

EVENT PERMIT

Ordinance 14-15

MEMBER APPRECIATION EVENT

PERMIT NUMBER: TMP2015-00132

Date(s) of Event: April 26, 2015 from 6:00pm until 8:00pm

Property Owner: LEE COUNTY

Applicant: BOCA GRANDE HISTORICAL SOCIETY Contact: KIM KYLE

Description: Boca Grande Historical Society Member Appreciation Reception

Location of event: 131 135 1ST ST W/236/240 BANYAN ST/170 PARK BOCA GRANDE 33921
BOCA GRANDE HISTORICAL SOCIETY, Boca Grande Causeway to location
***941-964-1600

Will the event be attended by 1000 or more people ? No

Will the event be held on County Owned Property ? Yes

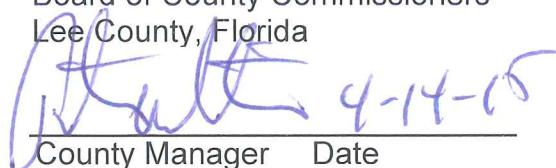
Will there be alcohol consumed or sold at the event ? Yes

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 alcoholic 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



Lee County
Southwest Florida

Event Application

Special Event

Use of
County
Property

Alcohol
within Lee
County
Facilities

Film, Video
&
Photography

RECEIVED
APR 14 2015

COMMUNITY DEVELOPMENT
TMP2015-00132

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 | MEMBER APPRECIATION EVENT |
| Date(s) of Event / Production: | SUNDAY, APRIL 26, 2015 |
| Location(s) of Event: | 170 PARK AVE. BOCA GRANDE, FL 33921 |
| Name of Applicant: | BOCA GRANDE HISTORICAL SOCIETY, INC. - KIM KYLE |
| Applicant Address: | P.O. BOX 553 170 PARK AVE. BOCA GRANDE, FL 33921 |
| Applicant Phone Number: | 941-964-1600 |
| Contact Person: (If different from applicant) | KIM KYLE, EXECUTIVE DIRECTOR |
| Contact Phone Number: (If different from applicant) | W- 941-964-1600, C- 941-830-0450 |
| Email Address: | KYLEKS@LEEGOV.COM |
| Estimated Attendance: | 60 - 65 |
| Event Description: Include each activity, when activities take place, etc. | TO THANK OUR MEMBERSHIP FOR THEIR SUPPORT BY INVITING THEM TO A RECEPTION IN THEIR HONOR |
| Hours of Operation: | 6:00 - 8:00PM |
| STRAP # of Parcel: | 144320010000500100 |
| 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 ☒ 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 / FIRST SECURITY

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

Surety Company Bonding this Event (Name and Address): _____

Will Vehicles be Used as Part of This Event?

☐ Yes ☒ No

If yes, automobile coverage must be included on the certificate of insurance.

Will Food be Available at this Event?

☒ Yes ☐ No

If yes, products liability coverage must be included on the certificate of insurance.

Will Alcoholic Beverages be served/consumed at this Event?

☒ Yes ☐ No

If yes, liquor liability coverage must be included on the certificate of insurance.

Name & Address of Organization Providing Food:

BOCA GRANDE HISTORICAL SOCIETY, 170 PARK AVE. BOCA GRANDE, FL

Type of Food being Served: HORS D'OEUVRES

Section II - USE OF COUNTY PROPERTY PERMIT

Organization Sponsoring the Event: BOCA GRANDE HISTORICAL SOCIETY

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: CH6860

(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?

☒ 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: SERVING, NOT SELLING ALCOHOL AT THIS EVENT

(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.

Kimberly Kyle
Signature of Applicant

DJ BSB
Witness

Kimberly Kyle Executive Director
Print Name of Applicant and Title

DAVID BARTELS
Print Name of Witness

4/7/2015
Date

4/7/2015
Date

Lee County Event Permit Application



LEE COUNTY SHERIFF'S DEPARTMENT
14750 SIX MILE CYPRESS PARKWAY
FORT MYERS, FLORIDA 33912
(239) 477-1199

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:

In authorized parking areas only.

Deputies (How Many?):

None required.

Fee for Services:

Special Arrangements:

Alcohol is not to be beyond the property boundaries.

Print Name: Capt. Scott Lucia

Signature: *Capt. Scott W. Lucia*

Title: Detail Unit Commander

Date: 9 April 2015

Lee County Event Permit Application



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
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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.

| | |
|-------------------------|---------------------------------|
| 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: C.W. Blosser
Title: Fire Chief
Date: 04/08/2015

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

Pr. billed @ time of service

Special Arrangements:

Call 9-1-1 as needed for emergencies

Print Name:

SCOTT R. TATE

Signature:

AMT

Title:

Deputy Director

Date:

4/7/15

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
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☐ FILM PERMIT

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| | |
|-----------------------|--|
| Parking: | Park in designated areas. No event parking on County-maintained roads where parking is prohibited. |
| Ingress and Egress: | Use all established means of ingress and egress. |
| Special Arrangements: | None. |

Print Name: Bryan Miller

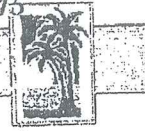
Signature: Bryan D. Miller

Digitally signed by Bryan D. Miller
DN: cn=Bryan D. Miller, o=Lee County, email=bmiller@lccgov.com,
c=US
Date: 2015.04.08 14:43:07 -0400

Title: Senior Project Manager

Date: April 8, 2015

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
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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.

