

EVENT PERMIT



Ordinance 17-08

Boca Grande Farmers Market

PERMIT NUMBER:

TMP2023-01268

Date(s) of Event:

December 15, 2023 through April 26, 2024

Property Owner:

LEE COUNTY

Applicant:

JEAN BAER

239-691-9249

Description:

Seasonal Farmers Market every Friday from December 15, 2023 until April 26, 2024

from 9:00AM until 1:00PM

Location of event:

131 - 135 1ST ST W, BOCA GRANDE, FL 33921

Boca Grande Recreation Center

Will the event be attended by 1000 or more people?

No

Will the event be held on County Owned Property?

Yes

Will there be alcohol consumed or sold at the event?

No

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

County Manager

Date

ftmpprmt_specialevent.rpt



Event Application

Special Event

Use of County Property Alcohol within Lee County Facilities

Film, Video & Photography

Boca Grande Farmer's Market



Event Application

Check the appropriate box(es) below:

厂 5	SPECIAL	EVENT	PERMIT
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USE OF COUNTY PROPERTY PERMIT

PERMIT TO SELL AND CONSUME ALCHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES

FILM PERMIT

Section I - GENERAL INFO	ORMATION (All Permit Types)	
Title of Event / Name of Production	Boca Grande Farmers Narket	
Date(s) of Event / Production:	Dec. 15,2023 - March 29,2024 April 26,	2024
Location(s) of Event:	Buca Grande Ball Field on wheeler Rd	
Name of Applicant:	Local Routs, LLC	
Applicant Address:	1418 Sandcastle Rd Sanibel, FL 33957	
Applicant Phone Number:	239-691-9249	
Contact Person: (If different from applicant)	Jean Baer	
Contact Phone Number: (If different from applicant)	SAME	
Email Address:	imbacr Demast. net	
Estimated Attendance:	Hoù	
Event Description: Include each activity, when activities take place, etc.	Farmers Market each Friday	
Hours of Operation:	9 am to i pm	
STRAP # of Parcel:	14432601000050010	
Owner of Premises*:	Lee County	

^{*}Notarized statement from the property owner specifically consenting to the proposed use required.



Fill out the following questions fo	r allpermit types:	
What is the Zoning Classification of th	ne premises?	- A Statement
		Type: 40 Vendors IUXI
Do you have the appropriate permits i	for the temporary structures?	Type: 40 Vendor's iuxi
* For a 'Special Event' and 'Use of Cou indentified, including all parking areas.	Inty Property normit and the	Yes No with all proposed facilities and activities
Insurance Company Insuring the Event	. /	
Note: Certificate of Insurance must be submitted	ed at time of application	- Growy
Surety Company Bonding this Event (N	lame and Address):	A
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 XNo	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:	Independent	
Type of Food being Served:	I prde pendent, BBQ, Produce, T	Baked Goods
Section II - USE OF COUNTY PI	ROPERTY PERMIT	
Organization Sponsoring the Event:	Local Ro	i de
Fill out this portion for applications for	Solicitation in the County Rights-of-Way	ots LLC
Name of Charity:		
Address of Charity:		
Phone Number:		
Non-profit certificate/registration numb	er:	
(Proof of registration with the Dept. of Agriculture & Co	onsumer Services \$496.405 or proof the organization is	evernat from this require
Section III - SALE/CONSUMPTION	ON OF ALCHOLIC BEVERAGES PE	RMIT
Is alcohol being sold/consumed on Count If Yes, then a "Lee County Alcohol Permit" is required. O	y Property?	
Non-profit certificate/registration number (Required if alcohol is to be <u>SOLD</u> at the event)	er:	торег су.
Please note: A permit from the State of State of		

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

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.

Jean Bar	
Signature of Applicant	Witness
Jean Baer- Co-Owner	Janot C. Fritis
Print Name of Applicant and Title	Print Name of Witness
11-14-2023	11/14/2023
Date	Data / / -



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

Check the approprio	ite box(es) belo	w:					
☐ SPECIAL EV	ENT PERMIT						
∇ USE OF COI	JNTY PROPERTY F	PERMIT					
F PERMIT TO	SELL AND CONSU	IME ALCOHOL	IC BEVERAC	ES WITHIR	I LEE COUN	TY FACILITIES	
FILM PERM	IT						
AFTER REVIEWING THE WILL REQUIRE THE APPL					RANGEMENT	ts your orgal	NOITASIN
Parking:	Parking for event	will be in autho	orized areas	only & right	-of-way must	not be impeded.	
Deputies (How Many?):	None are required	for this event.	***************************************				
Fee for Services:	None is required	for this event.		***************************************			
Special Arrangements:	None						NAC
	Print Name: Signature: Title: Date:	P. Comm	Andes				



