

EVENT PERMIT



Ordinance 14-15

FLORIDA STATE CHAMPIONSHIP 0#8 3 RM 2:01

PERMIT NUMBER:

TMP2015-00290

Date(s) of Event:

November 22, 2015 from 8:00am until 5:00pm

Property Owner:

TIITF/COUNTIES

Applicant:

GONE RIDING. CORP

Contact: DAVID BERGER

Description:

FLORIDA STATE CHAMPIONSHIP SERIES #8/COCONUT CUP SERIES #2, Off road bicycle race, cross country mountain bike race held on the existing trail

Location of event:

19130 N RIVER RD ALVA 33920

CALOOSAHATCHEE REGIONAL PARK, SR80 east, left on SR31, right on N River

Rd ***352-873-9279

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

County Manager

Date



Event Application

Special Event

Use of County Property Alcohol within Lee County Facilities

Film, Video & Photography

mp2015-00290



Event Application

Check	the	appropriate	box(es)	below:
-------	-----	-------------	---------	--------

- SPECIAL EVENT PERMIT
- X 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	Florida State Championship series #8 / Coconut Cup series #2
Date(s) of Event / Production:	11-22-15
Location(s) of Event:	Caloosahattchee park 19130 North Riverka
Name of Applicant:	Gone Riding, corp
Applicant Address:	10915 SW 58th Ave Road / Ocala, Fl 34476
Applicant Phone Number:	352-873-9279
Contact Person: (If different from applicant)	David Berger
Contact Phone Number: (If different from applicant)	352-873-9279
Email Address:	info@goneriding.com
Estimated Attendance:	200
Event Description: Include each activity, when activities take place, etc.	off road bicycle race, cross country mountain bike race held on the exisiting trail system at the park.
Hours of Operation:	8am to 5pm
STRAP # of Parcel:	20432100000010060
Owner of Premises*:	Lee county

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



Fill out the following questions for	or allpermit types:			
What is the Zoning Classification of t	he premises? recreation	161-2		
Are any temporary structures to be i	nstalled for the event? Ye	s 🛭 No T	Type: Na	
Do you have the appropriate permits	for the temporary structures	;?	T Yes O	No
* For a 'Special Event' and 'Use of Co indentified, including all parking area		it a site plan wit	h all proposed facili	ties and activities
Insurance Company Insuring the Eve	nt: Francis Dean and Associate	S	inguisticone - 44 Augustin	
Note: Certificate of Insurance must be subn	itted at time of application			
Surety Company Bonding this Event	(Name and Address):			
Will Vehicles be Used as Part of Th Event?	is Will Food be Available a	t this Event?	Will Alcoholic served/consume	
⊤ Yes	▼ Yes	No	Yes	No
If yes, automobile coverage must be included on the certificate of insurance.	If yes, products liability cover included on the certificate		If yes, liquor liability included on the cert	coverage must be ificate of insurance.
Name & Address of Organization Providing Food:	Mudcutters bicycle club			
Type of Food being Served: hot dog	s & hamburgers			
Section II - USE OF COUNTY	PROPERTY PERMIT			
Organization Sponsoring the Event	Gone Riding, corp			
Fill out this portion for applications	for Solicitation in the County	/ Rights-of-Way	7	
Name of Charity:				
Address of Charity:				
Phone Number:				
Non-profit certificate/registration r	number:			
(Proof of registration with the Dept. of Agricultu	re & Consumer Services §496.405 or pro	oof the organization is	s exempt from this require	ement. §316.2045)
Section III - SALE/CONSUM	PTION OF ALCHOLIC BE	EVERAGES PI	ERMIT	
Is alcohol being sold/consumed on of the state of the sta	, , ,	sell alcohol on County	, , , , , , , , , , , , , , , , , , , ,	No
Non-profit certificate/registration in (Required if alcohol is to be <u>SOLD</u> at the event)	umber:			
Please note: A permit from the State of Flo	rida Division of Alcoholic Beverages	and Tobacco may a	lso be required; please	call (239) 344-0885 for

