



# EVENT PERMIT

Ordinance 17-08

## Discover Off Road Cycling in SWFL

**PERMIT NUMBER:** TMP2024-00088

**Date(s) of Event:** March 30, 2024

Property Owner: TIITF/COUNTIES

Applicant: Chris Painter  
239-271-6179

Description: Introduction to off road cycling aka mountain biking to include family friendly bike tours , skills clinics, bike safety checks on March 30, 2024 from 8:00AM until 5:00PM

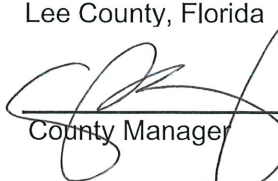
Location of event: 18251 N RIVER RD, ALVA, FL 33920  
**Caloosahatchee Regional Park- Parking lot #3**

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

 3/11/2024  
 County Manager Date



Lee County  
*Southwest Florida*

# Event Application

Special Event

Use of  
County  
Property

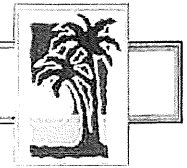
Alcohol  
within Lee  
County  
Facilities

Film, Video  
&  
Photography

*Discover Off Road Cycling in SWFL*

TMP2024-00088

**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

<b>Section I - GENERAL INFORMATION (All Permit Types)</b>	
<b>Title of Event / Name of Production</b>	Discover Off Road Cycling in SWFL
<b>Date(s) of Event / Production:</b>	3/30/24
<b>Location(s) of Event:</b>	Caloosahatchee Regional Park Parking Lot #3. 18251 North River Rd, Alva, FL 33920
<b>Name of Applicant:</b>	Florida Mudcutters, Inc
<b>Applicant Address:</b>	1821 Wellington Avenue Lehigh Acres, FL 33972
<b>Applicant Phone Number:</b>	239-271-6179
<b>Contact Person:</b> (If different from applicant)	Chris Painter
<b>Contact Phone Number:</b> (If different from applicant)	239-462-6484
<b>Email Address:</b>	navsport360@gmail.com
<b>Estimated Attendance:</b>	300
<b>Event Description:</b> Include each activity, when activities take place, etc.	Introduction to off road cycling aka mountain biking to include family friendly bike tours, skills clinics, bike safety checks.
<b>Hours of Operation:</b>	8:00am to 5:00pm
<b>STRAP # of Parcel:</b>	
<b>Owner of Premises*:</b>	

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

Lee County Event Permit Application



What is the Zoning Classification of the premises? \_\_\_\_\_

Are any temporary structures to be installed for the event?  Yes  No Type: 10x10 Pop Up Canopy

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: Players Health Cover USA 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?

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: Disha's Shaved Ice & Treats 5027 SW 16th Place, Cape Coral FL 33914 & Brooke's Restaurant 4450 Hancock Bridge Pkwy, North Fort Myer, FL 33903

Type of Food being Served: Sandwiches, wraps, nuggets, fries, shaved ice, donuts, churros & pretzel bites

Section II - USE OF COUNTY PROPERTY PERMIT

Organization Sponsoring the Event: Trek Bike Shops Florida

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: \_\_\_\_\_  
(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: None

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:

n/a

Special Parking Requirements:

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

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.

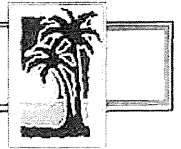
Number in Cast: n/a      Number in Crew: n/a      Number of locals hired: n/a

Total budget: n/a      Estimate amount spent in Lee County: n/a

Hotel room nights: n/a      Number of shooting days: n/a

number of rooms x number of nights

## Lee County Event Permit Application



### **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

Chris Painter Mulcutters VP

Print Name of Applicant and Title

Kari Gibellini

Print Name of Witness

1/29/24

Date

1/29/24

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 authorized areas of the park only. Right of Ways will not be impeded.

Deputies (How Many?):

None are required for this event.

Fee for Services:

None are required for this event.

Special Arrangements:

It is understood by this office through the permit application that the event will remain within the confines of one side of the park. There will be no need for participants to cross the road during the event.

Print Name: P. Cummins  
Signature:   
Title: Commander  
Date: 2 20 24



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

- 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.

Fire Guards (How Many?)

Being that the event is a biking event, no extra fire protection is necessary.

Fee for Services:

Flammable Vegetation:

First Aid Equipment:

If EMS will not be on site, Alva could offer event services at a fee which corresponds with time and services requested.

