
**SEMINOLE COUNTY GOVERNMENT
AGENDA MEMORANDUM**

SUBJECT: Habitat for Humanity Haunted House Special Event Permit

DEPARTMENT: Planning and Development **DIVISION:** Planning

AUTHORIZED BY: Dori DeBord

CONTACT: Ian Sikonia

EXT: 7398

MOTION/RECOMMENDATION:

1. Approve the request for a Special Event Permit for the Habitat for Humanity Haunted House, located at the southeast corner of the intersection of General Hutchison Parkway and Timocuan Way, based on staff findings (Michael Towers, applicant); or
2. Deny the requested Special Event Permit for the Habitat for Humanity Haunted House, located at the southeast corner of the intersection of General Hutchison Parkway and Timocuan Way (Michael Towers, applicant); or
3. Continue the item to a time and date certain.

District 4 Carlton D. Henley

Ian Sikonia

BACKGROUND:

The applicant, Michael Towers, is requesting a Special Event Permit for the Habitat for Humanity Haunted House on October 29, 30, and 31 of 2009. This event will be held on two properties located at the southeast corner of the intersection of General Hutchison Parkway and Timocuan Way. The applicant is requesting this special event permit due to the outdoor amplification of sound produced by haunted houses such as scary music, screams, moans, roars, and other noises associated with Halloween events.

The event hours will be from 6 PM to 10 PM. There will be 40 volunteers working the event and Habitat for Humanity will be operating a food vendor. Parking for this event will be located at the Fleet Financial Services and Big Tree Storage parcels with overflow parking available at Seminole Excavation and Big Tree Park, all in the immediate vicinity of the event. Trash receptacles will be provided by Waste Pro and Metro Waste will be handling the disposal of waste. Restrooms will be supplied by Port-O-Lets and will be located on the eastern portion of the Fleet Financial Services parcel. There are also arcade vendors proposed for this event, which will be run by Habitat for Humanity.

Alcohol sales are being applied for through a temporary state license and the information the applicant submitted to Seminole County indicates that only beer sales will take place. The Seminole County Sheriff's office will be providing three deputies and the Seminole County Fire Department will be providing two firefighters and a Rescue Unit. The haunted house structures proposed for the event shall comply with all requirements of the Florida Fire Prevention Code and shall be approved by the Seminole County Fire Prevention Division.

The applicant is also requesting temporary Special event banner to advertise for this

upcoming event. The proposed locations for the temporary banner signs are 448 Spring Hammock Court, 2800 N US 17-92, and 2925 N US 17-92.

STAFF RECOMMENDATION:

Staff recommends that the Board approve the request for a Special Event Permit for the Habitat for Humanity Haunted House, located at the southeast corner of the intersection of General Hutchison Parkway and Timocuan Way, with the following conditions:

