Event Permit

Lifelong Learning Lecture & Book Signing by Doug Wilson

Applicant:
Friends of Boca Grande Community Center

Contact:
Denise Searle 941.964.0827

Location:
Woman's Club Room at Boca Grande Community Center

Valid only for the Following date(s):
February 24, 2015

Valid only for the Following time(s):
4:30 pm to 6:30 pm



Permit Number 15-0224ALC

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

Date



Event Application

Special Event

Use of County Property Alcohol within Lee County Facilities

Film, Video & Photography



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 INFO | DRMATION (All Permit Types) |
|--|---|
| Title of Event / Name of Production | Lifelong Learning lecture by Doug Wilson |
| Date(s) of Event / Production: | 2-24-15 |
| Location(s) of Event: | Woman's Chub Room |
| Name of Applicant: | Friends of Boca grande Comm Ct. |
| Applicant Address: | 131 1st St West Boca Grande, FL 33921 |
| Applicant Phone Number: | 941-964-0827 |
| Contact Person: (If different from applicant) | Denise seavle |
| Contact Phone Number: (If different from applicant) | |
| Email Address: | dsearle @ fobgcc.org |
| Estimated Attendance: | 100 |
| Event Description: Include each activity, when activities take place, etc. | Booksigning and reception following a lecture by Doug Wilson |
| Hours of Operation: | 4:30-6:30 pm |
| STRAP # of Parcel: | 1443200 10000 50010 |
| Owner of Premises*: | Lee County gort |

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



Fill out the following questions for allpermit types:

further details

| What is the Zoning (| Classification of the | oremises? Park | / Public + | acility | |
|---|--|--|-------------------------------|---------------------------|--|
| Are any temporary s | tructures to be insta | alled for the event? | Yes V No 1 | , Гуре: | |
| Do you have the app | propriate permits for | the temporary struc | tures? N/A | Yes | No |
| * For a 'Special Ever | | ty Property' permit, s | ubmit a site plan wit | h all proposed facil | ities and activities |
| Insurance Company | Insuring the Event: | BB+T-0 | swald Trip | pe and Co | mpany |
| Note: Certificate of Insu | rance must be submitted | | | | |
| Surety Company Bo | nding this Event (Na | me and Address): | | | |
| Will Vehicles be Us | _ | Will Food be Availa | ble at this Event? | | Beverages be ed at this Event? |
| ┌─ Yes | No No | ├─ Yes | No | Yes | ┌ No |
| If yes, automobile included on the certi | _ | If yes, products liabilities included on the certi | | | y coverage must be tificate of insurance. |
| Name & Address of Providing Food: | Organization | | | | |
| Type of Food being | Served: | | | | |
| Section II - USI | E OF COUNTY P | ROPERTY PERMI | Т | | |
| Organization Spons | soring the Event: | Ferends o | F Bora Gr | arde Com | munt Cate |
| | | Solicitation in the Co | | | |
| Name of Charity: | | | | | |
| Address of Charity: | | | | | |
| Phone Number: | | | | | |
| Non-profit certifica | ate/registration num | ber: | | | |
| (Proof of registration with | the Dept. of Agriculture & | Consumer Services §496.40 | or proof the organization i | s exempt from this requir | ement. §316.2045) |
| Section III - SA | LE/CONSUMPT | ION OF ALCHOLI | C BEVERAGES P | ERMIT | |
| Is alcohol being solo | And the second s | nty Property? Only non-profit organization | ns can sell alcohol on County | | No |
| Non-profit certifica (Required if alcohol is to be | te/registration num e <u>SOLD</u> at the event) | ber: | | | |
| Please note: A permit i | from the State of Florida | Division of Alcoholic Beve | rages and Tobacco may a | also be required; please | call (239) 344-0885 for |

Page | 2

Client#: 1430416

132FRIENBOC

ACORD.

