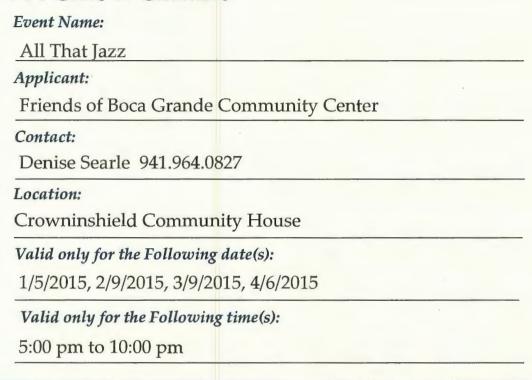
# **Event Permit**





Permit Number 15-1234CPALC

# **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

Lee County Public Resources · (239) 533-2737



# **Event Application**

**Special Event** 

Use of County Property Alcohol within Lee County Facilities

Film, Video & Photography



# **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

itle of Event / Name of roduction	All That Jazz
Pate(s) of Event / Production:	1/5/15
ocation(s) of Event:	Crowninshield Comm. House
ame of Applicant:	Friends of Boca grande Comm Ctv.
Applicant Address:	131 1St St West Bocagrande, FL 33921
Applicant Phone Number:	941-964-0827
ontact Person: f different from applicant)	Denise Searle
ontact Phone Number: If different from applicant)	
mail Address:	d seavle @ fobgce.org
stimated Attendance:	160
Event Description: nclude each activity, when activities take place, etc.	nightclub style jazz performance with a 5:00 pm and 8:00 pm show
Hours of Operation:	5:00 pm - 10:00 pm
TRAP # of Parcel:	14432001000050010
Owner of Premises*:	Lee County gov't

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



# Fill out the following questions for allpermit types:

further details

		- Δ	10 10 1	* 6.6
What is the Zoning	Classification of the	premises? <u>Park</u>	/ Public F	acility
Are any temporary s	structures to be inst	alled for the event? 「	Yes No	Гуре:
Do you have the app	propriate permits fo	r the temporary struc	tures? N/A	Yes No
* For a 'Special Eve indentified, including		ty Property' permit, s	ubmit a site plan wit	h all proposed facilities and activities
Insurance Company	/ Insuring the Event:	RO+T-0	swald Trip	pe and Company
Note: Certificate of Insu	urance must be submitte			
Surety Company Bo	onding this Event (Na	ame and Address):		
	sed as Part of This	Will Food be Availa	ble at this Event?	Will Alcoholic Beverages be served/consumed at this Event?
┌── Yes	No No	┌─ Yes	[✓No	Yes No
If yes, automobile included on the cert	-	If yes, products liabilit included on the certi	. –	If yes, liquor liability coverage must be included on the certificate of insurance.
Name & Address of Providing Food:	f Organization			
Type of Food being	Served:			
Section II - US	E OF COUNTY P	ROPERTY PERMI	Т	
Organization Spon	soring the Event:	FRIENDS OF	Page G	ande Courserty Conte
		r Solicitation in the Co		1
Name of Charity:				
Address of Charity	:			
Phone Number:				
Non-profit certifica	ate/registration nun	nber:		
(Proof of registration with	n the Dept. of Agriculture &	Consumer Services §496.405	or proof the organization	is exempt from this requirement. §316.2045)
Section III - SA	LE/CONSUMPT	ION OF ALCHOLI	C BEVERAGES P	ERMIT
	d Consumed on Cou Alcohol Permit" is required	Inty Property? . Only non-profit organization	ns can sell alcohol on Count	Yes No y Property.
Non-profit certifica (Required if alcohol is to b	ate/registration num se <u>SOLD</u> at the event)	nber:		
Please note: A permit	from the State of Florida	Division of Alcoholic Beve	rages and Tobacco may	also be required; please call (239) 344-0885 for

Client#: 1430416

132FRIENBOC

ACORD.

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 4/22/2014

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).

the terms and conditions of the policy, certificate holder in lieu of such endors		s).			nent on this	Cel Chicate Goes not con	ier rigi	its to the
PRODUCER			CONTAC NAME:					
BB&T-Oswald Trippe and Company		[	PHONE (A/C, No	Ext): 239 28	0-3814	(A/C, No);	866-8	02-8680
13515 Bell Tower Drive		ĺ	E-MAIL ADDRES	<sub>is:</sub> mhosho	r@bbandt.c	om		
Fort Myers, FL. 33907		[			INSURER(S) AF	FORDING COVERAGE		NAIC #
239 433-4535			INSURE	RA: Wester	n World Ins	urance Company		13196
Friends Of Boca Grande			INSURE					
Community Center Inc.			INSURE	RC:				
PO Box 1222			INSURE					
Boca Grande, FL 33921			INSURE					
	FIF10 4 =	TE NUMBER:	INSURE	RF:		REVISION NUMBER:		<u></u>
THIS IS TO CERTIFY THAT THE POLICIES INDICATED. NOTWITHSTANDING ANY RECERTIFICATE MAY BE ISSUED OR MAY PEXCLUSIONS AND CONDITIONS OF SUCH	OF INS QUIREME ERTAIN, POLICIE	SURANCE LISTED BELOW HAY ENT, TERM OR CONDITION OF THE INSURANCE AFFORDET ES. LIMITS SHOWN MAY HAY	F ANY	CONTRACT OF HE POLICIES N REDUCED I	THE INSURED R OTHER DOO DESCRIBED H BY PAID CLAI	NAMED ABOVE FOR THE CUMENT WITH RESPECT HEREIN IS SUBJECT TO A	TO WH	ICH THIS
NSR LTR TYPE OF INSURANCE	ADDL SU	POLICY NUMBER		(MINIOD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	8	
A GENERAL LIABILITY	X	BINDERNPP8152786			04/08/2015	EACH OCCURRENCE	\$1,00	0,000
X COMMERCIAL GENERAL LIABILITY						PREMISES (EB OCCUTTORIOS)	\$100,	000
CLAIMS-MADE X OCCUR						MED EXP (Any one person)	\$	
X PD Ded:1,000						PERSONAL & ADV INJURY	\$1,00	0,000
						GENERAL AGGREGATE	\$2,00	0,000
GEN'L AGGREGATE LIMIT APPLIES PER:				,		PRODUCTS - COMP/OP AGG	\$	
X POLICY PRO-						COLUMN ON OUT A STATE	\$	
AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	
ANY AUTO						BODILY INJURY (Per person)	\$	
ALL OWNED SCHEDULED AUTOS NON-OWNED						BODILY INJURY (Per accident) PROPERTY DAMAGE	\$	
HIRED AUTOS AUTOS						(Per accident)	\$	
	-						8	
UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$	
EXCESS LIAB CLAIMS-MADE	}					AGGREGATE	\$	
WORKERS COMPENSATION						WC STATU- OTH-	\$	
AND EMPLOYERS' LIABILITY				1			s	
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT  E.L. DISEASE - EA EMPLOYEE		
(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS balow						E.L. DISEASE - POLICY LIMIT	5	
DESCRIPTION OF OPERATIONS below	<del>                                     </del>					E.L. DISEASE - POLICY CIMIT	1.5	
					į .			
				1				
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC Lee County Board of County Commi are Additional Insured on the Gener Included. Loc# 1 - 131 First Street; Boca Gran	issione al Liab	ers, a political subdivisio vility. Host liquor liability	on & C	le, if more space harter Coul	is required) nty of the S	tate of Florida		
CERTIFICATE HOLDED			CAN	CELL ATION				
Lee County Board of Commissioners PO Box 398			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
Fort Myers, FL 33902			AUTHORIZED REPRESENTATIVE  HEARILINI J. Del.					
ĺ			1 1/4	escleni .	1. 124			

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



#### **SECTION I - SAFETY**

The Applicant agrees to provide adequate traffic and crowd control, emergency medical services and any other items, at the Applicant's expense, required by Lee County to protect the health, safety and welfare of the public. Lee County shall have the power to review the proposal and require, as necessary, detailed plans, diagrams, and explanations to clearly outline to Lee County, exactly what the Applicant is proposing.

