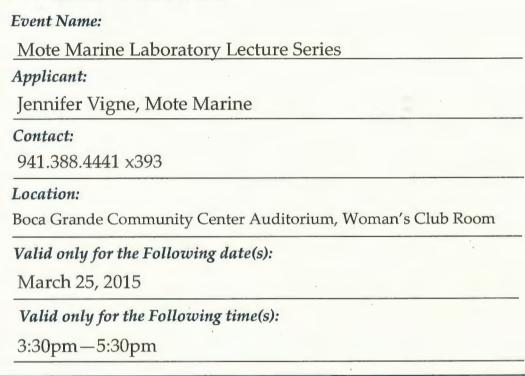
### **Event Permit**





Permit Number 15-0325CPALC

### **Permit Type**

- ☐ Special Event
- Use of County Property
- ☐ Sell & Consume Alcohol
- ☑ Consume Alcohol only
- ☐ Film Permit

### **Permit Conditions:**

- Applicant must meet all event application requirements, including requirements of the sign-off agencies.
- The premises is to be left in the same condition as it was prior to the event.
- This permit is to be readily available for inspection during the entire event.
- County-issued alcohol permits: Alcoholic beverages must not be sold/consumed 1½ hours prior to the conclusion of the event & vacating the facility.

**Board of County Commissioners** 

Lee County, Florida

County Manager

Date

1-28-15

Lee County Public Resources · (239) 533-2737



### **Event Application**

Check	the appropriate box(es) below:
	☐ SPECIAL EVENT PERMIT
	□ USE OF COUNTY PROPERTY PERMIT
	PERMIT TO SELL AND CONSUME ALCHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
	☐ FILM PERMIT

Section I - GENERAL INFORMATION (All Permit Types)						
Title of Event / Name of Production	MOTO MISTING LADOTATORY LOCALITY SOFIES					
Date(s) of Event / Production:	March 25th, 2015					
Location(s) of Event:	Boca Grande Community Center Auditorium and Woman's Club Room					
Name of Applicant:	Jennifer Vigne					
Applicant Address:	Mote Marine Laboratory 600 Ken Thompson Parkway Jarasota, Fl 34236					
Applicant Phone Number:	1-941-388-4441 ext. 393					
Contact Person: (If different from applicant)						
Contact Phone Number: (If different from applicant)						
Email Address:	jvigne@mote.org					
Estimated Attendance:	150 maximum					
Event Description: Include each activity, when activities take place, etc.	1 hour lecture with Mote scientist (3:30 - 4:30pm) and a 1 hour cocktail reception					
Hours of Operation:	3:30 - 5:30 P.M.					
STRAP # of Parcel:	14432001000050010					
Owner of Premises*:	Lee County Government					

<sup>\*</sup>Notarized statement from the property owner specifically consenting to the proposed use required.



### Fill out the following questions for allpermit types:

What is the Zoning Classification of the	premises? Public Facility	
Are any temporary structures to be insta	alled for the event?   Yes     No	Гуре:
Do you have the appropriate permits for	r the temporary structures?	⊤Yes
* For a 'Special Event' and 'Use of Counindentified, including all parking areas.	ty Property' permit, submit a site plan wit	th all proposed facilities and activities
Insurance Company Insuring the Event:	BB&T Insurance	
Note: Certificate of Insurance must be submitted	d at time of application	
Surety Company Bonding this Event (Na	ime and Address):	
Will Vehicles be Used as Part of This Event?	Will Food be Available at this Event?	Will Alcoholic Beverages be served/consumed at this Event?
☐ Yes	⊠ Yes	
If yes, automobile coverage must be included on the certificate of insurance.	If yes, products liability coverage must be included on the certificate of insurance.	If yes, liquor liability coverage must be included on the certificate of insurance.
Name of Charity: Mote Marine Laborato	ROPERTY PERMIT  Trust  Solicitation in the County Rights-of-Way	/:
Address of Charity: 1600 Ken Thompson	Parkway, Sarasota, Fl 34236	
Phone Number: 1-941-388-4441 x 393		
Non-profit certificate/registration num (Proof of registration with the Dept. of Agriculture &	ber:Consumer Services §496.405 or proof the organization	s exempt from this requirement. §316.2045)
Section III - SALE/CONSUMPT	ION OF ALCHOLIC BEVERAGES P	ERMIT
Is alcohol being sold/consumed on Cou If Yes, then a "Lee County Alcohol Permit" is required. Non-profit certificate/registration num	Only non-profit organizations can sell alcohol on County	▼ Yes
(Required if alcohol is to be <u>SOLD</u> at the event)		
<b>Please note:</b> A permit from the State of Florida further details	Division of Alcoholic Beverages and Tobacco may a	also be required; please call (239) 344-0885 for

