

Event Permit

Event Name:

Taste of Pine Island

Applicant:

Kiwanis Club of Greater Pine Island

Contact:

Pat Burman 239.558.8207

Location:

Phillips Park, 5675 Sesame Drive, Bokeelia

Valid only for the Following date(s):

January 24 - 25, 2015

Valid only for the Following time(s):

1/24 - 11:00 am to 6:00 pm; 1/25 - 11:00 am to 5:00 pm



Permit Number

15-12424SECPALC

Permit Type

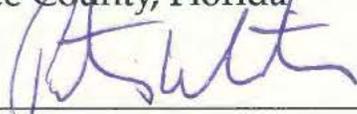
- Special Event
- Use of County Property
- Sell & consume Alcohol
- Consume Alcohol only
- Film Permit

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

 12-2-14

County Manager

Date



Lee County
Southwest Florida

Event Application

Special Event

Use of
County
Property

Alcohol
within Lee
County
Facilities

Film, Video
&
Photography

Email Permit to

info@pineislandkiwanis.com

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	Taste of Pine Island (Kiwanis Club of Greater Pine Island)
Date(s) of Event / Production:	January 24th and 25th, 2015
Location(s) of Event:	5675 Sesame Drive
Name of Applicant:	Kiwanis Club of Greater Pine Island
Applicant Address:	P.O. Box 72, Pineland, Florida 33945-0072
Applicant Phone Number:	239-558.8207
Contact Person: (If different from applicant)	Pat Burman
Contact Phone Number: (If different from applicant)	239-558.8207
Email Address:	info@pineislandkiwanis.com
Estimated Attendance:	1500
Event Description: Include each activity, when activities take place, etc.	Taste of Pine Island, food vendors, arts & craft vendors, live music. - Scholarship Program for the Kiwanis Club of Greater Pine Island
Hours of Operation:	January 24th from 11-6 and January 25th from 11-5, 2015
STRAP # of Parcel:	28-44-22-03-0000F.0010
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? County Park

Are any temporary structures to be installed for the event? [X] Yes [] No Type: tents being rented by Caloosa Tent

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: Hylant Group Inc. - Indianapolis

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

Surety Company Bonding this Event (Name and Address):

Table with 3 columns: 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? Each column contains checkboxes for Yes/No and a note about insurance coverage.

Name & Address of Organization Providing Food: Food Vendors (Vendors will provide insurance coverage with application)

Type of Food being Served: Hamburgers, fries, crab cakes, hot dogs, smoked chicken, smoked mullet

Section II - USE OF COUNTY PROPERTY PERMIT

Organization Sponsoring the Event: Kiwanis Club of Greater Pine Island

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

Name of Charity: Kiwanis Club of Greater Pine Island

Address of Charity: P.O. Box 111, St. James City, Florida 33956

Phone Number: 239-558.8207

Non-profit certificate/registration number: 59-2372860

(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

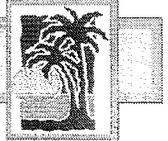
Is alcohol being sold/consumed on County Property? [X] Yes [] No
If Yes, then a "Lee County Alcohol Permit" is required. Only non-profit organizations can sell alcohol on County Property.

Non-profit certificate/registration number: 59-2372860

(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.

Patricia L. Burman
Signature of Applicant

Barbara Lewis
Witness

PATRICIA L. BURMAN
Print Name of Applicant and Title

Barbara Lewis
Print Name of Witness

11 / 3 / 14
Date

11 / 3 / 14
Date

LEE COUNTY SHERIFF'S OFFICE
14750 SIX MILE CYPRESS PARKWAY
FT. MYERS, FL. 33912

Use of County Property X Special Event X Alcohol X Film _____

Parking: In authorized parking areas only.

Deputies: Two (2) Deputies: January 24, 2015/ 1030-1830 hours.
Two (2) Deputies: January 25, 2015/ 1030-1730 hours.

