

EVENT PERMIT



Ordinance 14-15

DRUG HOUSE ODYSSEY

PERMIT NUMBER:

TMP2015-00088

Date(s) of Event:

March 16-19, 2015 from 8:00am-3:00pm

Property Owner:

LEE COUNTY

Applicant:

COALITION FOR A DRUG-FREE SWFL

Contact: DEBORAH COMELLA

239-931-9317

Description:

A Lee County Prevention Event-walk through play describing the effects of

drinking and driving.

Location of event:

11831 BAYSHORE RD NORTH FORT MYERS 33917

I-75 north, exit Bayshore east to Civic Center

Will the event be attended by 1000 or more people? Yes

Will the event be held on County Owned Property? Yes

Will there be alchohol consumed or sold at the event? No

Will a bond be posted for this event?

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.
- * The permit is to be readily available for inspection during the entire event.
- * If this approval includes the sale or consumption of alcholic beverages, no alcoholic beverages may be consumed 1 1/2 hours prior to the conclusion of the event and vacating the facility/property.

Board of County Commissioners Lee County, Florida

County Manager

Date



Event Application

Check the appropriate box(es) below:

USE OF COUNTY PROPERTY PERMIT

PERMIT TO SELL AND CONSUME ALCHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES

FILM PERMIT

Section I - GENERAL INF	ORMATION (All Permit Types)			
Title of Event / Name of Production	Drug House Odyssey - A Lee County Prevention Event			
Date(s) of Event / Production:	March 16-17-18-19, 2015			
Location(s) of Event:	Lee County Civic Center			
Name of Applicant:	Deborah Comella			
Applicant Address:	Coalition for a Drug-Free SWFL PO Box 61688 Fort Mivers FL 33906			
Applicant Phone Number:	(239) 931-9317			
Contact Person: (If different from applicant)				
Contact Phone Number: (If different from applicant)				
Email Address:	executivedir@drugfreeswfl.org			
Estimated Attendance:	1650			
Event Description: Include each activity, when activities take place, etc.	Drug House Odyssey is a walk through play that describes the effects of drinking and driving. The play includes six scenes, three are outside and three in tents. It is attended by Lee County fifth grade classes by registration. Static displays also provide prevention information, including the FHP "Rollover Car"			
Hours of Operation:	8:00 a.m. to 3:00 p.m.			
STRAP # of Parcel:	11831 Baysherera 24432500 000070000			
Owner of Premises*:	Les Ciourta			

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

TMP 2015 - 00088



Fill out the following questions for allpermit types:

further details

What is the Zoning Classification of	the premises?					
Are any temporary structures to be installed for the event? 💢 Yes 📄 No Type: Tents (Caloosa Tents)						
Do you have the appropriate permit	Do you have the appropriate permits for the temporary structures?					
* For a 'Special Event' and 'Use of C indentified, including all parking are	County Property' permit, submit a site plan was.	vith all proposed facilities and activities				
Insurance Company Insuring the Eve	ent: Atkinson and Associates					
Note: Certificate of Insurance must be subr	nitted at time of application					
Surety Company Bonding this Event	: (Name and Address):					
Will Vehicles be Used as Part of Th Event?	nis Will Food be Available at this Event?	Will Alcoholic Beverages be served/consumed at this Event?				
⊤ 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 Providing Food:	JG Webster (lunch for participants, fire depart Fort Myers, FL	tment, police, etc.) 17230 S. Tamiami Trail,				
Type of Food being Served: Simple	lunch for participants including salad, a hot dis	h, dessert				
Section II - USE OF COUNTY						
Organization Sponsoring the Event	: Lee County Coalition for a Drug-Free SWFL					
Fill out this portion for applications	for Solicitation in the County Rights-of-Wo	ny:				
Name of Charity:						
Address of Charity:						
Phone Number:						
Non-profit certificate/registration r	number:					
(Proof of registration with the Dept. of Agricultu	ure & Consumer Services §496.405 or proof the organization	n is exempt from this requirement. §316.2045)				
Section III - SALE/CONSUM	IPTION OF ALCHOLIC BEVERAGES I	PERMIT				
Is alcohol being sold/consumed on of the state of the sta	County Property? uired. Only non-profit organizations can sell alcohol on Coun	├─ Yes				
Non-profit certificate/registration r (Required if alcohol is to be <u>SOLD</u> at the event)	number:					
Please note: A permit from the State of Flo	orida Division of Alcoholic Beverages and Tobacco may	also be required; please call (239) 344-0885 for				