### **Applicant Agreement - Signature Required**



### **SECTION V - AGREEMENT**

The Applicant agrees that Lee County can, at its sole discretion, terminate and cancel its permit to use Lee County property at any time without prejudice. Applicant further agrees to waive, release, save and hold harmless Lee County from any and all claims, demands or cause of actions based upon Lee County's cancellation or termination of said permit.

The Applicant agrees that the Lee County permit does not provide Applicant with any property rights in the County property in question or in the permit itself.

The applicant does acknowledge and hereby affirms that any and all information is accurate to the best of his/her knowledge.

Lung you	Susan L. May
Signature of Applicant	Witness
Jennifor Vigne	Susan L. May
Print Name of Applicant and Title	Print Name of Witness
12-17-14	12/17/14
Date	Date



### LEE COUNTY SHERIFF'S DEPARTMENT 14750 SIX MILE CYPRESS PARKWAY FORT MYERS,FLORIDA33912 (239) 477-1199

e box(es) below:	
NTY PROPERTY PERMIT ELL AND CONSUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES	
	)N
Parking in authorized parking areas only.	
None required.	
3 December 2014 and 25 March 2015, 1530-1730 hours.	
Print Name: Capt. Scott Lucia  Signature: Capt. Scott St. Sucia  Title: Detail Unit Commander  Date: 9 October 2014	
EN JIII	ENT PERMIT JUNTY PROPERTY PERMIT SELL AND CONSUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES  T  APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION CCANT TO COMPLY WITH FOR THEIR EVENT.  Parking in authorized parking areas only.  None required.  3 December 2014 and 25 March 2015, 1530-1730 hours.  Print Name:  Capt. Scott Lucia  Signature:  Title:  Detail Unit Commander



### **FIRE DEPARTMENT**

The Fire Department serving the area where the event is to be held signs this form.

Please see User's Guide for contact information and Fire District Map.

Trades sea oser s carde jor	contact my contact and the promise map.	

Check the appropriate box(es) below:

**SPECIAL EVENT PERMIT** 

FILM PERMIT

 $\overline{\mathrm{IX}}$  USE OF COUNTY PROPERTY PERMIT

		EASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION Y WITH FOR THEIR EVENT.
Fire Guards (How Many?)		None
Fee for Services:		None
Flammable Vegetation:		None
First Aid Equipment:	1,556	
		None
Fire Extinguishing:		
		None
Special Arrangements:		In case of emergency - Dial 911
	Print Name:	C.W. Blosser
	Signature:	CAL
	Title:	Fire Chief
	Date:	12/17/2014



## EMERGENCY MEDICAL SERVICES / PUBLIC SAFETY 14752 SIX MILE CYPRESS PARKWAY FORT MYERS, FL 33912 (239) 533-3911

ate box(es) belo	N:	
/ENT PERMIT		
	ERMIT	
APPLICATION, PLE		T ARRANGEMENTS YOUR ORGANIZATION
N/A		
N/A		,
N/A		
N/A		
Patient is billed at tin	ne of service.	
Call 9-1-1 as needed	for emergencies.	
Print Name:	Scott M Tuttle	
Signature:	Scott M Tuttle	greed by Scott M Turtile with M Turtile, and MKS, cun-Department of Public Saflery, warp@lespec.com, cu15 12.7 15/e9f12 4500 20.7 15/e9f12 4500 20.7 15/e9f12 4500
Title:	Deputy Director	
Date:	12/17/2014	
	VENT PERMIT PUNTY PROPERTY PRO	PUNTY PROPERTY PERMIT  APPLICATION, PLEASE INDICATE BELOW WHAT IN THEIR EVENT.  N/A  N/A  N/A  Patient is billed at time of service.  Call 9-1-1 as needed for emergencies.  Print Name: Scott M Tuttle  Signature: Scott M Tuttle  Deputy Director



