



# EVENT PERMIT

Ordinance 17-08

## Savage 4x4 Anniversary and Fundraiser for Ian

**PERMIT NUMBER:** TMP2022-00552

**Date(s) of Event:** December 17, 2022

Property Owner: MCMAHON PROPERTY 5770 ENTERPRISE

Applicant: LINDA THOMPSON  
239-896-2640

Description: Fundraiser to raise money for Hurricane Ian. Event will have car show, vendors, raffles On December 17, 2022 from 4:00PM until 9:00PM

Location of event: 5770 ENTERPRISE PKWY, FORT MYERS, FL 33905  
**5770 Enterprise Pkwy**

Will the event be attended by 1000 or more people ? Yes

Will the event be held on County Owned Property ? No

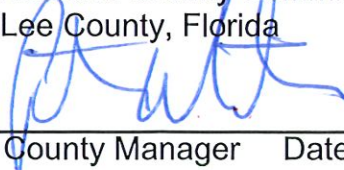
Will there be alcohol consumed or sold at the event ? Sold and Consumed

Will a bond be posted for this event ? No

**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.
- \* The permit is to be readily available for inspection during the entire event.
- \* If this approval includes the sale or consumption of alcoholic beverages, no alcoholic beverages may be consumed 1 1/2 hours prior to the conclusion of the event and vacating the facility/property.

Board of County Commissioners  
Lee County, Florida

 12-13-22  
\_\_\_\_\_  
County Manager      Date



Lee County  
*Southwest Florida*

# Event Application

Special Event

Use of  
County  
Property

Alcohol  
within Lee  
County  
Facilities

Film, Video  
&  
Photography

*Savage 4x4 Anniversary and Fundraiser for Ian*

*TMP2022-00552*

Lee County Event Permit Application



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	SAVAGE 4X4 ANNIVERSARY AND FUNDRAISER FOR IAN
Date(s) of Event / Production:	DECEMBER 17, 2022
Location(s) of Event:	SAVAGE 4X4 INC
Name of Applicant:	LINDA THOMPSON
Applicant Address:	5770 ENTERPRISE PKWY, FT. MYERS, FL 33905
Applicant Phone Number:	239-896-2640
Contact Person: (If different from applicant)	SAME
Contact Phone Number: (If different from applicant)	SAME
Email Address:	SAVAGE4X4-ACC@HOTMAIL.COM
Estimated Attendance:	300 - 1000
Event Description: Include each activity, when activities take place, etc.	CAR SHOW, VENDORS, RAFFLES DECEMBER 17, 2022 FROM 4 PM TO 9 PM
Hours of Operation:	4 PM - 9 PM
STRAP # of Parcel:	10-44-25-01-00000.0210
Owner of Premises*:	WILLIAM P. MCMAHON TRUST

\*Notarized statement from the property owner specifically consenting to the proposed use required.

HOLD HARMLESS

This agreement is entered into this 28 day of \_\_\_\_\_ November \_\_\_\_\_, 2022 between Savage 4x4 Inc, \_\_\_\_ (Tenant) \_\_\_\_\_ William P. McMahon REVOCABLE LIVING TRUST \_\_\_\_ (Landlord).

WHEREAS, \_\_\_\_ SAVAGE 4X4 INC \_\_\_\_ desires to hold a special outside event, subject to the provisions below, and

WHEREAS, Landlord is concerned with the possibility of damage or injury to the Landlord's property located at 5770 Enterprise Pkwy., Ft. Myers, FL 33905, or theft, as well as liability for damages or inquiries to persons while attending such event; and

WHEREAS, it is the intention of the parties that by this Agreement the Tenant will hold Landlord and the Owner harmless from any and all liability, theft of the personal property and/or damages which may occur upon or to the Landlord's property.