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 4/22/2014

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(les) must be endorsed. If SUBROGATION IS WAIVED, subject to

| | | | | ns of the policy, u of such endors | | | olicies may require an en | dorsen | nent. A state | nent on this | certificate does | not con | fer rig | hts to the |
|--|---|------------------|---------------------------|--|-----------------------|-----------------------|---|--|---|--|-----------------------------------|-------------|--------------|------------|
| | PRODUCER | | | | | CONTACT Mary Hoshor | | | | | | | | |
| BB&T-Oswald Trippe and Company | | | | PHONE (A/C, No, Ekt); 239 280-3814 [A/C, No); 866-802-8680 | | | | 02-8680 | | | | | | |
| 13515 Bell Tower Drive | | | E-MAIL ADDRE | | r@bbandt.c | | | | | | | | | |
| • | | , . | L 33907 | | | | | | | INSURER(S) AFI | FORDING COVERAG | E | | NAIC# |
| 23 | 433 | 3-4535 | | | | | | INSURER A: Western World Insurance Company | | | | 13196 | | |
| INS | IRED | Coio | Of F | Boca Grande | | | | INSURER B : | | | | | | |
| 1 | | | | Center inc. | | | | INSURER C: | | | | | | |
| | | | nmunny Box 122 | | | | | INSURER D: | | | | | | |
| | | | | e, FL 33921 | | | | INSURE | RE: | | | | | |
| _ | | 500 | a Granu | | | | | INSURE | RF: | | | | | |
| | | AGES | | | | | NUMBER: | | | | REVISION NUM | | | |
| li | DICA | TED. NO | OTWITHST | ANDING ANY RES SSUED OR MAY P DITIONS OF SUCH | QUIRE ERTA POLI | MEN in, t cies. | Rance Listed Below Ha T, Term or Condition o The Insurance Afforde . Limits Shown May Ha | F ANY D BY T | CONTRACT OF THE POLICIES IN REDUCED | R OTHER DOO DESCRIBED I BY PAID CLA! | CUMENT WITH R HEREIN IS SUBJE | ESPECT 1 | TO WE | IICH THIS |
| INSF | | r | YPE OF INSI | URANCE | ADDL INGR | SUBR WVD | POLICY NUMBER | | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | | LIMITS | 3 | |
| A | | ERAL LIA | BILITY | | Х | | BINDERNPP8152786 | | 1 | 04/08/2015 | | | £1,00 | 0,000 |
| | X | COMMER | RCIAL GENE | RAL LIABILITY | | | | | | | PREMISES (EN COL | Hrence) | \$100 | ,000 |
| | | CLA | IMS-MADE | X OCCUR | | | | | | | MED EXP (Any one | person) | \$ | |
| | Х | PD De | d:1,000 | _ | | | | | | | PERSONAL & ADV INJURY \$1,000,000 | | 0,000 | |
| | | | | | | GENERAL AGGREG | SATE | \$2,00 | 0,000 | | | | | |
| 1 | GE | VL AGGRE | GATE LIMIT | APPLIES PER: | | | | | | | PRODUCTS - COM | P/OP AGG | \$ | |
| 1 | X | POLICY | PRO- JECT | LOC | | | | | | | | | \$ | |
| | AU1 | OMOBILE | LIABILITY | | | | | | | | COMBINED SINGLE (Ea accident) | LIMIT | \$ | |
| | | ANY AUT | 0 | | | | | | | | BODILY INJURY (P | | \$ | |
| | | ALL OWN AUTOS | NED | SCHEDULED | 1 | | | | | | BODILY INJURY (P | | \$ | |
| | | HIRED A | итов | AUTOS NON-OWNED AUTOS | | ļ | } | | | | PROPERTY DAMA((Per accident) | 9E | 8 | |
| | |] | | | | | | | | | | | 5 | |
| | | UMBREL | LA LIAB | OCCUR | | | | | | | EACH OCCURREN | CE | \$ | |
| 1 | | EXCESS | LIAB | CLAIMS-MADE | | | | | | | AGGREGATE | | \$ | |
| L | | DEO | RETENT | TION \$ | | | | | | | | | \$ | |
| | | | DMPENSATN 'ERS' LIABIL | ITV | | | | | | | WC STATU- TORY LIMITS | OTH- | | |
| | ANY | PROPRIE | TOR/PARTIN | IER/EXECUTIVE Y/N | N/A | | | | | į | E.L. EACH ACCIDE | NT | \$ | |
| | (Ma | ndatory in | NH} | LDED1 | 1876 | Ì | | | | | E.L. DISEASE - EA | EMPLOYEE | 8 | |
| | DES | scription | under NOFOPERA | TIONS below | | | | | <u> </u> | | E.L. DISEASE - PO | LICYLIMIT | \$ | |
| | | | | | | | | | | | | | | |
| 1 | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| DE | DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) | | | | | | | | | | | | | |
| Lee County Board of County Commissioners, a political subdivision & Charter County of the State of Florida | | | | | | | | | | | | | | |
| are Additional Insured on the General Liability. Host liquor liability is | | | | | | | | | | | | | | |
| included. | | | | | | | | | | | | | | |
| ١., | c# 1 | [_131] | Firet Str | eet: Boca Gran | rie F | =ı | | | | | | | | |