Special Instructions: Consumption of alcohol is not allowed outside the permitted area.

Capt. Scott Lucia

_____ *Capt. Scott K. Lucia* _____

Signature

_____ Detail Commander _____

Title

_____ 3 November 2014 _____

Date

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
- 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?)

multiple staff located on premises

Fee for Services:

none

Flammable Vegetation:

none

First Aid Equipment:

0.3 miles is the location to the nearest Firedept / ambulance

Fire Extinguishing:

All Food vendors & tents need appropriate fire extinguishers

Special Arrangements:

none

Print Name: Christi Roman
Signature: Christi Roman
Title: Fire Inspector
Date: 11/12/14



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

Check the appropriate box(es) below:

- SPECIAL EVENT PERMIT
- 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:

n/a

Medical Personnel:

n/a

Medical Supplies /
Equipment:

n/a

Safety Requirements:

n/a

Fee for Services

pt billed at time of service

Special Arrangements:

call 9-1-1 for emergencies

Print Name: SCOTT TUDOR

Signature: *[Handwritten Signature]*

Title: Deputy Director

Date: 11/6/14

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 paved Lee County roads. Sufficient width shall be maintained at all times for emergency vehicle access.

Ingress and Egress:

Use all established means of ingress and egress.

Special Arrangements:

Use Lee County Sheriff's Office for traffic control, as needed.

Print Name: Bryan D. Miller

Signature: Bryan D. Miller

Digitally signed by Bryan D. Miller
DN: cn=Bryan D. Miller, ou=Lee County Traffic, email=bmiller@leegov.com,
c=US
Date: 2014.11.06 14:13:27 -05'00'

Title: Senior Project Manager

Date: 11/6/14

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:

User group will pay to have lights on the field during set up. Event takes place during the day.

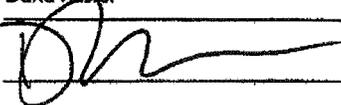
Parking Areas:

Parking will take place in surrounding businesses. This event is a self parking event.

Special Arrangements:

User group will be responsible for trash removal and park clean up. They will also have portable toilets for patrons to use. Beer will be contained in the park and two deputies will be hired for event. Any damage to the fields will be billed after event. Kiwanis will be responsible for the installation and removal of electrical panels.

Print Name: Dana Kasler

Signature: 

Title: Deputy Director

Date: 11.3.14

Lee County Event Permit Application



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

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.

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 the applicants use of aforementioned event on Lee County property.

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 afforded 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 Board of County Commissioners, P.O. Box 398, Fort Myers, FL 33902 as the certificate holder and as an additional insured.