#### SECTION II - INSURANCE

The Applicant, at its sole expense, agrees to procure and maintain in force during the entire term of the application, liability insurance in the amounts determined by Lee County Risk Management to protect against damages or other claims arising from use of County property by the applicant or its guests. Other limits may also be established by Lee County Risk Management for events which will be serving or consuming alcoholic beverages at approved County property. The insurance policy must also include coverage for Applicant's contingent liability on damages, claims or losses. "Lee County Board of County Commissioners" must be named as "additional insured" on the Certificate of Insurance, and the Certificate must be delivered to Lee County prior to Applicant's use of the property. The Insurance may not be canceled during the term of the event, if this occurs, the County has the right to revoke approvals related to use of the County property for the event, without recourse by the applicant.

#### SECTION III - INDEMNIFICATION

The Applicant agrees to indemnify, release and save harmless Lee County against any and all claims, costs, demands, damages, judgments or injuries of any nature arising from the conduct or management of, or from any work or thing whatsoever done in or about said Lee County property or any building or structure appurtenant thereto or equipment thereof during the term of this Permit, or arising during such term from any act of negligence of the Applicant, Applicant's agents, contractors, or employees, or arising from any accident, injury, or damage whatsoever, however caused, to any person or persons, or to any property of any person, persons, corporation or corporations, occurring during the term of this agreement on, in, or about said Lee County property, and from and against all costs, attorney's fees, expenses and liabilities occurring in connection with any such claim or any action or proceeding brought thereon.

For film permit applicants: The permittee shall have on-site a responsible representative empowered with authority over the filming director, filming crews, participants and filming operation. Permittee shall indemnify, defend and hold harmless the county, its officers, agents and employees from and against all claims, suits, actions, damages, liabilities, expenditures or causes of action of any kind arising out of or occurring during the activities of the permittee, and resulting or occurring from any negligent act, omission or error of permittee, resulting in or relating to injuries to body, life, limb or property sustained in, about or upon the permitted permises or improvement thereto, or arising from the use of the premises.

#### SECTION IV - DELIVERY, ACCEPTANCE AND SURRENDER OF PREMISES

The Applicant agrees to accept the County property on possession as being in a satisfactory state of repair and in sanitary condition.

The Applicant must surrender the premises to Lee County in the same condition as when Applicant takes possession, allowing for reasonable use and wear, and damage by acts of God. Applicant agrees to remove all business signs or symbols placed on the premises by the Applicant before redelivery of the premises to Lee County, and restore the premises to the condition in which it existed before their placement. Any signs and markings created or used in connection with this event must be temporary and removable; painting roadways, trees or any other fixed object is strictly prohibited. Applicant agrees to clear the Lee County property of litter at the close of the event.

#### **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.

Denied Seale

Signature of Applicant

Denise J Seale / Programs Director

Print Name of Applicant and Title

Date

Dolla 14

Date



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

Check the appropria	e box(es) below:	
F SPECIAL EVE	IT PERMIT	
USE OF COU	ITY PROPERTY PERMIT	
PERMIT TO S	ELL AND CONSUME ALCOHOLIC BEVERAGE	S WITHIN LEE COUNTY FACILITIES
FILM PERMI		
	PPLICATION, PLEASE INDICATE BELOW WANT TO COMPLY WITH FOR THEIR EVENT.	HAT ARRANGEMENTS YOUR ORGANIZATION
Parking:	Parking in authorized parking areas only.	
Deputies (How Many?):	None required.	
Fee for Services:		
Special Arrangements:	Alcohol not to leave premises.	
	Print Name: Capt. Scott Lucia  Signature: Capt. Scott Lucia  Title: Detail Unit Comma  Date: 20 October 2014	nder



# **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.

Check the appropriate box(es) below:

SPECIAL EVENT PERMIT

FILM PERMIT

**IX** USE OF COUNTY PROPERTY PERMIT

		EASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION WITH FOR THEIR EVENT.
Fire Guards (How Many?)		None
Fee for Services:		None
Flammable Vegetation:		None
First Aid Equipment:		
		None
Fire Extinguishing:		
		None
Special Arrangements:		
		In case of emergency - Dial 911
	Print Name:	C.W. Blosser
	Signature:	CAL
	Title:	Fire Chief
	Date:	10/23/2014



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

Check the appropriate box(es) below:

F SPECIAL EVE USE OF COU FILM PERMI	NTY PROPERTY PERMIT
	APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION CANT TO COMPLY WITH FOR THEIR EVENT.
Treatment Facilities:	NA
Medical Personnel;	NIA
Medical Supplies / Equipment:	NIA
Safety Requirements:	NIA
Fee for Services	min - Ph billed at the Of Separa Ciri all as needed on Europenaires
Special Arrangements:	Cill all as needed by Europeanices
	Print Name: Scott Pite  Signature: Loss  Title: Depty Down Rublic Septy  Date: 10/21/14



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

Check the appropriate box(es) below:

FILM PERMIT TO FILM PERM AFTER REVIEWING THE	UNTY PROPERTY PERMIT SELL AND CONSUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
MIT SECOND THE VILLE	
Parking:	Parking is permitted on roadway only in designated parking places. Other parking in the County rights-of-way must be in compliance with the Gasparilla parking regulation and State and County ordinances.
Ingress and Egress:	Use established driveways and side streets to access parking lots. Maintain safe pedestrian crosswalks and pathways.
Special Arrangements:	Use properly trained and attired (safety vests, etc.) personnel to control access to parking. Use Sheriff and Police personnel as needed to safely control traffic.
	Print Name: Stephen Jansen  Signature: Stephen Mansen  Title: County Traffic Engineer
	Date: Oct 17, 2014



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

Check the appropri	iate box(es) bel	ow:		
	OUNTY PROPERTY SELL AND CONS		/ERAGES WITHIN LEE COUNT	Y FACILITIES
AFTER REVIEWING THE WILL REQUIRE THE APP	•		OW WHAT ARRANGEMENTS	YOUR ORGANIZATION
Illumination:	Additional lighting	must be provided by pe	ermit holder. Open flames are prol	hibited
Parking Areas:	Parking is permitte	d in existing parking are	as located at the Boca Grande Cor	mmunity Park.
Special Arrangements:	must be contained Park. Lee County Parks 8	inside of the Louise Dup	ider ordinance #95-09 (selling and cont Crowninshield House at the B Deputy Director approves this alco unity Park) by signing below.	Boca Grande Community
	Print Name:	Dana Kasler	Joe Wier	
	Signature:	Dana Kasler	bywedie vagord by Sam Farder Dit on Grand Andres (ASS, Astronomorphism) I donoral Google Google Distance of the Same Same Same Same Same Same Same Sam	R Wier
	Title:	Deputy Director	Supervisor	

Oct 22, 2014

Date:



# 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) be	elow:	
F SPECIAL EVE	NT PERMIT		
	JNTY PROPERT	Y PERMIT	
▼ PERMIT TO :	SELL AND CON	SUME ALCOHOLIC BEVERAGES WITHIN LEE COUN	TY FACILITIES
FILM PERMI	T		
		PLEASE INDICATE BELOW WHAT ARRANGEMEN IPLY WITH FOR THEIR EVENT.	ts your organization
nsurance Requirements:	occurrence to p	neral liability insurance with minimum limits of One Million protect against bodily injury and/or property damage relati d event on Lee County property.	
	(\$1,000,000) pe	st Liquor Liabillty insurance will be required with minimum r occurrence. Should Host Liquor Liability coverage be affo y policy, minimum acceptable limits will be Two Million Do	rded under the Commercial
Special Arrangements:		insurance shall be submitted as evidence of the required or y Commissioners, P.O. Box 398, Fort Myers, FI 33902 as the ed.	
	Print Name	Mike Figueroa	
		N	_
	Signature:		_
	Title:	Risk Program Manager	
	Date:	December 1, 2014	
			_

Client#: 1430416

132FRIENBOC

Λ				$\cap$
23	<i>t</i> :	. ,	1	

# CERTIFICATE OF LIABILITY INSURANCE

DAYE (MAUDD/YYY) .....10/16/2014

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 POLICI	ES
BELOW, THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZE	ED
REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.	

iMPORTANT: If the contlicate holder is an ADDITIONAL INSURED, the policy(los) 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 BB&T-Oswald Trippe and Company 13515 Bell Tower Drive	SCHIE AT Mary Hoshor   FAX   No. 1806-802-8677   SCHIE   SCH			
Fort Myers, FL 33907 239 433-4535	INSURERS AFFORDING COVERAGE INSURER A: Wostern World Insurance Company	13196		
Friends Of Boca Grande Community Center Inc. PO Box 1222 Boca Grande, FL 33921	INSURER B: Scottsdale Insurance Company INSURER C: Twin City Fire Insurance Compan INSURER D: United States Liability Insuran INSURER 6: INSURER 6:	41297 29459 25895		
COVERAGES CERTIFICATE NUMBER:	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, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAMS.