Section IV - FILM / VIDEO / PHOTOGRAPHY PERMIT

Type of Production (choose all that apply):						
TV Movie or Special TV Ser	ries / Pilot	- т	V Comme	rcial	Γ	Still Photos
Public Service Announcement Industr	rial / Documentary	_ (ther:	···········		
Will any of the following be needed or included	d*?					
Street Closure			- Yes	Γ	No	
Traffic / Crowd Control	, see the second of the second		- Yes	Г	No	
Fire or Burning			- Yes		No	
Explosives or Pyrotechnics	* 11 11 11 11 11 11 11 11 11		Yes	Γ	No	
Animals, Large or Small			- Yes	Γ	No	
Construction of Any Kind			- Yes	_	No	
Large and/or Numerous Vehicles	5		- Yes	Г	No	
Helicopters, Boats, etc.			- Yes		No	
Stunts			- Yes	Γ	No	
Other			- Yes	Γ	No	
Special Parking Requirements:				*************	***************************************	
City or County Services Required: (Personne	el, equipment, facilities	, etc.				
The following information is required for locathe industry. If exact figures are not available					a to tr	ack the economic impac
Number in Cast:	Number in Crew:		Nun	nber of	locals	hired:
Total budget:	Estimate amount spent	in Lee	County:			
Hotel room nights:	Number of shooting day	ys:	_			
number of rooms & number of nights			_			

Applicant Agreement - Signature Required



SECTION 1 - 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.

Deborch Conella Signature of Applicant	Michelle Sutherland Witness
Deborah Comella Print Name of Applicant and Title	Michelle Sutherland Print Name of Witness
3-10-15	3-10-2015
Date	Date



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

	ENT PERMIT JNTY PROPERTY PERMIT SELL AND CONSUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
AFTER REVIEWING THE WILL REQUIRE THE APP	APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION ICANT TO COMPLY WITH FOR THEIR EVENT.
Parking:	Parking in designated areas
Deputies (How Many?):	None
Fee for Services:	None
Special Arrangements:	lone
	Print Name: Captain Scott Lucia
	Signature: Cpt. Scott Lucia
	Title: Details Commander

13 March 2015

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.

USE OF COUNTY PROPERTY PERMIT

FILM PERM	ит
AFTER REVIEWING THE WILL REQUIRE THE APPL	APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION ICANT TO COMPLY WITH FOR THEIR EVENT.
Fire Guards (How Many?)	None
Fee for Services:	None
Flammable Vegetation:	None
First Aid Equipment:	On Site
Fire Extinguishing:	On Site
Special Arrangements:	None
	Print Name: Lawrence Nisbet
	Signature:
	Title: Fire Chief Date: 03/13/2015

Days 17

Barphone Fire Orug House Odexsey



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

Check the appropri	ate box(es) belo	w:		
1	ENT PERMIT UNTY PROPERTY P	ERMIT		
FILM PERM				
AFTER REVIEWING THE WILL REQUIRE THE APPL			/ WHAT ARRANGEMENTS NT.	YOUR ORGANIZATION
Treatment Facilities:	N/A			
Medical Personnel:	N/A			
Medical Supplies / Equipment:	N/A			
Safety Requirements:	N/A			
Fee for Services	N/A. Any patients are	e billed at the time of servic	res.	
Special Arrangements:	LCEMS is an active p rendering care.	articipant in the event. As s	uch, we will be on site during th	ne event and capable of
	Print Name:	Scott M Tuttle		_
	Signature:	Scott M Tuttle	Digitally signed by Scott M Turtle Dis con-Scott M Turtle, on-GMS, our-Department of Public Safety, email-turtlesceptesco, con-CSS Date: 2015.03.10.1009:11-04007	_
	Title:	Deputy Director		-
	Date	3/10/2015		