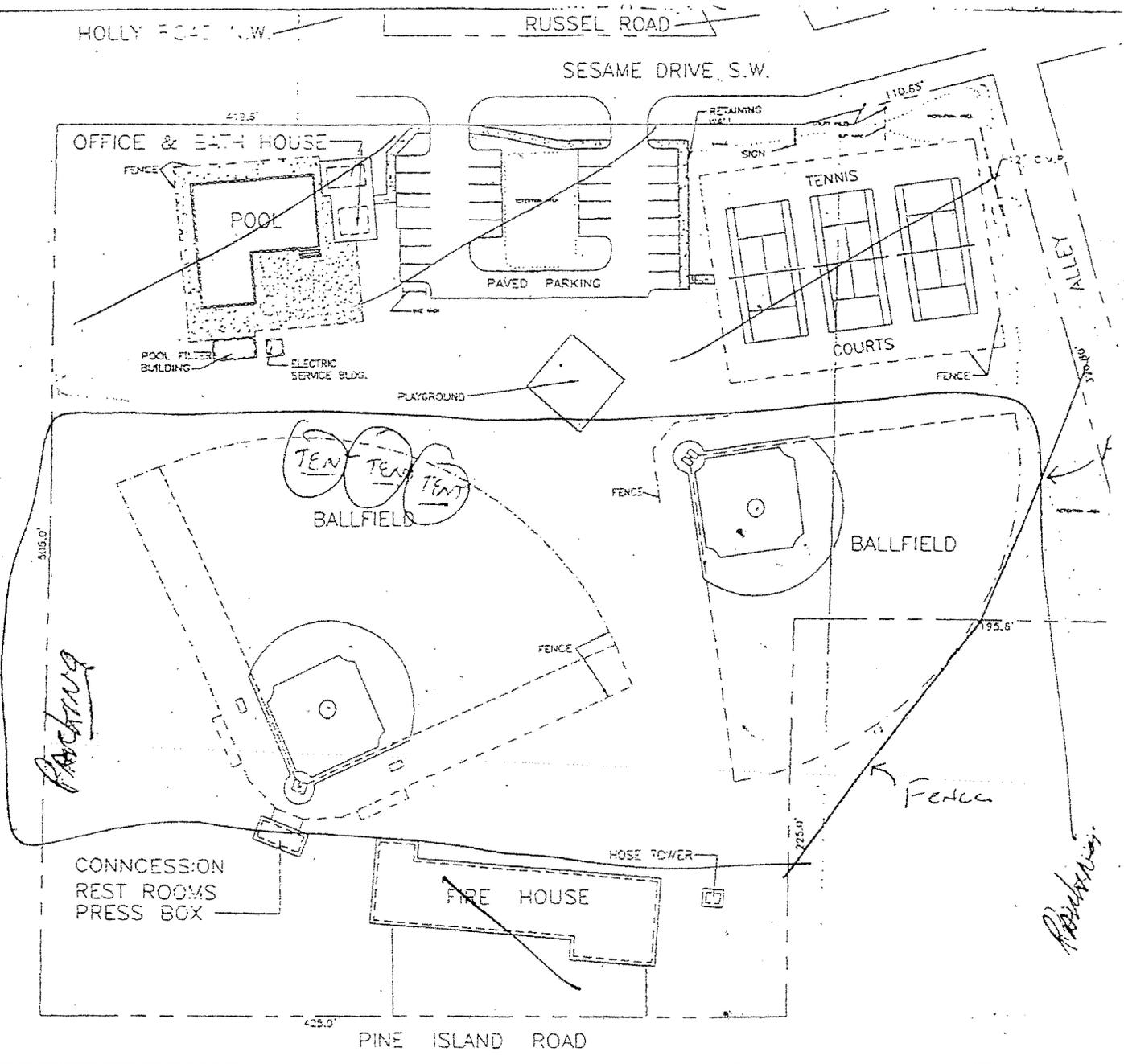
Print Name: Mike Figueroa

Signature: _____

Title: Risk Program Manager

Date: November 3, 2014

ATTN: Jim Geisler



Handwritten signature or initials

Lee Property Appraiser Web Tax Map



Tax Map Legend

-  Selected Parcel
-  Road Centerlines
-  Parcels

Aerial Image Set	2008 1st Qtr Hi-Res (1/2 foot)	Map Currency Date	1/20/2009 10:07:29 AM
Selected Parcel	28-44-22-03-0000F.0010	Legal Description	PINE ISLAND CENTER UNIT 4 BLK F PB 10 PG 18 LOT 1 + POR LOTS 2/4/5
Parcel Owner	LEE COUNTY PO BOX 398 FORT MYERS FL 33902	Property Address	5675 Sesame Dr Bokeelia, FL 33922

