

#### **EVENT PERMIT**



Ordinance 14-15

#### WORLDS RICHEST TARPON TOURNAME

PERMIT NUMBER:

TMP2015-00153

Date(s) of Event:

June 5, 2015 thru June 6, 2015 from 11:00am until 8:00pm

Property Owner:

LEE COUNTY ROW

Applicant:

BOCA GRANDE CHAMBER OF COMMER

Contact: LEW HASTINGS

Description:

WORLDS RICHEST TARPON TOURNAMENT FESTIVAL/Art Show, Music,

Food & Beverages

Location of event:

ROW PARK AVE/4TH ST BOCA GRANDE 33921

ROW PARK AVE BETWEEN 5TH ST & 3RD ST, DOWNTOWN BOCA GRANDE

\*\*\*941-964-0568

Will the event be attended by 1000 or more people?

No

Will the event be held on County Owned Property?

Yes

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, Florida

County Manager

Date



### **Event Application**

Special Event

Use of County Property Alcohol within Lee County Facilities

Film, Video & Photography



COMMUNITY DEVELOPMENT
TMP2015-00153



#### **Event Application**

Check the	appropriate	box(	'es)	below:
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SPECIAL EVENT PERMIT

□ 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	WORLDS RICHEST TARPON TOURNAMENT FESTIVAL	
Date(s) of Event / Production:	JUNE 5TH & 6TH, 2015	
Location(s) of Event:	PARK AVE. BETWEEN 5TH & 3RD STREET, DOWN TOWN BOCA GRANDE - MAP ATTACHED	
Name of Applicant:	LEW HASTINGS (EXECUTIVE DIRECTOR) BOCA GRANDE CHAMBER OF COMMERCE	
Applicant Address:	480 EAST RAILROAD AVE. P.O. BOX 704 BOCA GRANDE, FL 33921	
Applicant Phone Number:	941-964-0568	
Contact Person: (If different from applicant)		
Contact Phone Number: (If different from applicant)	1-941-855-0522	
Email Address:	INFO@BOCAGRANDECHAMBER.COM	
Estimated Attendance:	700 - 900	
Event Description: Include each activity, when activities take place, etc.	ART SHOW 11am - 8pm  MUSIC 2pm - 8pm  FOOD & BEVERAGES 12pm - 8pm	
Hours of Operation:	11 TO 8PM	
STRAP # of Parcel:	14-43-20	
Owner of Premises*:	LEE COUNTY GOVERNMENT / DOT	

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



#### Fill out the following questions for allpermit types:

What is the Zoning Classification of the premises? DOT RIGHT OF WAY
Are any temporary structures to be installed for the event?  Yes  No Type:
Do you have the appropriate permits for the temporary structures?
<ul> <li>For a 'Special Event' and 'Use of County Property' permit, submit a site plan with all proposed facilities and activit</li> <li>indentified, including all parking areas.</li> </ul>
Insurance Company Insuring the Event: ITALIANO INSURANCE CO.
Note: Certificate of Insurance must be submitted at time of application
Surety Company Bonding this Event (Name and Address): N/A
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 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, products liability coverage must be included on the certificate of insurance.
Name & Address of Organization Providing Food:  VARIOUS ISLAND RESTAURANTS
Type of Food being Served: VARIED MENU - FAIR STANDARD
Section II - USE OF COUNTY PROPERTY PERMIT
Organization Sponsoring the Event: BOCA GRANDE AREA CHAMBER OF COMMERCE
Fill out this portion for applications for Solicitation in the County Rights-of-Way:
Name of Charity: BOCA GRANDE AREA CHAMBER OF COMMERCE
Address of Charity: 480 EAST RAILROAD AVE, BOCA GRANDE, FL 33921
Phone Number: 941-964-0568
Non-profit certificate/registration number: 59-2402749
(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?
Non-profit certificate/registration number: 59-2402749  (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



