



# EVENT PERMIT

Ordinance 14-15

## YOUTH FOOTBALL

**PERMIT NUMBER:** TMP2015-00219

**Date(s) of Event:** Ongoing between August 15, 2015 and November 30, 2015 from 9am until 9pm

**Property Owner:** LEE COUNTY

**Applicant:** WILDCATS RIVERDALE

**Contact:** JERRY DAVIS SR

**Description:** Youth football games/practices for Peace River Conference

**Location of event:** 9800 BUCKINGHAM RD FORT MYERS 33905  
BUCKINGHAM PARK/SR82 east to left on Buckingham Rd \*\*\*239-822-0570

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 ? No

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

*[Signature]* 8-17-15  
\_\_\_\_\_  
County Manager Date



**Lee County**  
*Southwest Florida*

# Event Application

Special Event

Use of  
County  
Property

Alcohol  
within Lee  
County  
Facilities

Film, Video  
&  
Photography

IMP2015-00219

# 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	YOUTH Football
Date(s) of Event / Production:	AUG - 15 - NOV. 30
Location(s) of Event:	9800 BUCHINGHAM PARK
Name of Applicant:	WILDCATS RIVERDALE
Applicant Address:	9800 BUCHINGHAM PARK
Applicant Phone Number:	239-822-0570
Contact Person: (If different from applicant)	JERRY DAVIS SR.
Contact Phone Number: (If different from applicant)	239-822-0570
Email Address:	HQJD11@gmail.com
Estimated Attendance:	400 <sup>00</sup> PER GAME
Event Description: Include each activity, when activities take place, etc.	FOOTBALL GAMES IN PEACE RIVER CONF. WITH THE YOUTH..
Hours of Operation:	900 AM - 900 PM.
STRAP # of Parcel:	19442600000040000
Owner of Premises*:	LEE COUNTY

\*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? CF

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: Scottsdale Ins Co / Hartford Life & Accident

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?

☐ 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:

Riverdale Wildcats

Type of Food being Served:

Concession Stand

### Section II - USE OF COUNTY PROPERTY PERMIT

Organization Sponsoring the Event: Riverdale Wildcats

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: \_\_\_\_\_

(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: \_\_\_\_\_

(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

Type of Production (choose all that apply):

☐ TV Movie or Special      ☐ TV Series / Pilot      ☐ TV Commercial      ☐ Still Photos  
☐ Public Service Announcement      ☐ Industrial / Documentary      ☐ Other: \_\_\_\_\_

Will any of the following be needed or included\*?

Street Closure	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Traffic / Crowd Control	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Fire or Burning	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Explosives or Pyrotechnics	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Animals, Large or Small	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Construction of Any Kind	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Large and/or Numerous Vehicles	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Helicopters, Boats, etc.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Stunts	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other	<input type="checkbox"/> Yes	<input type="checkbox"/> No

\* For any marked Yes, provide further details below:

**Special Parking Requirements:**

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City or County Services Required: (Personnel, equipment, facilities, etc.)

The following information is required for local and state records on production in Florida to track the economic impact of the industry. If exact figures are not available, please estimate as closely as possible.

Number in Cast: \_\_\_\_\_ Number in Crew: \_\_\_\_\_ Number of locals hired: \_\_\_\_\_

Total budget: \_\_\_\_\_ Estimate amount spent in Lee County: \_\_\_\_\_

Hotel room nights: \_\_\_\_\_ Number of shooting days: \_\_\_\_\_  
number of rooms x number of nights



#### **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 premises 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.

*Jerry Davis*  
Signature of Applicant

JERRY DAVIS - PRESIDENT  
Print Name of Applicant and Title

8/12/15  
Date

*Amy Hall*  
Witness

AMY HALL  
Print Name of Witness

8/12/15  
Date

LEE COUNTY SHERIFF'S DEPARTMENT  
14750 SIX MILE CYPRESS PARKWAY  
FORT MYERS, FLORIDA 33912  
(239) 477-1000

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

Parking:

*To be handled by event staff. If large crowd anticipated additional detail deputies should be hired to contain or limit parking issues.*

Deputies (How Many?): 8/15/15 2 deputies from 10a-930p for the Jamboree. 8/22/15 2 deputies from 4p-9p for Riverdale VS Clewiston. 9/5/15 2 deputies for Riverdale VS NFM J 4p-9p. 9/12/15 2 deputies for Riverdale VS Cape Youth 4p-9p. 10/17/15 2 deputies for Riverdale VS Charlotte 4p-9p. Staffing is based on discussion with applicant and past history of all league games to provide event security with uniformed Deputies and vehicles. Should the event not be as described by the permit applicant they will be obligated to provide additional security as deemed appropriate by the Detail Unit Supervisor for the Lee County Sheriffs Office. This permit only covers the game schedule as it was originally stated by the applicant. Any additional playoff games should be scheduled as soon as possible. It is incumbent on the applicant to confirm dates and times of all events.

