

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 Number

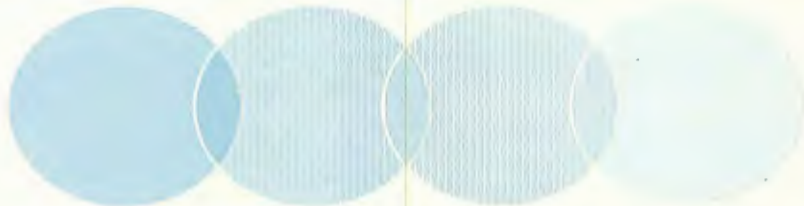
15-0214CPALC

Permit Type

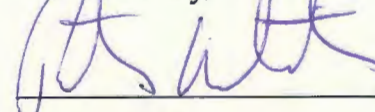
- Special Event
- Use of County Property
- Sell & consume Alcohol
- Consume Alcohol only
- Film Permit

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



County Manager

12-15-14

Date



Lee County
Southwest Florida

Event Application

Special Event

Use of
County
Property

Alcohol
within Lee
County
Facilities

Film, Video
&
Photography

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	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.

Lee County Event Permit Application



Fill out the following questions for all permit types:

What is the Zoning Classification of the premises? PUBLIC FACILITY

Are any temporary structures to be installed for the event? [] Yes [X] No Type:

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: ITALIANO INSURANCE

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

Surety Company Bonding this Event (Name and Address): N/A

Three columns of questions: 'Will Vehicles be Used as Part of This Event?', 'Will Food be Available at this Event?', and 'Will Alcoholic Beverages be served/consumed at this Event?'. Each column has 'Yes' and 'No' options with checkboxes and a note about insurance coverage.

Name & Address of Organization Providing Food: PATRICK'S THAI BISTRO, 5800 GASPARILLA ROAD, BOCA GRANDE, FL 33921

Type of Food being Served: THAI FOOD

Section II - USE OF COUNTY PROPERTY PERMIT

Organization Sponsoring the Event:

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? CONSUMED ONLY [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:

(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.

Sally Van Nuland
Signature of Applicant

[Signature]
Witness

Sally Van Nuland
Print Name of Applicant and Title

John Libonati
Print Name of Witness

10/22/14
Date

10/22/14
Date

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:

- 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?)

None

Fee for Services:

None

Flammable Vegetation:

None

First Aid Equipment:

None

Fire Extinguishing:

None

Special Arrangements:

In case of emergency - Dial 911

Print Name: C.W. Blosser

Signature:

Title: Fire Chief

Date: 11/07/2014

Lee County Event Permit Application



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	Patient billed at time of service.
Special Arrangements:	Call 9-1-1 as needed for emergencies.

Print Name: Scott M Tuttle

Signature: Scott M Tuttle

Digitally signed by Scott M Tuttle
DN: cn=Scott M Tuttle, o=ES&S, ou=Department of Public Safety,
email=mscott@leegov.com, c=US
Date: 2014.11.12.14:39:45-0700

Title: Deputy Director

Date: Nov 12, 2014

Lee County Event Permit Application



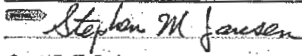
DEPARTMENT OF TRANSPORTATION
1500 MONROE STREET
FORT MYERS, FL 33901
(239) 533-8580

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:	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:	N/A
Special Arrangements:	N/A

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

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, 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:

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

Special Arrangements:

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 Crowninshleld House.

Print Name: Dana Kasler Joe Wier

Signature: Dana Kasler Digitally signed by Dana Kasler, DN: cn=Dana Kasler, ou=Lee County Parks & Recreation, email=Dana.Kasler@lee.net, c=US Joseph R Wier

Title: Deputy Director Supervisor

Date: Oct 28, 2014

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:

- 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.

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.

