

## **EVENT PERMIT**



Ordinance 14-15

## 28TH ANNUAL INDIA FESTIMAL AM 9: 35

PERMIT NUMBER:

TMP2015-00105

Date(s) of Event:

April 18, 2015 from 11:00am to 5:00pm

Property Owner:

NESV FLORIDA REAL ESTATE LLC

Applicant:

SUDEEP CHAWLA

517-420-2435

Description:

Dance performances, vendors to display food and merchandise

Location of event:

11501 FENWAY SOUTH DR FORT MYERS 33913

JetBlue Park \*\*\*517-420-2435

Will the event be attended by 1000 or more people?

Yes

CUCKTY ADMINISTRATES

Contact: SUDEEP CHAWLA

Will the event be held on County Owned Property?

No

Will there be alchohol consumed or sold at the event?

Yes

Will a bond be posted for this event?

No

#### 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, Fabrida

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:

X	SPECIAL EVENT PERMIT
	USE OF COUNTY PROPERTY PERMIT
F	PERMIT TO SELL AND CONSUME ALCHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
ГΙ	FILM PERMIT

Section I - GENERAL INF	ORMATION (All Permit Types)
Title of Event / Name of Production	28th Annual India Festival of Fort Myers
Date(s) of Event / Production:	April 18th, 2015
Location(s) of Event:	JetBlue Park 24452502000030000
Name of Applicant:	Sudeep Chawla
Applicant Address:	11741 Pasetto Ln apt 106 Fort Myers FI 33908
Applicant Phone Number:	517-420-2435
Contact Person: (If different from applicant)	
Contact Phone Number: (If different from applicant)	
Email Address:	chawlasu@gmail.com
Estimated Attendance:	2500
Event Description: Include each activity, when activities take place, etc.	Everything is outdoors. There will be dance performances under a covered stage. Vendors will be provided tents as well to display Food and Merchandise. Please see attached map for Parking, stage, and vendors.
Hours of Operation:	11am to 5 pm (6 Hours)
STRAP # of Parcel:	?
Owner of Premises*:	Boston Red Sox

<sup>\*</sup>Notarized statement from the property owner specifically consenting to the proposed use required.



## Fill out the following questions for all permit types:

What is the Zoning Classification of the	premises? See attached map	
Are any temporary structures to be inst	alled for the event? 🔀 Yes 🔲 No	Type: Tents - See Map
Do you have the appropriate permits fo	r the temporary structures?	▼ Yes
* For a 'Special Event' and 'Use of Coun indentified, including all parking areas.	ty Property' permit, submit a site plan wit	h all proposed facilities and activities
Insurance Company Insuring the Event:	Olin Hill & Associates Inc.	
Note: Certificate of Insurance must be submitte	d at time of application	
Surety Company Bonding this Event (Na	ame and Address): ?	
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	∑ Yes ☐ No	▼ Yes
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 Value Providing Food:  Type of Food being Served: Indian Food	d, Ice Cream, Sweets	
Section II - USE OF COUNTY P	ROPERTY 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 num	ber:	
(Proof of registration with the Dept. of Agriculture &	Consumer Services §496.405 or proof the organization is	s exempt from this requirement. §316.2045)
Section III - SALE/CONSUMPT	ION OF ALCHOLIC BEVERAGES PI	ERMIT
Is alcohol being sold/consumed on Coul If Yes, then a "Lee County Alcohol Permit" is required.	nty Property? Only non-profit organizations can sell alcohol on County	▼Yes  No  Property.
Non-profit certificate/registration num (Required if alcohol is to be <u>SOLD</u> at the event)	ber: Jet Blue Park responsible for this. We ha	ve no affiliation with Alcohol
Please note: A permit from the State of Florida further details	Division of Alcoholic Beverages and Tobacco may a	lso be required; please call (239) 344-0885 for



