

Event Permit

Event Name:

Stoplight 5K Run/Walk

Applicant:

Erik Howe - EEG Howe LLC

Contact:

Erik Howe - 239.284.2982

Location:

Starting at JetBlue Park - 11500 Fenway South Dr., to Gateway Blvd. to Commerce Park, Westlinks Dr. to Daniels back to JetBlue Park

Valid only for the Following date(s):

February 14, 2015

Valid only for the Following Time(s):

1:00 pm to 5:00 pm; the run taking place from 2:30-3:30 pm



Permit Number

15-0214CP

Permit Type

- ☐ Special Event
- ☒ Use of County Property
- ☐ Sell & consume Alcohol
- ☐ Consume Alcohol only
- ☐ Film Permit

Permit Conditions:

- Applicant must meet all event application requirements, including requirements of the sign-off agencies.
- The premises is to be left in the same condition as it was prior to the event.
- This permit is to be readily available for inspection during the entire event.
- County-issued alcohol permits: Alcoholic beverages must not be sold/consumed 1½ hours prior to the conclusion of the event & vacating the facility.

Board of County Commissioners

Lee County, Florida

A handwritten signature in blue ink, appearing to read "A. Whit", is written over a horizontal line.

County Manager

10-17-14

Date

APPLICATION TO USE LEE COUNTY PROPERTY

NAME OF APPLICANT: Erik Howe

ADDRESS OF APPLICANT: 5130 Kristin Ct.
Naples, FL 34105

PHONE NUMBER: 239-284-2982

ORGANIZATION SPONSORING THE EVENT:
EEG Howe LLC
Stoplight 5k

A PERMIT IS HEREBY REQUESTED TO USE THE FOLLOWING PROPERTY:

Daniels 1 lane heading east out of Jet Blue Park
to Gateway Blvd. then through Commerce park and
down Westlinks Dr. back out to Daniels westbound
to east entrance of stadium.

(Please Attach a Map Identifying the Property)

DESCRIPTION OF EVENT: Stoplight 5k is a 5k run/walk
starting and ending at Jet Blue Park. Participants
wear the color that best associates with their
relationship status. Green = single, Yellow = in the middle
+ red = committed.

DATE/DATES OF EVENT: 2.14.15

HOURS OF OPERATION: 2:30 - 3:30 pm

Please e-mail info to erik_howe@yahoo.com

roadways, trees or any other fixed object is strictly prohibited. Applicant agrees to clear the Lee County property of litter.

SECTION V

If the event applied for involves any of the following:

1. Fireworks Display
2. Tent or Air Supported Structure
3. Carnival, Fair, Circus or Amusement Device

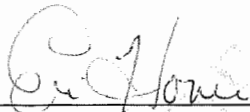
The Applicant will need to obtain a Temporary Use Permit from:

Division of Codes and Building Services
Department of Community Development
1500 Monroe Street
Fort Myers, FL 33901
(239) 533-8329

SECTION VI

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.

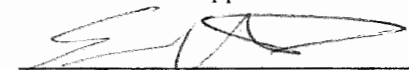
The Applicant agrees that the Lee County permit does not provide Applicant with any property rights in the County property in question or in the permit itself.



Witness

Erik Howe

Erik Howe - Founder
Print Name of Applicant and Title



Signature of Applicant

10/14/2014
Date

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

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

Illumination: No Illumination needed

Parking Areas: In designated areas only.

Other: _____

DAVID KASLER
Print Name of Person Signing

[Signature]
Signature

DEPUTY DIRECTOR
Title

10.8.14
Date

FIRE DEPARTMENT

(The Fire Department Serving The Area Where The Event Is To Be Held)

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

Fire Guards (How Many?): None required

Fee: n/a

Flammable Vegetation: n/a

First Aid Equipment: provided by event organizer

Special Arrangements: Call 911 as need. South trail FD
is not providing any extra/supplemental coverage for this
event. GH

Gene Rogers Division Chief, EMS
Print Name of Person Signing

Gene Rogers
Signature

Division Chief
Title

10/7/14
Date

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 Parking on or within 10 feet of Lee County road rights-of-way.

Ingress and Egress:

Use all established means of ingress and egress.

Special Arrangements:

Shall use Lee County Sheriff's Office for assistance with traffic control. All lane/shoulder closures and side-street closures on or at Daniels Pkwy shall be in accordance with applicable FDOT Standard Index 600 Series. One (1) westbound Daniels Pkwy through lane shall be maintained at all times during the event and westbound lane closures shall be done prior to the traffic signal at Gateway Blvd, and traffic control shall be performed by the LCSO Deputies or other police agency personnel. The applicant shall coordinate and seek approval with the owners of all non-County DOT maintained roads for use of such roads as part of the event.