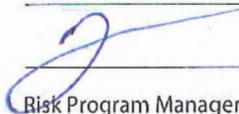
In addition, Host Liquor Liability insurance will be required with minimum limits of One Million Dollars (\$1,000,000) per occurrence. Should Host Liquor Liability coverage be afforded under the Commercial General Liability policy, minimum acceptable limits will be Two Million Dollars (\$2,000,000) aggregate.

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:


Risk Program Manager

Title:

Date: December 1, 2014



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
11/14/2014

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 ITALIANO INSURANCE PO BOX 1406 BOCA GRANDE, FL 33921-1406 (941) 964-0400	CONTACT NAME:	
	PHONE (A/C, No, Ext): (941) 964-0400	FAX (A/C, No): (941) 964-0595
E-MAIL ADDRESS:		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURERA : United States Fire Insurance		21113
INSURED SPORTS AND RECREATION PROVIDERS ASSOCIATION (PURCHASING GROUP) AND ITS PARTICIPATING MEMBERS Sally Vannuland 9291 Tacoma Ave Unit A Englewood, FL 34224	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES

CERTIFICATE NUMBER: USS264134

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 INSR	SUBR LWD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
A	GENERAL LIABILITY			SRPG-101-0414	02/14/2015 12:01 AM	02/15/2015 12:01 AM	GENERAL AGGREGATE \$2,000,000.00			
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						PRODUCTS - COMP/OP AGG \$2,000,000.00			
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						PERSONAL & ADV INJURY \$1,000,000.00			
	GEN'L AGGREGATE LIMIT APPLIES PER:									EACH OCCURRENCE \$1,000,000.00
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC									FIRE DAMAGE (Any one fire) \$300,000.00
										MED EXP (Any one person) \$0.00
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$			
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$			
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident) \$			
	<input type="checkbox"/> HIRED AUTO	<input type="checkbox"/> RENT-OWNED AUTOS					PROPERTY DAMAGE (Per accident) \$			
	UMBRELLA LIAB	<input type="checkbox"/> OCCUR					EACH OCCURRENCE \$			
	EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE					AGGREGATE \$			
	DED	RETENTION \$								
							EACH OCCURRENCE \$			
							GENERAL AGGREGATE \$			
							EACH OCCURRENCE \$			
							GENERAL AGGREGATE \$			

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Wedding Activities
Includes Host Liquor Liability

See ME 12/1/14

CERTIFICATE HOLDER

Sally Vannuland
9291 Tacoma Ave Unit A
Englewood, FL 34224

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

Italiano Insurance



ADDITIONAL INTEREST SCHEDULE

DATE (MM/DD/YYYY)
11/14/2014

AGENCY		CARRIER United States Fire Insurance Company		NAIC CODE 21113
POLICY NUMBER SRPG-101-0414/USS264134		EFFECTIVE DATE 02/14/2015 12:01 AM	NAMED INSURED(S) Sally Vannuland	

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

INTEREST <input checked="" type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BEACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LIENHOLDER	<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER	
		Lee County Board of County Commissioners P.O. Box 398 Fort Myers, FL 33902							LOCATION:
		REFERENCE / LOAN #:	INTEREST END DATE:				VEHICLE:	BOAT:	
		LIEN AMOUNT:	PHONE (A/C, No, Ex):				AIRPORT:	AIRCRAFT:	
				E-MAIL ADDRESS:				ITEM CLASS:	ITEM:
								ITEM DESCRIPTION	
								FAX (A/C, No):	
REASON FOR INTEREST:									

INTEREST <input checked="" type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BEACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LIENHOLDER	<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER	
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		LIEN AMOUNT:	PHONE (A/C, No, Ex):				AIRPORT:	AIRCRAFT:	
				E-MAIL ADDRESS:				ITEM CLASS:	ITEM:
								ITEM DESCRIPTION	
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		LIEN AMOUNT:	PHONE (A/C, No, Ex):				AIRPORT:	AIRCRAFT:	
				E-MAIL ADDRESS:				ITEM CLASS:	ITEM:
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								FAX (A/C, No):	
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		REFERENCE / LOAN #:	INTEREST END DATE:				VEHICLE:	BOAT:	
		LIEN AMOUNT:	PHONE (A/C, No, Ex):				AIRPORT:	AIRCRAFT:	
				E-MAIL ADDRESS:				ITEM CLASS:	ITEM:
								ITEM DESCRIPTION	
								FAX (A/C, No):	
REASON FOR INTEREST:									