Fire Extinguishing:

Special Arrangements:

Print Name: Jean Etcheverry

Signature:

Title:

Fire Chief

Date:

02/16/2024

### 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
- 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.

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 as Florida Mudcutters is a partner with Lee County Parks & Rec at Caloosahatchee Regional Park
Special Arrangements:	The Florida Mudcutters have arranged for medical response coverage provided by LCEMS. This approval is on the condition that this medical response coverage is maintained. All coordination can be communicated through the EMSDetail@leegov.com email address or via phone.

Print Name: Douglas B. Higgins

Signature:

Digitally signed by Captain Douglas B. Higgins  
Date: 2024.02.23 08:32:01 -05'00'

Title:

Captain, EMS Operations

Date:

February 23, 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
- 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:

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: 2024.02.19 07:28:14 -05'00'

Title: Project Manager

Date: 02/19/2024

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
- 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.

Illumination:	Event organizer will need to provide temporary lighting if needed for pre-dawn set up.
Parking Areas:	Event organizer is responsible to direct patrons to the designated parking areas on-site. Must ensure that vehicles do not block driveways or the roadway. Organizer must provide adequate staff/volunteers along with directional signage for the event.
Special Arrangements:	The event organizer is responsible to provide adequate staff/volunteers throughout the event for Safety/First Aid stations, course monitoring, litter control and debris clean up during and after the event. Must provide at least (1) portable toilet for every 50 participants (At least (1) must be ADA) and two (2) wash stations. Work with the on-site staff to designate the placement of restroom units.  Event set-up on Friday and breakdown should be coordinated with Park Staff.

Print Name: Colleen Via  
Signature: Colleen Via  
Title: Countywide Service Manager  
Date: 2/14/2024

CRP - Discover 466 Road Cycling in SWFL  
3/30/2024

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:

- 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.

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:

Title:

Risk Program Manager

Date:

February 13, 2024



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

02/12/2024

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>		<b>CONTACT NAME:</b> Chris Hardin	
Players Health Cover USA Inc.		<b>PHONE (A/C, No, Ext):</b>	<b>FAX (A/C, No):</b>
718 N Washington Ave Suite # 202		<b>E-MAIL ADDRESS:</b> certificates@playershealth.com	
Minneapolis, Minnesota 55401		<b>INSURER(S) AFFORDING COVERAGE</b>	
		<b>INSURER A :</b> State National Insurance Company	<b>NAIC #</b> 12831
<b>INSURED</b>		<b>INSURER B :</b> SiriusPoint America Insurance Company 38776	
Florida Mudcutters LLC		<b>INSURER C :</b>	
1821 Wellington Avenue		<b>INSURER D :</b>	
Lehigh Acres FL 33972		<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	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	Y	Y	OVE-0001138-00	2/9/2024	2/9/2025	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000
							MED EXP (Any one person) \$ 5,000
							PERSONAL & ADV INJURY \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 1,000,000
	OTHER:						Participant Legal Liab \$ 1,000,000
	<b>AUTOMOBILE LIABILITY</b>						
<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$	
<input type="checkbox"/> OWNED AUTOS ONLY	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident) \$	
<input type="checkbox"/> HIRED AUTOS ONLY	<input type="checkbox"/> NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident) \$	
						\$	
	<b>UMBRELLA LIAB</b>						EACH OCCURRENCE \$
	<b>EXCESS LIAB</b>						AGGREGATE \$
	DED	RETENTION \$					\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>						PER STATUTE OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N	N/A				E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
B	Participant Accident			PHSA-BAMH-10845-24	02/09/2024	02/09/2025	Per Accident \$ 100,000

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

Sexual Abuse and Molestation: \$25,000 per occurrence / \$100,000 aggregate.  
 Certificate holder is added as additional insured in regard to General Liability as per written contract.  
 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.

OK 02/13/2024

**CERTIFICATE HOLDER****CANCELLATION**

Lee County, a political subdivision and Charter County of the State of Florida P.O. Box 389 Fort Myers FL 33902	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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## REQUEST FOR FEE WAIVER

LEE COUNTY PARKS AND RECREATION  
3410 Palm Beach Boulevard  
Fort Myers, FL 33916  
Phone (239) 533-7275

This form must be completed and returned with a copy of the Agency's 501-C Non-Profit Status Certificate 10 days in advance of the date requested.

