



SPECIAL EVENT PERMIT

Permit Number: 2011- 02

Title of Event: HIGHWAY MEN ART SHOW AND DEMONSTRATION

Event Date: JANUARY 22, 2011

Event Set-Up: 8:30 AM
Event Begins: 10:00AM
Event Ends: 4:00 PM
Event Breakdown: 4:30 PM

Event Location: 1098 NE 40 COURT - JACO PASTORIOUS BUILDING

Approx Attendance: 50

Organization Name: OAKLAND PARK HISTORICAL SOCIETY

Contact Name: MARCIA NORRIS

Tel: 954-747-0650

Conditions of Approval:

Horace McHugh
Assistant City Manager

Harris Hamid
ECD Director

John Stunson
City Manager

ALL CONDITIONS OF APPROVAL NOT PREVIOUSLY SATISFIED MUST BE MET
PRIOR TO EVENT OR PERMIT IS CONSIDERED NULL AND VOID

PERMIT TO BE PROMINENTLY DISPLAYED DURING SPECIAL EVENT



5399 N. Dixie Highway, Suite 3 • Oakland Park, Florida 33334 • www.oaklandparkfl.org

Special Event Permit Application

Please fill out the application legibly and in its entirety.
For items which are "not applicable," please designate as "N/A."

Special Event Permit Number: 2011-02

Title of Event: HIGHWAY MEN ART SHOW AND DEMONSTRATION

Address of the Event: JACO PASTORIUS COMM CTR. 1098 NE 40 COURT

Individual/Organization Name: OAKLAND PARK HISTORICAL SOCIETY

501(c)3 Verification Number (If applicable): 16-8015051889-8

Primary Contact Person: MARCIA NORRIS Title PRESIDENT

Mailing Address: 8951 NW 44 CT, SUNRISE FL 33351

Primary Contact Tel #: 954-747-0650 Primary Contact Cell #: 954-254-0295

Email Address: oaklandparkhistoricalsociety@yahoo.com

Secondary Contact Person: JUNE KIDD, SECRETARY

Tel #: _____ Alternate Contact Cell #: 954-592-0971

Date(s) of Event: JANUARY 22, 2011

Time of Event: Set-Up Begins 8:30 AM Event Begins 10:00 AM

Event Ends 4:00 PM Break Down Until 4:30 PM

Anticipated Attendance: 50 Open to the Public? Yes No

Are you planning on any amplified/live music? Yes No

Are you planning any large games such as bounce house/mechanical rides? If so, which company*? NO

**Please attach copies of all certificates of liability insurance from all vendors naming the City of Oakland Park as additional insured for special events on public property.*

Will there be any use of pyrotechnics and/or Fireworks Displays at this event? Yes No

Are portable, ADA compliant sanitary facilities being provided for this event? Yes No

Special Event Permit Application

- Will any temporary signage be installed onsite? Yes No
- Will any portion of the event take place on public property? Yes No
- Will there be a charge for admission? Yes No
- Has this event been held in the past? Yes No

If so, indicate the address/location/date of the last event: _____

Is the event taking place: Indoors Outdoors Both

ONLY

Will electricity be required for the event? Yes No

How will the electricity be supplied? On-Site Generator Combination of Both

Will a stage be used in the event? Yes No

Are you planning to serve concessions at the event? If so, what food/beverage items? _____

LIGHT SNACK, COFFEE

Who will be providing the concessions? Please provide business name, address, and telephone number*: _____

HISTORICAL SOCIETY

**Please attach copies of all certificates of liability insurance from all vendors naming the City of Oakland Park as additional insured for special events on public property.*

Please indicate the type of cooking appliances* and number that will be used by the sponsor or any vendor:

N/A

- | | | | |
|--|---------|---|---------|
| <input type="checkbox"/> Electric Grill | # _____ | <input type="checkbox"/> Grease Fryer | # _____ |
| <input type="checkbox"/> Oven | # _____ | <input type="checkbox"/> Gas Grill | # _____ |
| <input type="checkbox"/> Electric Range Burner | # _____ | <input type="checkbox"/> Charcoal Grill | # _____ |
| <input type="checkbox"/> Gas Range Burner | # _____ | <input type="checkbox"/> Smoke Grill | # _____ |