- 1		CEOSIONS AND CONDITIONS OF BUCK		.IOILO				ma,	
	IIISR I.TR	TYPE OF INSURANCE	WEB VPD	SUBR	POLICY NUMBER	POLICY	POLICY EXP	LIKST	s
Į	A	GERERAL LIABILITY	X		NPP8152786	04/08/2014	04/08/2015		s1,000,000
-		X CONVERCIAL GENERAL LIABILITY						PREMISES (Es occurrence)	\$100,000
1		CLAIMS-MADE X OCCUR		ĺ		1		MED EXP (Any one person)	sExcluded
		X PD Ded: \$1,000		ļ				PERSONAL & ADVINJURY	s1,000,000
								GENERAL AGGREGATE	\$2,000,000
1		GENT AGGREGATE LIMIT APPLIES PER:	ĺ	1		[		PRODUCTS - COMPYOP AGG	sincluded
1		X POLICY PRO LOC	!					Table bases	\$
	Α	AUTOMOBILE LIABILITY			NPP8152786	04/08/2014	04/08/2015	COLIDINED SINGLE LINIT (Ea accident)	sincluded
-1		ANY AUTO	}			{ i	ĺ	BODILY INJURY (Per person)	\$
-		ALLOWNED SCHEDULED AUTOS	Ì	1		1	]	BODILY INJURY (Per accident)	\$
١	İ	X HIRED AUTOS X NON-OWNED		j				PROPERTY DAMAGE (Per accident)	\$
-	. 1					l i			\$
1	8	UMBRELLA LIAB OCCUR	, ,		XB\$0038415	04/08/2014	04/08/2015	EACH OCCURRENCE	\$2,000,000
-1	ļ	X EXCESS LING X CLAIMS MADE		1				AGGREGATE	\$2,000,000
1		DED RETENTIONS							\$
1	C	VYORKERS COMPENSATION AND EMPLOYERS' LIMBILITY			21WECRT1414	01/01/2014	01/01/2015	X TORY UNITS ER	
١		ANY PROPRIETOR PARTNER EXECUTIVES	N/A					F.L. EACH ACCIDENT	\$100,000
1		(Mandatory in HH)		1 1				E.L. DISEASE - EA EMPLOYEE	\$100,000
1	_	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$500,000
١	D	Directors &			NDO1061346G	04/08/2014	04/08/2015	\$5,000,000	
١		Officers Liab			l	]			-
ŀ	- 1						1		1

DESCRIPTION OF OPERATIONS / LOCATIONS (VEHICLES (Attach ACORO 101, Additional Remarks Schadule, if more space is required)

"Workers Comp Information "Othor States Coverage Proprietors/Partners/Executive Officers/Members
Excluded: MARCUS BENNET, ED REEFE, CAROL KRUSE

on MP 10/14/2014

Lee County Board of County Commissioners, a political subdivision & Charter County of the State of Florida are Additional insured on the General Liability. Host liquor liability is included.

Locil 1 - 131 First Street; Boca Grande, FL

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

@ 1988-2010 ACORD CORPORATION, All rights reserved.



# **Event Application**

**Special Event** 

Use of County Property Alcohol within Lee County Facilities

Film, Video & Photography



# **Event Application**

Check the appropriate box(es) below:

F SPECIAL EVENT PERMIT

USE OF COUNTY PROPERTY PERMIT

PERMIT TO SELL AND CONSUME ALCHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES

FILM PERMIT

Title of Event / Name of Production	All That Jazz
Date(s) of Event / Production:	2/9/15
Location(s) of Event:	Crowninshield Comm. House
Name of Applicant:	Friends of Boca Grande Comm Ctr
Applicant Address:	131 First St West Boca Grande, FL 33921
Applicant Phone Number:	941-964-0827
Contact Person:  f different from applicant)	Denise Searle
Contact Phone Number: (If different from applicant)	
Email Address:	dsearle@fobgcc.org
Estimated Attendance:	160
Event Description: Include each activity, when activities take place, etc.	nightclub style jazz performance with a 5:00 pm & 8:00 pm Show
Hours of Operation:	5:00pm-10:00pm
STRAP # of Parcel:	14432001000050010
Owner of Premises*:	Lee County gov4

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



# Fill out the following questions for allpermit types:

further details

What is the Zoning	Classification of the	premises? Park/Public F	acility
Are any temporary s	structures to be inst	alled for the event?   Yes   No T	ype:
Do you have the app	propriate permits fo	r the temporary structures? NA	Yes No
* For a 'Special Ever		ty Property' permit, submit a site plan wit	h all proposed facilities and activities
Insurance Company	Insuring the Event:	BB+T-Oswald Trip	pe and Company
Note: Certificate of Insu	rance must be submitte		
Surety Company Bo	nding this Event (Na	ame and Address):	
Will Vehicles be U		Will Food be Available at this Event?	Will Alcoholic Beverages be served/consumed at this Event?
┌─ Yes	No No	☐ Yes ☐ No	Yes No
If yes, automobile included on the cert	-	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 & Address of Providing Food:	Organization		
Type of Food being	Served:		
Section II - US	E OF COUNTY P	ROPERTY PERMIT	
Organization Spons	soring the Event:	Ferends of Book Gr	ande Courront Car
		r Solicitation in the County Rights-of-Way	
Name of Charity:			
Address of Charity			
Phone Number:			
Non-profit certifica	ate/registration nun	nber:	
(Proof of registration with	the Dept. of Agriculture &	Consumer Services §496.405 or proof the organization i	s exempt from this requirement. §316.2045)
Section III - SA	LE/CONSUMPT	TON OF ALCHOLIC BEVERAGES P	ERMIT
Is alcohol being sole If Yes, then a "Lee County		enty Property? . Only non-profit organizations can sell alcohol on County	Yes No
Non-profit certifica (Required if alcohol is to b	nte/registration num e <u>SOLD</u> at the event)	nber:	
Please note: A permit	from the State of Florida	Division of Alcoholic Beverages and Tobacco may a	also be required; please call (239) 344-0885 for

Client#: 1430416

132FRIENBOC

ACORD.

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 4/22/2014

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 holder in the certificate holder in the certificate holder.