location of event

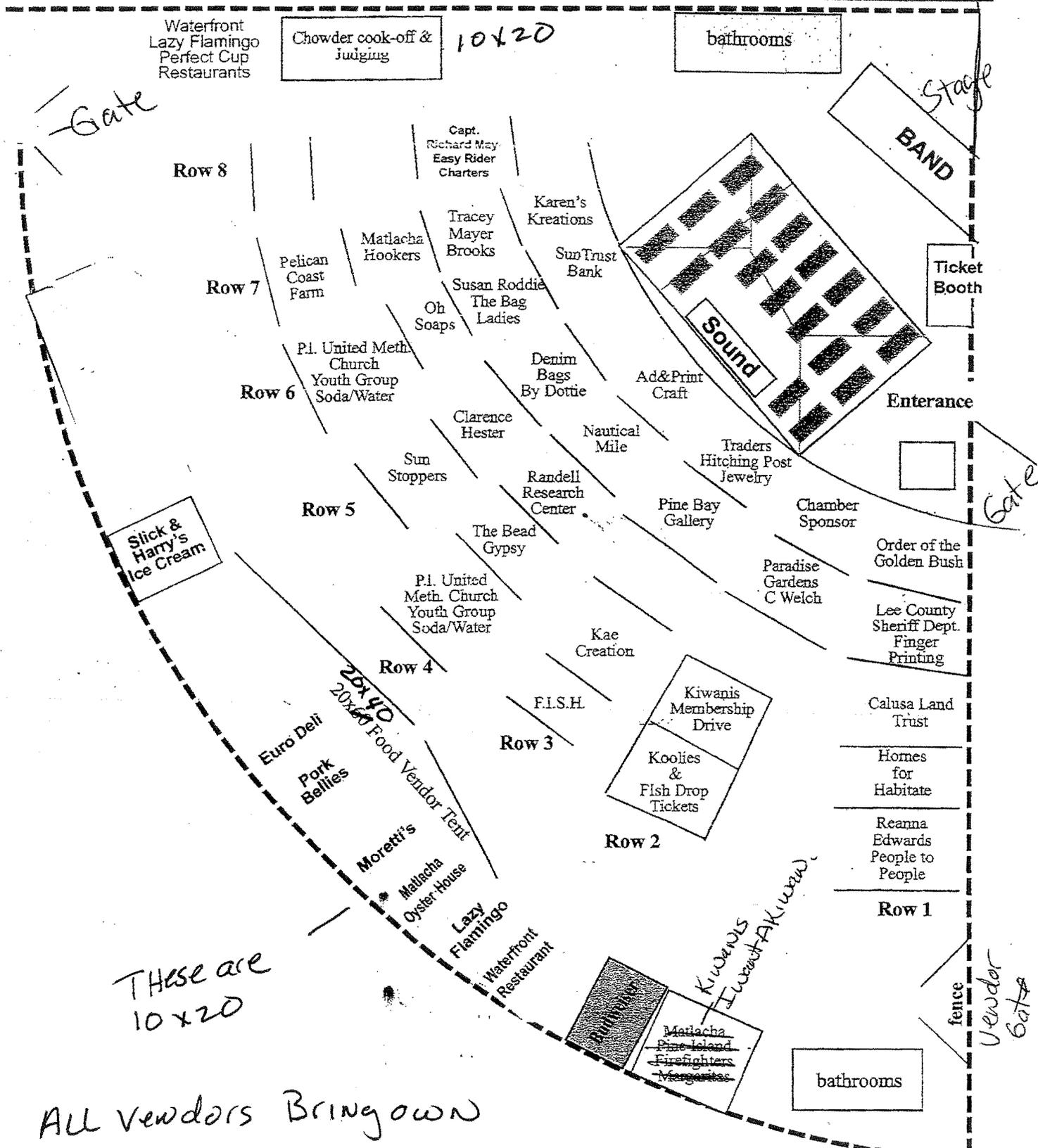
Welcome to Taste of Pine Island & Seafood Chowder Cook-Off Contest

SEE OTHER FIELD FOR KID'S GAMES

Gate to Kids Area Second Field

- Train Ride
- Laser Tag
- Rock Climbing
- Bounce House
- More.....

Fish Drop
Field #2
4:30 PM



These are
10x20

ALL vendors BRING OWN
10x10 TENTS.