Fee:

*The details rates are four hour minimums per Deputy. Hourly rates are (\$40 dollars Deputy). If the deputies are held over for any reason, the vendor will be billed the regular security rate of \$40 an hour. LCSO is not responsible for seeking out payments.*

Special Arrangements:

*The detail will be paid for in advance by cash or cashiers check to the Lee County Sheriffs Office no less than one (1) week prior to the event. If an event is not paid for in advance County Parks and Recreation will be notified and cancelation of the event can occur. Applicant will confirm game and detail times as final schedule is published to ensure coverage for game day.*

Capt. Scott Lucia

\_\_\_\_\_  
PRINT NAME of PERSON SIGNING

*Capt. Scott R. Lucia*

\_\_\_\_\_  
SIGNATURE

Special Events, Permits and Details

\_\_\_\_\_  
TITLE

7 July 2015

\_\_\_\_\_  
DATE

*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:

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

**\*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/Company Information	
(Note: Failure to fully complete all applicable information may result in processing delays)	
Business Name: Riverdale Wildcats	
Street: PO Box	
City: Ft Myers	State: FL Zip: 33917
Business Contact: Jerry or Sylvia Davis	Phone #: 822-0750/822-0759
Email Address: sylviaadd@leeschools.net	
Detail Information	
Location Name: Buckingham Community Park	
Address: 9800 Buckingham Rd	
City: Ft Myers	State: FL Zip: 33971
Contact Person: Tosha Thomas	Phone #: 239-218-7802
Date of Event: see attached schedule	Time of Event: see attached
Type of Event: Pop Warner Football games	
Which service(s) is needed:	
<input checked="" type="checkbox"/> Security	<input type="checkbox"/> Traffic Control
<input type="checkbox"/> Holiday	<input type="checkbox"/> Last Minute
<input checked="" type="checkbox"/> Other:	
Anticipated Crowd Size:	Number of deputies requested:
Marked Vehicle: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Unmarked Vehicle: <input type="checkbox"/> Yes <input type="checkbox"/> No
Uniformed Deputy(s): <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Plain Clothes Deputy(s): <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Any additional security working this detail? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many?	
Permits Attached: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Will alcohol be sold? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

With the exception of the jamboree on 8/15/15 which will be scheduled from 10a-930p, all details will be scheduled from 4p-9p.

*Mike Scott*  
Office of the Sheriff



State of Florida  
County of Lee

Describe job duties of deputy/deputies:

Uniformed deputies requested for security & presence during regular season scheduled games. Deputies will perform patrols of both the fields and in the parking lots as needed to maintain a visual presence. Any additional games that may be added to the schedule at a later date must be called in, dropped off, or emailed to the Details Unit with an appropriate amount of time for the particulars of the detail to be reviewed and a decision be made on the amount of deputies required. All details will need to be paid for in advance no less than (1) one week prior to the start of the detail. If the details are not paid for, Lee County Parks & Rec will be notified and cancellation of the event may result. LCSO will not be responsible for seeking out payments. The league is responsible for confirming game dates and times prior to the start of the event to ensure proper coverage. Attached supplemental form has also been included and will need to be initialed.

Please call Details Office prior to making any payment for a check of the balance

Requested by

I swear and affirm that the following information is a complete and accurate reflection of the event for which I am requesting assistance from the Lee County Sheriff's Office. I understand that my failure to provide an accurate and complete description is grounds for immediate termination of this detail. I also understand that details cancelled with **24 hours or less notice** I will be charged the **minimum of 4 hours** per Deputy.

*Sylvia Davis* *Sylvia Davis* *7/8/15*  
Print Name Signature Date

Please e-mail your application to [details@sheriffleefl.org](mailto:details@sheriffleefl.org) or fax to 239-477-1177. Once the application is reviewed you will receive notification of the total cost.