certificate holder in lieu of such endorsement(s).				
PRODUCER	GONTACT Mary Hoshor			
BB&T-Oswald Trippe and Company	PHONE (A/C, No, Ext): 239 280-3814 FAX (A/C, No): 866-802-8680			
13515 Bell Tower Drive	E-MAIL ADDRESS: mhoshor@bbandt.com			
Fort Myers, FL 33907	INSURER(B) AFFORDING COVERAGE NAIC #			
239 433-4535	INSURER A : Western World Insurance Company 13196			
Friends Of Boca Grande	(NSURER 8:			
Community Center Inc.	INSURER C:			
PO Box 1222	INSURER D:			
Boca Grande, FL 33921	INSURER E :			
	INBURER F:			
COVERAGES CERTIFICATE NUMBER:	REVISION NUMBER:			
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW H INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORD EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY H	OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS ED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, AVE BEEN REDUCED BY PAID CLAIMS.			
INSR TYPE OF INSURANCE INSR MYD POLICY NUMBER	POLICY EFF POLICY EXP LIMITS			
A GENERAL LIABILITY X BINDERNPP815278	04/08/2014 04/08/2015 EACH OCCURRENCE \$1,000,000			
X COMMERCIAL GENERAL LIABILITY	PREMISES (ES OCCUTENDO) \$100,000			
CLAIMS-MADE X OCCUR	MED EXP (Any one person) \$			
X PD Ded:1,000	PERSONAL & ADV INJURY \$1,000,000			
	GENERAL AGGREGATE \$2,000,000			
GEN'L AGGREGATE LIMIT APPLIES PER:	PRODUCTS - COMP/OP AGG \$			
X POLICY PRO-	\$			
AUTOMOBILE LIABILITY	COMBINED SINGLE LIMIT LEe accident) \$			
ANY AUTO ALL OWNED SCHEDULED	BODILY INJURY (Per person) \$			
ALLOWNED SCHEDULED AUTOS AUTOS NON-OWNED	BODILY INJURY (Per accident) \$			
HIRED AUTOS AUTOS	PROPERTY DAMAGE (Per accident)			
	\$			
UMBRELLA LIAB OCCUR	EACH OCCURRENCE \$			
EXCESS LIAB CLAIMS-MADE	AGGREGATE \$			
DEQ RETENTION \$	WC STATU- OTH-			
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  Y/N	WC STATU- OTH- TORY LIMITS ER			
ANY PROPRIETOR/PARTNER/EXECUTIVE	E.L. EACH ACCIDENT S			
(Mandatory In NH)	E.L. DISEASE - EA EMPLOYEE \$			
If yes, describe under DESCRIPTION OF OPERATIONS below	E.L. DISEASE - POLICY LIMIT   \$			
TO SHARE OF THE PARTICULAR AND				
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remail Lee County Board of County Commissioners, a political subdivis				
are Additional Insured on the General Liability. Host liquor liability	-			
included.	,			
Loc# 1 - 131 First Street; Boca Grande, FL				
ACRESION AND LIGHT SERVICE AND ADDRESS OF THE PARTY OF TH	CANOCILATION			
CERTIFICATE HOLDER	CANCELLATION			
Lee County Board of	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN			
Commissioners	ACCORDANCE WITH THE POLICY PROVISIONS.			
PO Box 398				
Fort Myers, FL 33902	AUTHORIZED REPRESENTATIVE			
	Jaspelini J. John			

#### Applicant Agreement - Signature Required



#### SECTION I - SAFETY

The Applicant agrees to provide adequate traffic and crowd control, emergency medical services and any other items, at the Applicant's expense, required by Lee County to protect the health, safety and welfare of the public. Lee County shall have the power to review the proposal and require, as necessary, detailed plans, diagrams, and explanations to clearly outline to Lee County, exactly what the Applicant is proposing.

#### **SECTION II - INSURANCE**

The Applicant, at its sole expense, agrees to procure and maintain in force during the entire term of the application, liability insurance in the amounts determined by Lee County Risk Management to protect against damages or other claims arising from use of County property by the applicant or its guests. Other limits may also be established by Lee County Risk Management for events which will be serving or consuming alcoholic beverages at approved County property. The insurance policy must also include coverage for Applicant's contingent liability on damages, claims or losses. "Lee County Board of County Commissioners" must be named as "additional insured" on the Certificate of Insurance, and the Certificate must be delivered to Lee County prior to Applicant's use of the property. The Insurance may not be canceled during the term of the event, if this occurs, the County has the right to revoke approvals related to use of the County property for the event, without recourse by the applicant.

#### SECTION III - INDEMNIFICATION

The Applicant agrees to indemnify, release and save harmless Lee County against any and all claims, costs, demands, damages, judgments or injuries of any nature arising from the conduct or management of, or from any work or thing whatsoever done in or about said Lee County property or any building or structure appurtenant thereto or equipment thereof during the term of this Permit, or arising during such term from any act of negligence of the Applicant, Applicant's agents, contractors, or employees, or arising from any accident, injury, or damage whatsoever, however caused, to any person or persons, or to any property of any person, persons, corporation or corporations, occurring during the term of this agreement on, in, or about said Lee County property, and from and against all costs, attorney's fees, expenses and liabilities occurring in connection with any such claim or any action or proceeding brought thereon.

For film permit applicants: The permittee shall have on-site a responsible representative empowered with authority over the filming director, filming crews, participants and filming operation. Permittee shall indemnify, defend and hold harmless the county, its officers, agents and employees from and against all claims, suits, actions, damages, liabilities, expenditures or causes of action of any kind arising out of or occurring during the activities of the permittee, and resulting or occurring from any negligent act, omission or error of permittee, resulting in or relating to injuries to body, life, limb or property sustained in, about or upon the permitted permises or improvement thereto, or arising from the use of the premises.

#### SECTION IV - DELIVERY, ACCEPTANCE AND SURRENDER OF PREMISES

The Applicant agrees to accept the County property on possession as being in a satisfactory state of repair and in sanitary condition.

The Applicant must surrender the premises to Lee County in the same condition as when Applicant takes possession, allowing for reasonable use and wear, and damage by acts of God. Applicant agrees to remove all business signs or symbols placed on the premises by the Applicant before redelivery of the premises to Lee County, and restore the premises to the condition in which it existed before their placement. Any signs and markings created or used in connection with this event must be temporary and removable; painting roadways, trees or any other fixed object is strictly prohibited. Applicant agrees to clear the Lee County property of litter at the close of the event.

#### **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.

Denise J Seale / Programs Director

Print Name of Applicant and Title

Date

Denise J Seale / Programs Director

Print Name of Witness

Date

Date



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

Check the appropria	ıte box(es) belo	ow:
☐ SPECIAL EVI	ENT PERMIT	
USE OF COL	JNTY PROPERTY P	PERMIT
PERMIT TO	SELL AND CONSU	ME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
FILM PERM	IT	
		EASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION LY WITH FOR THEIR EVENT.
Parking:	Parking in autho	rized parking areas only.
Deputies (How Many?):	None required.	
Fee for Services:		
Special Arrangements:	Alcohol not to le	ave premises.
	Print Name:	Capt. Scott Lucia
	Signature:	Copt. Soll H. Lucia
	Title:	Detail Unit Commander
	Date:	20 October 2014



# **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.

Check the appropriate box(es) below:

SPECIAL EVENT PERMIT

FILM PERMIT

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

		EASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION WITH FOR THEIR EVENT.
Fire Guards (How Many?)		None
Fee for Services:		None
Flammable Vegetation:		None
First Aid Equipment:		
		None
Fire Extinguishing:		
		None
Special Arrangements:	Due to the nur afford access	mber of guests/seats & altar/arbor, have a contingency plan to to the fire department in case of an emergency on Banyan St. In case of emergency - Dial 911
'	Print Name:	C.W. Blosser
	Signature:	C.W. Blosser
	Title:	Fire Chief
	Date:	11/26/2014



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

Check the appropria	te box(es) below:
☐ SPECIAL EVE ☐ USE OF COU ☐ FILM PERMI	INTY PROPERTY PERMIT
	APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION CANT TO COMPLY WITH FOR THEIR EVENT.
Treatment Facilities:	MA
Medical Personnel:	MA
Medical Supplies / Equipment:	MA
Safety Requirements:	NA
Fee for Services	P. billed a tun of Source
Special Arrangements:	Call 9-1-1 as meded a emogacnes
	Print Name: Set TVILLE  Signature: LM 25  Title: Depty Director  Date: 14/10/14
	•



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

Check the appropri	iate box(es) below:				
F SPECIAL EV	ENT PERMIT				
IX USE OF CO	UNTY PROPERTY	PERMIT			
E PERMIT TO	SELL AND CONS	UME ALCOHOLIC BEVE	RAGES WITHIN LEE COUNTY I	FACILITIES	
FILM PERM	<b>AIT</b>				
AFTER REVIEWING THE WILL REQUIRE THE APP			W WHAT ARRANGEMENTS Y	YOUR ORGANIZATION	
Parking:	Use designated par	rking for Community Cente	r as needed.		
Ingress and Egress:	Use all established	means of ingress and egre	555.		
Special Arrangements:	None.				
		Bryan D. Miller	Display signed by Stype S. Maller DISP on the Mark D. Aller and COST. And Table; an exact resolution advantage control.		
	Signature: Title:	Bryan D. Miller Senior Project Manager	Direct offsyst D. Miller, on CODT, per-furthing, annual very Ferfemagline gonzeron, on US. Center, 2044 13,10 (2:45:59 4/90g)		
	Date:	December 10, 2014			