| CERTIFICATE HOLDER | CANCELLATION |
|--|--|
| Lee County Board of Commissioners PO Box 398 | 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 |
| | Sand of Oak |

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Applicant Agreement - Signature Required



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 permises 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.

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.

Denise J Seale Programs Director
Print Name of Applicant and Title

Date

Denise J Seale Programs Director
Print Name of Witness

Date

Date



LEE COUNTY SHERIFF'S DEPARTMENT 14750 SIX MILE CYPRESS PARKWAY FORT MYERS,FLORIDA33912 (239) 477-1199

| Check the appropria | ite box(es) belo | w: |
|-----------------------|-------------------|--|
| ſ─ SPECIAL EVI | ENT PERMIT | |
| T USE OF COL | JNTY PROPERTY F | PERMIT |
| PERMIT TO | SELL AND CONSU | ME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES |
| FILM PERM | IT | |
| | | EASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION LY WITH FOR THEIR EVENT. |
| Parking: | Parking in autho | rized parking areas only. |
| Deputies (How Many?): | None required. | |
| Fee for Services: | | |
| Special Arrangements: | Alcohol not to le | ave premises. |
| | Print Name: | |
| | | Capt. Scott Lucia |
| | Signature: | Copt. Sould K. Lucius |
| | Title: | Detail Unit Commander |
| | Date: | 20 October 2014 |



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 EV | ENT PERMIT | |
|----------------------------|---------------|---|
| TX USE OF CO | UNTY PROPERTY | PERMIT |
| FILM PERM | AIT | |
| | | EASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION Y 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: | | mber of guests/seats & altar/arbor, have a contingency plan to to the fire department in case of an emergency on Banyan St. |
| | | In case of emergency - Dial 911 |
| ' | Print Name: | C.W. Blosser |
| | Signature: | CBL |
| | Title: | Fire Chief |
| | Date: | 11/26/2014 |



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

| te box(es) below: |
|---|
| NT PERMIT NTY PROPERTY PERMIT T - |
| APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION CANT TO COMPLY WITH FOR THEIR EVENT. |
| MA |
| MA |
| MA |
| NIA |
| Pl. billed co tun of Source |
| Call 9-1-1 as meded a emergacines |
| Print Name: Set Title Signature: LM 25 Title: Defity Direstor Date: 14/10/14 |
| |