IT IS AGREED:

1. Tenant shall indemnify and hold harmless Landlord from and against any and all claims arising from Tenant's holding of such event or from the conduct of Tenant's business or from any activity, work or thing done, permitted or suffered by Tenant in or about the premises or property. Tenant shall further indemnify and hold harmless Landlord from and against any and all claims missing from any breach or default in the performance of any obligation on Tenant's part to be performed under the terms of this agreement, or arising from any act or omission of Tenant, or any of Tenant's agents, contractors, attendees, or employees and from and against all costs, attorney's fees, expenses, liabilities, and other claims incurred in the defense of any such claim. Tenant, upon notice from Landlord, shall defend the same at Tenant's expense.
2. Losses, expenses, damages, or injuries encompassed by this agreement shall include, but not be limited to any judgment, award, settlement, attorney's fees or other costs or expenses incurred in connection with the defense of any actual or threatened action, proceeding or claim.
3. The parties specifically agree and understand that this Agreement is entered in connection with the authorities to hold such special event on the Property per the following guidelines:
  - A) Tenant will be solely responsible for their Premises and any activity that occurs on the Landlord's Property.
  - B) The Property will be cleaned up and all debris and litter removed at the end of the event at Tenant's sole expense.
  - C) This Agreement is specifically for the period of December 17, 2022, ending at 10 pm.
  - D) The Property is offered solely on an "as is" basis and Landlord makes no warranties or representations concerning the condition of the property, or its suitability for this event use.
  - E) The Tenant will be responsible for any damage to the Property caused by the holding of this event.
4. The Tenant shall provide Landlord with proof of liability and casualty insurance prior to the holding of this event with a minimum of \$1 million dollars in coverage, naming Landlord as additional insured.

WITNESSES:

[Signature]  
[Signature]

WITNESSES:

\_\_\_\_\_  
\_\_\_\_\_

TENANT: SAVAGE 4X4, INC.

[Signature]

LANDLORD: WILLIAM P. MCMAHON

REVOCABLE LIVING TRUST

[Signature]

HOLD HARMLESS SAVAGE 4X4 (Tenant) and William P. McMahon Revocable Living Trust (Landlord)

PAGE TWO

STATE OF FLORIDA *Missouri*

COUNTY OF LEE *Saint Louis*

William P. McMahon Revocable Living Trust, Martha Acker, Landlord personally known to me, or who has produced proper identification. Subscribed and sworn to before me this 28 Day of November, 2022.

Notary Public Signed:

Commission Expires: 11/11/23



KATHLEEN A SEVIER  
My Commission Expires  
November 11, 2023  
St. Louis County  
Commission #19638359

*Kathleen A Sevier*

Lee County Event Permit Application



What is the Zoning Classification of the premises? WAREHOUSING DISTRIBUTION TERMINAL/48

Are any temporary structures to be installed for the event?  Yes  No Type: \_\_\_\_\_

Do you have the appropriate permits for the temporary structures?  Yes  No

\* For a 'Special Event' and 'Use of County Property' permit, submit a site plan with all proposed facilities and activities identified, including all parking areas.

Insurance Company Insuring the Event: ACCORD

Note: Certificate of Insurance must be submitted at time of application

Surety Company Bonding this Event (Name and Address): EVANSTON INSURANCE COMPANY

Will Vehicles be Used as Part of This Event?

Yes  No

If yes, automobile coverage must be included on the certificate of insurance.

Will Food be Available at this Event?

Yes  No

If yes, products liability coverage must be included on the certificate of insurance.

Will Alcoholic Beverages be served/consumed at this Event?

Yes  No

If yes, liquor liability coverage must be included on the certificate of insurance.

Name & Address of Organization Providing Food: TAG'S WHISKEY BENT BBQ

Type of Food being Served: BBQ

**Section II - USE OF COUNTY PROPERTY PERMIT**

Organization Sponsoring the Event: \_\_\_\_\_

**Section III - SALE/CONSUMPTION OF ALCHOLIC BEVERAGES PERMIT**

Is alcohol being sold/consumed on County Property?  Yes  No

If Yes, then a "Lee County Alcohol Permit" is required. Only non-profit organizations can sell alcohol on County Property.