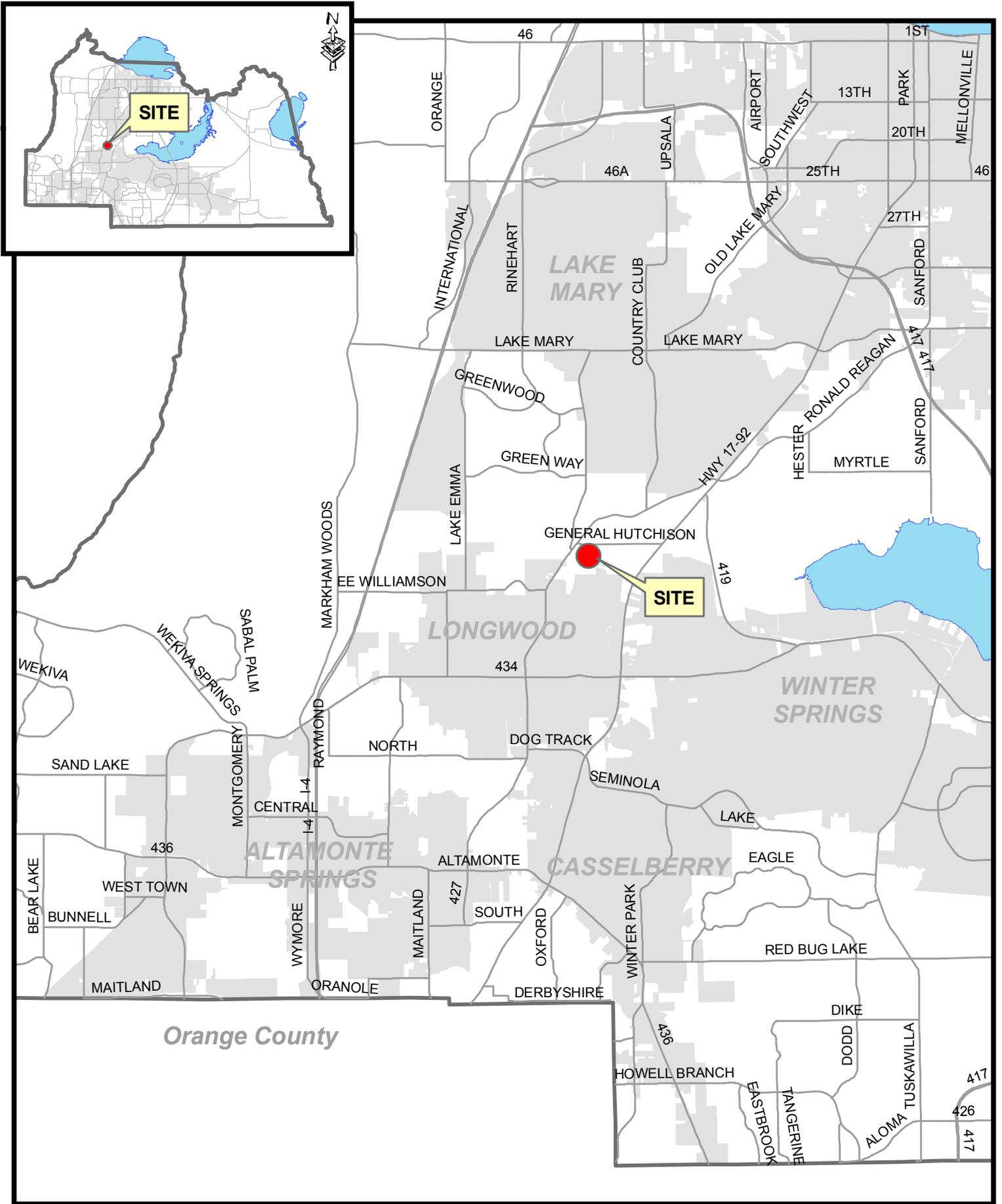
1. The Special Event shall be limited to the dates of October 29, 30, and 31 of 2009, between the hours of 6PM to 10PM;
2. The applicant must provide for three deputies, two firefighters and a Rescue Unit onsite, during the operating hours of the Event;
3. Parking areas shall be clearly marked and volunteers from Habitat for Humanity shall be available to direct traffic in the parking areas and direct patrons to the Event from the offsite parking areas;
4. The haunted house structures proposed for the event shall comply with all requirements of the Florida Fire Prevention Code and shall be approved by the Seminole County Fire Prevention Division; and
5. The temporary signs must be removed by November 2, 2009.

ATTACHMENTS:

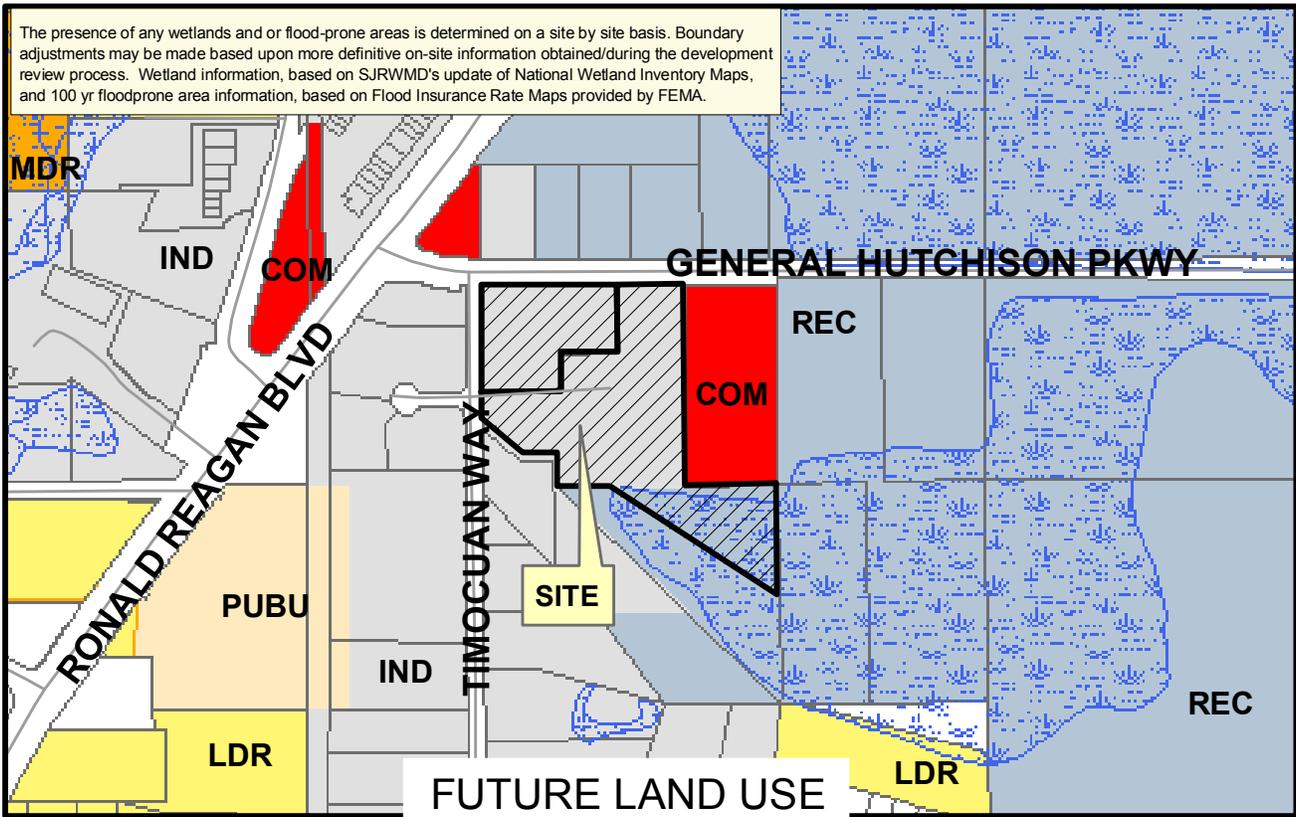
1. Location Map
2. Zoning and Future Land Use Map
3. Aerial Map
4. Habitat Haunted House Special Event Permit Map
5. Letter Submitted by Applicant
6. State of Florida Event Permit Application
7. Event Parking Agreement
8. Habitat for Humanity Insurance Certificate
9. Habitat for Humanity 2009 Haunted House Budget
10. Food Vendor License

Additionally Reviewed By:

County Attorney Review (Kathleen Furey-Tran)