## Section IV - FILM / VIDEO / PHOTOGRAPHY PERMIT

TV Movie	or Special		TV Series / Pilot		TV Comme	rcial [	St	ill Phot	os	
Public Service Announcement   Industr			ndustrial / Documentary		Other:		an indicate a			ii en valigamina
ill any of the	e following be neede	d or ir	ncluded*?							
	Street Closure				☐ Yes	ΓN	lo			
	Traffic / Crowd Conf	rol			┌ Yes	ΓN	lo			
	Fire or Burning				☐ Yes	ΓN	lo			
	Explosives or Pyrote	chnics	5		Yes	□N	lo			
	Animals, Large or Sr	nall			☐ Yes	ΠΝ	lo			
	Construction of Any	Kind			☐ Yes	ΠМ	lo			
	Large and/or Nume	rous V	ehicles		Yes	ΠΝ	lo			
	Helicopters, Boats,	etc.			┌ Yes	ПN	lo			
	Stunts				T Yes	ΓN	lo			
ļ	Other				Yes	ΓΝ	lo			
	arked Yes, provide fu	rther	details below:							
	ing Requirements:	ırther	details below:							
Special Park	ing Requirements:		rsonnel, equipment, facil	ities, e	tc.)					
Special Park  City or Cour  The followin	ing Requirements:  nty Services Required	d: (Pe		s on p	roduction in		o trac	k the e	conomic im	pac
Special Park  City or Cour  The followin	ing Requirements:  nty Services Required  ng information is required.  If exact figures are	d: (Pe	rsonnel, equipment, facil	s on p	roduction in sely as possik				conomic im	pac
Special Park  City or Cour  The followin the industry	ing Requirements:  hty Services Required  ng information is required.  If exact figures are	d: (Pe	rsonnel, equipment, facil for local and state record vailable, please estimate	s on p	roduction in sely as possik	ole.			conomic im	pac

#### **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.

Signature of Applicant

Print Name of Applicant and Title

VANDNA BADHAN SECRETARY
Print Name of Witness

03 26 15 Date



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

Check the appropri	ate box(es) belo	ow:		
SPECIAL EV	ENT PERMIT			
USE OF CO	UNTY PROPERTY	PERMIT		
PERMIT TO	SELL AND CONSU	JME ALCOHOLIC BEVER	AGES WITHIN LEE COUNTY	/ FACILITIES
FILM PERM	IT			
AFTER REVIEWING THE WILL REQUIRE THE APPL			V WHAT ARRANGEMENTS ENT.	YOUR ORGANIZATION
Parking:	Parking in autho	orized parking areas only.	Will be handled by Dep explorers.	. Baricelli and 10
Deputies (How Many?):	Four (4) depu	uties from 1000-1800	hours	
	1 001 (1) 0000		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Fee for Services:				
Special Arrangements:				
	None.			
*				
ļ	,			
	Print Name:	Capt. Scott Lucia		
	Signature:	Capt. Satt H. Luc	ia	
	Title:	Detail Unit Cor	mmander	
	Date:	24 March 2015		

## Mike Scott Office of the Sheriff



## State of Florida County of Lee

#### Dear Off-Duty Employer:

Enclosed with this letter is an Extra Duty Detail Request Form. Please fill the form out completely. All details are a minimum of four (4) hours with the exception of boat details which are a minimum of six (6) hours. When five (5) or more deputies are requested, a supervisor with the rank of Sergeant or above will be assigned at an upgraded hourly charge. Depending on the type of event or crowd size it will be at the discretion of the Sheriff's Office to determine the number of deputies needed.

All details are charged a \$15 per deputy marked vehicle rate. Also, all boat details are charged \$10 per hour boat rate.

The current detail rates are as follows:

Security:	\$40hr	Funeral Escort:	\$40hr
Security Supervisor:	\$50hr	Boat:	\$40hr
Traffic:	\$50hr	<b>Prisoner Transport:</b>	\$60hr
Traffic Supervisor:	\$60hr	Civil Standby:	\$60hr
Holiday*:	\$60hr	Escort:	\$40hr
Last Minute Detail:	\$60hr		3
(3 hrs or less before start time)			

<sup>\*</sup>Holidays Include: Easter, Memorial Day, Independence Day, Labor Day, Thanksgiving, Christmas Eve, Christmas Day, New Year's Eve and New Year's Day.