Non-profit certificate/registration number: 84-2403107  
(Required if alcohol is to be SOLD at the event)

Please note: A permit from the State of Florida Division of Alcoholic Beverages and Tobacco may also be required; please call (239) 344-0885 for further details

Lee County Event Permit Application



Type of Production (choose all that apply):

- TV Movie or Special       TV Series / Pilot       TV Commercial       Still Photos
- Public Service Announcement       Industrial / Documentary       Other: \_\_\_\_\_

Will any of the following be needed or included\*?

- Street Closure       Yes       No
- Traffic / Crowd Control       Yes       No
- Fire or Burning       Yes       No
- Explosives or Pyrotechnics       Yes       No
- Animals, Large or Small       Yes       No
- Construction of Any Kind       Yes       No
- Large and/or Numerous Vehicles       Yes       No
- Helicopters, Boats, etc.       Yes       No
- Stunts       Yes       No
- Other       Yes       No

\* For any marked Yes, provide further details below:

[Empty rectangular box for providing details for marked Yes responses]

Special Parking Requirements:

[Empty rectangular box for special parking requirements]

City or County Services Required: (Personnel, equipment, facilities, etc.)

[Empty rectangular box for city or county services required]

The following information is required for local and state records on production in Florida to track the economic impact of the industry. If exact figures are not available, please estimate as closely as possible.

Number in Cast: \_\_\_\_\_ Number in Crew: \_\_\_\_\_ Number of locals hired: \_\_\_\_\_

Total budget: \_\_\_\_\_ Estimate amount spent in Lee County: \_\_\_\_\_

Hotel room nights: \_\_\_\_\_ Number of shooting days: \_\_\_\_\_  
number of rooms x number of nights



#### **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 premises 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.



Lee County Event Permit Application



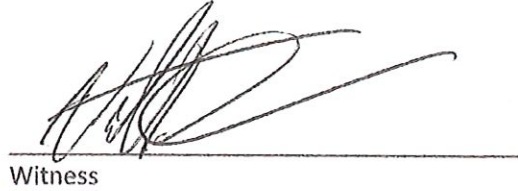
SECTION V - AGREEMENT

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.

  
Signature of Applicant

  
Witness

Linda Thompson  
Print Name of Applicant and Title

William Solomon  
Print Name of Witness

11/07/2022  
Date

11/07/2022  
Date

Lee County Event Permit Application



LEE COUNTY SHERIFF'S DEPARTMENT  
14750 SIX MILE CYPRESS PARKWAY  
FORT MYERS, FLORIDA 33912  
(239) 477-1199

Check the appropriate box(es) below:

- SPECIAL EVENT PERMIT
- USE OF COUNTY PROPERTY PERMIT
- PERMIT TO SELL AND CONSUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
- FILM PERMIT

AFTER REVIEWING THE APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION WILL REQUIRE THE APPLICANT TO COMPLY WITH FOR THEIR EVENT.

Parking:	Parking in authorizd areas only. Roadways will not be impeded.
Deputies (How Many?):	None
Fee for Services:	
Special Arrangements:	Alcoholic beverages must remain within the confines of the event area. Vendor is responsible for making sure all ID's are checked to ensure anyone consuming alcohol is of legal age. Vendor is repsonsible for making sure that anyone serving alsohol has proper training on how to pour correctly and not over serve. All amplified sounds must adhere to the Lee county noise ordinances.

Print Name: Steven Brady  
Signature: Capt. Steven Brady  
Title: Tactical Support Unit  
Date: 11/22/22

Lee County Event Permit Application



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:

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Fire Guards (How Many?)	N/A
Fee for Services:	N/A
Flammable Vegetation:	N/A
First Aid Equipment:	N/A
Fire Extinguishing:	On site.
Special Arrangements:	In case of emergency Dial 911.