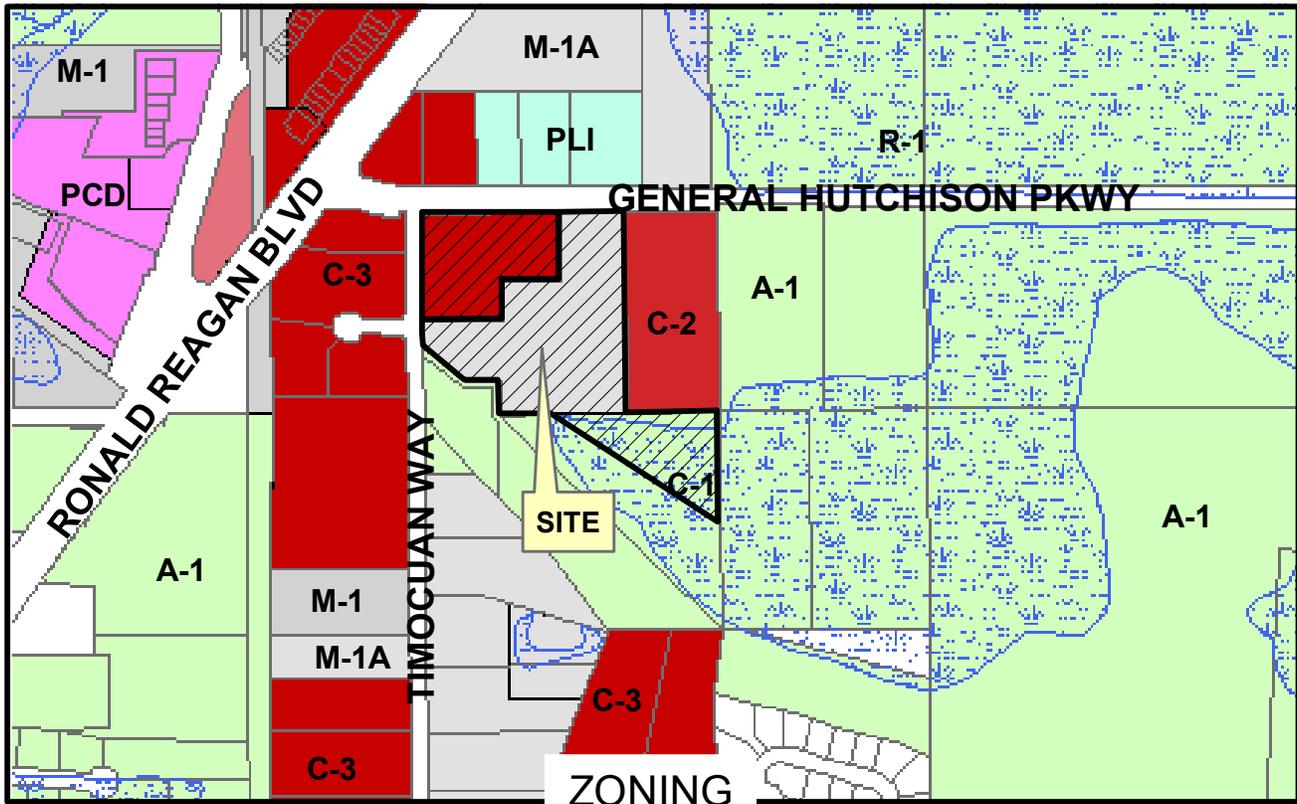


The presence of any wetlands and or flood-prone areas is determined on a site by site basis. Boundary adjustments may be made based upon more definitive on-site information obtained/during the development review process. Wetland information, based on SJRWMD's update of National Wetland Inventory Maps, and 100 yr floodprone area information, based on Flood Insurance Rate Maps provided by FEMA.



Site
 LDR
 COM
 MDR
 REC
 PUBC
 ESLO
 Municipality

Applicant: Michael Towers
 Physical STR: 21-20-30-5AP-0000-064E & 064Z
 Gross Acres: 10.00 +/- BCC District: 4
 Existing Use: Habitat for Humanity
 Special Notes: Special Event Permit -Z2009-024



A-1
 PLI
 C-1
 C-2
 M-1
 M-1A
 PCD
 ESLO



-  Parcel
-  Subject Property



Winter 2009 Color Aerials



SEP 04 2009
DEVELOPMENT REVIEW

Help build it!

September 4, 2009

Tina Williamson, AICP
Planning Manager
Seminole County Government
1101 East First Street
Sanford, Florida 32771-1468

RE: Special Event Permit
Haunted House

Dear Ms. Williamson:

Attached please find the Special Event Permit application, proof of insurance and site plan. We have not yet finalized the food vendors. Since the special event permit is needed for the state license I would ask that you process it absent of a copy of the licenses. I will have them forwarded to you well in advance of the event for your records.

The event will be funded by Habitat for Humanity. A copy of the proposed budget is attached.

There will be no hired performers however the event and Haunted House will be staffed with volunteers.

The only music or amplified sounds will be in the Haunted House and should not be heard more than 50' from the building. There are no residences within 500' of that location.

All parking areas will have security and staff. There will be no vehicular traffic in the event area.

We would like to do banner advertising at the following locations:

- 1) USA Services 448 Spring Hammock Court, Longwood, FL 32750
- 2) ABC Auto Auction 2800 N US 17 92. Longwood, FL 32750
- 3) 2925 North US Highway 17 92. Longwood, Florida, 32750

If you have any questions please do not hesitate to call me at 407-834-2557.