Date Form Completed: 1/16/24

Name of Agency or Organization: Florida Mudcutters, LLC

Contact Person: Chris Painter Phone #: 239-462-6484

Address: 634 SE 21 Place Cape Coral, FL 33990

Requested Park/Facility: Caloosahatchee Regional Park

Location within that Park/Facility: Parking Lot #3

Date of Activity: 3/30/24 Time of Activity: 8:00am - 5:00pm

Type of Activity: Bike Safety/Fundraiser Expected Number of Participants: 300

Fees you are Requesting to have Waived: Permit Fees & any other applicable

Reason applying for Fee Waiver (list benefits to Lee County if fee is waived): The Florida Mudcutters works to maintain & promote the trail system at CRP.

### For Office Use Only

Manager/Supervisor: Approved  Denied  501-C Attached: Yes  No

Justification: \_\_\_\_\_

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

Director of Parks and Recreation: Approved  Denied

Justification: \_\_\_\_\_

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



**IRS** DEPARTMENT OF THE TREASURY  
INTERNAL REVENUE SERVICE  
CINCINNATI OH 45999-0023

Date of this notice: 07-31-2008

002505.473187.0008.001 1 MB 0.369 532



Employer Identification Number:  
35-2343071

Form: SS-4

Number of this notice: CP 575 E

FLORIDA MUDCUTTERS INC  
% CONSTANCE S KURASH  
1687 MCGREGOR RESERVE DR  
FORT MYERS FL 33901

For assistance you may call us at  
1-800-829-4933

505

IF YOU WRITE, ATTACH THE  
STUB OF THIS NOTICE.

**WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER**

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 35-2343071. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

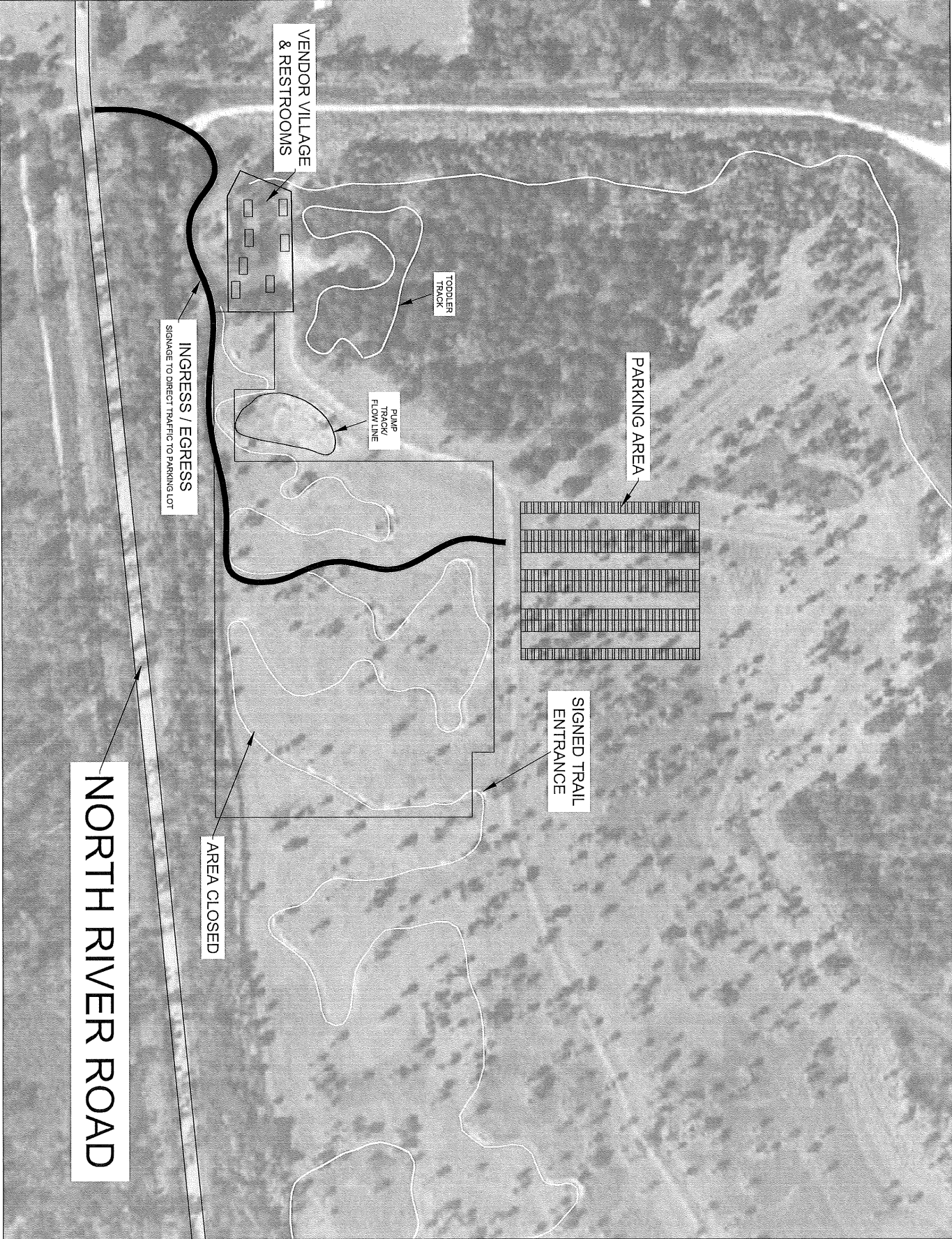
When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