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

Check the appropriate box(es) below	opriate box(es) below:	box	priate	appro	the	Check
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▼ SPECIAL EVENT PERMIT

□ USE OF COUNTY PROPERTY PERMIT

FILM PERM		UME ALCOHOLIC BEVE	RAGES WITHIN LEE COUNT	Y FACILITIES
AFTER REVIEWING THE WILL REQUIRE THE APP			W WHAT ARRANGEMENTS VENT.	s your organizatioi
Illumination:	Event Organizer ca	n work with on site staff at	: Civic Center if additional temp	oorary lighting is needed.
Parking Areas:	Event Organizer ca safety. Do not blo if needed.	an work with on site staff at ck driveways and keep all r	t Civic Center for traffic and crow oadway accesses open for eme	wd control to ensure visitor rgency vehicles to respond
Special Arrangements:				
	Print Name:	ALISE FLANJACK		_
	Signature:	Alise Flanjack	Digitally signed by Alise Flanjack DN: cn-Alise Flanjack or-tee County Parks and Recreation, ou. email—sluepileepor core. TUS Date: 2015:03.10.11:11.09.04707	_
	Title:	Deputy Director		_
	Date:	Mar 10, 2015		_



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

Check the appropri	ate box(es) bei	low:
SPECIAL EV	ENT PERMIT	
USE OF CO	UNTY PROPERTY	PERMIT
PERMIT TO	SELL AND CONS	UME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
FILM PERM	1IT	
,		
		PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION PLY WITH FOR THEIR EVENT.
Parking:	No event parking o	on Lee County maintained road rights-of-way.
Ingress and Egress:	Use all established	means of ingress and egress.
mgress and Egress.	ose un establishea	means of migreus and egress.
	-	

Special Arrangements:	Use Lee County Sh	eriff's Office for assistance with traffic control, as needed.
Special All all germentes.	lose Lee county sin	
	Print Name:	Bryan Miller
	Signature:	Bryan D. Miller Distribution of the configuration to Miller on COOT, our Traffic, email-millerbinarie deepov.com. collisions of COOT, our Traffic, email-millerb
	Title:	Senior Project Manager
	Date:	March 13, 2015



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

Check the appropria	te box(es) be	low:
SPECIAL EVE USE OF COU PERMIT TO S FILM PERMI	NTY PROPERTY ELL AND CONS	PERMIT SUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
		PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION PLY WITH FOR THEIR EVENT.
Insurance Requirements:	occurrence to pr	eral liability insurance with minimum limits of One Million Dollars (\$1,000,000) per otect against bodily injury and/or property damage relative to the applicants use of event on Lee County property.
Special Arrangements:	A certificate of in Board of County additional insure	isurance shall be submitted as evidence of the required coverage listing Lee County Commissioners, P.O. Box 398, Fort Myers, FI 33902 as the certificate holder and as an ed.
	Print Name:	Mike Figueroa
	Signature:	
	Title:	Risk Program Manager
	Date:	March 10, 2015

COALI-1

OP ID: LB

03/10/2015

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

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).

