



Public Performance Zone Temporary Designation Application

City of Winter Park • 401 S. Park Ave. • Winter Park, FL 32789

Date _____

Applicant name _____

Applicant address _____

Reason activity has to take place in a prohibited area _____

Period of activity (date and time) _____

Specific location requested _____

I agree to the following conditions:

- I will have at least 5' of clearance to allow for the public to safely walk by.
- I will not block store entries or obstruct ADA ramps or accessibility.
- I will not solicit for donations.
- I will not display signage at my location.
- I will discontinue my activity if it draws a crowd of three or more people.

Applicant signature

ADMINISTRATIVE USE ONLY

_____ Approved _____ Disapproved

Conditions (if any) _____

Signature _____

City Manager or Designee