### DEPARTMENT OF TRANSPORTATION 1500 MONROE STREET FORT MYERS,FL33901 (239) 533-8580

Check the appropri	ate box(es) be	low:		
☐ SPECIAL EN	/ENT PERMIT	•	•	
▼ USE OF CO	UNTY PROPERTY	PERMIT		
PERMIT TO	SELL AND CONS	UME ALCOHOLIC BEVE	RAGES WITHIN LEE COUNTY FA	ACILITIES
FILM PERN	ΛIT			
AFTER REVIEWING THE WILL REQUIRE THE APP			W WHAT ARRANGEMENTS YO ENT.	DUR ORGANIZATION
Parking:	No event parking o	on County-maintained road	rights-of-way. Use designated park	ing areas.
Ingress and Egress:	Use all established	means of ingress and egre	55.	
Special Arrangements:	None.			
	[.]			
	Print Name:	Bryan Miller		
	Signature:	Bryan D. Miller	Digitally signed by Bryan D. Miller Dith credityon D. Miller on CDOT, our Treffic, exact-resiliarizm@leegov.com, cuts Date 2814.12.19.094653 05007	
	Title:	Senior Project Manager		
	Date:	December 19, 2014		



### LEE COUNTY PARKS AND RECREATION 3410 PALM BEACH BOULEVARD FORT MYERS,FLORIDA33916 (239) 533-7275

ate box(es) belo	ow:				
ENT PERMIT					
UNTY PROPERTY	PERMIT				
SELL AND CONSU	JME ALCOHOLI	C BEVERAGES	WITHIN	EE COUNT	Y FACILITIES
IIT					
			AT ARRA	NGEMENTS	YOUR ORGANIZATIO
Additional lighting	must be provided	l by permit holde	r. Open fla	ames are prof	nibited.
Parking is permitted	d in existing parki	ng areas located	at the Boc	a Grande Con	nmunity Park.
					,
					•
					hol permit (2 - permits
•					
Print Name:	DANA	MASUER		Joe Wier	
Signature:	_ X / /L	$\sim$			_
Title:				Supervisor	-
Date:				10/9/14	-
	ENT PERMIT UNTY PROPERTY SELL AND CONSULT  APPLICATION, PILICANT TO COMP  Additional lighting  Parking is permitted  Permit Holder must must be contained  Lee County Parks & already granted at a second contained.  Print Name:  Signature:  Title:	UNTY PROPERTY PERMIT  SELL AND CONSUME ALCOHOLI  IIT  APPLICATION, PLEASE INDICAT LICANT TO COMPLY WITH FOR T  Additional lighting must be provided  Parking is permitted in existing parking is permitted in existing parking in the second in	ENT PERMIT  UNTY PROPERTY PERMIT  SELL AND CONSUME ALCOHOLIC BEVERAGES  IIT  APPLICATION, PLEASE INDICATE BELOW WHAT  LICANT TO COMPLY WITH FOR THEIR EVENT.  Additional lighting must be provided by permit holde  Parking is permitted in existing parking areas located  Permit Holder must follow all guidelines under ordina must be contained inside of the Woman's Club Room  Lee County Parks & Recreation Director or Deputy Diralready granted at the Boca Grande Community Park)  Print Name:  Signature:  Title:	UNTY PROPERTY PERMIT  SELL AND CONSUME ALCOHOLIC BEVERAGES WITHIN IN INTERPOLICATION, PLEASE INDICATE BELOW WHAT ARRAULICANT TO COMPLY WITH FOR THEIR EVENT.  Additional lighting must be provided by permit holder. Open flated in existing parking areas located at the Boc must be contained inside of the Woman's Club Room at the Boc Lee County Parks & Recreation Director or Deputy Director appraire and y granted at the Boca Grande Community Park) by signing Print Name:  Signature:  Signature:  Title:	UNTY PROPERTY PERMIT  SELL AND CONSUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY  IIT  APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS  LICANT TO COMPLY WITH FOR THEIR EVENT.  Additional lighting must be provided by permit holder. Open flames are professional permit holder in existing parking areas located at the Boca Grande Confused in side of the Woman's Club Room at the Boca Grande Confused in Side of the Woman's Club Room at the Boca Grande Confused i



