, you will be required to obtain approval from City Council. Upon final approval you will need to provide a copy of the liquor license.

Special Events Permit
(Continued)

Type of Event

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

Tents / Banners / Sign

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 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, Jay Patel, on behalf of GSCFL, 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 Jay Patel 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.

JAY PATEL
PRINTED NAME OF APPLICANT

SIGNATURE OF APPLICANT

07/21/16
DATE SUBMITTED

Kite Festival.
EVENT NAME / EVENT DATE / LOCATION OF EVENT

STATE OF FLORIDA
COUNTY OF ORANGE

SWORN TO (OR AFFIRMED) AND SUBSCRIBED BEFORE ME THIS 21st DAY OF July, 2016 BY Jay Patel, WHO IS PERSONALLY KNOWN TO ME OR HAS PRODUCED FL DL AS IDENTIFICATION.

Susa M Bone
NOTARY PUBLIC SIGNATURE

Susan M. Bone
NOTARY PUBLIC PRINTED NAME

FLORIDA NOTARY ASSOCIATION SINCE 1976
SUSAN MARIE BONE
NOTARY PUBLIC
STATE OF FLORIDA
Comm# FF114088
Expires 4/25/2018

FOR OFFICIAL USE ONLY

DRC APPROVAL:_____ DATE:_____

DRC COMMENTS:

_____

_____

FIRE APPROVAL:_____ DATE:_____

FIRE COMMENTS:

_____

_____

POLICE APPROVAL:_____ DATE:_____

POLICE COMMENTS:

_____

_____

EVENTS APPROVAL:_____ DATE:_____

EVENTS COMMENTS:

_____

_____

RISK MANAGEMENT APPROVAL:_____ DATE:_____

RISK MANAGEMENT COMMENTS:

_____

_____

RECREATION APPROVAL:_____ DATE:_____

RECREATION COMMENTS:

_____

_____

CITY COUNCIL WILL CONSIDER THIS REQUEST SUBJECT TO APPLICANT MEETING ALL CITY REQUIREMENTS ON:

MEETING DATE:_____ APPROVED:_____ DENIED:_____

PERMIT FEE: $50.00 DATE PAID: _____ REC'D BY: _____ DATE EXEMPTED:_____

City of Apopka
Insurance Requirements
General Events and Activities

The original insurance certificate and all extensions to the insurance certificate should be sent to:
City of Apopka, Human Resources, 120 East Main Street, Apopka, FL 32703
or E-mailed to riskmanagement@apopka.net
Phone: 407-703-1805

Certificate Holder: City of Apopka

These minimum requirements are based on average exposure events and activities. Events or activities that involve high or unusual hazards may require higher limits of coverage.

Workers' Compensation:

If the business falls under the State of Florida Workers' Compensation Law (Businesses employing more than 4 employees), coverage shall be provided for all employees. The coverage shall be for statutory limits in compliance with the applicable state and federal laws. The policy must include **Employers' Liability with a limit of $1,000,000 each accident, $1,000,000 each employee, $1,000,000 policy limit for disease.**

Commercial General Liability Insurance:

Coverage shall be Per Occurrence, Combined Single Limit for Bodily Injury and Property Damage Liability, including Premises and Operations. Limits of coverage shall be based on the operation and exposure at hand.

Average Exposures	**$1,000,000**
Unusual or High Hazard Exposures	**$3,000,000 and up**

Damage to rented premises shall be included with a limit of $100,000.

If food or beverage is being served, Products Liability must be included. If alcohol is being served, Liquor Liability must be included.

Auto Liability (Including but not limited to Food Trucks)

Coverage shall be Per Occurrence, Combined Single Limit for Bodily Injury and Property Damage, including Premises and Operations in the minimum amount of $300,000.