POLICY NUMBER: 013136005

COMMERCIAL GENERAL LIABILITY

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 Person or Organization:

LEE COUNTY BOARD OF COUNTY COMMISSIONERS
2115 2ND STREET
FORT MYERS FL 33901

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

WHO IS AN INSURED (Section II) is amended to include as an insured the person or organization shown in the Schedule as an insured but only with respect to liability arising out of your operations or premises owned by or rented to you.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/1/2013

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).

PRODUCER Hylant Group Inc-Indianapolis 301 Pennsylvania Parkway, #201 Indianapolis IN 46280	CONTACT NAME: Adam Reiff PHONE (A/C, No, Ext): 317-817-5139 E-MAIL ADDRESS: adam.reiff@hylant.com	FAX (A/C, No): 317-817-5151
	INSURER(S) AFFORDING COVERAGE INSURER A: Lexington Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

INSURED: KIWAN03

Kiwanis International, All Clubs and Their Members
Insured Local Club: GREATER PINE ISLAND
% PAT BURMAN
PO BOX 111
ST. JAMES CITY FL 33956

COVERAGES CERTIFICATE NUMBER: 891043072 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 INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Agg Per District <input checked="" type="checkbox"/> Liquor Liability GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	Y	013136005	11/1/2013	11/1/2014	EACH OCCURRENCE \$2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$500,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$2,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COM/OP AGG \$2,000,000 Liquor Liability \$1,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		013136005	11/1/2013	11/1/2014	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Aggregate \$3,000,000
	UMBRELLA LIAB EXCESS LIAB DED RETENTION \$	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE				EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) if yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N N/A				WC STATUTORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Self-Insured Retention		013136005	11/1/2013	11/1/2014	All Claims \$75,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Certificate Holder is named as Additional Insured as respects to General Liability only regarding the following Kiwanis event (setup, take down & rain date(s) are included):
1/23/2014 - 1/26/2014 OR ANY FUTURE DATE(S) DURING THE POLICY TERM - TASTE OF PINE ISLAND 2014 SCHOLARSHIP FUNDRAISER (FOOD, ARTS & CRAFT VENDORS, LIVE MUSIC) AT PHILLIPS PARK/PINE ISLAND CENTER (5675 SESAME DRIVE, BOKEELIA, FL 33922)

CERTIFICATE HOLDER PHILLIPS PARK ATTN: PINE ISLAND CENTER 5675 SESAME DRIVE BOKEELIA FL 33922	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 
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Division of Public Resources

LEE COUNTY

SOUTHWEST FLORIDA

Date 11/18/14 Year 2014

Received From Kiwanis Club: Contribution Fund FL

Suppl. \$ _____

Video \$ _____ # _____

Permits \$ 75.00

Copies \$ _____

Other Special Event Fund \$ _____

Amount Paid \$ 75.00

Cash Check # 1144

Cashier's Signature [Signature]

KIWANIS CLUB OF GREATER PINE ISLAND FLORIDA INC
5281 PINE ISLAND RD
BOKEELIA, FL 33922

1404

63-1572/670

Date 11/18/14

PAY to the
Order of Lee County Board of County Commissioners

\$ 75.00

Seventy five

00 Dollars

STONEGATE BANK

ST. JAMES CITY, FL

FOR 2015 Taste

[Signature]



MP



**MEMORANDUM
FROM
THE DIVISION OF PUBLIC RESOURCES**

DATE: December 2, 2014
TO: County Management
FROM: Samantha Westen, Administrative Assistant
RE: Event Permit for Signature

Attached is a Special Event application submitted by the Kiwanis Club of Greater Pine Island for the "Taste of Pine Island" event which will take place at Phillips Park, 5675 Sesame Drive, Bokeelia on January 24, 2015 from 11:00 am to 6:00pm and January 25, 2015 from 11:00 am to 5:00 pm.

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