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

| Check the appropri | ate box(es) bel | ow: | | |
|---|---------------------|---------------------------|--|-----------------|
| ☐ SPECIAL E\ | ENT PERMIT | | | |
| ▼ USE OF CO | UNTY PROPERTY | PERMIT | | |
| ₹ PERMIT TO | SELL AND CONSU | JME ALCOHOLIC BEVER | AGES WITHIN LEE COUNTY FAC | ILITIES |
| FILM PERM | AIT | | | |
| | | | | |
| AFTER REVIEWING THE WILL REQUIRE THE APP | | | W WHAT ARRANGEMENTS YOU ENT. | JR ORGANIZATION |
| Parking: | Use designated par | king for Community Cente | r as needed. | |
| Ingress and Egress: | Use all established | means of ingress and egre | 55. | |
| Special Arrangements: | None. | | | |
| | | | | |
| | Print Name: | Bryan D. Miller | | |
| | Signature: | Bryan D. Miller | Digitally stopped by Bryan CL Miller Direct-trigues D, Billyer, or LCOCT, our Traffic, enabl-mediter bringfleesphrature, or 45 Dates 1044 32.16 12-6558-0909 | |
| | Title: | Senior Project Manager | | |
| | Date: | December 10, 2014 | | |



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

Check the appropriate box(es) below:

| SPECIAL EV | ENT PERMIT | | | |
|---|---------------------|----------------------------|--|------------------|
| USE OF CO | UNTY PROPERTY | PERMIT | • | |
| F PERMIT TO | SELL AND CONS | UME ALCOHOLIC BEV | ERAGES WITHIN LEE COUNTY | ACILITIES |
| FILM PERM | NIT | | | |
| AFTER REVIEWING THE WILL REQUIRE THE APP | | | OW WHAT ARRANGEMENTS Y | OUR ORGANIZATION |
| llumination: | Additional lighting | must be provided by pe | rmit holder. Open flames are prohib | ited. |
| Parking Areas: | Parking is permitte | ed in existing parking are | as located at the Boca Grande Comn | nunity Park. |
| Special Arrangements: | must be contained | in the Woman's Club Ro | nder ordinance #95-09 (selling and co nom at the Boca Grande Community Deputy Director approves this alcoho | Park / Center. |
| | already granted at | the Boca Grande Comm | unity Park) by signing below. | |
| | Print Name: | Dana Kasler | Joe Wier | |
| | Signature: | Dana Kasler | Receive signed by Eliza bashs all an in-boat Earling coeff, in-build County from & Tarry Good County from a line approved gold deliments, the 2005 (18) (18) (18) and County | R Wier |
| | Title: | Deputy Director | Supervisor | |
| | Date: | Oct 21, 2014 | , | |



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

| Check the appropriat | te box(es) be | elow: | |
|-------------------------|-------------------|--|--------------------------|
| SPECIAL EVE | | | |
| ⋉ USE OF COU | | | C/ 54 C// 1715 C |
| • ' | | SUME ALCOHOLIC BEVERAGES WITHIN LEE COUNT | Y FACILITIES |
| FILM PERMIT | T | | |
| | • | PLEASE INDICATE BELOW WHAT ARRANGEMENT IPLY WITH FOR THEIR EVENT. | 'S YOUR ORGANIZATION |
| Insurance Requirements: | occurrence to p | neral liability insurance with minimum limits of One Million protect against bodily injury and/or property damage relation devent on Lee County property. | |
| | (\$1,000,000) per | st Liquor Liability insurance will be required with minimum r occurrence. Should Host Liquor Liability coverage be affor y policy, minimum acceptable limits will be Two Million Dol | ded under the Commercial |
| | | | |
| Special Arrangements: | | insurance shall be submitted as evidence of the required co y Commissioners, P.O. Box 398, Fort Myers, FI 33902 as the o red. | |
| | | | |
| | | | |
| | | • | |
| | | | |
| | Print Name: | Mike Figueroa | |
| | Signature: | 2 | - |
| | Title: | Risk rogram Manager | |
| | Date: | December 1, 2014 | - |
| | | | |





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 the Friends of Boca Grande Community Center for the "Lifelong Learning Lecture & Book Signing by Doug Wilson" event which will take place at the Women's Club Room at Boca Grande Community Center on February 24, 2015 from 4:30 pm to 6:30pm.

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