Respectfully,

Michael F. Towers, Chairman

DBPR ABT-6003 – Division Of Alcoholic Beverages and Tobacco Application for One/Two/Three Day Permits or Special Sales License

STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL
REGULATION

If you have any questions or need assistance in completing this application, please contact the Department of Business and Professional Regulation or your local district office. Please submit your completed application to your local district office. This application may be submitted by mail, through appointment, or it can be dropped off. A District Office Address and Contact Information Sheet can be found on AB&T's page of the DBPR web site at the link provided below.

http://www.myflorida.com/dbpr/abt/district_offices/licensing.html

| SECTION 1 – CHECK TRANSACTION REQUESTED | |
|--|--|
| Transaction Type: | |
| <input checked="" type="checkbox"/> One/Two/Three Day Permit | <input type="checkbox"/> Special Sales License |

| SECTION 2 – LICENSE INFORMATION | | | |
|---|---------------------------|---|--------------------------|
| Full Name of Entity or Organization (If this is a corporation or other legal entity, enter the name as registered with the Secretary of State) <i>Habitat for Humanity in Seminole County, Inc.</i> | | | |
| Corporation Charter Number (if applicable) <i>N/A</i> | | FEI Number (if applicable) <i>59-3034059</i> | |
| Business Name or Name of Event <i>Haunted House</i> | | | |
| Location of Event (Street and Number) <i>754 Fleet Financial Ct #300</i> | | | |
| City <i>Longwood</i> | County <i>Seminole</i> | State <i>FL</i> | Zip Code <i>32750</i> |
| Mailing Address (Street or P.O. Box) <i>Same</i> | | | |
| City | | State | Zip Code |
| Contact Person <i>Penny Senter</i> | | Phone Number <i>407.696.5855</i> | |
| Date(s) Permit Desired <i>October 29, 30 + 31 2009</i> | | | |

| SECTION 3 – SALES TAX TO BE COMPLETED BY THE DEPARTMENT OF REVENUE | |
|---|------------|
| Name of Entity or Organization _____ | |
| The named applicant for a license/permit has complied with the Florida Statutes concerning registration for Sales and Use Tax and has agreed to pay any applicable taxes due. | |
| Signed _____ | Date _____ |
| Title _____ | |
| Department of Revenue Stamp: | |

| SECTION 4 - ZONING TO BE COMPLETED BY THE ZONING AUTHORITY GOVERNING YOUR BUSINESS LOCATION | |
|---|---------------------------|
| Organization Name/Name of Event <i>Habitat for Humanity in Seminole County</i> | |
| Location of Event (Street and Number) <i>754 Fleet Financial Ct.</i> | |
| City <i>Longwood</i> | County <i>Seminole</i> |
| The location complies with zoning requirements for the temporary sale of alcoholic beverages pursuant to this application for a One/Two/Three Day permit, or Special Sales License. | |
| Signed _____ | Date _____ |
| Title _____ | |

SECTION 6 - AFFIDAVIT OF APPLICANT
FOR SPECIAL SALES LICENSE

NOTARIZATION REQUIRED

Name of Entity or Organization

Habitat for Humanity in Seminole County

"I, the undersigned individual, or if a corporation for itself, its officers and directors, hereby swear or affirm that I am duly authorized to make the above and foregoing application for a special sales license which authorizes the sale of alcoholic beverages for period of up to three (3) days. I understand this license does not permit the sale of alcoholic beverages for consumption on the premises and only allows package sales in sealed containers and agree that the location may be inspected and searched during the hours that the special sale is being conducted without a search warrant by authorized agents or employees of the Division of Alcoholic Beverages and Tobacco, the Sheriff, his Deputies, and Police Officers for purposes of determining compliance with the beverages laws.

I swear under oath or affirmation under penalty of perjury as provided for in Sections 559.791, 562.45, and 837.06, that the foregoing information is true to the best of my knowledge and that no other person or entity except as indicated herein has an interest in the special sales license and that all of the above listed persons or entities meet the qualifications necessary to hold this special sales license."