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	appro	priate	box	es) Ł	elow:
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- F SPECIAL EVENT PERMIT
- TX USE OF COUNTY PROPERTY PERMIT
- FILM PERMIT

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

Fire Guards (How Many?)		None
Fee for Services:		None
Flammable Vegetation:		None
First Aid Equipment:	The Province of the Control of the Section of the Control of the C	
}		None
Fire Extinguishing:		
		None
Special Arrangements:		
		In case of emergency - Dial 911
	Print Name:	C.W. Blosser
	Signature:	CAL
	Title:	Fire Chief
	Date:	11/16/2023

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EMERGENCY MEDICAL SERVICES / PUBLIC SAFETY 2000 Main St., Suite #100 FORT MYERS, FL 33901 (239) 533-3911

Check the appropria	te box(es) below	v:
☐ SPECIAL EV	ENT PERMIT	
□ USE OF CO	UNTY PROPERTY P	ERMIT
☐ PERMIT TO	SELL AND CONSUI	ME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
FILM PERM	IIT	
		ASE INDICATE BELOW WHAT ARRANGEMENTS YOUR CANT TO COMPLY WITH FOR THEIR EVENT.
Treatment Facilities:	None necessary.	
Medical Personnel:	None necessary.	
Medical Supplies / Equipment:	None necessary.	
Safety Requirements:		low all CDC and FDOH directives, and the Florida Governor's Executive health and safety, especially with regards to COVID-19 and the number of ng at the event.
Fee for Services	Not applicable.	
Special Arrangements:	Please call 911 in t office at EMSDetail	the event of an emergency. To arrange special event coverage, contact our l@leegov.com.
	Print Name:	Douglas B. Higgins
	Signature:	Douglas B. Higgins Digitally signed by Douglas B. Higgins Date: 2023.12.06 12:01:17 -05'00'
	Title:	Captain, EMS Operations
	Date:	December 6, 2023



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

Check the appropri	ate box(es) bel	ow:
2	UNTY PROPERTY SELL AND CONS	PERMIT UME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
		LEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION LY WITH FOR THEIR EVENT.
Parking:	No event parking is	permitted in Lee County maintained road right of ways.
Ingress and Egress:	Please use all estab	olished means of ingress and egress.
Special Arrangements:		ty Sheriff's Office for assistance with traffic control as needed. access and public vehicular access shall be maintained on all surrounding Lee I roads.
	Print Name: Signature: Title: Date:	Nathan Thoman Nathaniel C. Thoman Digitally signed by Nathaniel C. Thoman Date: 2023.11.17 08:42:26 -05'00' Project Manager 11/17/2023
	Date.	11/1//ZUZJ



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

Check the appropri	ate box(es) bel	ow:
C SPECIAL EV	/ENT PERMIT	
,	UNTY PROPERTY	
,		UME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
FILM PERN	ЛТ	
		LEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION PLY WITH FOR THEIR EVENT.
Illumination:	Nothing needed fo	e this Daytime event
Parking Areas:		ilable in designated areas close to the event area. Event organizer should provide direct patrons into parking area and not block driveways and keep the road clear for is.
0	Treat avantaville	II work with Parks staff and outline site specific details to manage a safe event.
Special Arrangements:	_	
		ectators must disperse and leave the park area to seek safe shelter in their vehicles erts and threatening weather.
	Print Name:	Colleen Via
	Signature:	Collen Via
	Title:	Operations Manager
	Date:	11/14/2023