ection IV - FILM / VIDEO / PHOTOG	KAPHY PERIVILI	N/ A		
pe of Production (choose all that apply):		& &		
TV Movie or Special TV Serie	es / Pilot	TV Commer	rcial	os
Public Service Announcement Industria		Other:		
ill any of the following be needed or included	*?			
Street Closure		T Yes	┌ No	
Traffic / Crowd Control		Yes	┌ No	
Fire or Burning		r Yes	_ No	
Explosives or Pyrotechnics		r Yes	r No	
Animals, Large or Small		· Yes	No No	
Construction of Any Kind		Yes	_ No	
Large and/or Numerous Vehicles		Yes	No	
Helicopters, Boats, etc.		Yes	No	
Stunts		[ Yes	┌ No	
Other		Yes	┌ No	
Special Parking Requirements:				ur a vere un enque suura (ou projection de la companya de la companya de la companya de la companya de la comp
City or County Services Required: (Personne	l, equipment, facilities,	etc.)		
City or County Services Required: (Personne  The following information is required for locathe industry. If exact figures are not available	al and state records on	production in	Florida to track the e ble.	conomic impact c
The following information is required for loca	al and state records on	production in osely as possil	Florida to track the e ple. mber of locals hired:	conomic impact c
The following information is required for locathe industry. If exact figures are not available	al and state records on e, please estimate as cl	production in osely as possil Nur	ole. mber of locals hired: —	conomic impact o

Pag. 3

#### **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

Witness

Alison Henderson

Date



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

FILM PERMI	INT PERMIT  INTY PROPERTY PER  SELL AND CONSUM  T	
Parking:	In authorized pa	arking areas only.
Deputies (How Many?):		y 1400-2100 hours and one (1) deputy from 1600-2100 days, 5 and 6 June, 2015.
Fee for Services:		
Special Arrangements:	No blocking or	r interfering with right-of-way.
	Print Name:	Capt. Scott Lucia
	Signature:	Carl Lett H. Luciu
	Title:	Detail Unit Commander
	Date:	4 May 2015



#### 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:

F SPECIAL EV	ENT PERMIT			
IX USE OF COUNTY PROPERTY PERMIT				
FILM PERM	NIT			
AFTER REVIEWING THE VILL REQUIRE THE APPLI	APPLICATION, PL	EASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION Y WITH FOR THEIR EVENT.		
Fire Guards (How Many?)	and the second s	None		
ee for Services:		None		
Flammable Vegetation:		None		
First Aid Equipment:				
		None		
Fire Extinguishing:				
		None		
Special Arrangements:		rtment "access" (firelane) on closed streets. Any outdoor cooking may tishers and proper equipment and placement.		
		In case of emergency - Dial 911		
	Print Name:	C.W. Blosser		
	Signature:	CBL		
	Title:	Fire Chief		
	Date:	05/01/2015		



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

Check to	he	appropriate	box(es)	below:
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- F SPECIAL EVENT PERMIT
- SE 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.

VILL NECCOME THE TAXABLE	
Treatment Facilities:	MIA
Medical Personnel:	MA
Medical Supplies / Equipment:	NA
Safety Requirements:	NA
Fee for Services	Pt billed at the of Service
Special Arrangements:	[Call 9-1-1 as meeded for Emersoneres
	Print Name: SCOTT M TUTTLE
	Signature:
	Title: Depty Director
	Date: 4/80/15
	1979 B



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

Check the appropria	ite box(es) belo	ow:
SPECIAL EVI	ENT PERMIT	
USE OF COL	JNTY PROPERTY	PERMIT
PERMIT TO	SELL AND CONSU	JME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
FILM PERM		
y		
AFTER REVIEWING THE WILL REQUIRE THE APPL	APPLICATION, PI	LEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION LY WITH FOR THEIR EVENT.
Parking:	Public parking in Co access (12' lane mir	ounty road rights-of-way where legally permitted. Shall maintain emergency vehicle nimum) at all times.
Ingress and Egress:	Use all established	means of ingress and egress.
Special Arrangements:	Plans shall be in sul	eriff's Office for assistance with traffic control. All road closure Maintenance of Traffic obstantial conformance with FDOT Standard Index 600 Series and the MUTCD, as osures and re-opening to traffic shall be done under the direction and supervision of eriff's Office.
	Print Name:	A CONTROL OF THE PROPERTY OF T
	Signature:	Bryan D. Miller
	Title:	Senior Project Manager
	Date:	May 1, 2015