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.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
11/14/2014

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PRODUCER ITALIANO INSURANCE PO BOX 1406 BOCA GRANDE, FL 33921-1406 (941) 964-0400	CONTACT NAME: PHONE (A/C, No, Ext): (941) 964-0400 FAX (A/C, No): (941) 964-0595 E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE NAIC #	
INSURED SPORTS AND RECREATION PROVIDERS ASSOCIATION (PURCHASING GROUP) AND ITS PARTICIPATING MEMBERS: Sally Vannuland 9291 Tacoma Ave Unit A Englewood, FL 34224	INSURER A: United States Fire Insurance 21113	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** USS264134 **REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR 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 GENL AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC		X	SRPG-101-0414	02/14/2015 12:01 AM	02/15/2015 12:01 AM	GENERAL AGGREGATE \$2,000,000.00 PRODUCTS - COMP/OP AGG \$2,000,000.00 PERSONAL & ADV INJURY \$1,000,000.00 EACH OCCURRENCE \$1,000,000.00 FIRE DAMAGE (Any one fire) \$300,000.00 MED EXP (Any one person) \$0.00
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTO <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
							EACH OCCURRENCE \$ GENERAL AGGREGATE \$
							EACH OCCURRENCE \$ GENERAL AGGREGATE \$
	GL Premiums						\$263.00

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 Wedding Activities

CERTIFICATE HOLDER Sally Vannuland 9291 Tacoma Ave Unit A Englewood, FL 34224	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 <div style="text-align: right;"><i>Francis L. Dean</i></div>



ADDITIONAL INTEREST SCHEDULE

DATE (MM/DD/YYYY)
11/14/2014

AGENCY		CARRIER United States Fire Insurance Company		NAIC CODE 21113
POLICY NUMBER SRPG-101-0414/USS264134		EFFECTIVE DATE 02/14/2015 12:01 AM	NAMED INSURED(S) Sally Vannuland	

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

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		Lee County Board of County Commissioners P.O. Box 398 Fort Myers, FL 33902							LOCATION:
		REFERENCE / LOAN #:	INTEREST END DATE:				VEHICLE:	BOAT:	
		LIEN AMOUNT:	PHONE (A/C, No, Ex):				AIRPORT:	AIRCRAFT:	
				E-MAIL ADDRESS:				ITEM CLASS:	ITEM:
								ITEM DESCRIPTION	

REASON FOR INTEREST:									
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INTEREST <input checked="" type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BEACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LIENHOLDER	<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER	
									LOCATION:
		REFERENCE / LOAN #:	INTEREST END DATE:				VEHICLE:	BOAT:	
		LIEN AMOUNT:	PHONE (A/C, No, Ex):				AIRPORT:	AIRCRAFT:	
				E-MAIL ADDRESS:				ITEM CLASS:	ITEM:
								ITEM DESCRIPTION	

REASON FOR INTEREST:									
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INTEREST <input checked="" type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BEACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LIENHOLDER	<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER	
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		LIEN AMOUNT:	PHONE (A/C, No, Ex):				AIRPORT:	AIRCRAFT:	
				E-MAIL ADDRESS:				ITEM CLASS:	ITEM:
								ITEM DESCRIPTION	

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.

Parking for Van Nuland / Libonati Wedding



2014 DEC 12 AM 9:57



2014 DEC 12 AM 9:57

MEMORANDUM
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,

A handwritten signature in black ink, appearing to read "S West", with a long horizontal flourish extending to the right.

Samantha Westen

Attachment