Print Name: Teal Ross  
Signature: Teal Ross  
Title: Fire Chief  
Date: 12/1/22

Lee County Event Permit Application



EMERGENCY MEDICAL SERVICES / PUBLIC SAFETY

2000 Main St., Suite #100

FORT MYERS, FL 33901

(239) 533-3911

Check the appropriate box(es) below:

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AFTER REVIEWING THE APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION WILL REQUIRE THE APPLICANT TO COMPLY WITH FOR THEIR EVENT.

Treatment Facilities:	None necessary.
Medical Personnel:	None necessary.
Medical Supplies / Equipment:	None necessary.
Safety Requirements:	Applicants shall follow all CDC and FDOH directives, and the Florida Governor's Executive Orders concerning health and safety, especially with regards to COVID-19 and the number of people congregating at the event.
Fee for Services	Not applicable.
Special Arrangements:	Please call 911 in the event of an emergency. To arrange special event coverage, contact our office at EMSDetail@leegov.com.

Print Name: Douglas B. Higgins

Signature: Douglas B. Higgins

Digitally signed by Douglas B. Higgins  
DN: cn=Douglas B. Higgins, o=Lee County Emergency Medical Services, ou=Lee County Public Safety, ou=Division Chief, Special Operations and Support Services, email=D.Higgins@leegov.com, c=US  
Date: 2022.11.15 16:16:30 -0507

Title: Division Chief, Support Services

Date: November 15, 2022

Lee County Event Permit Application



DEPARTMENT OF TRANSPORTATION  
1500 MONROE STREET  
FORT MYERS, FL 33901  
(239) 533-8580

Check the appropriate box(es) below:

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- FILM PERMIT

AFTER REVIEWING THE APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION WILL REQUIRE THE APPLICANT TO COMPLY WITH FOR THEIR EVENT.

Parking:

No event parking permitted on Lee County maintained road rights-of-way.

Ingress and Egress:

Use all established means of ingress and egress.

Special Arrangements:

None.

Print Name: Bryan Miller

Signature: Bryan Miller Digitally signed by Bryan Miller  
Date: 2022.11.10 10:49:45 -05'00'

Title: Senior Project Manager

Date: November 10, 2022

Lee County Event Permit Application



LEE COUNTY PARKS AND RECREATION  
3410 PALM BEACH BOULEVARD  
FORT MYERS, FLORIDA 33916  
(239) 533-7275

Check the appropriate box(es) below:

- SPECIAL EVENT PERMIT
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AFTER REVIEWING THE APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION WILL REQUIRE THE APPLICANT TO COMPLY WITH FOR THEIR EVENT.

Illumination: N/A

Parking Areas: N/A

Special Arrangements: N/A - Event is not on Parks and Rec property and will not affect county park operations or programs.

Print Name: Colleen Via  
Signature: Colleen Via  
Title: Operations Manager  
Date: 12/2/2022

*Not on PK Prop.  
Savase 484 12/17/22*

Lee County Event Permit Application



LEE COUNTY RISK MANAGEMENT  
COUNTY ADMINISTRATION BUILDING - 4<sup>TH</sup> FLOOR  
2115 SECOND STREET  
FORT MYERS, FLORIDA 33901  
(239) 533-2221

Check the appropriate box(es) below:

- SPECIAL EVENT PERMIT
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- FILM PERMIT

AFTER REVIEWING THE APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION WILL REQUIRE THE APPLICANT 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 applicants use of aforementioned event within Lee County.

Certificate Must Read As:

Lee County, a political subdivision and Charter County of the State of Florida, its agents, employees, and public officials are automatic additional insureds and includes an automatic waiver of subrogation with regard to general liability. The certificate holder is an additional insured on a primary and noncontributory basis with regards to general liability.

Special Arrangements:

A Certificate of Insurance shall be submitted as evidence of the required coverage listing Lee County, a political subdivision and Charter County of the State of Florida, P.O. Box 398, Fort Myers, FL 33902 as the certificate holder and as an additional insured as listed above.