# LEE COUNTY RISK MANAGEMENT COUNTY ADMINISTRATION BUILDING - 4<sup>TH</sup> FLOOR 2115 SECOND STREET FORT MYERS,FLORIDA33901 (239) 533-2221

Check the appropria	te box(es) below:
C SPECIAL EVE	NT PERMIT
⋉ USE OF COU	NTY PROPERTY PERMIT
	SELL AND CONSUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
FILM PERMI	Т
	APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION CANT TO COMPLY WITH FOR THEIR EVENT.
Insurance Requirements:	Commercial general liability insurance with minimum limits of One Million Dollars (\$1,000,000) per occurrence to protect against bodily injury and/or property damage relative to the applicants use of aforementioned event on Lee County property.
	In addition, Host Liquor Liability insurance will be required with minimum limits of One Million Dollars (\$1,000,000) per occurrence. Should Host Liquor Liability coverage be afforded under the Commercial General Liability policy, minimum acceptable limits will be Two Million Dollars (\$2,000,000) aggregate.
Special Arrangements:	A certificate of Insurance shall be submitted as evidence of the required coverage listing Lee County Board of County Commissioners, P.O. Box 398, Fort Myers, FI 33902 as the certificate holder and as an additional insured.
	Print Name: Mike Figueroa
	Signature:
	Title: Risk Program Manager
	Date: January 21, 2015

### ACORD.

### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/16/2015

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	CONTACT NAME:		
BB&T Insurance Services, Inc.		o): 8662420807	
1111 8th Avenue W	E-MAIL ADDRESS:	[ (****).	
P.O. Box 9029 (34206)	INSURER(S) AFFORDING COVERAGE	NAIC #	
Bradenton, FL 34205	INSURER A: Markel Insurance Company	38970	
INSURED	INSURER B: FCCI Commercial Insurance Compa	33472	
Mote Marine Laboratory Inc.	INSURER C : Great American Insurance Co of	22136	
1600 Ken Thompson Pkwy	INSURER D: Indian Harbor Insurance Company	36940	
Sarasota, FL 34236	INSURER E:		
	INSURER F:		

COVERAGES

CERTIFICATE NUMBER:

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, EYCLUSIONS AND CONDITIONS OF SUPUR POLICIES. HAMES SHOWN MAY HAVE BEEN REDUICED BY PAID CLAIMS.

EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.								
INSR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	имп	s
A	GENERAL LIABILITY			8502SS333623	01/01/2015	01/01/2016	EACH OCCURRENCE	s1,000,000
1	COMMERCIAL GENERAL LIABILITY		·			1	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,000
1	CLAIMS-MADE X OCCUR				}		MED EXP (Any one person)	s10,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	\$2,000,000
1	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	s 1,000,000
	X POLICY PRO-							\$
Α	AUTOMOBILE LIABILITY			1002\$\$3363014	03/01/2014	03/01/2015	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
	ANY AUTO					]	BODILY INJURY (Per person)	s
1	ALL OWNED X SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
	X HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$
								\$
Α	X UMBRELLA LIAB X OCCUR			4602SS333625	01/01/2015	01/01/2016	EACH OCCURRENCE	\$2,000,000
	EXCESS LIAB CLAPMS-MADE		- 1				AGGREGATE	\$2,000,000
	DED X RETENTION \$10,000							\$
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			001WC15A7173	01/01/2015	01/01/2016	X WC STATU- TORY LIMITS ER	
	ANY PROPRIETOR PARTNER/EXECUTIVE N	N/A	1				E.L. EACH ACCIDENT	\$1,000,000
	(Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE	\$1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$1,000,000
С	Hull P&I			OMH383901305	09/01/2014	09/01/2015	\$1,000,000/Ded. \$1,0	000
D	Professional			PEC000237214	04/16/2014	04/16/2015	\$1,000,000 Each Cla	ıim
	Liability						\$1,000,000 Aggrega	te

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Certificate Holder is named as additional insured pertaining to General Liability.

General Liability limit \$1,000,000 includes host liquor.

