Event Permit

Event Name:

Van Nuland Wedding Reception

Applicant:

Sally Van Nuland

Contact:

941.276.6424

Location:

Louise DuPont Crowninshield House

Valid only for the Following date(s):

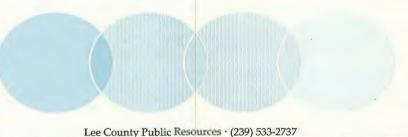
February 14, 2015

Valid only for the Following time(s):

6:00 pm - 12:00 am

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.





Permit Number 15-0214CPALC

Permit Type

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

County Manager

Lee County, Florida

Board of County Commissioners

Date

12-15-14



Lee County Event Permit Application



Event Application

Check the appropriate box(es) below:

- SPECIAL EVENT PERMIT
- ☑ USE OF COUNTY PROPERTY PERMIT
- IF PERMIT TO SELL AND CONSUME ALCHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
- FILM PERMIT

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Section I - GENERAL INF	ORMATION (All Permit Types)
Title of Event / Name of Production	WEDDING RECEPTION
Date(s) of Event / Production:	FEBRUARY 14TH, 2015
Location(s) of Event:	LOISE DUPONT CROWNINSHIELD HOUSE IN BOCA GRANDE
Name of Applicant:	SALLY VAN NULAND
Applicant Address:	9291 TACOMA AVENUE, UNIT A ENGLEWOOD, FL 34224
Applicant Phone Number:	1-941-276-6424
Contact Person: (If different from applicant)	
Contact Phone Number: (If different from applicant)	
Email Address:	SLVANNULAND@YAHOO.COM
Estimated Attendance:	100 GUESTS
Event Description: Include each activity, when activities take place, etc.	WEDDING RECEPTION
Hours of Operation:	6:00PM - 12:00AM
STRAP # of Parcel:	14432001000050010
Owner of Premises*:	LEE COUNTY GOVERNMENT

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

Page | 1

	ee County Event Permit Application	
Fill out the following questions for a	llpermit types:	
What is the Zoning Classification of the	premises? PUBLIC FACILITY	
Are any temporary structures to be inst	alled for the event? 🗍 Yes 🛛 🔀 No	Туре:
Do you have the appropriate permits fo	r the temporary structures?	Yes No
* For a 'Special Event' and 'Use of Coun indentified, including all parking areas.	ty Property' permit, submit a site plan wit	th all proposed facilities and activities
Insurance Company Insuring the Event:	ITALIANO INSURANCE	·
Note: Certificate of Insurance must be submitte	d at time of application	
Surety Company Bonding this Event (Na	ame and Address): N/A	
Will Vehicles be Used as Part of This Event?	Will Food be Available at this Event?	Will Alcoholic Beverages be served/consumed at this Event?
Yes 🔀 No	🔀 Yes 🦵 No	🗙 Yes 🔚 No
If yes, automobile coverage must be included on the certificate of insurance.	If yes, products liability coverage must be included on the certificate of insurance.	If yes, liquor liability coverage must be included on the certificate of insurance.
Name & Address of Organization PA Providing Food:	TRICK'S THAI BISTRO, 5800 GASPARILLA ROA	AD, BOCA GRANDE, FL 33921
Type of Food being Served: THAI FOOD		
Section II - USE OF COUNTY P		n na kanan kanan kana kana kana kanan k
Organization Sponsoring the Event:	sladi turi terindi ndari na dagat turi na sugar satara kara postra Astronomia tanan da mato a postra da mato a	n on her den en e
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 num	ber:	
	Consumer Services 5496.405 or proof the organization	
Section III - SALE/CONSUMPT	ION OF ALCHOLIC BEVERAGES P	ERMIT
Is alcohol being xxyx/consumed on Cou If Yes, then a "Lee County Alcohol Permit" is required.	nty Property? CONSUMED ONLY Only non-profit organizations can sell alcohol on County	/ Xes No / Property,
Non-profit certificate/registration num (Required if alcohol is to be <u>SOLD</u> at the event)	ber:	
	Division of Alcoholic Beverages and Tobacco may a	also be required; please call (239) 344-0885 for
	Page 2	



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

Print Name of Applicant and Title

122

Witness

Print Name of Witness

LEE COUNTY SHERIFF'S OFFICE 14750 SIX MILE CYPRESS PARKWAY FT. MYERS, FL. 33912 Special Event Permit_Use of County Property Permit_X___Alcohol Permit_X___

Parking:_In authorized parking areas only

Deputies: None required.

Special Instructions: Alcohol is not permitted off the property.