When your request is approved it will be given a job number and e-mailed or faxed to you. Payment is due in full one (1) week prior to the scheduled detail in the form of a certified check, money order, and business check or cash to the Lee County Sheriff's Office 14750 Six Mile Cypress Parkway, Ft. Myers, FL 33912 Attn: Details.

Extra duty details will not be provided to any person, firm or organization whose members, business or operations are of a questionable nature; or for any event that will discredit the assigned Deputy, Sheriff's Office or County. The Sheriff's Office reserves the right to cancel extra duty detail without notice and to recall the deputy(s) when necessary for community safety.

In order to cancel an off-duty detail, notice must be given to the Detail Coordinator twenty-four (24) hours prior to the start of the detail either by phone or email. If the cancellation is less than twenty-four (24) hours, a four (4) hour charge per deputy will be billed. In the case of weather, notice of cancellation must be received within two (2) hours of the starting time; otherwise a two (2) hour charge per deputy will be billed. In the event of a cancellation after business hours please call 239-477-1000.

If you have any additional questions please contact our office at 239-477-1199.

## Mike Scott Office of the Sheriff



## State of Florida County of Lee

## Extra Duty Detail Request Form

Business/Co (Note: Failure to fully complete all appli	mpany Information icable information may result in p	processing delays)
Business Name: India Association of Fort My	/ers	
Street: 11741 Pasetto Ln Apt 106		
City: Fort Myers	State: FL	Zip: 33908
Business Contact: Sudeep Chawla	Phone # : 517-420-243	35
Email Address: chawlasu@gmail.com		
Detai	l Information	
Location Name: JetBlue Park		
Address: 11500 Fenway South Dr		
City: Fort Myers	State: FL	Zip: 33912
Contact Person: Sudeep Chawla	Phone # : 517-420-24	35
Date of Event: 4-18-15	Time of Event: 1000	D-1800
Type of Event: India Fest		
Which service(s) is needed:		
Security Traffic Control	Holiday	Last Minute
Other:		
Anticipated Crowd Size: 2500	Number of deputies re	equested:
Marked Vehicle: Yes No	Unmarked Vehicle:	Yes No
Uniformed Deputy(s): Yes No	Plain Clothes Deputy(s):	Yes No
Any additional security working this detail?	Yes No If yes,	how many?
Permits Attached: Yes No	Will alcohol be sold?	Yes No

## Mike Scott Office of the Sheriff



## State of Florida **County of Lee**

4 deputies with patrol cars for	security and presence during India Fest.					
10 LSCO Explorers will be on hand to assist with parking. A liasion for the Sheriff's office will be present and assigned specifically to the Explorers.						
		,				
	Requested by					
for which I am requesting a failure to provide an accura	following information is a complete and accurate reflassistance from the Lee County Sheriff's Office. I unate and complete description is grounds for immediate and that details cancelled with <b>24 hours or less notice</b> per Deputy.	derstand that my termination of				
Print Name	Signature	Date				
	cation to details@sheriffleefl.org or fax to 239-47	77-1177. Once				
the application is review	ed you will receive notification of the total cost.	Submit by Email				
	Detail Coordinator Use Only					
Total Deputy(s):	Total Hours: 8 per dep					
Rate per hour: \$40	Vehicle Rate per Deputy:					
Total Cost for Detail: \$128	80					
	Payment Information scept cash, money order, cashier's check, and business check. Please mail payment to: Lee County Sheriff's Office Attn: Details 14750 Six Mile Cypress Pkwy Ft Myers, FL 33912					
Vendor Signature		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 appropr	iate box(es) bei	low:		
▼ SPECIAL E	VENT PERMIT			
USE OF CO	DUNTY PROPERTY	PERMIT		
FILM PERI	MIT			
AFTER REVIEWING THE WILL REQUIRE THE APPL			W WHAT ARRANGEMENTS ENT.	YOUR ORGANIZATIO
Fire Guards (How 2 certified crowd managers Many?)				
Fee for Services:	55.00 inspection fee	e per tent over 900 sq ft.		
Flammable Vegetation:	cleared from aroun	d tents		
First Aid Equipment:	provided by event .	. call 911 if needed		
Fire Extinguishing:		extinguisher at all tents, co y from tent and secured as	oking tents must be NFPA 96 co to not tip over	mpliant, propane bottles
Special Arrangements:	None			
		_		
	Print Name:	James Tanner		
	Signature:	James Tanner	Digitally signed by James Tanner Discretizations Tanner Anner Sanner South Trail Fire District, ou=Fire Marshal, email-iplanner@southtrailfire.org, c=US Date 2015 03 20 14:09:30 -04/100*	
	Title:	Fire Marshal		
	Date:	3/20/2015		