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

Check the appropri	iate box(es) below:			
F SPECIAL EV	ENT PERMIT			
▼ USE OF CO	UNTY PROPERTY	PERMIT		
₹ PERMIT TO	SELL AND CONS	UME ALCOHOLIC BEV	ERAGES WITHIN LEE COUNTY F	ACILITIES
FILM PERM	4IT			
AFTER REVIEWING THE WILL REQUIRE THE APP			OW WHAT ARRANGEMENTS Y	OUR ORGANIZATION
Illumination:	Additional lighting	must be provided by pe	ermit holder. Open flames are prohib	ited.
Parking Areas:	Parking is permitte	d in existing parking are	eas located at the Boca Grande Comm	nunity Park.
Special Arrangements:	must be contained Park. Lee County Parks &	inside of the Louise Du	nder ordinance #95-09 (selling and co pont Crowninshield House at the Boo Deputy Director approves this alcoho unity Park) by signing below.	a Grande Community
	Print Name:	Dana Kasler	Joe Wier	
	Signature:	Dana Kasler	Departs young by Dave Ander Dit multiples colonic and Control Science 7 and a free JOSEPh F	R Wier
	Title:	Deputy Director		
	Date:	Oct 22, 2014		



# 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) be	elow:	
SPECIAL EVE	NT PERMIT		
∫X USE OF COU	INTY PROPERT	Y PERMIT	
₹ PERMIT TO	SELL AND CON	SUME ALCOHOLIC BEVERAGES WITHIN LEE COL	JNTY FACILITIES
FILM PERMI	Т		
		PLEASE INDICATE BELOW WHAT ARRANGEME IPLY WITH FOR THEIR EVENT.	ents your organization
Insurance Requirements:	occurrence to p	neral liability insurance with minimum limits of One Mil protect against bodily injury and/or property damage re d event on Lee County property.	lion Dollars (\$1,000,000) per lative to the applicants use of
	(\$1,000,000) pe	st Liquor Liability Insurance will be required with minimer occurrence. Should Host Liquor Liability coverage be a y policy, minimum acceptable limits will be Two Million	afforded under the Commercial
Special Arrangements:		insurance shall be submitted as evidence of the required y Commissioners, P.O. Box 398, Fort Myers, FI 33902 as t red.	
		•	
	Print Name:	: Mike Figueroa	
	Signature:	2	
	Title:	Risk Program Manager	
	Date:	December 1, 2014	



# **Event Application**

**Special Event** 

Use of County Property Alcohol within Lee County Facilities

Film, Video & Photography



# **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 INFO	RMATION (All Permit Types)
Title of Event / Name of Production	All That Jazz
ate(s) of Event / roduction:	3/9/15
ocation(s) of Event:	Crowninshield Comm House
lame of Applicant:	Friends of Boca grande Comm Ctr.
Applicant Address:	131 1st St West Boca grande, FL 33921
Applicant Phone Number:	941-964-0827
ontact Person: different from applicant)	Denise Searle
ontact Phone Number: If different from applicant)	
mail Address:	dsearle @ tobacc.org
stimated Attendance:	160
Event Description: Include each activity, when activities take place, etc.	nightclubstyle jazz performance with a 5:00 pm & 8:00 pm Show
Hours of Operation:	5:00pm - 10:00pm
STRAP # of Parcel:	14432001000050010
Owner of Premises*:	Lee County govit

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



# Fill out the following questions for allpermit types:

further details

What is the Zoning Classification of the	e premises? Park/Public 4	facility	
Are any temporary structures to be ins	stalled for the event?   Yes   No	Туре:	
Do you have the appropriate permits f	or the temporary structures? NA	⊤ Yes	
* For a 'Special Event' and 'Use of Cou indentified, including all parking areas	nty Property' permit, submit a site plan wi	th all proposed facilities and activities	
Insurance Company Insuring the Even  Note: Certificate of Insurance must be submit	DOLL OSCULOT	pe and Company	
Surety Company Bonding this Event (f	Name 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 No	☐ Yes ☐ No	₹¥es	
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 & Address of Organization Providing Food:			
Type of Food being Served:			
Section II - USE OF COUNTY	PROPERTY PERMIT		
Organization Sponsoring the Event:	Friends of Boog G	made Course of Cal	
	or Solicitation in the County Rights-of-Wa		
Name of Charity:			
Address of Charity:			
Phone Number:			
Non-profit certificate/registration nu	mber:		
(Proof of registration with the Dept. of Agriculture	& Consumer Services \$496.405 or proof the organization	is exempt from this requirement. §316.2045)	
Section III - SALE/CONSUMP	TION OF ALCHOLIC BEVERAGES F	PERMIT	
Is alcohol being sold/consumed on Co	ounty Property?  ed. Only non-profit organizations can sell alcohol on Coun	Yes No	
Non-profit certificate/registration nu (Required if alcohol is to be <u>SOLD</u> at the event)	mber:		
Please note: A permit from the State of Flori	da Division of Alcoholic Beverages and Tobacco may	also be required; please call (239) 344-0885 for	

#### Client#: 1430416

132FRIENBOC

DATE (MIN/DD/YYYY) ACORD. CERTIFICATE OF LIABILITY INSURANCE 4/22/2014 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 endorsament. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s). CONTACT Mary Hoshor **BB&T-Oswald Tripps and Company** PHONE (A/C, No, Ext): 239 280-3814 E-MAIL E-FAX (A/C, No): 866-802-8680 13515 Bell Tower Drive Fort Myers, FL 33907 INSURER(S) AFFORDING COVERAGE NAIC # 239 433-4535 INBURER A: Western World Insurance Company 13196 INSURED INSURER B Friends Of Boca Grande INSURER C : Community Center inc. INSURER D : PO Box 1222 INSURER E : Boca Grande, FL 33921 INSURER F REVISION NUMBER: 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. NOTWITHISTANDING 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. ADDL SUBR POLICY EFF POLICY EXP TYPE OF INSURANCE POLICY NUMBER GENERAL LIABILITY BINDERNPP8152786 04/08/2014 04/08/2015 EACH OCCURRENCE \$1,000,000 X PREMISES (Es occurrence) \$100,000 X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR MED EXP (Any one person) PD Ded:1,000 s1,000,000 Х PERSONAL & ADV INJURY \$2,000,000 GENERAL AGGREGATE PRODUCTS - COMP/OP AGG GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO-COMBINED SINGLE LIMIT (Ea accident) AUTOMOBILE LIABILITY BODILY INJURY (Per person) ANY AUTO ALL OWNED SCHEDULED BODILY INJURY (Per accident) AUTOS NON-OWNED AUTOS PROPERTY DAMAGE (Per accident) HIRED AUTOS UMBRELLALIAB EACH OCCURRENCE EXCESS LIAB CLAIMS-MADE AGGREGATE DED RETENTIONS WC STATU-WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N E.L. SACH ACCIDENT (Mandatory in NH)
If yes, describe under
DESCRIPTION OF OPERATIONS below E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, If more space is required) Lee County Board of County Commissioners, a political subdivision & Charter County of the State of Florida are Additional insured on the General Liability. Host liquor liability is Included. Loc# 1 - 131 First Street; Boca Grande, FL CANCELLATION CERTIFICATE HOLDER SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. Lee County Board of Commissioners PO Box 398 AUTHORIZED REPRESENTATIVE Fort Myers, FL 33902

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



#### **SECTION I - SAFETY**

The Applicant agrees to provide adequate traffic and crowd control, emergency medical services and any other items, at the Applicant's expense, required by Lee County to protect the health, safety and welfare of the public. Lee County shall have the power to review the proposal and require, as necessary, detailed plans, diagrams, and explanations to clearly outline to Lee County, exactly what the Applicant is proposing.

#### **SECTION II - INSURANCE**

The Applicant, at its sole expense, agrees to procure and maintain in force during the entire term of the application, liability insurance in the amounts determined by Lee County Risk Management to protect against damages or other claims arising from use of County property by the applicant or its guests. Other limits may also be established by Lee County Risk Management for events which will be serving or consuming alcoholic beverages at approved County property. The insurance policy must also include coverage for Applicant's contingent liability on damages, claims or losses. "Lee County Board of County Commissioners" must be named as "additional insured" on the Certificate of Insurance, and the Certificate must be delivered to Lee County prior to Applicant's use of the property. The Insurance may not be canceled during the term of the event, if this occurs, the County has the right to revoke approvals related to use of the County property for the event, without recourse by the applicant.