Subject to proof of insurance.

Print Name: Mike Figueroa

Signature:

A handwritten signature in blue ink that reads "Mike Figueroa" is written over a horizontal line.

Title: Risk Program Manager

Date: November 8, 2022



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/30/2022

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 have ADDITIONAL INSURED provisions or 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).

<b>PRODUCER</b> East Main Street Insurance Services, Inc. Will Maddux PO Box 1298 Grass Valley CA 95945		<b>CONTACT NAME:</b> Will Maddux <b>PHONE (A/C, No, Ext):</b> (530) 477-6521 <b>E-MAIL ADDRESS:</b> info@theeventhelper.com <b>FAX (A/C, No):</b>	
<b>INSURED</b> Savage 4X4 Inc Linda Thompson 5770 Enterprise Pkwy Fort Myers FL 33905		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Evanston Insurance Company <b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	
		<b>NAIC #</b> 35378	

**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 CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Host Liquor Liability <input type="checkbox"/> Retail Liquor Liability	Y	N	3DS5473-M2501488	12/17/2022	12/18/2022	EACH OCCURRENCE \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
							MED EXP (Any one person) \$ 5,000
							PERSONAL & ADV INJURY \$ 1,000,000
					12:01 AM	12:01 AM	GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS - COM/OP AGG \$ 2,000,000
							Deductible \$ 1,000
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$
							BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
							\$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> EXCESS LIAB DED RETENTION \$						EACH OCCURRENCE \$
							AGGREGATE \$
							\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE OTH-ER
							E.L. EACH ACCIDENT \$
							E.L. DISEASE - FA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**  
Certificate holder listed below is named as additional insured per attached MEGL 2217 01 19.  
Attendance: 100, Event Type: Car Show - Static(Parked) Only.

<b>CERTIFICATE HOLDER</b> Lee County, A Political Subdivision and Charter County of the State of Florida, PO Box 398 Fort Myers FL 33901	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
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Lee County Event Permit Application



LEE COUNTY VISITOR & CONVENTION BUREAU  
2201 SECOND STREET, SUITE 600  
FORT MYERS, FLORIDA 33901  
(239) 338-3500

Check the appropriate box(es) below:

N/A

FILM PERMIT ONLY

AFTER REVIEWING THE APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION WILL REQUIRE THE APPLICANT TO COMPLY WITH FOR THEIR EVENT.

Special Arrangements:

[Empty box for Special Arrangements]

Other:

[Empty box for Other]

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_





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DATE (MM/DD/YYYY)

11/07/2022

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<b>INSURED</b> Savage 4X4 Inc Linda Thompson 5770 Enterprise Pkwy Fort Myers FL 33905		<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: Evanston Insurance Company	<b>NAIC #</b> 35378
		INSURER B:	
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

**COVERAGES**                      **CERTIFICATE NUMBER:**                      **REVISION NUMBER:**

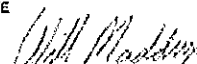
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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 CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL (SUBR) INSD	WVVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Host Liquor Liability <input type="checkbox"/> Retail Liquor Liability GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER	Y	N	3DS5473-M2501488	12/17/2022 12:01 AM	12/18/2022 12:01 AM	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Deductible \$ 1,000
	<input type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						
	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<input type="checkbox"/> <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE <input type="checkbox"/> OTHER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