## 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:		
SPECIAL EV USE OF CO FILM PERM	UNTY PROPERTY F	PERMIT		
AFTER REVIEWING THE WILL REQUIRE THE APPL			/ WHAT ARRANGEMENTS NT.	YOUR ORGANIZATION
Treatment Facilities:	N/A			
Medical Personnel:	N/A			
Medical Supplies / Equipment:	IAFM Booth will hav	e First Aid kit.		
Safety Requirements:	N/A			
Fee for Services	Patient billed at the	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  Discressiont M Tuttle, on-EMS, our-Department of Public Safety, email=nutrlennelleegov.com, c-tUS Data 2015.02.1145.5437 -2007	-
	Title:	Deputy Director		-
	Date:	3/24/2015		-



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

Check the appropri	ate box(es) be	low:				
SPECIAL EV	SPECIAL EVENT PERMIT					
Automoti	UNTY PROPERTY					
FILM PERM		SUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES				
J TILIVIFLIXIV						
		PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION PLY WITH FOR THEIR EVENT.				
Parking:	No Parking on or v	vithin ten feet of Lee County maintained road rights-of-way.				
-						
Ingress and Egress:	Use all established	means of ingress and egress.				
Special Arrangements:	Use Lee County Sh	eriff's Office for assistance with traffic control, as needed.				
	Print Name:	Bryan Miller				
	Signature:	Bryan D. Miller    District   Dis				
	Title:	Senior Project Manager				
	Date:	March 24, 2015				



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

Check the appropri	ate box(es) be	?low:
SPECIAL EV	/ENT PERMIT	
*****	UNTY PROPERTY	
·		SUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
FILM PERN	/IIT	
		PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION IPLY WITH FOR THEIR EVENT.
Illumination:	Event will be 11am	n-5pm so no parking lights will be necessary this year
Parking Areas:	Explorers will dire	are responsible to provide staff / volunteers to direct parking and crowd control (Police ect all parking). Overflow parking is on Lee County property and event organizers must veways and roadways are clear for emergency vehicles.
Special Arrangements:	Event organizers n event participants	must ensure county property is clean and free of trash and debris generated from i.
	Print Name:	Alise Flanjack
	Signature:	Alise Flanjack  Obstantials Flanjack on text County Parks and Recreation, ou. Dec 1955 (2015) 2015 (2015) 44 (2017)
	Title:	Deputy Director
	Date:	Mar 24, 2015



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

		E. C.	
Check the appropria	te box(es) be	elow;	
SPECIAL EVE	NT PERMIT		
⋉ USE OF COU		Y PERMIT	
PERMIT TO S	ELL AND CONS	SUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES	
FILM PERMI	Г		
		PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION PLY WITH FOR THEIR EVENT.	
nsurance 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.		
	2		
	3 .56		
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	
	Date:	March 24, 2015	