Print Name: Bryan D. Miller

Signature: Bryan D. Miller

Digitally signed by Bryan D. Miller
DN: cn=Bryan D. Miller, o=LCDOT, ou=Traffic, email=millerbm@leegov.com,
c=US
Date: 2014.10.06 15:08:36 -0400

Title: Senior Project Manager

Date: October 6, 2014

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 parking areas only.

Deputies (How Many?):

Nine (9) deputies and one (1) traffic supervisor to cover the route of the 5K walk/run

Fee for Services:

Special Arrangements:

With DOT approval in place.

Print Name:

Capt. Scott Lucia

Signature:

Capt. Scott H. Lucia

Title:

Detail Unit Commander

Date:

9 October 2014

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

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

Treatment Facilities: N/A

Medical Personnel: N/A

Medical Supplies/Equipment: N/A

Special Arrangements: Call 911 as needed for
emergencies

Fee for Services: Pl billed at time of services

SCOTT M TUTTLE
Print Name of Person Signing

[Signature]
Signature

Deputy Director of Public Safety
Title

10/2/14
Date

LEE COUNTY RISK MANAGEMENT
COUNTY ADMINISTRATION BUILDING – 4th FLOOR
2115 SECOND STREET
FORT MYERS, FLORIDA 33901
(239) 533-2221

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

Insurance Requirements: _____

The insurance shall have a limit of not less than one million dollars (\$1,000,000.00) per
occurrence for the general aggregate. The certificate of insurance shall name Lee
County Board of County Commissioners, P.O. Box 398, Fort Myers, Florida 33902 as
the certificate holder an additional insured.

Special Arrangements: _____

The certificate of insurance shall name Lee County Board of County Commissioners,
P.O. Box 398, Fort Myers, Florida 33902 as the certificate holder an additional insured.

*Subject to proof of insurance _____

Mike Figueroa

Print Name of Person Signing

Signature

Risk Manager

Title

October 6, 2014

Date



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/03/2014

PRODUCER East Main Street Insurance Services, Inc. Will Maddux PO Box 1298 Grass Valley, CA 95945 Phone: (530) 477-6521 Email: info@theeventhelper.com		THIS CERTIFICATION IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
INSURED EEG Howe LLC Erik Howe 5130 Kristin Ct. Naples, FL 34105		INSURERS AFFORDING COVERAGE	NAIC #
		INSURER A: Essex Insurance Company	39020
		INSURER B:	
		INSURER C:	
		INSURER D:	
		INSURER E:	

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.						
INSR/ADD'L LTR/INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
A	Y	<input checked="" type="checkbox"/> GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR Host Liquor Liability GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC Retail Liquor Liability	3DS5402-M695849	02/14/2015	02/15/2015	EACH OCCURRENCE INCLUDES BODILY INJURY & PROPERTY DAMAGE \$ 1,000,000
						MED EXP (Any one person) \$ 5,000
						PERSONAL & ADV INJURY \$ 1,000,000
						GENERAL AGGREGATE \$ 2,000,000
						PRODUCTS - COM/OP AGG \$ 1,000,000
						DEDUCTIBLE \$ 1,000
						COMBINED SINGLE LIMIT (Ea accident) \$
						BODILY INJURY (Per person) \$
						BODILY INJURY (Per accident) \$
						PROPERTY DAMAGE (Per accident) \$
						AUTO ONLY - EA ACCIDENT \$
						OTHER THAN EA ACC \$
						AUTO ONLY: AGG \$
						EACH OCCURRENCE \$
						AGGREGATE \$
						\$
						\$
						\$
						WC STATU- TORY LIMITS \$
						OTH- ER \$
						E.L. EACH ACCIDENT \$
						E.L. DISEASE - EA EMPLOYEE \$
						E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
Certificate holder listed below is named as additional insured per attached CG 20 26 07 04.

cc ME
10/6/14

CERTIFICATE HOLDER

Lee County Board of County Commissioners
PO BOX 398
Ft Myers, FL 33902

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Will Maddux

Policy Number: 3DS5402-M695849

COMMERCIAL GENERAL LIABILITY
CG 20 26 07 04

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED – DESIGNATED
PERSON OR ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)
Lee County Board of County Commissioners PO BOX 398 Ft Myers, FL 33902
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

- A. In the performance of your ongoing operations; or
- B. In connection with your premises owned by or rented to you.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/03/2014