MP 1/21/5

_ (	SERTIFICATE HOLDER	CANCELLATION
	Lee County Board of County Commissioners Atten: Public Works	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
l	Contract Mgmt PO Box 398	AUTHORIZED REPRESENTATIVE
	Fort Myers, FL 33902	Contest Vingles

© 1988-2010 ACORD CORPORATION. All rights reserved.

#### Client#: 1132234

### ACORD...

### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/16/2015

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(les) 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 noticer in fied of such endotsement(s).					
PRODUCER	CONTACT NAME:				
BB&T Insurance Services, Inc.	PHONE (A/C, No, Ext): 941 748-1431 FAX (A/C, No): 866242 E-MAIL ADDRESS:				
1111 8th Avenue W					
P.O. Box 9029 (34206)	INSURER(S) AFFORDING COVERAGE	NAIC#			
Bradenton, FL 34205	INSURER A: Markel Insurance Company	38970			
INSURED	INSURER B : FCCI Commercial Insurance Compa 3347				
Mote Marine Laboratory Inc.	INSURER C: Great American Insurance Co of 2				
1600 Ken Thompson Pkwy	INSURER D: Indian Harbor Insurance Company	36940			
Sarasota, FL 34236	INSURER E:				
	INSURER F:				
	SEMBLON WILLIAMS				

COVERAGES REVISION NUMBER: 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,

E	EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.						
INSR LTR	TYPE OF INSURANCE	ADDL SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	UMITS	S
Α	GENERAL LIABILITY		8502SS333623	01/01/2015	01/01/2016	EACH OCCURRENCE	\$1,000,000
1	COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,000
	CLAIMS-MADE X OCCUR					MED EXP (Any one person)	\$10,000
						PERSONAL & ADV INJURY	\$1,000,000
						GENERAL AGGREGATE	\$2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER;					PRODUCTS - COMP/OP AGG	<b>\$1,00</b> 0,000
	X POLICY PRO-						\$
Α	AUTOMOBILE LIABILITY		1002\$\$3363014	03/01/2014	03/01/2015	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
	ANY AUTO			ĺ		BOOILY INJURY (Per person)	\$
	ALL OWNED X SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
	X HIRED AUTOS X NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)	\$
							\$
Α	X UMBRELLA LIAB X OCCUR		4602SS333625	01/01/2015	01/01/2016	EACH OCCURRENCE	\$2,000,000
1	EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$2,000,000
	DED X RETENTION \$10,000	i l					\$
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		001WC15A7173	01/01/2015	01/01/2016	X WC STATU- TORY LIMITS ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/61				E.L. EACH ACCIDENT	s1,000,000
	(Mandatory In NH)	"/"[				E.L. DISEASE - EA EMPLOYEE	\$1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$1,000,000
C	Hull P&I		OMH383901305	09/01/2014	09/01/2015	\$1,000,000/Ded. \$1,0	000
D	Professional		PEC000237214	04/16/2014	04/16/2015	\$1,000,000 Each Cla	im
	Liability					\$1,000,000 Aggrega	te

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

Re: 03/25/2015 Boca Grande Community Center - Lectures and Cocktail Reception.

Lee County, a Political Subdivision & Charter County of the State of Florida, its agents, employees and public officials are Additional Insured on the General Liability as required by written contract.

me 1/21/15

		Colult Vaylor				
	Fort Myers, FL 33902	AUTHORIZED REPRESENTATIVE				
	Commissioners P. O. Box 398	ACCORDANCE WITH THE POLICY PROVISIONS.				
	Lee County Board of County	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN				
CERTIFICATE HOLDER		CANCELLATION				

© 1988-2010 ACORD CORPORATION, All rights reserved.



### M E M O R A N D U M FROM THE DIVISION OF PUBLIC RESOURCES

DATE:

January 27, 2015

TO:

**County Management** 

FROM:

Samantha Westen, Administrative Assistant

RE:

**Event Permit for Signature** 

Attached is an event application submitted by Jennifer Vigne, Mote Marine Laboratory for the "Mote Marine Laboratory Lecture Series" event which will take place at the Boca Grande Community Center Auditorium, Woman's Club Room on March 25, 2015 from 3:30pm – 5:30pm.

All needed sign-off sheets are included as well as the insurance certificate.

Please sign the permit and return to Public Resources after review.

If you have any questions or concerns, please call me at 533-2112.

Thank you,

Sämantha Westen

Attachment