



# EVENT PERMIT

Ordinance 17-08

## Rock, Blues and Blues

**PERMIT NUMBER:** TMP2024-00044

**Date(s) of Event:** February 10, 2024 from 2:00PM until 11:00PM

Property Owner: LEE COUNTY

Applicant: Edward Clark  
585-455-5894

Description: Four live bands from 2:00PM until 11:00PM, food provided by local approved food trucks. Beer and wine sold from 2:00PM until 9:45PM. Soda and water provided throughout the event along with a BBQ cook off to be held as part of the event. Food will not be for sale from 2:00PM until 4:00PM


Location of event: 55 HOMESTEAD RD S, LEHIGH ACRES, FL 33936  
**Veterans Park**

- 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 ? 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

  
 County Manager

2/2/24  
 Date



Lee County  
*Southwest Florida*

# Event Application

Special Event

Use of  
County  
Property

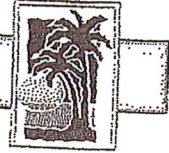
Alcohol  
within Lee  
County  
Facilities

Film, Video  
&  
Photography

*Rock, Blues and Blues*

TMP2024-0024

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   | ROCK, BLUES and BLUES  |
| Date(s) of Event / Production:  | FEBRUARY 10th 2024   |
| Location(s) of Event:   | VETERANS PARK<br>55 HOMESTEAD ROAD S. Lehigh Acres, Fl. 33936  |
| Name of Applicant:  | LEHIGH ROTARY FOUNDATION INC.  |
| Applicant Address:  | PO BOX 308<br>LEHIGH ACRES, FL. 33970  |
| Applicant Phone Number:   | 585-455-5894   |
| Contact Person:<br>(If different from applicant)                              | EDWARD F CLARK   |
| Contact Phone Number:<br>(If different from applicant)                        |  |
| Email Address:  | mred7120@gmail.com   |
| Estimated Attendance:   | 500-600  |
| Event Description:<br>Include each activity, when activities take place, etc. | , 4 LIVE BANDS FROM 2PM TILL 11 PM, FOOD PROVIDED BY LOCAL APPROVED FOOD TRUCKS, BEER AND WINE SOLD FROM 2PM TILL 9:45PM, SODA AND WATER ENTIRE EVENT, BBQ COOK OFF TO BE HELD AS PART OF EVENT, FOOD NOT FOR SALE DURING EVENT(2PM TILL 4 PM) |
| Hours of Operation:   | 2PM TILL 11PM  |
| STRAP # of Parcel:  | 05-45-27.00-00004.0000   |
| Owner of Premises*:   | LEE COUNTY   |

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



Lee County Event Permit Application



Fill out the following questions for all permit types:

What is the Zoning Classification of the premises? PK/REC

Are any temporary structures to be installed for the event? [X] Yes [ ] No Type: 10 X 10 E-Z UPS

Do you have the appropriate permits for the temporary structures? [X] 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: GALLAGHER RISK MANAGEMENT SERVICES INC

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

Surety Company Bonding this Event (Name and Address):

|   |  |   |
|---|--|---|
| Will Vehicles be Used as Part of This Event?<br>[ ] Yes [X] No<br>If yes, automobile coverage must be included on the certificate of insurance. | Will Food be Available at this Event?<br>[X] Yes [ ] No<br>If yes, products liability coverage must be included on the certificate of insurance. | Will Alcoholic Beverages be served/consumed at this Event?<br>[X] Yes [ ] No<br>If yes, liquor liability coverage must be included on the certificate of insurance. |
|---|--|---|

Name & Address of Organization Providing Food: VARIOUS APPROVED FOOD TRUCKS

Type of Food being Served: VARIOUS

Section II - USE OF COUNTY PROPERTY PERMIT

Organization Sponsoring the Event: LEHIGH ROTARY FOUNDATION INC.

Fill out this portion for applications for Solicitation in the County Rights-of-Way:

Name of Charity:

Address of Charity:

Phone Number:

Non-profit certificate/registration number:

(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/CONSUMPTION OF ALCHOLIC BEVERAGES PERMIT

Is alcohol being sold/consumed on County Property? [X] 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: 46-3206438 N13000003013  
(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

**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.

Edward F. Clark  
Signature of Applicant

R. John Graham  
Witness

EDWARD F. CLARK - CLUB PRESIDENT  
Print Name of Applicant and Title

R. JOHN GRAHAM  
Print Name of Witness

12-14-23  
Date

12/14/2023  
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 for event will be in authorized areas only & right-of-way must not be impeded.  |
| Deputies (How Many?): | 2 deputies for security and presence  |
| Fee for Services:     | Contact LCSO Details Unit   |
| Special Arrangements: | Alcoholic beverages must remain within the confines of the event area. All amplified sound must adhere to the Lee County Noise Ordinance. Staff & volunteers will be responsible for checking ID's to ensure all participants being served alcohol are of legal age and are not overserved. |

Print Name: P. Cummins  
Signature: [Handwritten Signature]  
Title: Commander  
Date: 12 21 23

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:

- SPECIAL EVENT PERMIT
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|                         |   |
|-------------------------|---|
| Fire Guards (How Many?) | Provide at least 1 crowd manager per every 250 people expected on site. You have provided certificates for 2. This event is limited to no more than 500 persons on site at any given time.                                      |
| Fee for Services:       | Inspection fee \$ 250 .   |
| Flammable Vegetation:   | not permitted   |
| First Aid Equipment:    | Provide first aid station, Event staff to call 911 for emergency services.  |
| Fire Extinguishing:     | Provide 2A:10B:C fire extinguishers within 75 feet travel distance to stage, concessions, tents, booths.  |
| Special Arrangements:   | No live fire displays / entertainment of fireworks, permitted<br>Any food truck / trailer participating must have approved fire inspection from fire district prior to event. Must provide copy of inspection at time of setup. |

Print Name: Ken Bonnett

Signature: Ken Bonnett

Title: Fire Marshal, LAFCRD

Date: 1/17/2024

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:

- SPECIAL EVENT PERMIT
[X] 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.

Treatment Facilities: See Special Arrangements below.

Medical Personnel: See Special Arrangements below.

Medical Supplies / Equipment: See Special Arrangements below.

Safety Requirements: See Special Arrangements below.

Fee for Services: See Special Arrangements below.

Special Arrangements: LCEMS defers to Lehigh Acres Fire Control and Rescue District for specifying EMS coverage for this event, as it falls within their response district. Their contact information is: 636 Thomas Sherwin Ave S, Lehigh Acres, FL 33974 Phone: 239-303-5300 Email: firerescue@lehighfd.com

Print Name: Douglas B. Higgins
Signature: [Handwritten Signature]
Title: Captain, EMS Operations
Date: January 25, 2024



Lee County Event Permit Application



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

Check the appropriate box(es) below:

- SPECIAL EVENT PERMIT
- USE OF COUNTY PROPERTY 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.

Parking: No event parking is permitted in Lee County maintained road right of ways.

Ingress and Egress: Please use all established means of ingress and egress.

Special Arrangements: Shall use Lee County Sheriff's Office for assistance with traffic control as needed.  
Emergency vehicle access and public vehicular access shall be maintained on all surrounding Lee County maintained roads.

Print Name: Nathan Thoman

Signature: Nathaniel C. Thoman Digitally signed by Nathaniel C. Thoman  
Date: 2023.12.15 07:48:50 -05'00'

Title: Project Manager

Date: 12/15/23



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: Any Illumination needs will be provided by the event organizer

Parking Areas: Confirm appropriate parking areas with the site supervisor. Event organizer will provide adequate parking attendance and traffic control devices and must ensure all emergency access and egress are clear for emergency vehicles.

Special Arrangements: Event organizer must provide a dumpster for garbage from event.  
All alcohol sales and consumption must to segregated to a designated area. No parking fees will be charged. Donations may be accepted.  
  
Participants and spectators must disperse and leave the park area to seek safe shelter during lightning alerts or threatening weather.  
  
Work with site supervisor for event needs.

Print Name: Colleen Via

Signature: *Colleen Via*

Title: County Wide Services Manager

Date: 1/2/2023

*Veterans - Rock, Blues & Boats*  
*2/10/2024*

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:

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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.

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.

In addition, Host Liquor Liability insurance will be required with minimum limits of One Million Dollars (\$1,000,000) per occurrence. Should Host Liquor Liability coverage be afford under the Commercial General Liability policy, minimum acceptable limits will be Two Million Dollars (\$2,000,000) aggregate.

Special Arrangements: A Certificate of Insurance shall be submitted as evidence of the required coverage listing Lee County, 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 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.

Subject to proof of insurance.

Print Name: Mike Figueroa

Signature:

Title: Risk Program Manager

Date: January 11, 2024



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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).

**PRODUCER**  
 Hyland Group Inc  
 811 Madison Ave  
 Toledo OH 43604

**Insured**  
 All Active US Rotary Clubs & Districts  
 Lehigh Acres Rotary Foundation Inc.

**Attn:** Risk Management Dept.  
 1560 Sherman Avenue  
 Evanston, IL 60201-3698

**CONTACT NAME:** Crystal Gleason  
**PHONE (A/C No. Ext):** 419-259-2710 **FAX (A/C No.):** 419-255-7557  
**E-MAIL ADDRESS:**

**INSURER(S) AFFORDING COVERAGE**

|   |                        |
|---|------------------------|
| <b>INSURER A:</b> Westchester Surplus Lines Insurance Company | <b>NAIC #</b><br>10172 |
| <b>INSURER B:</b>   |                        |
| <b>INSURER C:</b>   |                        |
| <b>INSURER D:</b>   |                        |
| <b>INSURER E:</b>   |                        |
| <b>INSURER F:</b>   |                        |