**Each cooking appliance must have its own dedicated fire extinguisher and must be shown on the site plan at least thirty (30) feet away from any canopy, tent, stage, bleachers, etc.*

Will there be sales/distribution of alcohol at this event? Yes No

If yes, please indicate type: Beer Wine Liquor

Will there be retail sales at this event? Yes No

Please specify type: OAKLAND PARK HISTORY BOOK, BUMPER STICKERS, BUTTONS

Please describe any other necessary details: _____

Special Event Permit Application

The information I have provided on this application is true and complete to the best of my knowledge. I understand that approval of this event is contingent upon review and approval of all City Disciplines and the City Manager's Office.

To the fullest extent of the law, I agree to defend, pay on behalf of, indemnify, and hold harmless, the City of Oakland Park, it's elected officials, employees, volunteers, and others working on behalf of the City of Oakland Park against any and all claims, demands, suits, or loss including all costs connected therewith, and for any damages which may be asserted, claimed, or recovered against or from the City of Oakland Park, it's elected officials, employees, volunteers, or others working on behalf of the City of Oakland Park, by reason of personal injury, including bodily injury or death and/or property damage, including loss of use thereof, which arises out of or is in any way connected or associated with this Special Event Permit. Furthermore, I agree to be responsible for any fees relating to damage of public property incurred by the Special Event which are detailed in a written report provided to the Special Event Applicant no later than seven (7) days after the event.

Marcia Norris
Signature of Special Event Permit Applicant

12/17/2010
Date

Notary as to Special Event Permit Applicant

STATE OF FLORIDA
COUNTY OF BROWARD

The foregoing instrument was acknowledged before me this 17 day of December, 2010.

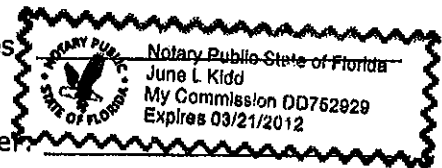
By MARCIA NORRIS, who is personally known to me, or, if not, produced the following form of identification: _____

NOTARY PUBLIC

Sign: June L Kidd
Print: JUNE L. KIDD

My Commission Expires

My Commission Number



DO NOT WRITE BELOW THIS LINE

APPLICATION DATE SHALL BE DEEMED TO BE ON THE DATE ON WHICH ALL REQUIRED DOCUMENTS HAVE BEEN SUBMITTED.

APPLICATION SUBMITTAL DATE: _____

APPLICATION SUBMITTAL DEEMED BY: _____

NON-REFUNDABLE APPLICATION FEE: _____

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005951

**FILED
Jan 05, 2009
Secretary of State**

Entity Name: OAKLAND PARK HISTORICAL SOCIETY, INC.

Current Principal Place of Business:

JOANNE POWELL
702 NE 33RD STREET
FORT LAUDERDALE, FL 33334

New Principal Place of Business:

JOANNE POWELL
702 NE 33RD STREET
OAKLAND PARK, FL 33334

Current Mailing Address:

JOANNE POWELL
702 NE 33RD STREET
FORT LAUDERDALE, FL 33334

New Mailing Address:

JOANNE POWELL
702 NE 33RD STREET
OAKLAND PARK, FL 33334

FBI Number: 13-4205740

FBI Number Applied For ()

FBI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POWELL, JOANNE
702 NE 33RD STREET
FORT LAUDERDALE, FL 33334 US

Name and Address of New Registered Agent:

POWELL, JOANNE
702 NE 33RD STREET
OAKLAND PARK, FL 33334 US

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

SIGNATURE: JOANNE H. POWELL

01/05/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SCHECKWITZ, TERRY
Address: 1541 NE 34 COURT
City-St-Zip: OAKLAND PARK, FL 33334

Title: D () Delete
Name: HENRY, FRED
Address: 315 NW 40 COURT
City-St-Zip: OAKLAND PARK, FL 33309

Title: TD () Delete
Name: POWELL, JOANNE
Address: 702 NE 33 STREET
City-St-Zip: OAKLAND PARK, FL 33334

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOANNE H. POWELL

TD

01/05/2009

Electronic Signature of Signing Officer or Director

Date