Illumination:

Additional lighting must be provided by permit holder and removed after the event. Open flames are prohibited.

Parking Areas:

Parking is permitted in existing parking areas located at the Boca Grande Community Park.

Special Arrangements:

- Permit Holder must follow all guidelines under ordinance #95-09 (selling and consumption). All alcohol consumption must stay within the designated area discussed with the P&R supervisor at the Boca Grande Community Park.
- Lee County Parks & Recreation Director or Deputy Director approves this alcohol permit (2 - permits already granted at the Boca Grande Community Park) by signing below.
- Must provide insurance with Lee County BOCC being additionally insured and host liquor if serving alcohol.

| | | |
|-------------|-----------------|---------------|
| Print Name: | Alise Flanjack | Joe Wier |
| Signature: | Alise Flanjack | Joseph R Wier |
| Title: | Deputy Director | Supervisor |
| Date: | 4/8/15 | 4/8/15 |



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:

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Special Arrangements:

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- Lee County Parks & Recreation Director or Deputy Director approves this alcohol permit (2 - permits already granted at the Boca Grande Community Park) by signing below.
- Must provide insurance with Lee County BOCC being additionally insured and host liquor if serving alcohol.

Print Name:

Joe Wier

Signature:

Joseph R Wier

Title:

Supervisor

Date:

4/8/15

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:

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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:

Title:

Risk Program Manager

Date:

April 8, 2015



CERTIFICATE OF LIABILITY INSURANCE

OP ID: KT

DATE (MM/DD/YYYY)
12/18/2014

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-BOCA P. O. Box 1406 Boca Grande, FL 33921 Italiano Insurance Services Inc | | Phone: 941-964-0400 Fax: 941-964-0595 | CONTACT NAME: PHONE (A/C, No, Ext): FAX (A/G, No): E-MAIL ADDRESS: PRODUCER CUSTOMER ID #: BOCA-13 |
| INSURED Boca Grande Historical Society PO Box 553 Boca Grande, FL 33921 | INSURER(S) AFFORDING COVERAGE INSURER A: Bankers Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F: | | NAIC # 24260 |

COVERAGES**CERTIFICATE NUMBER:****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 SUBR INSR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----------|---|--------------------------------------|-----------------|-------------------------|-------------------------|---|
| A | <input checked="" type="checkbox"/> GENERAL LIABILITY | X | 090004959299316 | 01/21/2015 | 01/21/2016 | EACH OCCURRENCE \$ 1,000,000 |
| | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 |
| | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR | | | | | MED EXP (Any one person) \$ 5,000 |
| | | | | | | PERSONAL & ADV INJURY \$ included |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | GENERAL AGGREGATE \$ 2,000,000 |
| | <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC | | | | | PRODUCTS - COM/POP AGG \$ 1,000,000 |
| | | | | | | Host Liq \$ 1,000,000 |
| | AUTOMOBILE LIABILITY | | | | | COMBINED SINGLE LIMIT (Ea accident) \$ |
| | <input type="checkbox"/> ANY AUTO | | | | | BODILY INJURY (Per person) \$ |
| | <input type="checkbox"/> ALL OWNED AUTOS | | | | | BODILY INJURY (Per accident) \$ |
| | <input type="checkbox"/> SCHEDULED AUTOS | | | | | PROPERTY DAMAGE (Per accident) \$ |
| | <input type="checkbox"/> HIRED AUTOS | | | | | \$ |
| | <input type="checkbox"/> NON-OWNED AUTOS | | | | | \$ |
| | UMBRELLA LIAB | <input type="checkbox"/> OCCUR | | | | EACH OCCURRENCE \$ |
| | EXCESS LIAB | <input type="checkbox"/> CLAIMS-MADE | | | | AGGREGATE \$ |
| | DEDUCTIBLE | | | | | \$ |
| | RETENTION \$ | | | | | \$ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | <input type="checkbox"/> Y/N | N/A | | | WC STATUTORY LIMITS OTHER |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | | | | | E.L. EACH ACCIDENT \$ |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | E.L. DISEASE - EA EMPLOYEE \$ |
| | | | | | | E.L. DISEASE - POLICY LIMIT \$ |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Lee County BOCC, a political subdivision & Charter County of the State of Florida, are Additional Insured on the General Liability as required by written contract.

CERTIFICATE HOLDER

LEE COU

Lee County Government &
Board of County Commissioners
P.O. Box 398
Ft. Myers, FL 33902-0398

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

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