STATE OF Florida

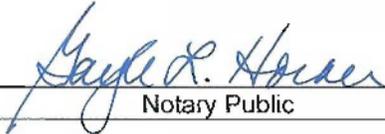
COUNTY OF Seminole



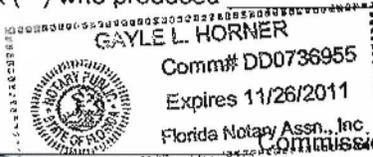
APPLICANT SIGNATURE

The foregoing was () Sworn to and Subscribed OR () Acknowledged Before me this 16 Day
of October, 2009, By: Michael Towers

who is () personally known to me OR () who produced _____ as identification.



Notary Public



Commission Expires: 11/26/11

SECTION 5 - AFFIDAVIT OF APPLICANT
FOR NON-PROFIT CIVIC ORGANIZATION ALCOHOLIC BEVERAGE PERMIT

NOTARIZATION REQUIRED

Name of Entity or Organization

Habitat for Humanity in Seminole County

"This is to certify that the applicant requesting the permit in the above and foregoing application is a non-profit civic organization and that the permit, if used, will be used only by the organization making application, on the date(s) requested and at the location stated. This is to further certify that the applicant organization has not received more than three (3) permits within the calendar year and agree that the location may be inspected and searched during the time that the permit is issued and business is being conducted without a search warrant by authorized agents or employees of the Division of Alcoholic Beverages and Tobacco, the Sheriff, his Deputies, and Police Officers for purposes of determining compliance with the alcoholic beverage laws.

I, the undersigned individual, hereby swear or affirm that I am duly authorized to make the above and foregoing statements on behalf of the applicant organization. Furthermore, I swear under oath or affirmation under penalty of perjury as provided for in Sections 559.791, 562.45, and 837.06, Florida Statutes, that the foregoing information is true to the best of my knowledge."

STATE OF Florida

COUNTY OF Seminole

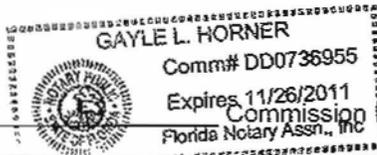
Michael Towers

APPLICANT SIGNATURE

The foregoing was () Sworn to and Subscribed OR () Acknowledged Before me this 16 Day
of September, 2009, By: Michael Towers

who is () personally known to me OR () who produced n/a as identification.

Gayle L. Horner
Notary Public



Expires: 11/26/11

Haunted House Fund Raising Event
October 29, 30 and 31st

TO: Seminole County Planning and Development

RE: Event Parking

DATE: September 11, 2009

By the signature below we have been made aware of and approve of Habitat for Humanity in Seminole County using our parking for the Haunted House fund raising event October 29, 30 and 31st.



Big Tree Self Storage, LLC
21-20-30-5AP-0000-064Z

Seminole Excavation
Central Florida Enterprises, Inc.
21-20-30-5AP-0000-064D

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

09/28/2009

| | |
|---|---|
| PRODUCER Lockton Risk Services P.O. Box 410679 Kansas City, MO 64141-0679 888-553-9002, INSURED Habitat for Humanity in Seminole County 1548 Seminola Boulevard, Unit 141 Casselberry, FL 32707-3648 | THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. |
| | INSURERS AFFORDING COVERAGE |
| | NAIC # |
| | INSURER A: Federal Insurance Co INSURER B: INSURER C: INSURER D: INSURER E: |
| | 20281 |