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

Check the appropri	ate box(es) belo	W:		
₩ USE OF CO		PERMIT ME ALCOHOLIC BEVERAGES WI	THIN LEE COUNTY FACILITIES	
AFTER REVIEWING THE WILL REQUIRE THE APPI	APPLICATION, PL LICANT TO COMPL	EASE INDICATE BELOW WHAT LY WITH FOR THEIR EVENT.	ARRANGEMENTS YOUR ORGANIZATIO	N
Illumination:	Any additional lighti	ing must be provided by permit hold	er.	
Parking Areas:	Use all designated p Community Park an		and overflow parking at the Boca Grande	
Special Arrangements:	- Must provide insur - If alcohol is being s may also be require - Follow all guideling	d Call 1-239-344-0885	er from P&R for placement location dditionally insured. a Division of Alcoholic Beverages and Tobacco nes or barricades are needed for event, get wi	
	Print Name;		Joe Wier	
	Signature:	е	Joseph R Wier	
	Title:		Supervisor	
	Date:		4/29/15	



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

Check the appropriat	re box(es) below:
	NTY PROPERTY PERMIT ELL AND CONSUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
AFTER REVIEWING THE A	APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION CANT TO COMPLY 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.
	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, FI 33902 as the certificate holder and as an additional insured.
	Print Name: Mike Figueroa  Signature:  Title: Risk Program Manager  Date: May 6, 2015

ACORD

#### CERTIFICATE OF LIABILITY INSURANCE

04/27/2015

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 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).

Certificate Holder III fied of affect characteristics.	LOGGIAPT
PRODUCER ITALIANO INSURANCE-BOCA P. O. Box 1406 Boca Grande, FL 33921	CONTACT NAME: PHONE (AC, No, Ext): E-NAM ADDRESS:
Italiano insurance Services in	NSURER(S) AFFORDING COVERAGE NAIC #
	INSURER A: Burlington Ins. Co.
INSURED Boca Grande Chamber Commerce	INSURER B:
P O Box 704	INSURFR C:
Boca Grande, FL 33921	MSURER O:
	INSURER E:
	MSURER F:
COVERAGES CERTIFICATE NUMI	ACUADAN MISTORA
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TER CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INEXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS	STED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD I OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS IRANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS. HOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.
INSR TYPE OF INSURANCE INSR WYD	POLICY HUMBER (MINDD/YYYY) (MINDD/YYYY) LIAITS
X X COMMERCIAL GENERAL LIABILITY 627B0	1 State Application of the Control o
CLAIMS-MADE X OCCUR	MED EXP (Any cro) person) \$ 5,000
	PERSONAL & ADV INJURY \$ 1,000,000
X liquor \$2nv\$1m	GENERAL AGGREGATE 5 2.000,000
GENT AGGREGATE LIMIT APPLIES PER	HostLiq 5 1,000,000
POLICY PRO- JECT LOC	COMBINED SINGLE LIMIT (Ea accident) S
ANY AUTO	BODILY (NJURY (Per person) \$
ALL OWNED SCHEDULED	BODILY INJURY (Per accident) \$
AUTOS AUTOS NON-OWNED AUTOS AUTOS	PROPERTY DAMAGE (PER ACCIDENT)
HIRED AUTOS AUTOS	3
UMBRELLA LIAB OCCUR	EACH OCCURRENCE \$
EXCESS LIAB CLAPAS MADE	AGGRECALE 3
DEO RETENTIONS	5
WORKERS COMPENSATION	WG STATU- OTH- LORY LIMITS ER
AND EMPLOYERS' LIABILITY  ANY PROPRIETORIPART NER-EXECUTIVE  N/A	EL EACH ACCIDENT \$
(Mandatory in NH)	E.L. DISEASE - EA EMPLOYEE 3
If yes, describe under DESCRIPTION OF OPERATIONS below	EL DISEASE - POLICY LIMIT \$
	Ĺ
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD TO	Artificianal Remarka Schedule, if more sosse is required)
DESCRIPTION OF OPERATIONS (LOCATIONS VEHICLES (ARREAN ACCOUNT).  Lee County Board of County Commissioners, County of the State of FL are Additional written contract. For events 5/8/15-Ladies Ladies Day Awards show, and 6/5&6/15 for include liquor liability)Other events inc	a political subdivision & Charter nsd on the Gen Liab as required by Day Capt Party, 5/9/15 Ladies Day estival (which is only even to
CERTIFICATE HOLDER	CANCELLATION
VEITH IVALE IIVES EIT	THE LIFE OF THE ADONE OF TODING DOLINICO DE CAMOSELLEO SESONE
Lee County Board of County Commissioners	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
P O Box 398	AUTHORIZED REPRESENTATIVE
Fort Myers, FL 33902	Neling. Halin A
	( UCHAM, JONATH)