**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   | ADDITIONAL SUBROGATION WAIVED | POLICY NUMBER  | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS   |
|----------|---|-------------------------------|----------------|-------------------------|-------------------------|--|
| A        | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><input checked="" type="checkbox"/> Liquor Liability Included<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC<br>OTHER: | Y                             | G73578917002   | 7/1/2023                | 7/1/2024                | EACH OCCURRENCE \$ 2,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000<br>MED EXP (Any one person) \$<br>PERSONAL & ADV INJURY \$ 2,000,000<br>GENERAL AGGREGATE \$ 4,000,000<br>PRODUCTS - COMP/OP AGG \$ 4,000,000 |
| A        | <input type="checkbox"/> AUTOMOBILE LIABILITY<br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS<br><input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY   | Y                             | G73578917002   | 7/1/2023                | 7/1/2024                | COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$  |
|          | <input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR<br><input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE  |                               | Not applicable |                         |                         | EACH OCCURRENCE \$<br>AGGREGATE \$   |
|          | <input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br><input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below  | Y/N                           | Not applicable |                         |                         | PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/><br>E.L. EACH ACCIDENT \$<br>E.L. DISEASE - EA EMPLOYEE \$<br>E.L. DISEASE - POLICY LIMIT \$   |

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES** (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 The Certificate Holder is included as an additional insured where required by written contract or permit subject to the terms and conditions of the general liability policy, but only to the extent bodily injury or property damage is cause in whole or in part by the acts or omissions of the insured.

OK 01/11/2024

*Mike Joiner*

**CERTIFICATE HOLDER**  
 Lee County, a political subdivision and Charter County of the State of Florida, PO Box 398, Fort Myers, FL 33902

**CANCELLATION**

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**  
*Judy K. Wilson*

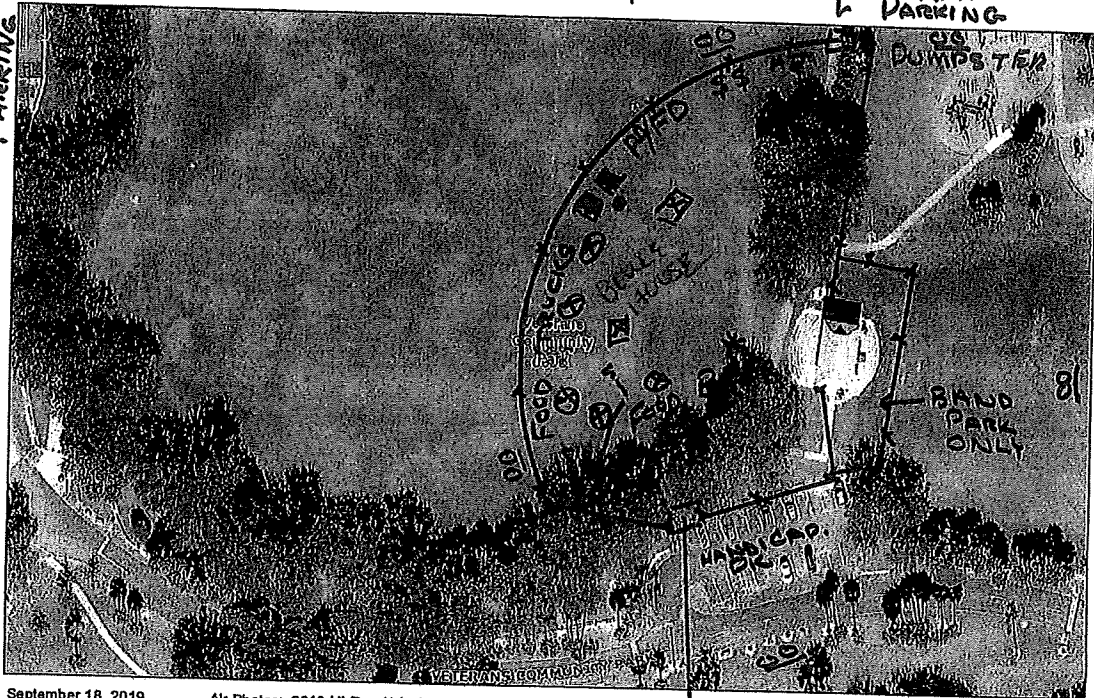
HAVE SHUTTLE SERVICE  
FOR REMOTE PARKING LOTS  
GeoView Map

I.D. CHECK  
REA  
PARKING

KEY

DEPARTMENT

FRONT  
PARKING



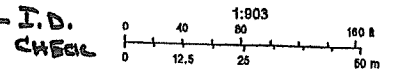
- FENCED AREA
- FOOD VENDOR
- BEER/WINE
- TRASH BINS
- ATM
- TICKET SALE
- FIRE/EMS
- LIGHT UNIT
- HANDICAP PORTA UNIT
- WASH STATION
- LIGHT TOWERS
- SMOKING AREA

- September 18, 2019
- [H] Hospital Locations
  - [L] Library Locations
  - [S] School Locations
  - [S] School Locations

Air Photos: 2019 Hi-Res (4 inch)

EVERY PERSON  
ID'D AT GATES  
IN & OUT  
GREEN OK  
RED NO

WRIST  
BANDS  
ALL  
RED NO



This map is not to be used or relied upon as such. It is provided for informational purposes only. Accuracy or interpretation is not guaranteed.