#### SECTION III - INDEMNIFICATION

The Applicant agrees to indemnify, release and save harmless Lee County against any and all claims, costs, demands, damages, judgments or injuries of any nature arising from the conduct or management of, or from any work or thing whatsoever done in or about said Lee County property or any building or structure appurtenant thereto or equipment thereof during the term of this Permit, or arising during such term from any act of negligence of the Applicant, Applicant's agents, contractors, or employees, or arising from any accident, injury, or damage whatsoever, however caused, to any person or persons, or to any property of any person, persons, corporation or corporations, occurring during the term of this agreement on, in, or about said Lee County property, and from and against all costs, attorney's fees, expenses and liabilities occurring in connection with any such claim or any action or proceeding brought thereon.

For film permit applicants: The permittee shall have on-site a responsible representative empowered with authority over the filming director, filming crews, participants and filming operation. Permittee shall indemnify, defend and hold harmless the county, its officers, agents and employees from and against all claims, suits, actions, damages, liabilities, expenditures or causes of action of any kind arising out of or occurring during the activities of the permittee, and resulting or occurring from any negligent act, omission or error of permittee, resulting in or relating to injuries to body, life, limb or property sustained in, about or upon the permitted permises or improvement thereto, or arising from the use of the premises.

#### SECTION IV - DELIVERY, ACCEPTANCE AND SURRENDER OF PREMISES

The Applicant agrees to accept the County property on possession as being in a satisfactory state of repair and in sanitary condition.

The Applicant must surrender the premises to Lee County in the same condition as when Applicant takes possession, allowing for reasonable use and wear, and damage by acts of God. Applicant agrees to remove all business signs or symbols placed on the premises by the Applicant before redelivery of the premises to Lee County, and restore the premises to the condition in which it existed before their placement. Any signs and markings created or used in connection with this event must be temporary and removable; painting roadways, trees or any other fixed object is strictly prohibited. Applicant agrees to clear the Lee County property of litter at the close of the event.

#### **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.

Denise J Seale / Programs Director

Print Name of Applicant and Title

Date

Denise J Seale / Programs Director

Print Name of Witness

Date

Date



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

Check the appropria	te boxles) below	•		
SPECIAL EVE	NT PERMIT			
USE OF COU	INTY PROPERTY PER	RMIT		
PERMIT TO	SELL AND CONSUM	E ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES		
FILM PERMI	Т			
•				
AFTER REVIEWING THE A		ASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION WITH FOR THEIR EVENT.		
Parking:	Parking in authorized parking areas only.			
Deputies (How Many?):	None required.			
Fee for Services:				
Special Arrangements:	Alcohol not to leave premises.			
	Print Name:	Capt. Scott Lucia		
	Signature:	Capt. Secti K. Lucia		
	1			
	Title:	Detail Unit Commander		
	Date:	20 October 2014		



# **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.

Check the appropriate box(es) below:

SPECIAL EVENT PERMIT

MIT	LEVIAILI	
	EASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION WITH FOR THEIR EVENT.	
	None	
	None	
	None	
	None	
	None	
Due to the number of guests/seats & altar/arbor, have a contingency plan to afford access to the fire department in case of an emergency on Banyan St.		
	In case of emergency - Dial 911	
Print Name:	C.W. Blosser	
Signature:	CAL	
Title:	Fire Chief	
Date:	11/26/2014	
	APPLICATION, PLICANT TO COMPLY  Due to the nur afford access  Print Name: Signature: Title:	



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

Check the appropria	te box(es) below:
☐ SPECIAL EVE ☐ USE OF COU ☐ FILM PERMI	INTY PROPERTY PERMIT
	APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION CANT TO COMPLY WITH FOR THEIR EVENT.
Treatment Facilities:	MA
Medical Personnel:	MA
Medical Supplies / Equipment:	MA
Safety Requirements:	NIA
Fee for Services	P. billed a tun of Source
Special Arrangements:	Call 9-1-1 as meded a emergencies
	Print Name: Scot TVIRU  Signature: LM 25  Title: Depty Direxo  Date: 14/10/14



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

Check the appropriate box(es) below:

SPECIAL EVENT PERMIT

▼ USE OF COUNTY PROPERTY PERMIT

PERMIT TO		JME ALCOHOLIC BEVE	RAGES WITHIN LEE COUNTY FAC	CILITIES
	APPLICATION, P LICANT TO COMP			UR ORGANIZATION
Ingress and Egress:	Use all established	means of ingress and egre	55.	
Special Arrangements:	None.			
	Print Name:		Dightelly-Signard by Bryan-D skiller	
	Signature: Title:	Bryan D. Miller Senior Project Manager	Bit co-Byan D. Miller, wil. CDOT, devirable: dynab-mall-foregovezon, cubb. co-byan 23.39 t24569 46189	
	Date:	December 10, 2014		



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

Check the appropriate box(es) below:

☐ SPECIAL EV	ENT PERMIT			
∪SE OF CO	UNTY PROPERTY	PERMIT		
F PERMIT TO	SELL AND CONS	UME ALCOHOLIC BEVE	RAGES WITHIN LEE COUNTY	/ FACILITIES
FILM PERM	1lT			
,				
AFTER REVIEWING THE WILL REQUIRE THE APP	-		W WHAT ARRANGEMENTS VENT.	YOUR ORGANIZATION
Illumination:	Additional lighting must be provided by permit holder. Open flames are prohibited.			
Parking Areas:	Parking is permitte	d in existing parking areas	located at the Boca Grande Con	nmunity Park.
Special Arrangements:	Permit Holder must follow all guidelines under ordinance #95-09 (selling and consumption). All alcohol must be contained inside of the Louise Dupont Crowninshield House at the Boca Grande Community Park.			
			eputy Director approves this alconity Park) by signing below.	hol permit (2 - permits
	Print Name:	Dana Kasler	Joe Wier	
	Signature:	Dana Kasler	Dentificações partir foi de de como partir de de como partir de descripción de de	R Wier
	Title:	Deputy Director	Supervisor	
	Date:	Oct 22, 2014		



# 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) be	elow:	
☐ SPECIAL EVE	NT PERMIT		
	NTY PROPERT	Y PERMIT	
▼ PERMIT TO S  ■ Continue To S  ■	ELL AND CON	SUME ALCOHOLIC BEVERAGES WITHIN LEE CO	DUNTY FACILITIES
FILM PERMI	Τ		
AETED DEVIEWANG THE	ADDITICATION	PLEASE INDICATE BELOW WHAT ARRANGEN	ACNTS VOLED ODG ANTATION
		PLY WITH FOR THEIR EVENT.	MENTS FOOR ORGANIZATION
		·	
nsurance Requirements:	occurrence to p	neral liability insurance with minimum limits of One forotect against bodily injury and/or property damaged event on Lee County property.	
	(\$1,000,000) per	t Liquor Liability insurance will be required with mini r occurrence. Should Host Liquor Liability coverage b y policy, minimum acceptable limits will be Two Millio	e afforded under the Commercial
	A - 250		llab. L. C
Special Arrangements:		nsurance shall be submitted as evidence of the requi y Commissioners, P.O. Box 398, Fort Myers, FI 33902 a: ed.	
	1		
	Print Name:	Mike Figueroa	
	Signature:	7	
	Title:	Risk Frogram Manager	
	Date:	December 1, 2014	



# **Event Application**

**Special Event** 

Use of County Property Alcohol within Lee County Facilities

Film, Video & Photography



# **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 1 - GENERAL INFOR	RMATION (All Permit Types)
Title of Event / Name of Production	All That Jazz
Date(s) of Event / Production:	4/6/15
Location(s) of Event:	Crowninshield Comm. House
Name of Applicant:	Friends of Boca grande Comm Ctr.
Applicant Address:	131 1st St West Boca grande, FL 33921
Applicant Phone Number:	941-964-0827
Contact Person: (If different from applicant)	Denise Searle
Contact Phone Number: (If different from applicant)	
Email Address:	dsearle @ fobgcc.org
Estimated Attendance:	160
Event Description: Include each activity, when activities take place, etc.	nightclub style jazz performance with a 5:00 pm and 8:00 pm show
Hours of Operation:	5:00pm-10:00pm
STRAP # of Parcel:	144320010000 50010
Owner of Premises*:	Lee County gov 4