Boca - Farmers Market 12/15/22 to 3/29/24

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

Check the appropriat	e box(es) bel	ow:							
SPECIAL EVENT PERMIT									
□ USE OF COU	IXI USE OF COUNTY PROPERTY PERMIT								
PERMIT TO S	PERMIT TO SELL AND CONSUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES								
FILM PERMIT									
		LEASE INDICATE BELOW WHAT ARRANGEMENTS LY WITH FOR THEIR EVENT.	S YOUR ORGANIZATION						
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 F	Read As:							
	and public officia with regard to ge	litical subdivision and Charter County of the State of Florid als are automatic additional insureds and includes an autor eneral liability. The certificate holder is an additional insured basis with regards to general liability.	natic waiver of subrogation						
Special Arrangements:	political subdivisi	isurance shall be submitted as evidence of the required covion and Charter County of the State of Florida, P.O. Box 398 Ider and as an additional insured as listed above.							
	Subject to proof	of insurance.							
		insurance is set to expire on 02/01/24. A new certificate wately after 02/01/24.	ill need to be provided						
	Print Name:	Mike Figueroa							
	Signature:	This foir-							
	Title:	Risk Program Manager							
	Date:	November 15, 2023							



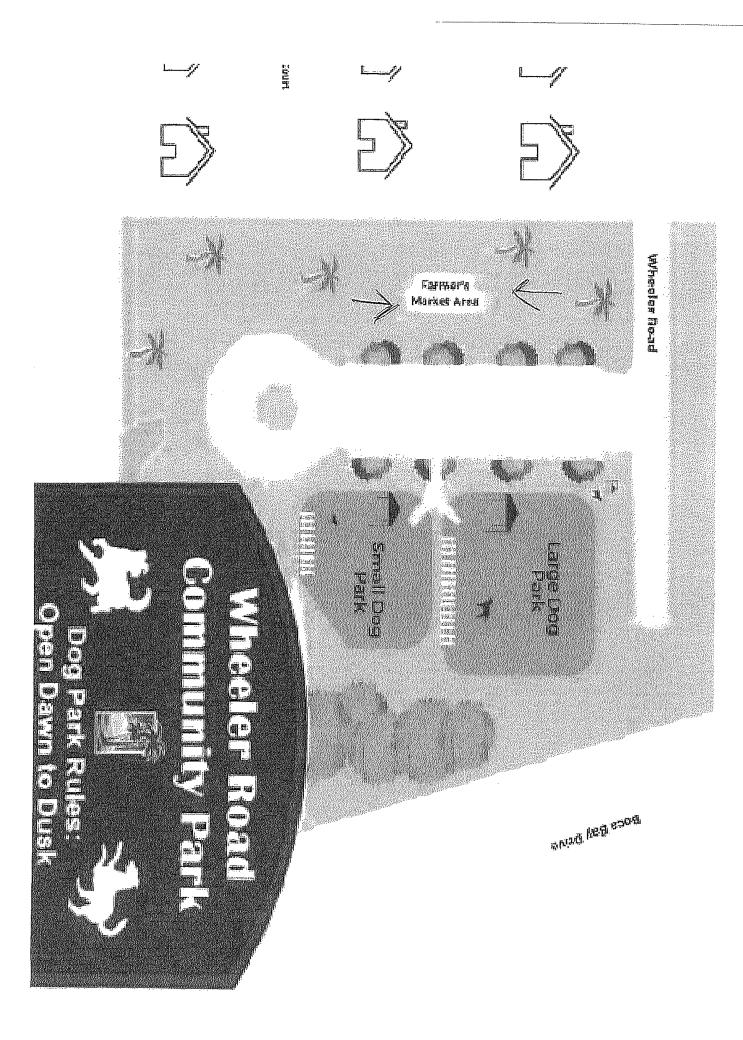
CERTIFICATE OF LIABILITY INSURANCE

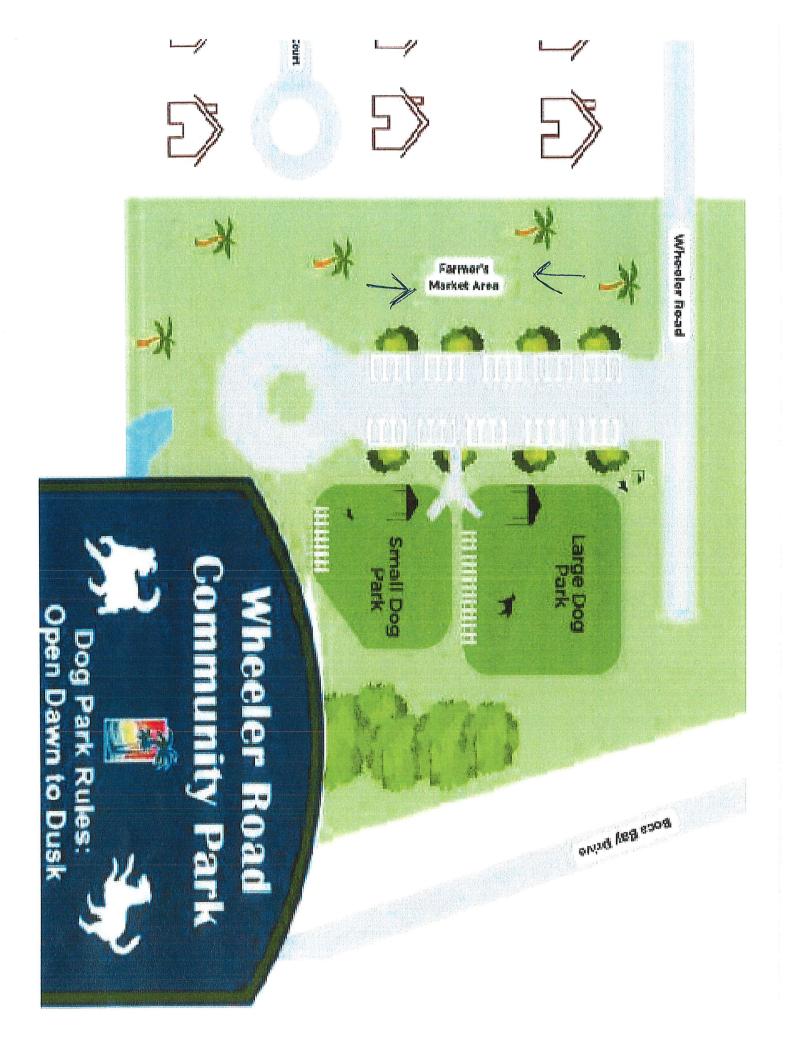
DATE (MM/DD/YYYY) 01/25/2022

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 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).

PROI	DUCER					CONTACT Larry Spi	ker ext 203				
Pro	Pro Insur, Inc dba			PHONE (A/C, No, Ext): 317-848-9075 FAX (A/C, No): 317-848-9093					8-9093		
		sk Management				E-MAIL Ispilker	@campbellrisk.co	m		•	
		y Drive, Suite 204 . IN 46240					NSURER(S) AFFOI	RDING COVERAGE			NAIC #
Larr	y Spilker	Ext 203				INSURER A : HANO	ER INSURANCE	E GROUP			22292
INSU						INSURER B :					
LLC	al Roots	S				INSURER C :					
141	8 Sando	castle Rd				INSURER D :					
Sar	nibel Flo	orida 33957				INSURER E :					
						INSURER F:					
	VERA				NUMBER:			REVISION NUME			
		TO CERTIFY THAT THE POLICIES									