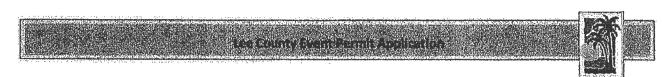
Capt. Scott Lucia

____ Capt. Scott K. Lucia____

Signature

_____Detail Commander_____ Title

_____27 October 2014_____ Date



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:

F SPECIAL EVENT PERMIT

IX 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?)	ala kana kana kana kana kana kana kana k	None
Fee for Services:	98 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1	None
Flammable Vegetation:	e ne styndiaan aan de maar o	None
First Aid Equipment:		yeren an
Fire Extinguishing:	afaranjar da batiji tar.	None
		None
Special Arrangements:		In case of emergency - Dial 911
1994 - Marine Marine Marine Marine Marine Stript Berniffer Stadio - Marine Stript Berniffer Stadio - Marine Str Internet Station - Marine Stript Station - Marine Stript Stript Strend Stript Stript Stript Stript Stript Stript	الا يا قو يو وي	ىسىنى بىرىمىيى بىرىمىيىكى بىرىمىيىكى بىرىكى بىر بىرىكى بىرىكى
	Print Name:	C.W. Blosser
	Signature:	CAL
	Title:	Fire Chief
	Date:	11/07/2014

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Lee County Event Permit Application										
Check the appropriate box(es) below:										
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7-10-10-10-10-10-10-10-10-10-10-10-10-10-										

Lee County Event Permit Application

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

Check the appropriate box(es) below:

- SPECIAL EVENT PERMIT
- X USE OF COUNTY PROPERTY PERMIT
- X 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:	Any parking on Lee County rights of way shall not interfere with the safe and free flow of vehicular or pedestrian traffic. Nor shall it block access to or safe sight distance from public or private driveways.
Ingress and Egress:	WA
Special Arrangements:	

Print Name:	Stephen M. Jansen
Signature:	Stephen M Jansen
Title:	County Traffic Engineer
Date:	Oct. 27, 2014

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Van Nuland Wedding Reception on 2/14/15 at the Louise DuPont Crowninshield House

Lee County Event Permit Application





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

Check the appropriate box(es) below:

FSPECIAL EVENT PERMIT

USE OF COUNTY PROPERTY PERMIT

IX 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:	No open flames aloud on premises. Any additional lighting must be provided by permit holder.
Parking Areas:	Use Community House parking lot and existing parking at the Boca Grande Community Park and Center
	All trash must fit into two 90 gallon garbage containers provided by the Community House. Must provide insurance with Lee County BOCC being additionally insured and adhere to all rules and guidelines set forth by the Loise DuPont Crowninshield House representative. Alcohol must be contained inside of the Louise DuPont Crowninshield House.

Print Name:	Dana Kasler	Jae Wier	
Signature:	Dana Kasler	British with Denoted The Over Taken Joseph Respective Denoted The Over Taken Joseph Respective Denoted The Over Taken Denoted The Over Ta	R Wier
Title:	Deputy Director	Supervisor	
Date:	Oct 28, 2014		

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Lee County Event Permit Application



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

Check the appropriate box(es) below:

- F SPECIAL EVENT PERMIT
- IX USE OF COUNTY PROPERTY PERMIT
- IX PERMIT TO SELL AND CONSUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
- FILM 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.

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, FI 33902 as the certificate holder and as an additional insured.						
	Print Name: Mike Figueroa						
	Signature:						
	Title: Risk Program Manager						

COVERNMENT CERTIFICATE OF LIABILITY INSURANCE THE OVERLAGE AND THE OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THE CERTIFICATE INSURED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THE CONFERENCE AND THE CONFERENCE AND THE CERTIFICATE HOLDER. THE CONFERENCE AND THE CONFERENCE AND THE CONFERENCE AND THE HOLDER HOLDER. THE CONFERENCE AND THE CONFERENCE AND THE CONFERENCE AND THE CONFERENCE AND THE HOLDER HOLDER. THE CONFERENCE AND THE CONFERENCE AND THE INFORMATION ON THE CONFERENCE AND THE INFORMATION ON THE CONFERENCE AND THE C					~ •						v		
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ACORD

ADDITIONAL INTEREST SCHEDULE

DATE (MM/DD/YYYY)

11/14/2014

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Tŀ	The above are added as additional insured but only with respect to liability arising out of operations of the named insured during the policy period.														

ACORD 45 (2009/04)

