



**CITY OF MAITLAND  
APPLICATION FOR PERMIT  
SPECIAL EVENT/PARADE**

Date Received:

E V E N T	Name Of Event (Please Print):		Date Of Event:	
	Location Of Event (Note - A complete diagram of the event must be submitted):		Purpose Of Event:	
	Estimated Number of Event Staff:	Estimated Number of Spectators:	Will Animals Be Used In the Event? (If Yes, Provide Full Explanation on Page Two.) Yes <input type="checkbox"/> No <input type="checkbox"/>	Start Time:

R E Q U E S T O R	Name Of Person Requesting Permit:		Daytime Phone:	
	Street Address Of Requestor:		Alternate Phone:	
	City, State and ZIP Code:	Fax Number:	Email:	

G R O U P	Name Of Company or Organization:		Name of Authorizing Officer:	
	Street Address of Company or Organization:		Title:	
	City, State and ZIP Code:	Fax Number:	Phone Number:	

C O N T A C T	Name Of Event On site Supervisor/Coordinator/Producer:		Daytime Phone:	
	Street Address of Event Supervisor/Coordinator:		Alternate Phone:	
	City, State and ZIP Code:	Fax Number:	Email:	

P A R A D E S & 5 K : s	Staging Location:		Staging Time:	Dispersal Time:
	Total Number Of Parade or 5k Participants:	Total Number Of Animals:	Total Number Of Vehicles: On route	Total Number Parade Units:
	Roadway(s) and/or sidewalk(s) the parade or 5k will occupy <b>(Note - A complete Management of Traffic map is required for any parade or 5ks showing barricade placements)</b>			

**FOR OFFICIAL USE ONLY - Please Do Not Write Below This Line**

A P P R O V A L S	Fire Department:		Date:
	Leisure Services:		Date:
	Public Works:		Date:
	Sanitation:		Date:
	Approval Chief Of Police:		Date:

Q	Do you intend to dispense, sell or permit alcoholic beverages?	Yes:	No:
U	Do you intend to sell any foods, goods or services?	Yes:	No:
E	Are fireworks going to be displayed?	Yes:	No:
S	Are other types of pyrotechnics going to be displayed?	Yes:	No:
T	Will it be necessary to have any road or lane closure? If yes, the city will need a MOT	Yes:	No:
I	Are any City or public facilities or equipment being used for this event?	Yes:	No:
O	Will any tents or other temporary structures be used?	Yes:	No:
N	Will there be any hot air balloons, helicopters or parachutists used?	Yes:	No:
N	Will there be any recording equipment or amplified sound equipment used?	Yes:	No:
A	Will there be any signs, banners or directionals used at the site?	Yes:	No:
I	Will animals be involved in the event?	Yes:	No:
R	Will it be necessary for the city to clean the site following the event?	Yes:	No:

*Please provide further explanation for all "yes" answers, a description of the event activities, MOT & description of how trash will be handled*

E	EXPLANATIONS
	_____
	_____
	_____
	_____
	_____
	_____
	_____

P	A	R	K	I	N	G	Please explain where participants will be parking for this event or of any special arrangements that have been made for parking. You must have sign letter from businesses stating you have their permission to use their lots.
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F	E	E	S	There is a non-refundable fee that must be paid when this application is filed. Payment must be made with a check or money order, payable to the City of Maitland. The application and fee must be submitted to Leisure Services, 1776 Independence Lane, Maitland, Florida 32751. If the event requires the use of City manpower or equipment, the Permittee must pay the costs. All projected costs must be paid before the event, upon receipt of the approved Special Event/Parade Permit. Upon completion of the event, the exact charges for City services will be tabulated and the Permittee may be subject to additional charges or a partial refund.
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Application Fee received by \_\_\_\_\_ on \_\_\_\_\_.

C	E	R	T	I	F	I	C	A	T	I	O	N	CERTIFICATION BY APPLICANT: 1) I do hereby affirm with my signature that I have read this application, and that all information contained herein is true and correct and that all representations made by me regarding my request for this permit are neither false nor misrepresented. I understand that any falsehood or misrepresentation made in this application may be a criminal violation of the Code of the City of Maitland. I do hereby certify that I have received a copy of the City Ordinance governing this event (Chapter 14) and do hereby subscribe to any and all applicable provisions of the aforementioned Ordinance. I agree to comply with all City ordinances and understand that the event may be canceled by the Chief of Police should any conditions or stipulations of the permit, City Ordinances or State Statutes be violated. I certify that I am authorized by the organization named herein to act as its agent for the herein described activity. I also have received the notice informing me of my responsibilities and obligations should I cancel the event. 2) Indemnity. [VENDOR] shall defend, indemnify and hold harmless City of Maitland and all of the City of Maitland'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 [VENDOR], its officers, agents or employees in performance or non-performance of its obligations under the Agreement. [VENDOR] recognizes the broad nature of this indemnification and hold harmless clause, as well as the provision of a legal defense to the City of Maitland when necessary, and voluntarily makes this covenant and expressly acknowledges the receipt of such good and valuable consideration provided by the City of Maitland 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 [VENDOR] of its liability and obligation to defend, hold harmless and indemnify [MEMBER] as set forth in this article of the Agreement.
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Signed: \_\_\_\_\_ Date: \_\_\_\_\_