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | ADD'L INSRD | TYPE OF INSURANCE | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YY) | POLICY EXPIRATION DATE (MM/DD/YY) | LIMITS | | | | | | | | | | | | |
|-----------------------------|-------------|---|---------------|----------------------------------|-----------------------------------|--|---------------------|---------|--|--------------------|--|----|----------------------------|--|----|-----------------------------|--|----|
| A | | GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | GL1064585-09 | 04/01/2009 | 04/01/2010 | EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 0 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 | | | | | | | | | | | | |
| | | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS | | | | COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ | | | | | | | | | | | | |
| | | GARAGE LIABILITY <input type="checkbox"/> ANY AUTO | | | | AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$ | | | | | | | | | | | | |
| | | EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$ | | | | EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$ | | | | | | | | | | | | |
| | | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below | | | | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">WC STATUTORY LIMITS</td> <td style="width:10%;">OTHE-ER</td> <td style="width:80%;"></td> </tr> <tr> <td colspan="2">E.L. EACH ACCIDENT</td> <td>\$</td> </tr> <tr> <td colspan="2">E.L. DISEASE - EA EMPLOYEE</td> <td>\$</td> </tr> <tr> <td colspan="2">E.L. DISEASE - POLICY LIMIT</td> <td>\$</td> </tr> </table> | WC STATUTORY LIMITS | OTHE-ER | | E.L. EACH ACCIDENT | | \$ | E.L. DISEASE - EA EMPLOYEE | | \$ | E.L. DISEASE - POLICY LIMIT | | \$ |
| WC STATUTORY LIMITS | OTHE-ER | | | | | | | | | | | | | | | | | |
| E.L. EACH ACCIDENT | | \$ | | | | | | | | | | | | | | | | |
| E.L. DISEASE - EA EMPLOYEE | | \$ | | | | | | | | | | | | | | | | |
| E.L. DISEASE - POLICY LIMIT | | \$ | | | | | | | | | | | | | | | | |
| | | OTHER | | | | | | | | | | | | | | | | |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
 Seminole County, its officials, officers and employees is listed as Additional Insured with respect to General Liability Coverage for liability arising out of ongoing operations performed by or on behalf of named insured.
 Re: Haunted House from October 29, 30 & 31st, 2009

CERTIFICATE HOLDER

Seminole County
 1101 East First Street
 Sanford, FL 32771

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE


IMPORTANT

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

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).

DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.

Haunted House 2009 Pre-Event Budget

| | | | |
|-------------|--------------------------------------|----------------------|-------------|
| | | Event Date: | 10/29-10/31 |
| Event Name: | Haunted Houses for Habitat Houses | Last Year Net: | ? |
| | | 2008 Budgeted Net: | \$50,200 |
| | | Current Year Actual: | |
| | | No. of Years Held: | ? |

Income Information

| | |
|---|----------|
| Ticket Sales: 11,500 @ \$5 | \$57,500 |
| Sponsorship | |
| Spook Sponosors (10 @ \$600) | \$6,000 |
| Misc. | \$1,000 |
| Food Sales | \$4,000 |
| Profit Centers (<i>On Site Fundraising, Dunk the Elected Official etc.</i>) | \$1,000 |
| Total Gross Revenue: \$ 69,500 | |

Expenses:

| | |
|---|----------|
| Tents | \$600 |
| Move Portables from School to Big Tree Park Storage * | \$9,000 |
| Entertainment | \$2,000 |
| Decorations | \$200 |
| Tables, Linens | \$1,500 |
| Generator, Lighting | \$ 2,000 |
| Water Tap for Sprinklers * | \$ 500 |
| Port-O-Lets | \$ 500 |
| Sponsor Banners | \$ 500 |
| Police | \$ 3,000 |
| Crane * | \$750 |
| Electrical * | \$ 750 |
| Wood Walkways * | \$ 750 |
| Misc. Labor | \$ 1,300 |
| Concrete Piers | \$ 2,000 |
| Radios * | \$ 300 |
| Sponsor Signage | \$ 500 |
| Misc. Part | \$ 400 |
| HVAC Maintanance | \$ 200 |
| Stat of FL Permit | \$ 500 |
| Sem. Co. Permit | \$ 50 |
| * One Time Expense | |

Total Expenses: \$ 27,300
% To Gross Revenue: 39%

NET INCOME: \$ 42,200

To: Mike Towers

AC# 4276356

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
DIVISION OF HOTELS AND RESTAURANTS

SEQ# L09022401129

| DATE | BATCH NUMBER | LICENSE NBR | |
|------------|--------------|-------------|-------------------|
| 02/24/2009 | 080373833 | SEA6904656 | NBR. OF SEATS: 12 |

The SEATING FOOD SERVICE (2010)
Named below IS LICENSED
Under the provisions of Chapter 509 FS.
Expiration date: APR 1, 2010

NON-
TRANSFERABLE

FORSTE I ENTERPRISES INC
BRUSTER'S REAL ICE CREAM
901 NORTH SR 434
ALTAMONTE SPRINGS FL 32714

CHARLIE CRIST
GOVERNOR

CHARLES W. DRAGO
SECRETARY

DISPLAY AS REQUIRED BY LAW