PRODUCER East Main Street Insurance Services, Inc. Will Maddux PO Box 1298 Grass Valley, CA 95945 Phone: (530) 477-6521 Email: info@theeventhelper.com		THIS CERTIFICATION IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
INSURED EEG Howe LLC Erik Howe 5130 Kristin Ct. Naples, FL 34105		INSURERS AFFORDING COVERAGE	NAIC #
		INSURER A: Essex Insurance Company	39020
		INSURER B:	
		INSURER C:	
		INSURER D:	
		INSURER E:	

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR/ADD'L LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A Y	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR Host Liquor Liability GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC Retail Liquor Liability	3DS5402-M695849	02/14/2015	02/15/2015	EACH OCCURRENCE INCLUDES BODILY INJURY & PROPERTY DAMAGE \$ 1,000,000
	MED EXP (Any one person) \$ 5,000				
	PERSONAL & ADV INJURY \$ 1,000,000				
	GENERAL AGGREGATE \$ 2,000,000				
	PRODUCTS - COMP/OP AGG \$ 1,000,000				
	DEDUCTIBLE \$ 1,000				
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$
					BODILY INJURY (Per person) \$
					BODILY INJURY (Per accident) \$
					PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$
					OTHER THAN EA ACC \$
					AUTO ONLY: AGG \$
	EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$
					AGGREGATE \$
					\$
					\$
					\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				WC STATUTORY LIMITS OTHER
					E.L. EACH ACCIDENT \$
					E.L. DISEASE - EA EMPLOYEE \$
					E.L. DISEASE - POLICY LIMIT \$
	OTHER				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

Certificate holder listed below is named as additional insured per attached CG 20 26 07 04.

CERTIFICATE HOLDER

Lee County Board of County Commissioners
PO BOX 398
Ft Myers, FL 33902

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AUTHORIZED REPRESENTATIVE

Will Maddux

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED – DESIGNATED
PERSON OR ORGANIZATION**

This endorsement modifies insurance provided under the following:

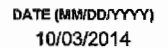
COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)
Lee County Board of County Commissioners PO BOX 398 Ft Myers, FL 33902
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- A. In the performance of your ongoing operations; or
- B. In connection with your premises owned by or rented to you.



INSURER E:

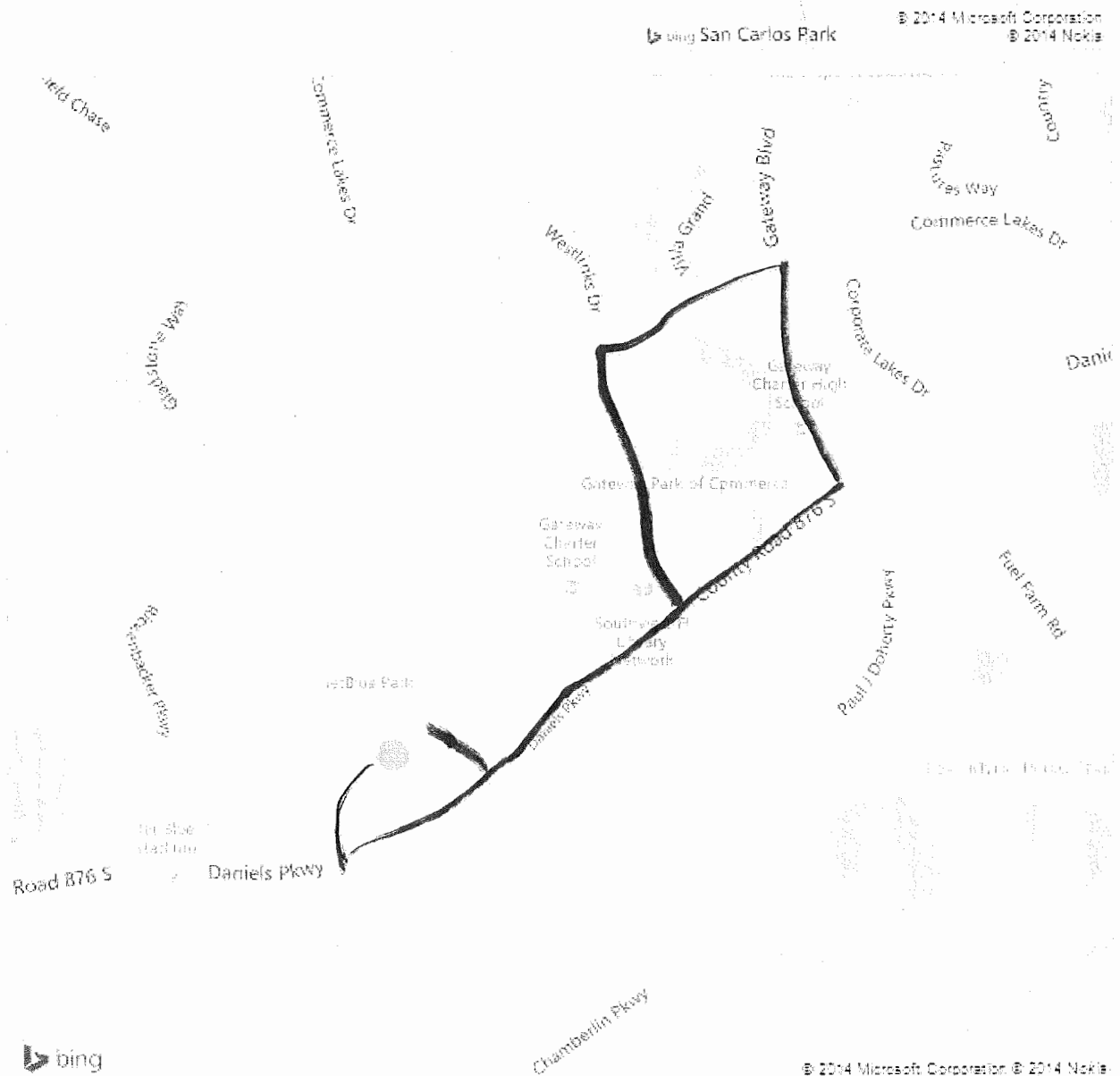
© ACORD CORPORATION 1988

JetBlue Park, FL

Route for Stoplight 5K on 2.14.15.
Starting point and ending point both at
Jet Blue Park.



On the go? Use **m.bing.com** to find maps, directions, businesses, and more.



PAGE 1

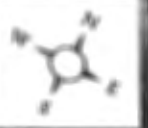
DISTANCE BETWEEN SIGNS

SPACING	SPACING (FT)
200	200
300	300
400	400

LEGEND

40 INCH TRAFFIC CONE

TRAFFIC FLOW



CONNECT TO PAGE 2

WISCONSIN

DANIEL'S PAWI

PLAN NOT TO SCALE

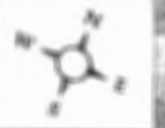
PROFESSIONAL ENGINEER
STATE OF WISCONSIN
 License No. 1000000000000000
 Date of Issue: 12/31/2020
 Expiration Date: 12/31/2021
 Name: JAMES M. HARRIS
 Address: 1000000000000000
 City: 1000000000000000
 State: 1000000000000000
 Zip: 1000000000000000
 Phone: 1000000000000000
 Fax: 1000000000000000
 Email: 1000000000000000

PAGE 2

LEGEND

= RUNNERS

= VEHICLE TRAFFIC



CONNECT TO PAGE 1

CONNECT TO PAGE 1

DANIELS PARK

PLAN NOT
TO SCALE

RTM Real Time Mapping
2000 North 10th Street, Suite 100
Tampa, FL 33602
Phone: 813.288.1111
Fax: 813.288.1112
www.rtm.com