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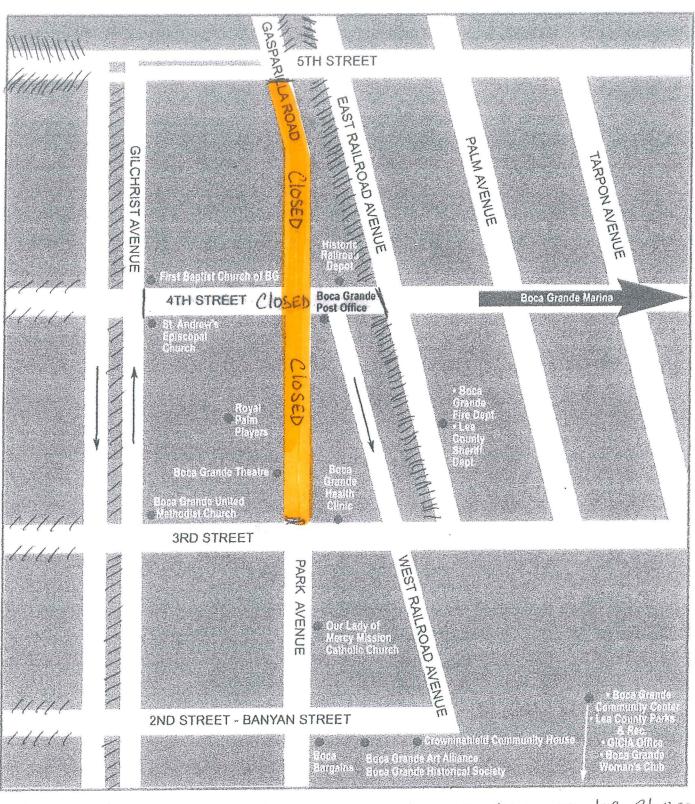
# LEE COUNTY VISITOR & CONVENTION BUREAU 2201 SECOND STREET, SUITE 600 FORT MYERS, FLORIDA 33901 (239) 338-3500

Check the appropriate box(es) below:

FILM PERMIT ONLY

AFTER REVIEWING THE APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION WILL REQUIRE THE APPLICANT TO COMPLY WITH FOR THEIR EVENT.

Special Arrangements:	
Other:	
	Print Name:
	Signature:
	Title:
	Date:



AREA HIGHLIGHTED IN YELLOW INDICATES AREA TO BE CLOSED AREA TO BE CLOSED AREA TO BE CLOSED AREAS