Assigning an EIN does not grant tax-exempt status to non-profit organizations. Publication 557, Tax Exempt Status for Your Organization, has details on the application process, as well as information on returns you may need to file. To apply for formal recognition of tax-exempt status, most organizations will need to complete either Form 1023, Application for Recognition Under Section 501(c)(3) of the Internal Revenue Code, or Form 1024, Application for Recognition of Exemption Under Section 501(a). Submit the completed form, all applicable attachments, and the required user fee to:

Internal Revenue Service  
PO Box 192  
Covington, KY 41012-0192

The Pension Protection Act of 2006 contains numerous changes to the tax law provisions affecting tax-exempt organizations, including an annual electronic notification requirement (Form 990-N) for organizations not required to file an annual information return (Form 990 or Form 990-EZ). Additionally, if you are required to file an annual information return, you may be required to file it electronically. Please refer to the Charities & Non-Profits page at [www.irs.gov](http://www.irs.gov) for the most current information on your filing requirements.





VENDOR VILLAGE & RESTROOMS

TODDLER TRACK

PUMP TRACK / FLOW LINE

PARKING AREA

SIGNED TRAIL ENTRANCE

INGRESS / EGRESS  
SIGNAGE TO DIRECT TRAFFIC TO PARKING LOT

AREA CLOSED

NORTH RIVER ROAD

## Event Waiver/Release of Liability Form

In consideration of the opportunities afforded me and/or my group by this Event Form, I, the undersigned Applicant, freely agree to and make the following contractual representations and agreements:

- 1. WAIVER AND RELEASE.** I, the applicant, do hereby knowingly, freely, and voluntarily assume all risk and liability for any damage or injury that may result from my and/or my group's use of the County facility and/or my or any person's participation in this Event, identified herein during the time period I and/or my group are using the County facility and/or participating in this Event, and further agree to release, waive, discharge, and covenant not sue Lee County, its officers, agents, employees, and volunteers (all for the purposes herein referred to as "Releasees" from any and all liability or claims that may be sustained by me or any member of my group, participants, and spectators, directly or indirectly in connection with, or arising out of, my group's use of the County facility or participation in this Event as described herein, whether caused in whole or in part by the negligence of Lee County or the Releasees.
- 2. INDEMNIFICATION.** I, 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, participation in any event 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 the Event, or arising during such term from any act of negligence of the Applicant, members of Applicant's group, any participant in this Event, any spectator, Applicant's agent, contractors, or employees, or arising from any accident, injury or damage whatsoever, however caused, to any person or persons, or to any property or any person, persons, corporation or corporations, occurring during the Event 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.
- 3. INSURANCE.** The Applicant, at its sole expense, agrees to procure and maintain in force during the entire time of the Event, general liability insurance in the amounts determined by Lee County Risk Management to protect against damages from negligence, gross negligence willful and wanton acts or other claims arising from the 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, a political subdivision and Charter County of the State of Florida" must be named as "additional named insured" on the Certificate of Insurance, and the Certificate must be delivered to Lee County prior to Applicant's use of the property.
- 4. PARTICIPANT'S GENERAL LIABILITY INSURANCE COVERAGE.** Applicant will confirm general liability coverage includes coverage for participants and spectators. This Participant's general liability coverage will be primary before Lee County's self-insured liability or any insurance procured by Lee County. The insurance may not be canceled during the time 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 of the Applicant.

I agree that I have read this form, fully understand its terms, and understand that I, or anyone who may claim to have rights on my behalf, have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend to be a complete and unconditional release of any and all liability to the greatest extent allowed by law and agree that, if any portion of this contract is held to be invalid, the balance notwithstanding shall continue in full legal force and effect.

Applicant's Name: Chris Painter  
Form I.D. Presented \_\_\_\_\_  
Date 1/16/24

Signature of Applicant: [Signature]  
Phone or Contact #: 239-462-6484  
Facility: CRP