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THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERE NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE HOLDER. THIS CERTIFICATE HOLDER. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURERS), AUTHORIZED BELOW. THIS CERTIFICATE HOLDER. ADD THE CONCERNANCE ACCORD. IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(es) must be endorsed. If SUBROCATION IS WAINED, subject to the torms and conditions of the policy, certificate holder in lieu of such endorsement(d). IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(es) must be endorsed. If SUBROCATION IS WAINED, subject to the torms and conditions of the policy. Certificate holder in lieu of such endorsement(d). IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(es) must be endorsed. If SUBROCATION IS WAINED, subject to the torms and conditions of the policy. Certificate holder in lieu of such endorsement(d). IMPORTANT: If the certificate holder is an ADDITIONAL INSURED. Important is a subment on this certificate does not certificate holder in lieu and such endorsement(d). IMPORTANT: If the certificate holder is an ADDITIONAL INSURED. Important is a subment on this certificate holder is an ADDITIONAL INSURED. Sally Vannuland Implements: USS26134 Implements: USS26134 Sally Vannuland GERTIFICATE NUMBER: USS26134 REVISION NUMBER: Implements: USS26134 THIS IS TO CERTIFY THAT THE FOLICES OF INNUMACE. LISTED BELOW HAVE BEEN ISSUED TO THE INSURED MANDE DAVE FOR THE POLICY PERIOD INDUCATED. NOTIVITIFISTANDING ANY REQUIREMENT; TERM OR CONTIGN OF ANY CONTRACT OR OT	Ą	co	RD®	CE	RT	ΊFI		ABILITY INSURANCE						
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CERTIFICATE HOLDER CANCELLATION	CE	RTIFIC	ATE HOL	DER		- and the links of		CANCELLATIO	N					
	92	Saliy Vannuland 9291 Tacoma Ave Unit A						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		Grewoo	, i u 042	с т ,			ĺ							
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ACORD

POLICY NUMBER

SRPG-101-0414/USS264134

AGENCY

ADDITIONAL INTEREST SCHEDULE

EFFECTIVE DATE

02/14/2015 12:01 AM CARRIER

DATE (MM/DD/YYYY) 11/14/2014 NAIC CODE 21113

United States Fire Insurance Company NAMED INSURED(S) Sally Vannuland

ADDITIONAL INTEREST (Not all fields apply to all scenarios - provide only the necessary data)

INTEREST				NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	P	OLICY	SEND BILL	INTEREST IN ITEM NUMBER			
X	ADDITIONAL	\square	LOSS PAYEE	Lee County Boa	rd of County	Commiss	ioners				LOCATION:	BUILDING:		
	BEACH OF		MORTGAGEE	P.O. Box 398							VEHICLE:	BOAT:		
	CO-OWNER OWNER		Fort Myers, FL 3	3902						AIRPORT:	AIRCRAFT:			
F	EMPLOYEE AS LESSOR		REGISTRANT								ITEM CLASS:	(TEM:		
	LEASEBACK	\square	TRUSTEE						ITEM DESCRIPTION					
F	LIENHOLDER	L		REFERENCE / LOAN #:		,	INTEREST END DATE:							
F	-			LIEN AMOUNT:			PHONE (A/C, No, Ex):				FAX (A/C, No):	· · · · · · · · · · · · · · · · · · ·		
RI	LASON FOR INTEREST						E-MAIL ADDRESS:					······		
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x	ADDITIONAL		LOSS PAYEE		<u> </u>	<u> </u>	Lul.				LOCATION:	BUILDING:		
-	BEACH OF WARRANTY		MORTGAGEE								VEHICLE:	BOAT:		
	CO-OWNER	\vdash	OWNER								AIRPORT;	AIRCRAFT;		
	EMPLOYEE REGISTRANT										ITEN CLASS:	ITEM:		
F	LEABEBACK		TRUSTER							ITEM DESCRIPTION				
1	LIENHOLDER	لسبيميا		REFERENCE / LOAN #:			INTEREST END DATE:				-			
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	CO-OWNER										AIRPORT:	AIRCRAFT:		
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	LEASEBACK OWNER TRUSTEE													
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IN	INTEREST			NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	P	OLICY	SEND BILL	INTEREST IN ITE	M NUMBER		
X	ADDITIONAL		LOSS PAYEE								LOCATION:	BUILDING:		
	BEACH OF WARRANTY		MORTGAGEE								VEHICLE:	BOAT:		
	CO-OWNER OWNER										AIRPORT:	AIRCRAFT:		
	AB LESSOR REGISTRANT									ITEM CLASS: ITEM:				
	LEASEBACK		TRUSTEE					ITEM DESCRIPTION						
	LIENHOLDER			REFERENCE / LOAN #	INTEREST END DATE:									
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LIENHOLDER				REFERENCE / LOAN #:	INTEREST END DATE:]					
				LIEN AMOUNT:			PHONE (A/C, No, Ex):				FAX (A/C, No):			
RE	ASON FOR INTEREST	:			E-MAIL ADDRESS:									
*	The above are added as additional insured but only with respect to liability arising out of operations of the named insured during the policy period.													

ACORD 45 (2009/04)

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2014 DEC 12

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M E M O R A N D U M FROM THE DIVISION OF PUBLIC RESOURCES

DATE: December 12, 2014

TO: County Management

FROM: Samantha Westen, Administrative Assistant

RE: Event Permit for Signature

Attached is a Special Event application submitted by Sally van Nuland for the "Van Nuland Wedding Reception" event which will take place at the Louise DuPont Crowninshield House on February 15, from 6:00 pm to 12:00 am.

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

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