| CONTACT | Paul G. Africach A000536

PRODUCER			NAME: Paul G. Atkinson A009536			
	& Assoc. Insurance tley Rd, Bldg C		PHONE (A/C, No. Ext): 239-437-5555	FAX (A/C, No): 239-6	89-3826	
Fort Myers	ki, FL 33907 kinson A009536		E:MAIL ADDRESS:			
raul G. At	KIIISOII A003030		INSURER(S) AFFORDING COVERAGE			
			INSURER A : Nautilus Insurance Compa			
INSURED	Lee County Coalition For		INSURER B :			
	Drug Free SW Florida, Inc. P. O. Box 61688 Fort Myers, FL 33906),	INSURER C:			
			INSURER D :			
			INSURER E :			
			INSURER F:			
COVEDA	cee cep	TIEICATE NIIMBED.	DEVISION 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. ADDL SUBR POLICY EFF POLICY EXP TYPE OF INSURANCE POLICY NUMBER 1,000,000 X COMMERCIAL GENERAL LIABILITY EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) 03/16/2015 03/19/2015 CLAIMS-MADE X OCCUR REF#3534272B 100,000 X BI/PD DED \$500.EA 5,000 MED EXP (Any one person) 1,000,000 PERSONAL & ADV INJURY 2,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE Included X POLICY PRO-JECT PRODUCTS - COMP/OP AGG 5 OTHER: COMBINED SINGLE LIMIT AUTOMOBILE LIABILITY (Ea accident) BODILY INJURY (Per person) ANY AUTO ALL OWNED AUTOS SCHEDULED BODILY INJURY (Per accident) AUTOS NON-OWNED AUTOS PROPERTY DAMAGE (Per accident) HIRED AUTOS UMBRELLA LIAB EACH OCCURRENCE EXCESS LIAB AGGREGATE CLAIMS-MADE RETENTION 3 WORKERS COMPENSATION AND EMPLOYERS' LIABILITY STATUTE ANY PROPRIETORIPARTHER/EXECUTIVE OFFICER/MEI/BER EXCLUDED? (Mandatory in NH) E.L. EACH ACCIDENT NIA E.L. DISEASE - EA EMPLOYEE If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schodule, may be eliashed if more space is required)

PECIAL EVENT - DRUG HOUSE ODYSSEY, MARCH 16, 2015 THRU MARCH 19,2015 OCATION: LEE COUNTY CIVIC CENTER,11831 BAYSHORE RD, N FT MYERS, FL 33917 EE COUNTY BOARD OF COUNTY COMMISSIONERS IS NAMED AS ADDITIONAL INSURED WITH	ł	1/.
EPSECTS TO THE GENERAL LIABILITY FOR THIS SPECIAL EVENT.	1	N/5/10/15
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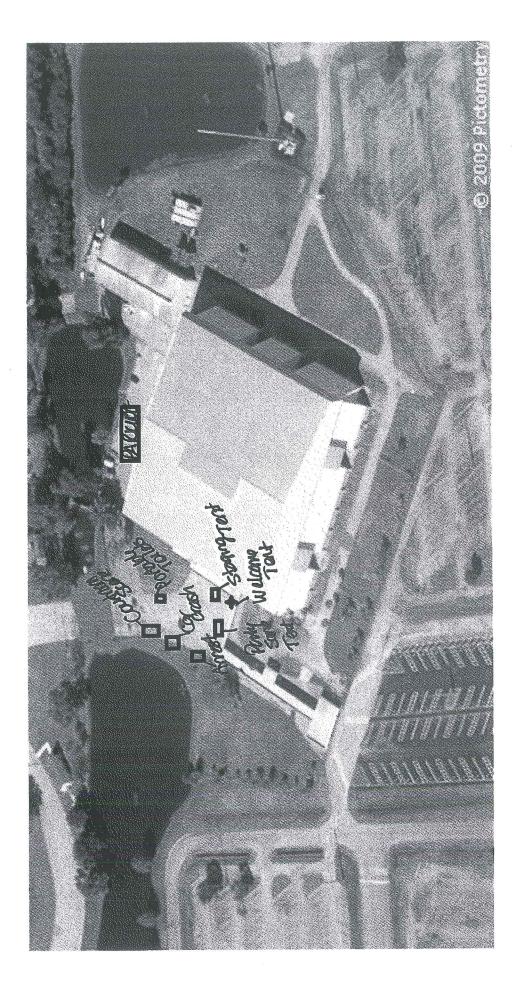
CANCELLATION LEEBOAR

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

LEE COUNTY BOARD OF COUNTY COMMISSIONERS P. O. BOX 398 FORT MYERS, FL 33902

Paul Y Otherison

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From: 03/10/2015 08:51 #501 P.008/008