N	O	T	A	R	STATE OF FLORIDA/COUNTY OF ORANGE The foregoing instrument was acknowledged before me this _____ day of _____, _____ by _____ who is personally known to me or who has produced _____ as identification and who did (did not) take an oath. Notary Public
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**CITY OF MAITLAND**  
**SPECIAL EVENT / PARADE**  
**STREET/LANE CLOSURE REQUEST APPLICATION**

<b>EVENT INFORMATION</b>	
Event Name: _____	Date of Event: _____
Event Location: _____	
<b>CONTACT INFORMATION</b>	
Name: _____	Phone: _____
Email: _____	
<b>STREET CLOSURE INFORMATION</b>	
Type of Closure:	<input type="checkbox"/> Street <input type="checkbox"/> Lane
Reason for Street / Lane Closure: _____ _____	
Street Name: _____	between _____ & _____
Time of Closure: Start time: _____ (Include set up & breakdown times)	End time: _____
<b>GENERAL GUIDELINES</b>	
1. Street or lane closure request application with all required documents shall be received by Public Works Department at 1827 Fennel Street, Maitland, FL 32751 a minimum of five (5) weekdays prior to event.	
2. Provide a traffic control plan for all street or lane closure with an appropriate detour route identified for street closures. Event producers are responsible for notifying property owners affected by street closure.	
3. Temporary traffic control devices shall be in accordance with the latest editions of Florida of Department of Transportation Design Standards Index 600 Series ( <a href="http://www.dot.state.fl.us/rddesign/DS/14/IDx/2014-DESIGN-STANDARDS.pdf">http://www.dot.state.fl.us/rddesign/DS/14/IDx/2014-DESIGN-STANDARDS.pdf</a> ) and the Manual on Uniform Traffic Control Devices (MUTCD) for Streets and Highways ( <a href="http://mutcd.fhwa.dot.gov/">http://mutcd.fhwa.dot.gov/</a> ).	
4. For street closures, Type III barricades should extend completely across the street with a 48" x 30" Road Closed sign mounted barricade. Traffic detour route should be setup and signed.	
5. Advance warning signs are required.	
6. Warning lights are required during nighttime hours.	
7. Contact information for barricade companies can be provided upon request.	
<b>APPLICANT SIGNATURE</b>	
Signature: _____	Date: _____
<b>OFFICIAL USE ONLY</b>	
APPROVED BY: _____ City Transportation Engineer /Designee	Date: _____
Comments: _____ _____	



# Maitland Police Department

**David W. Manuel, Chief of Police**

1837 Fennell Street, Maitland FL 32751 407-539-6242 / 407-539-2712 (Fax)



## Off Duty Employment General Guidelines

Officers of the Maitland Police Department may be hired by private citizens and businesses for the purpose of providing security or assisting with traffic control and road closures.

Off-duty employment requests must be submitted in a timely manner. Processing of a request could take up to three (3) days to finalize. Off duty employment opportunities will be posted agency wide to allow all interested officers to sign up. Details must be located within the city limits of Maitland. Payment must be made by check payable to the Maitland Police Department, 1837 Fennell St. Maitland, FL 32751. Please complete and submit the attached Off-Duty Employment Application. Applications will be reviewed by our Special Operations Lieutenant for approval. Your signature on the application indicates that you acknowledge receipt of the guidelines implemented on this form. The following types of employment requests will be denied:

- Details involving civil matters (domestic situations, labor disputes, union meetings, landlord/tenant disputes, etc.).
- Details requiring officers to act in a "bodyguard" or "doorman" capacity.
- Details which constitute a conflict of interest on the part of the officers or the Department.

### Cost for Off-Duty Services

Officer: \$35.00/hour with a three (3) hour minimum  
Supervisor: \$40/hour with a three (3) hour minimum

*Note: Details that require four (4) or more officers also require the inclusion of a detail supervisor.*

### Holiday Rates

Off-duty employment services falling on New Year's Day, Easter Holiday, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, Christmas Eve, Christmas Day, and New Year's Eve shall increase the minimum hourly rate by \$5.00 per officer / supervisor.