		ED. NOTWITHSTANDING ANY RE CATE MAY BE ISSUED OR MAY F									
E		IONS AND CONDITIONS OF SUCH I	POLIC	IES.	LIMITS SHOWN MAY HAVE	BEEN REDUCED B	Y PAID CLAIMS				,,
INSR LTR		TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFI (MM/DD/YYY	POLICY EXP (MM/DD/YYYY)		LIMIT	s	
	X C	OMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE		\$	2,000,000
		CLAIMS-MADE X OCCUR	X	X	AAM5115 LHW D481967	02/01/2023	02/01/2024	DAMAGE TO RENTED PREMISES (Ea occurre	ence)	\$	100,000
								MED EXP (Any one pe	rson)	\$	5,000
								PERSONAL & ADV IN	JURY	\$	2,000,000
	GEN'L	AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGA	TE	\$	4,000,000
	X PO	OLICY PRO- JECT LOC						PRODUCTS - COMP/C	OP AGG	\$	4,000,000
	0	THER:								\$	
	AUTON	MOBILE LIABILITY						COMBINED SINGLE L (Ea accident)	IMIT	\$	
		NY AUTO						BODILY INJURY (Per I	person)	\$	
		LL OWNED SCHEDULED AUTOS					İ	BODILY INJURY (Per		\$	
	н	IRED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)		\$	
										\$	
	UI	MBRELLA LIAB OCCUR						EACH OCCURRENCE		\$	
	E	XCESS LIAB CLAIMS-MADE						AGGREGATE		\$	
		ED RETENTION\$								\$	
		ERS COMPENSATION MPLOYERS' LIABILITY						PER STATUTE	OTH- ER		
		ROPRIETOR/PARTNER/EXECUTIVE ER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT		\$	
	(Manda	itory in NH)	11/2					E.L. DISEASE - EA EM	IPLOYEE	\$	
	DESCR	lescribe under RIPTION OF OPERATIONS below						E.L. DISEASE - POLIC	Y LIMIT	\$	
DES	CRIPTION	N OF OPERATIONS / LOCATIONS / VEHICL	ES (A	CORE	101, Additional Remarks Schedu	le, may be attached if r	nore space is requi	red)			
		isual to the Insured's opera		Bla	inket additional Insure	ed applies per	coverage for	m 421 - 2915 06	3 15. (Certific	cate holder,
if a	ıny, is	s hereby an additional insur	ed.		OK 11/15/2023	}					
					_						
					his 1						ŀ
					Make to	gue _					
		CATE HOLDER				CANCELLATIO	N				
		ounty, a political subdivision									
		of Florida, its agents, emplo		s, ar	nd public officials@			ESCRIBED POLICIE			
W	ill be	named as "Additional Insur	ed"					EREOF, NOTICE CY PROVISIONS.	WILL	RF DE	LIVERED IN
						AUTHORIZED REPRE	SENTATIVE				
						Ochie 1) Paine	16000			
						John C	2. Camp	משענע			
						0 0	1988-2014 AC	ORD CORPORA	TION.	All rig	hts reserved.







CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 01/25/2022

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.

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certificate holder in lieu of such endorsement(s).							CONTACT Larry Spilker ext 203					
PRODUCER							PLICE FAV					
Pro Insur, Inc dba Campbell Risk Management							(A/C, No, Ext): 317-848-9075 (A/C, No): 317-848-9075					
		i Risk Management itley Drive, Suite 204				E-MAIL ADDRE	ss: Ispliker@c	ampbellrisk.co	m 			
Indianapolis, IN 46240						INSURER(S) AFFORDING COVERAGE					NAIC #	
Larry Spilker Ext 203							INSURER A: HANOVER INSURANCE GROUP					
INSURED Local Roots						INSURER B:						
LLC						INSURER C:						
1418 Sandcastle Rd						INSURER D:						
Sanibel Florida 33957						INSURER E:						
						INSURE	RF:					
CO	VEF	RAGES CER	TIFIC	ATE	NUMBER:				REVISION NUMBER:			
IN C	DIC.	IS TO CERTIFY THAT THE POLICIES ATED. NOTWITHSTANDING ANY RE IFICATE MAY BE ISSUED OR MAY I USIONS AND CONDITIONS OF SUCH	QUIR PERT POLIC	REMEI AIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF AN' ED BY	Y CONTRACT THE POLICIES REDUCED BY I	OR OTHER I S DESCRIBEI PAID CLAIMS.	DOCUMENT WITH RESPECT TO	ст то	WHICH THIS	
INSR LTR			ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
	Х	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	2,000,000	
		CLAIMS-MADE X OCCUR	X	X	AAM6321 LHW D481967 - 02	2	02/01/2024	02/01/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000	
									MED EXP (Any one person)	\$	5,000	
									PERSONAL & ADV INJURY	\$	2,000,000	
	GEI	N'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	4,000,000	
	Х	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	4,000,000	
		OTHER:								\$		
	AU ⁻	TOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$		
		ANY AUTO							BODILY INJURY (Per person)	\$		
		ALL OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$		
		HIRED AUTOS NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident)	\$		
		70100							(i oi dooidoitt)	\$		
		UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
		EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
		DED RETENTION \$								\$		
		RKERS COMPENSATION DEMPLOYERS' LIABILITY							PER OTH- STATUTE ER			
	ANY	PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT	\$		
		ICER/MEMBER EXCLUDED?	N/A						E.L. DISEASE - EA EMPLOYEE	\$		
	If ye	s, describe under SCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
Th	ose	TION OF OPERATIONS / LOCATIONS / VEHICLE SE USUAL to the Insured's opera is hereby an additional insur	tion			ed app	lies per co		•	Certific	ate holder,	
					Mike	- J.	gui.					
		ICATE HOLDER				CANC	ELLATION					
Lee County, a political subdivision and Charter County of the State of Florida, its agents, employees, and public officials@will be named as "Additional Insured"							SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
						AUTHO	R i ZED REPRESE	NTATIVE				
						9	ohn C.	Camp	bell			

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