PAGE 3

CONNECT TO PAGE 4

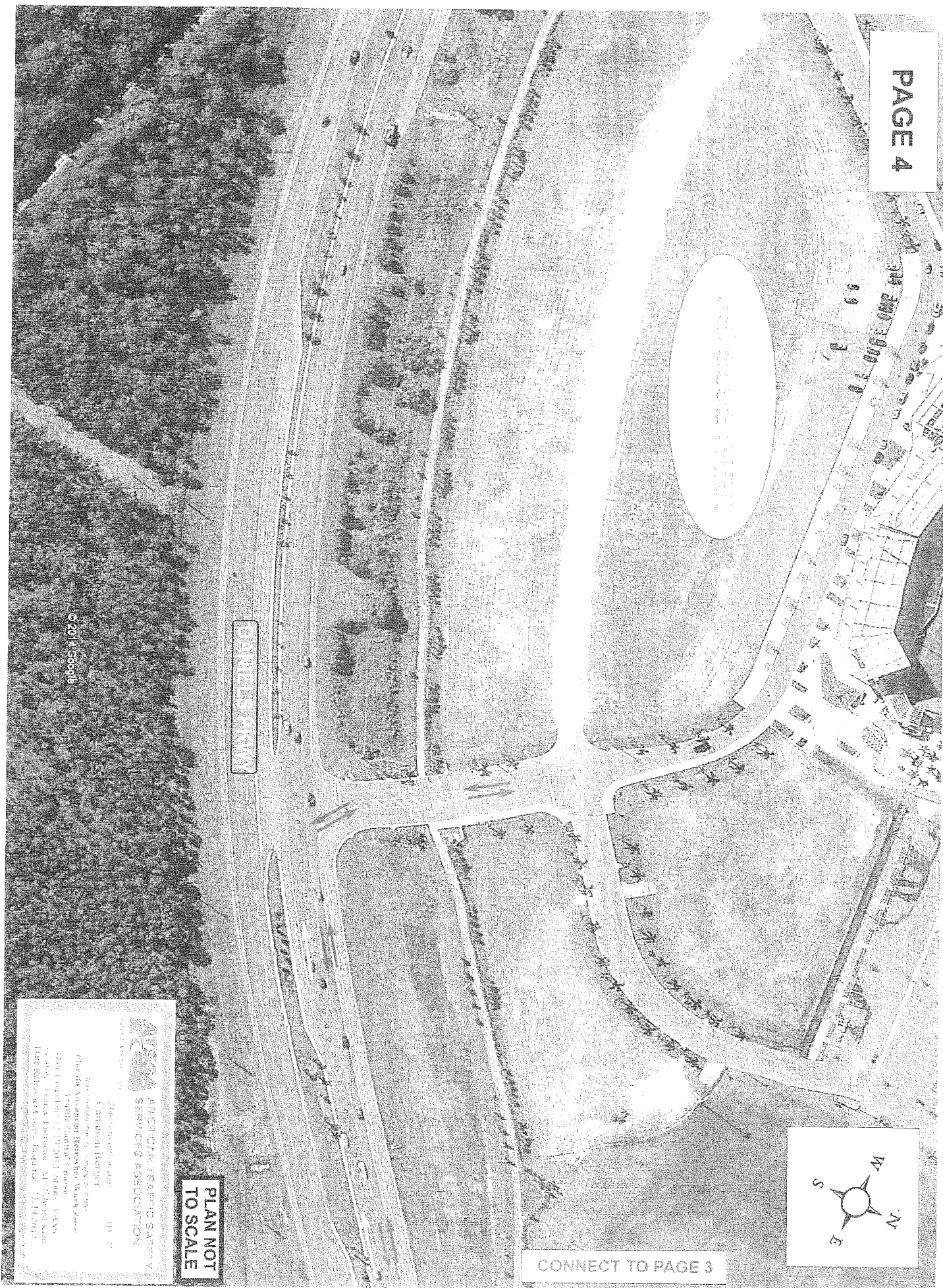
LAW ENFORCEMENT TO AID
MOTORIST ENTERING AND
EXITING LEE COUNTY MEDICAL CENTER

CONNECT TO PAGE 2

DANIELS PKWY

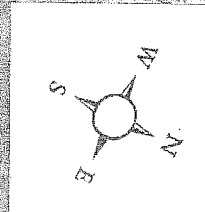
PLAN NOT
TO SCALE

AT&T
ARCHITECTURAL & TECHNICAL SERVICES
GENERAL PRACTITIONERS
10000 N. W. 11th Ave., Suite 100
Miami, FL 33150
Tel: (305) 555-1111
Fax: (305) 555-1112
www.atandt.com



© 2014 Google

DANIELS PIKE



CONNECT TO PAGE 3

PLAN NOT
TO SCALE

ATSA AMERICAN TRAFFIC SAFETY
ASSOCIATION
SERVICES ASSOCIATION

1001 North 17th Street
Suite 100
Tampa, FL 33601
Phone: 813.281.1111
Fax: 813.281.1112
Email: info@atsa.org
Website: www.atsa.org



**MEMORANDUM
FROM
THE DIVISION OF PUBLIC RESOURCES**

DATE: October 16, 2014
TO: County Management
FROM: Samantha Westen, Administrative Assistant
RE: Event Permit for Signature

Attached is a Special Event application submitted by Erik Howe / EEG Howe LLC for the "Stoplight 5K Run/Walk" event which will take place at JetBlue Park, 11500 Fenway South Drive on February 14, 2015 with the run taking place from 2:30-3:30 with setup and teardown prior and after approximately starting at 1 and ending at 5.

All needed sign-off sheets are included as well as the insurance certificate and site plan.

Please sign the permit and return to Public Resources after review.

If you have any questions or concerns, please call me at 533-2112.

Thank you,

Samantha Westen

Attachment