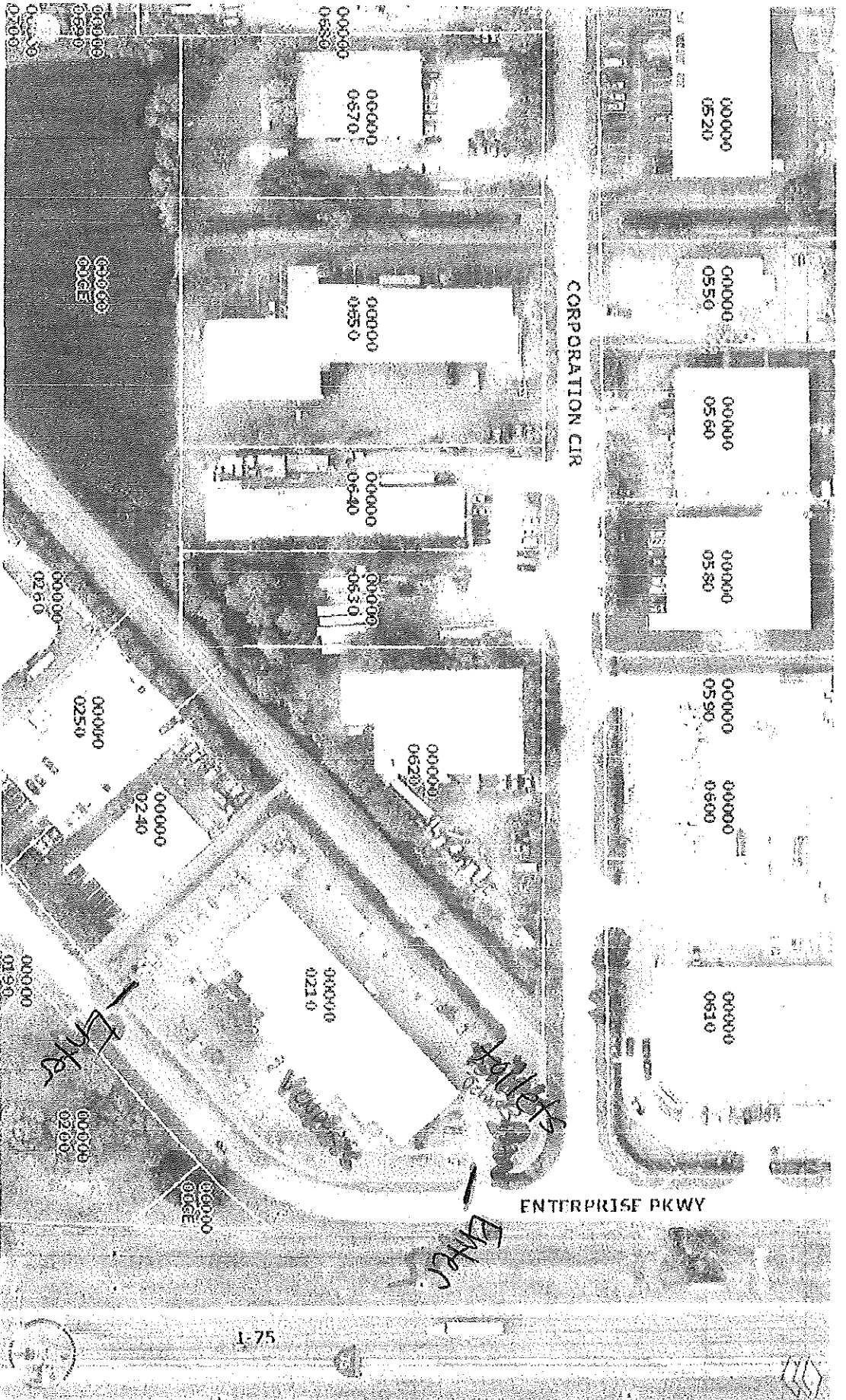
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Certificate holder listed below is named as additional insured per attached MEGL 2217 01 19.  
Attendance 100. Event Type: Car Show - Static(Parked) Only

**CERTIFICATE HOLDER****CANCELLATION**

William P. McMahon Revocable Living Trus 670 Mason Ridge Center Dr., Suite 220 St. Louis MO 63141	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE 

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STRAP      Owner Name      Site Address      Last Trans. Date      Last Trans. Amt      Just V  
 10-44-25-01-00000.0210      MCMAHON WILLIAM P TR      5770-5792 ENTERPRISE PKWY, FORT M...      4-2004      \$ 100      \$ 9