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



# Fill out the following questions for allpermit types:

further details

What is the Zoning Classification of t	he premises? Park/Public 7	Facility
Are any temporary structures to be in		Туре:
Do you have the appropriate permits	for the temporary structures? NA	┌ Yes ┌ No
<ul> <li>For a 'Special Event' and 'Use of Co indentified, including all parking area</li> </ul>	ounty Property' permit, submit a site plan wi	th all proposed facilities and activities
Insurance Company Insuring the Eve	nt: BO+T-Oswald Trip	pe and Company
Note: Certificate of Insurance must be subm		
Surety Company Bonding this Event	(Name and Address):	
Will Vehicles be Used as Part of Thi Event?	is Will Food be Available at this Event?	Will Alcoholic Beverages be served/consumed at this Event?
☐ Yes ☐ No	├─ Yes ├──No	Yes No
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 & Address of Organization Providing Food:		
Type of Food being Served:		
Section II - USE OF COUNTY	PROPERTY PERMIT	
Organization Sponsoring the Event:	Friends of Boog G	anda Commonto Cale
	for Solicitation in the County Rights-of-Wa	
Name of Charity:		
Address of Charity:		
Phone Number:		
Non-profit certificate/registration n	umber:	
(Proof of registration with the Dept. of Agricultu	re & Consumer Services §496.405 or proof the organization	is exempt from this requirement. §316.2045)
Section III - SALE/CONSUM	PTION OF ALCHOLIC BEVERAGES P	ERMIT
Is alcohol being sold consumer on O If Yes, then a "Lee County Alcohol Permit" is requ	County Property? ired. Only non-profit organizations can sell alcohol on Count	Yes No
Non-profit certificate/registration in (Required if alcohol is to be <u>SOLD</u> at the event)	umber:	
Please note: A permit from the State of Flo	rida Division of Alcoholic Beverages and Tobacco may	also be required; please call (239) 344-0885 for

Client#: 1430416

132FRIENBOC

ACORD.

### CERTIFICATE OF LIABILITY INSURANCE

DATE (MWOD/YYYY) 4/22/2014

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 holder in lieu of such endorsement(s).

	The state of the s			
PRODUCER BB&T-Oswald Tripps and Company	CONTACT Mary Hoshor			
13515 Bell Tower Drive	PHONE (AC, No, Ext): 239 280-3814 (AC, No): 866-802-8680			
Fort Myers, FL 33907	E-MAIL ADDRESS: mhoshor@bbandt.com			
239 433-4535	INSURER(S) AFFORDING COVERAGE NAIC #			
	INBURER A: Western World Insurance Company 13196			
Friends Of Boca Grande	(NSURER B :			
Community Center Inc.	INSURER C:			
PO Box 1222	INSURER D:			
Boca Grande, FL 33921	INSURER E :			
	INSURER F :			
COVERAGES CERTIFICATE NUMBER:  THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW H	REVISION NUMBER:			
INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORD EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY H	OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS ED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, IVE BEEN REDUCED BY PAID CLAIMS.			
INSR TYPE OF INSURANCE ADDL SUBRUNG POLICY NUMBER	POLICY EFF POLICY EXP LIMITS			
A GENERAL LIABILITY X BINDERNPP815278	04/08/2014 04/08/2015 EACH OCCURRENCE \$1,000,000			
X COMMERCIAL GENERAL LIABILITY	PAMAGE TO RENTED PREMISES (Es occurrence) \$100,000			
CLAIMS-MADE X OCCUR	MED EXP (Any one person) \$			
X PD Ded:1,000	PERSONAL & ADV INJURY \$1,000,000			
	GENERAL AGGREGATE \$2,000,000			
GEN'L AGGREGATE LIMIT APPLIES PER:	PRODUCTS - COMP/OP AGG \$			
X POLICY PRO- JECT LOC	S			
AUTOMOBILE LIABILITY	COMBINED SINGLE LIMIT LEe accident) \$			
ANY AUTO	BODILY INJURY (Per person) \$			
ALL OWNED SCHEDULED AUTOS NON-OWNED	BODILY INJURY (Per accident) \$			
HIRED AUTOS AUTOS	PROPERTY DAMAGE (Per accident) 8			
	\$			
UMBRELLA LIAB OCCUR	EACH OCCURRENCE \$			
EXCESS LIAB CLAIMS-MADE	AGGREGATE \$			
DED RETENTION\$	S S S S S S S S S S S S S S S S S S S			
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N	WC STATU- OTH- TORY LIMITS ER			
ANY PROPRIETOR/PARTNER/EXECUTIVE N/A	E.L. EACH ACCIDENT \$			
(Mandatory In NH)	E.L. DISEASE - EA EMPLOYEE \$			
If yes, describe under DESCRIPTION OF OPERATIONS below	E.L. DISEASE - POLICY LIMIT   \$			
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remail Lee County Board of County Commissioners, a political subdivis				
are Additional Insured on the General Liability. Host liquor liability	*			
included.	y ia			
Included,				
Loc# 1 - 131 First Street; Boca Grande, FL				
LOCH 1 - 131 ( hat odebt, bota Grande, r				
CERTIFICATE HOLDER CANCELLATION				
	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE			
Lee County Board of	THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN			
Commissioners	ACCORDANCE WITH THE POLICY PROVISIONS.			
PO Box 398	AUTHORIGE DEPARAMENTATAIR			
Fort Myers, FL 33902	AUTHORIZED REPRESENTATIVE			
	Jacquelin J. Jan			

#### Applicant Agreement - Signature Required



#### **SECTION I - SAFETY**

The Applicant agrees to provide adequate traffic and crowd control, emergency medical services and any other items, at the Applicant's expense, required by Lee County to protect the health, safety and welfare of the public. Lee County shall have the power to review the proposal and require, as necessary, detailed plans, diagrams, and explanations to clearly outline to Lee County, exactly what the Applicant is proposing.

#### **SECTION II - INSURANCE**

The Applicant, at its sole expense, agrees to procure and maintain in force during the entire term of the application, liability insurance in the amounts determined by Lee County Risk Management to protect against damages or other claims arising from use of County property by the applicant or its guests. Other limits may also be established by Lee County Risk Management for events which will be serving or consuming alcoholic beverages at approved County property. The insurance policy must also include coverage for Applicant's contingent liability on damages, claims or losses. "Lee County Board of County Commissioners" must be named as "additional insured" on the Certificate of Insurance, and the Certificate must be delivered to Lee County prior to Applicant's use of the property. The Insurance may not be canceled during the term of the event, if this occurs, the County has the right to revoke approvals related to use of the County property for the event, without recourse by the applicant.

#### SECTION III - INDEMNIFICATION

The Applicant agrees to indemnify, release and save harmless Lee County against any and all claims, costs, demands, damages, judgments or injuries of any nature arising from the conduct or management of, or from any work or thing whatsoever done in or about said Lee County property or any building or structure appurtenant thereto or equipment thereof during the term of this Permit, or arising during such term from any act of negligence of the Applicant, Applicant's agents, contractors, or employees, or arising from any accident, injury, or damage whatsoever, however caused, to any person or persons, or to any property of any person, persons, corporation or corporations, occurring during the term of this agreement on, in, or about said Lee County property, and from and against all costs, attorney's fees, expenses and liabilities occurring in connection with any such claim or any action or proceeding brought thereon.

For film permit applicants: The permittee shall have on-site a responsible representative empowered with authority over the filming director, filming crews, participants and filming operation. Permittee shall indemnify, defend and hold harmless the county, its officers, agents and employees from and against all claims, suits, actions, damages, liabilities, expenditures or causes of action of any kind arising out of or occurring during the activities of the permittee, and resulting or occurring from any negligent act, omission or error of permittee, resulting in or relating to injuries to body, life, limb or property sustained in, about or upon the permitted permises or improvement thereto, or arising from the use of the premises.

#### SECTION IV - DELIVERY, ACCEPTANCE AND SURRENDER OF PREMISES

The Applicant agrees to accept the County property on possession as being in a satisfactory state of repair and in sanitary condition.

The Applicant must surrender the premises to Lee County in the same condition as when Applicant takes possession, allowing for reasonable use and wear, and damage by acts of God. Applicant agrees to remove all business signs or symbols placed on the premises by the Applicant before redelivery of the premises to Lee County, and restore the premises to the condition in which it existed before their placement. Any signs and markings created or used in connection with this event must be temporary and removable; painting roadways, trees or any other fixed object is strictly prohibited. Applicant agrees to clear the Lee County property of litter at the close of the event.