### Cancellations

Should a scheduled off-duty detail need to be cancelled, the cancellation must be received in a timely manner allowing for the proper notification to the affected officers. Cancellations made after the arrival of the officer(s) will be charged the three (3) hour minimum.

*Serving with Wisdom and Courage*



# Maitland Police Department



**David W. Manuel, Chief of Police**

1837 Fennell Street, Maitland FL 32751 407-539-6242 / 407-539-2712 (Fax)

## Off Duty Employment Application

### REQUESTOR'S INFORMATION SECTION

NAME:

ADDRESS:

CONTACT PERSON:

EMAIL ADDRESS:

OFFICE / HOME NUMBER:

CELL NUMBER OF CONTACT PERSON:

PERSON / ENTITY RESPONSIBLE FOR PAYMENT:

### JOB SITE LOCATION INFORMATION

LOCATION NAME (IF APPLICABLE):

JOB SITE ADDRESS, INCLUDING SUITE OR ROOM NUMBER:

### JOB INFORMATION SECTION

TYPE OF EVENT – Describe nature of event (i.e., concert, wedding, conference, etc.)

JOB DUTIES – Describe job duties requested of officers (i.e., traffic control, crowd control, etc.)

NUMBER OF OFFICERS REQUESTED: ANTICIPATED CROWD SIZE:

ALCOHOL SERVED? ALCOHOL SOLD?

JOB START DATE: JOB START TIME: JOB END DATE: JOB END TIME:

*I understand and agree to submit payment to the Maitland Police Department for services rendered. I swear and affirm that the information provided is a complete and accurate reflection of the event for which I am requesting assistance from the Maitland Police Department. I understand that my failure to provide an accurate and complete description is grounds for immediate termination of this detail.*

Print Name

Signature



# Maitland Fire Rescue

## Paramedic Services for Special Event Detail



For the safety of your guests and the efficiency of EMS operations, we have several requirements in order to meet your needs.

**First Aid Station** - A designated area with ease of access by Fire/Rescue vehicles\*. This area must be in an air conditioned area or under the cover of a canopy or tent. *This access must not be impeded by event traffic or people.* Fire/Rescue and ambulances will respond to this designated area and the first aid crews assigned to your event will transport the patient to them. This prevents Fire/Rescue crews from taking large amounts of equipment into the crowds.

**Communications** - If the event is outside of Maitland City limits, we will need for Police Department officers to coordinate a means of direct communication with our EMS staff. This can be by phone or other means, but it must be worked out in advance. (exchange cell numbers, etc.).

**Inspection** – For large events the Fire Department's on-duty Battalion Chief (407/448-1592) will inspect the First Aid Station area and review all procedures two hours prior to the event. For these events the Fire Department may require you to provide a tent/canopy, banner or golf cart. This will be communicated to you in advance.

**Payment** – There is a three-hour minimum charge that includes set-up and tear-down. You will be invoiced for services and payment is required five (5) business days prior to the event.

**Cancellation** – Cancellation must be made 24 hours in advance to avoid being charged the three-hour minimum. Call 407/448-5148 during normal business hours or 407/475-3463 after hours and weekends to cancel.

Name of Event: \_\_\_\_\_

Location of Event: \_\_\_\_\_ # of participants: \_\_\_\_\_

Date(s) of Event: \_\_\_\_\_ Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

I, \_\_\_\_\_, agree to the above stipulations and will notify Maitland Fire/Rescue of any changes.

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Event Coordinator/Representative

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Date



## *City of Maitland's 2020 Special Event Garbage Request*

Events at City or Park sites **DO NOT** include garbage pick-up services. Holding your event on one of the Cities properties will require a waste disposal fee. The fee will depend on the event and the amount of waste it will generate.

Date of Application: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Event Name: \_\_\_\_\_

Location: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Sample Disposal Cost at Lake Lily Park - \$153.58 (Event Boxes are extra). Each Special Event Application must be submitted and approved at least two weeks prior to the event.

I confirm that I have read and agree to the conditions and request ***Garbage Pick-up*** in accordance with the details provided. As the applicant, I acknowledge that I am responsible for ensuring all charges associated with this event are paid before this request can be approved. Event pricing is usually available within seven business days from receipt of application.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Payments must be made at City Hall, 1776 Independence Lane before application is approved. For more information call the Utility Billing Department at 407-539-6265.

\_\_\_\_\_ Event Boxes Needed

\_\_\_\_\_ Tipping Fee

Total Due \$ \_\_\_\_\_

OFFICE USE ONLY

Paid \$ \_\_\_\_\_ Method \_\_\_\_\_ Date \_\_\_\_\_

Work Order # \_\_\_\_\_ Pickup \_\_\_\_\_

Authorized \_\_\_\_\_ Date \_\_\_\_\_