Evidence of Insurance:

The **City of Apopka** is to be specifically included as an **additional insured on all policies except Workers' Compensation**. In the event the insurance coverage expires prior to the completion of the use period, a renewal certificate shall be issued 30-days prior to said expiration date. The policy shall provide a 30-day notification clause in the event of cancellation or modification to the policy. All certificates of insurance must be on file with and approved by the City of Apopka prior to the event. **The Description of Operations must explicitly state that the City of Apopka is named as an additional insured and also detail the name and date(s) of the event/activity.**

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

APPLICANT: Gujarati Society of Central Florida

MAILING ADDRESS: 1675 Rachels Ridge Loop OCOEE Fl 34761
PO BOX OR STREET CITY STATE ZIP

HOME PHONE# 407-460-2020 WORK # _____

NAME OF ORGANIZATION: Gujarati Society of Central Florida

MAILING ADDRESS: 1675 Rachels Ridge Loop OCOEE Fl 34761
PO BOX OR STREET CITY STATE ZIP

CONTACT PERSON: JAY PATEL PHONE # 407-460-2020

NAME OF EVENT: Kite Festivel

DATE(S) OF EVENT: JAN - 8th TIME(S) OF EVENT: 8 AM to 4 PM

LOCATION OF EVENT: _____

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

SIGNATURE OF APPLICANT

07/21/16
DATE SUBMITTED TO COMMUNITY DEVELOPMENT

JAY PATEL
PRINTED NAME OF APPLICANT

STATE OF FLORIDA
COUNTY OF ORANGE

SWORN TO AND SUBSCRIBED BEFORE ME THIS 21st DAY OF July, 2016,
BY Jay Patel WHO IS PERSONALLY KNOWN TO ME OR HAS
PRODUCED FL / DL AS IDENTIFICATION.

(SEAL)

SUSAN MARIE BONE
NOTARY PUBLIC
STATE OF FLORIDA
Comm# FF114088
Expires 4/25/2018

NOTARY PUBLIC SIGNATURE

Susan M. Bone
NOTARY PUBLIC PRINTED NAME

OFFICIAL USE ONLY

DATE APPROVED: _____

Glenn Irby, City Manager

DATE DENIED: _____

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05/08/15

DEPARTMENT OF REVENUE

Consumer's Certificate of Exemption

DR-14
R. 04/11

Issued Pursuant to Chapter 212, Florida Statutes

Certificate Number	Effective Date	Expiration Date	Exemption Category
85-8015234788C-9	11/30/2014	11/30/2019	501(C)(3) ORGANIZATION

This certifies that

GUJARATI SOCIETY OF CENTRAL FLORIDA INC
2018 S CHICKASAW TRL
ORLANDO FL 32825-8408

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.

DEPARTMENT OF REVENUE

Important Information for Exempt Organizations

DR-1
R. 04/1

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.

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 07/21/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER

Caple Howden Insurance Agency, Inc.
10222 E. Colonial Dr.
ORLANDO, FL 32817
License #: A124292

CONTACT NAME: Patti Weightman
PHONE (A/C, No, Ext): (407)657-8808 FAX (A/C, No): (407)657-1710
E-MAIL ADDRESS: pweightman@howdeninsurance.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Nationwide Insurance Company	25453
INSURER B : United Sttes Liability Ins. Co	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED

GUJARATI SOCIETY OF CENTRAL FLORIDA, INC.
1675 RACHELS RIDGE LOOP
OCOEE, FL 34761-9009

COVERAGES CERTIFICATE NUMBER: 00011040-315610 REVISION NUMBER: 40

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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY	Y		ACPGLZO5954696007	12/20/2016	12/20/2017	EACH OCCURRENCE	$ 1,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
	CLAIMS-MADE X OCCUR						MED EXP (Any one person)	$ 5,000
							PERSONAL & ADV INJURY	$ 1,000,000
							GENERAL AGGREGATE	$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$ 2,000,000
	X POLICY PRO-JECT LOC							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	ANY AUTO						BODILY INJURY (Per person)	$
	ALL OWNED AUTOS / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS / NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB / OCCUR						EACH OCCURRENCE	$
	EXCESS LIAB / CLAIMS-MADE						AGGREGATE	$
	DED / RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATU-TORY LIMITS / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N (Mandatory in NH)	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	Professional Liabili			NDO1552650C	02/10/2016	02/10/2017	Directs & Officers	1,000,000

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

Certificate holder is named as Additional Insured and waiver of subrogation applies

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

Caple Howden (PAW)

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