#### **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.

Denise J Seale / Programs Director

Print Name of Applicant and Title

10/15/14

Date

Denise J Seale / Programs Director

Denise J Seale / Programs Director

Doseph R Witness

Witness

Denise J Seale / Programs Director

Print Name of Witness

Date



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

Check the appropria	te box(es) below.	:
SPECIAL EVE	NT PERMIT	
USE OF COL	INTY PROPERTY PER	RMIT
PERMIT TO	SELL AND CONSUMI	E ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
FILM PERMI	Т	
AFTER REVIEWING THE AVELOR		SE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION WITH FOR THEIR EVENT.
Parking:	Parking in authorize	ed parking areas only.
Deputies (How Many?):	None required.	
Fee for Services:		
Special Arrangements:	Alcohol not to leave	e premises.
	Print Name:	Capt. Scott Lucia
	Signature:	Capt. Soll K. Lucia
	Title:	Detail Unit Commander
	Date:	20 October 2014



#### **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.

Check the appropriate box(es) below:

SPECIAL EV	ENT PERMIT	
ſ∏ USE OF CO	UNTY PROPERTY	PERMIT
FILM PERM	1IT	
		EASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION WITH FOR THEIR EVENT.
Fire Guards (How Many?)		None
Fee for Services:		None
Flammable Vegetation:		None
First Aid Equipment:		
		None
Fire Extinguishing:		
		None
Special Arrangements:		nber of guests/seats & altar/arbor, have a contingency plan to to the fire department in case of an emergency on Banyan St.
		In case of emergency - Dial 911
	Print Name:	C.W. Blosser
	Signature:	CAL
	Title:	Fire Chief
	Date:	11/26/2014



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

Check the appropria	te box(es) below:
SPECIAL EVE	INT PERMIT
USE OF COU	NTY PROPERTY PERMIT
☐ FILM PERMI	т -
	APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION CANT TO COMPLY WITH FOR THEIR EVENT.
Treatment Facilities:	MA
Medical Personnel:	MA
Medical Supplies / Equipment:	MA
Safety Requirements:	NIA
Fee for Services	Pl. billed a tun of Source
Special Arrangements:	Call 9-1-1 as meded a emergencies
	Print Name: Scat Pulle  Signature: LM 25  Title: Defity Direta  Date: 14/10/14



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

Check the appropri	ate box(es) belo	ow:
F SPECIAL EV	ENT PERMIT	
□ USE OF CO	UNTY PROPERTY	PERMIT
PERMIT TO	SELL AND CONSU	JME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
FILM PERM	NIT	
		LEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION LY WITH FOR THEIR EVENT.
Parking:	Use designated par	king for Community Center as needed.
Ingress and Egress:	Use all established	means of ingress and egress.
Constal Assessments		
Special Arrangements:	None.	
	ı	
	Print Name:	Bryan D. Miller
	Signature:	Bryan D. Miller  Giptinding algored by Physics D Addition Gifter an independent Addition and CLEDIT, controlled, entroll-institutionage languages acom, Cledit 2014-13,2-10 1745-9-40947
	Title:	Senior Project Manager
	Date:	December 10, 2014

# Friends - All That Jazz on 4/6/15 - JW

#### **Lee County Event Permit Application**



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

Check the appropri	iate box(es) bel	low:		
☐ SPECIAL EV ☐ USE OF CO ☐ PERMIT TO	VENT PERMIT DUNTY PROPERTY D SELL AND CONS MIT E APPLICATION, P	PERMIT  UME ALCOHOLIC BEV  PLEASE INDICATE BEI	/ERAGES WITHIN LEE COUNTY .OW WHAT ARRANGEMENTS EVENT.	
llumination:	Additional lighting	must be provided by pe	ermit holder. Open flames are proh	ibited.
Parking Areas:	Parking is permitte	ed in existing parking are	as located at the Boca Grande Com	nmunity Park.
Special Arrangements:	must be contained Park. Lee County Parks 8	l inside of the Louise Dup	nder ordinance #95-09 (selling and bont Crowninshield House at the Bo Deputy Director approves this alcol unity Park) by signing below.	oca Grande Community
	Print Name:	Dana Kasler	Joe Wier	
	Signature:	Dana Kasler	Openity reposed by Dava Scholar Sitt on-State States, CA.S. exhibitions; Paris, L. Sangel GSGPh Situate County States (CA.S. exhibitions); Paris, L. Sangel GSGPh Situate County States (CA.S. exhibitions); Paris, L. Sangel GSGPh Situation County States (CA.S. exhibition); Paris, L. Sangel GSGPh Situation County States (CA.S. exhibition); Paris, L. Sangel GSGP Situation County States (CA.S. exhibition); Paris, L. Sangel GSGP Situation County States (CA.S. exhibition); Paris, L. Sangel GSGP Situation County States (CA.S. exhibition); Paris, L. Sangel GSGP Situation County States (CA.S. exhibition); Paris, L. Sangel GSGP Situation County States (CA.S. exhibition); Paris, L. Sangel GSGP Situation County States (CA.S. exhibition); Paris, L. Sangel GSGP Situation County States (CA.S. exhibition); Paris, L. Sangel GSGP Situation County States (CA.S. exhibition); Paris, L. Sangel GSGP Situation County States (CA.S. exhibition); Paris, L. Sangel GSGP Situation County States (CA.S. exhibition); Paris, L. Sangel GSGP Situation County States (CA.S. exhibition); Paris, L. Sangel GSGP Situation County States (CA.S. exhibition); Paris, L. Sangel GSGP Situation County States (CA.S. exhibition); Paris, L. Sangel GSGP Situation County States (CA.S. exhibition); Paris, L. Sangel GSGP Situation County States (CA.S. exhibition); Paris, L. Sangel GSGP Situation County States (CA.S. exhibition); Paris, L. Sangel GSGP Situation County States (CA.S. exhibition); Paris, L. Sangel GSGP Situation County States (CA.S. exhibition); Paris, L. Sangel GSGP Situation County States (CA.S. exhibition); Paris, L. Sangel GSGP Situation County States (CA.S. exhibition); Paris, L. Sangel GSGP Situation County States (CA.S. exhibition); Paris, L. Sangel GSGP Situation County States (CA.S. exhibition); Paris, L. Sangel GSGP Situation County States (CA.S. exhibition); Paris, L. Sangel GSGP Situation County States (CA.S. exhibition); Paris, L. Sangel GSGP Situation County States (CA.S. exhibition	R Wier
	Title:	Deputy Director	Supervisor	

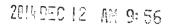
Oct 22, 2014

Date:



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

Check the appropriat	te hox(es) he	elow:	
SPECIAL EVE			
⋉ USE OF COU			
•		SUME ALCOHOLIC BEVERAGES WITHIN LEE	COUNTY FACILITIES
FILM PERMIT	Γ		
		PLEASE INDICATE BELOW WHAT ARRANG PLY WITH FOR THEIR EVENT.	EMENTS YOUR ORGANIZATION
Insurance Requirements:	occurrence to p	neral liability insurance with minimum limits of One rotect against bodily injury and/or property damag d event on Lee County property.	
	(\$1,000,000) pei	t Liquor Liability insurance will be required with mi r occurrence, Should Host Liquor Liability coverage r policy, minimum acceptable limits will be Two Mi	be afforded under the Commercial
Special Arrangements:		nsurance shall be submitted as evidence of the req y Commissioners, P.O. Box 398, Fort Myers, FI 33902 ed.	
	)		
	Print Name:	Mike Figueroa	
		<b>N</b> :	
	Signature:		<u>.</u>
	Title:	Risk frogram Manager	
	Date:	December 1, 2014	





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

DATE:

December 12, 2014

TO:

**County Management** 

FROM:

Samantha Westen, Administrative Assistant

RE:

**Event Permit for Signature** 

Attached is a Special Event application submitted by the Friends of Boca Grande Community Center for the "All that Jazz" event which will take place at the Louise DuPont Crowninshield House on January 5, February 9, March 9 & April 6, 2015 from 5:00 pm to 10:00 am.

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,

Samantha Westen

Attachment