#### CERTIFICATE OF LIABILITY INSURANCE

INDIA-2

OP ID: RJ

DATE (MM/DD/YYYY) 03/24/2015

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

CLAIMS-MADE X OCCUR  20727232  01/22/2015  01/22/2016  DAMAGE TO RENTED PREIAISES (Ea occurrence) \$ 5 5 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 1,000 GENERAL AGGREGATE \$ 2,000	the
Olin Hill & Associates Inc.  Za90 4 Del Prado Bivd., #107 Cape Coral, FL 33994 David Kennedy  India Association of Fort Myers Inc P.O. Box 07183 Fort Myers, FL 33919  COVERAGES  CERTIFICATE NUMBER:  THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED ON MAIC POLICY PER INDICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERN EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.  A X COMMERCIAL GENERAL LIABILITY  A LOWNED AND CONDITIONS OF SCHOOL AND CONDITIONS OF SCHOOL OF PRODUCY PER INSURE DESCRIBED HEREIN IS SCHOOL CAIMS.  AUTOMOBILE LIBITITY  ALLOWNED ANTOS  ALLOWNED ANTOS  ALLOWNED ANTOS  ALLOWNED ANTOS  AUTOS  BOOLLY INJURY (Per person) \$ BOOLLY INJURY (PER person)	
CADE COTAL, FL 33904 David Kennedy    RADRESS: davidk@olinhill.com   INSURER(S) AFFORDING COVERAGE   NAIC   INSURER AS SOUTHER AS SO	3
INSURER SOUTHERN-OWNERS INSURANCE CO. 10190  INSURE SOUTH INSURER A: SOUTH INSURER A: SOUTH INSURER CO. 10190  INSURER A: SOUTH INSURER B:	
INSURED INCIDENCE INCIDENCE INSURANCE AS SOUTHERN-OWNERS INSURED CO.  INSURER B: INSURER B: INSURER C: INSURER B: INSURCE TO THE INSURED AND IN	· 11
India Association of Fort Myers Inc P.O. Box 07183 Fort Myers, FL 33919  COVERAGES  CERTIFICATE NUMBER: INSURER E: INSURER F: INSURE	. <del>R</del>
Myers Inc P.O. Box 07183 Fort Myers, FL 33919    MSURER C:   MSURER D:	
P.O. Box 07183 Fort Myers, FL 33919    Insurer D :	***************************************
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Il yas describe under	
DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT   \$	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schodule, may be attached if more space is required)  New England Sports Ventures, NESV I LLC, NESV II LLC, NESV IV LLC, Lee  County Board of County Commissioners, NESV Florida Real Estate LLC, Boston  Red Sox Baseball Club LP. Lee County is named as Additional Insured on the  General Liability with respect to Insured's operations.	
General Liability with respect to Insured's operations.	
CERTIFICATE HOLDER CANCELLATION	
JETBL-1	
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED ACCORDANCE WITH THE POLICY PROVISIONS.	RE IN

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11500 Fenway South Dr

Ft Myers, FL 33913

AUTHORIZED REPRESENTATIVE





1903 1912 1915 1916 1918 2004 2007

December 10th, 2014

#### To Whom It May Concern:

The Boston Red Sox and NESV Florida Real Estate hereby grant Us Tent Rental with a place of business at 2006 72<sup>nd</sup> Drive E. Sarasota, FL 34243 permission to put up temporary tents, on the land owned by NESV Florida Real Estate and surrounding parking lots located at 11500 Fenway South Drive for the dates January 14<sup>th</sup> – April 20<sup>th</sup>.

The parcels of land used for US Tent Event have the following strap numbers:

- #24-45-25-02-00001.0000
- #24-45-25-02-00002.0000
- #24-45-25-02-00003.0000
- #24-45-25-02-00004.0000
- #24-45-25-02-00005.0000

Please let us know if there is any additional information needed.

Thank you.

Sincerely,

**Brennan Whitley** 

NESV Florida Real Estate / Boston Red Sox

11500 Fenway South Drive

Fort Myers, FL 33913

Phone: (239) 226-4755

Email: bwhitley@redsox.com

Auson & Frimmer