Submit by Email

Detail Coordinator Use Only

Total Deputy(s): see below Total Hours: \_\_\_\_\_

Rate per hour: \$40 Vehicle Rate per Deputy: waived

Total Cost for Detail: See below

Payment Information

We accept 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

8/15 Jamboree	\$920
8/22 Clewiston	\$400
9/5 NFMJR	\$400
9/12 Cape Youth	\$400
10/17 Charlotte	\$400

*Sylvia Davis* *7/8/15*  
Vendor Signature Date

The vendor will be responsible for paying any overage that may be incurred prior to the start of the next detail. Vendor will need to contact the Details Office 477-1199 prior to dropping off any payment to make sure there is no balance.

## 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
- ☐ 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.

Fire Guards (How Many?)

N/A

Fee for Services:

N/A

Flammable Vegetation:

N/A

First Aid Equipment:

N/A

Fire Extinguishing:

on site

Special Arrangements:

Call 911 as needed for emergency

Print Name:

Ted Ross

Signature:

Ted Ross

Title:

Fire Chief

Date:

8/7/15

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:

MA

Medical Supplies /  
Equipment:

N/A

Safety Requirements:

N/A

Fee for Services

All billed at time of service

Special Arrangements:

call 9-1-1 as needed in emergencies

Print Name:

Scott Miller

Signature:

Scott Miller

Title:

Deputy Director

Date:

8/19/15

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  
☒ 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:

No parking is permitted on County road rights-of-way

Ingress and Egress:

Use only established driveway to access the site

Special Arrangements:

Use Sheriff or FHP to control traffic on the County roads if needed

Print Name:

Stephen Jansen

Signature:

Stephen Jansen

Title:

Chief Traffic Engineer

Date:

8/6/15

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:

- ☒ 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.

Illumination:

N/A

Parking Areas:

Event organizer must ensure parking is controlled and monitored to ensure no vehicles block emergency access.

Special Arrangements:

youth league agreement and insurance on file and up to date. no grease fryers allowed on property without proper suppression system.

Event organizer must provide adequate staff/volunteers to manage a safe atmosphere and crowd control measures are monitored.

Print Name: Kathryn Ball

Signature:

*Kathryn Ball* *Alise Flanjack*

Title:

Supervisor

*Deputy Director*

Date:

5th August 2015

*8/5/15*

Lee County Event Permit Application



LEE COUNTY RISK MANAGEMENT  
COUNTY ADMINISTRATION BUILDING - 4<sup>TH</sup> FLOOR  
2115 SECOND STREET  
FORT MYERS, FLORIDA 33901  
(239) 533-2221

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.

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 applicants use of aforementioned event within Lee County.

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.  
Subject to proof of insurance.

Print Name: William Diaz

Signature:

Title:

Risk Generalist

Date:

August 5, 2015

ACORD™

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

06/30/15

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).

<b>PRODUCER</b> K&K INSURANCE GROUP, INC. 1712 MAGNAVOX WAY PO BOX 2338 FORT WAYNE IN 46801		<b>CONTACT NAME:</b> Cheryl Pettibone <b>PHONE (A/C, No. Ext):</b> 800-441-3994 <b>FAX (A/C, No):</b> <b>E-MAIL ADDRESS:</b> Cheryl.Pettibone@kandkinsurance.com	
<b>INSURED</b> MEMBER NO: Riverdale Wildcats, Inc. 8141 Blue Daze Ct. Lehigh Acres, FL 33972		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Scottsdale Insurance Company <b>INSURER B:</b> Hartford Life & Accident Ins. Co. <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	
		<b>NAIC #</b>	

## 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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:	X		KRS-54323-00	08/01/2015 12:01 AM	08/01/2016 12:01 AM	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) Excluded PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE NONE PRODUCTS-COMP/OP AGG \$1,000,000 PARTICIPANT LEGAL LIABILITY \$1,000,000
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea Accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						EACH OCCURRENCE AGGREGATE
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION						
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N					<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT
B	PARTICIPANT ACCIDENT			OFE-3600204975-01	08/01/2015 12:01 AM	08/01/2016 12:01 AM	AD&D \$ 10,000 EXCESS MEDICAL \$ 100,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

THE CERTIFICATE HOLDER IS AN ADDITIONAL INSURED, BUT SOLELY WITH RESPECT TO THE ACTIVITIES OF THE NAMED INSURED.  
 (RE: Owner/Lessor of Premises Utilized for Insured's Activities)

SEXUAL ABUSE/MOLESTATION: \$1,000,000 PER OCCURRENCE/\$2,000,000 AGGREGATE

## CERTIFICATE HOLDER

## CANCELLATION

Lee County BOCC  
 PO Box 398  
 Fort Myers, FL 33902

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

*Scott Pettibone*

Lee County Event Permit Application



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: \_\_\_\_\_