William Bridge

further details



Section IV - FILM / VIDEO / PHOTOGRAPHY PERMIT

Type of Production (choose all tr				
TV Movie or Special	TV Series / Pilot	TV Comr	nercial	otos
Public Service Announcemer	it Industrial / Document	ary Other:		
Will any of the following be need	ded or included*?			
Street Closure		T Yes	⊼ No	
Traffic / Crowd Co	ntrol	Yes	IX No	
Fire or Burning		┌─ Yes	₩ No	
Explosives or Pyro	technics	Yes	⊼ No	
Animals, Large or	Small	Yes	⊼ No	
Construction of A	ny Kind	Yes	⊼ No	
Large and/or Nun	nerous Vehicles	/ Yes	4	
Helicopters, Boats	s, etc.	Yes	i de la companya de l	
Stunts		Yes	. **	
Other		/ Yes	⊠ No	
* For any marked Yes, provide Special Parking Requirements				
	25,			
City or County Services Requi	red: (Personnel, equipment,	facilities, etc.)		
The following information is r				e economic impact of
the industry. If exact figures	are not available, please estin	nate as closely as po	ssible.	
Number in Cast:	Number in Cre	w:I	Number of locals hired:	
Total budget:	Estimate amou	unt spent in Lee Count	y:	
Hotel room nights:	Number of sho	ooting days:		
number of roon	ns x number of nights			

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.

David Berger	Terri Berger
Signature of Applicant	Witness
David Berger / Race Director	Terri Berger
Print Name of Applicant and Title	Print Name of Witness
8-13-15	8-13-15
Date	Date

DUME



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

Check the appropria	te box(es) bel	ow:	
F SPECIAL EVE	NT PERMIT		
□ USE OF COU	INTY PROPERTY	PERMIT	
PERMIT TO	SELL AND CONSU	IME ALCOHOLIC BEVERAGES WIT	HIN LEE COUNTY FACILITIES
FILM PERMI	Т		
AFTER REVIEWING THE WILL REQUIRE THE APPL	APPLICATION, P	LEASE INDICATE BELOW WHAT LY WITH FOR THEIR EVENT.	ARRANGEMENTS YOUR ORGANIZATION
Parking:	n authorized parkii	ng areas only.	
Deputies (How Many?):	None required.		
Fee for Services:			
Special Arrangements:	uggagagagagagagagagagagagagagagagagagag		
	A., 3 2131	I.s	
	Print Name:	Capt. Scott Lucia	
	Signature:	Capt. Scott Lucia District, Sortucia	a, couline County Sherill's Offlior, our Special Operations. Blans, coulis
	Title:	Special events, Permits and Details	
	Date:	24 August 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 appropri	ate box(es) bel	ow:		
SPECIAL EV	VENT PERMIT			
▼ USE OF CO	UNTY PROPERTY	PERMIT		
FILM PERM	ЛІТ			
AFTER REVIEWING THE WILL REQUIRE THE APPL			OW WHAT ARRANGEMENTS Y	YOUR ORGANIZATION
Fire Guards (How Many?)	n/a			
Fee for Services:	No Fee			
Flammable Vegetation:				
First Aid Equipment:	See Special Arrange	ements		
Fire Extinguishing:	n/a			
Special Arrangements:	We will staff our Me	dical Response UTV with	personnel for this event.	
	Print Name:	Robert Tiner		
	Signature:	Robert Tiner	Digitally signed by Robert Tiner Discurribution Tiner, owther Fire Central, ou, email-signer@ahedirecontrol.org, cut5 Date: 975 5633 1 080880 - 44707	
	Title:	Chief		
	Date:	Aug 31, 2015		



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

Check the appropri	rte box(es) belov	N:
☐ SPECIAL EV	ENT PERMIT	
▼ USE OF CO	UNTY PROPERTY PI	ERMIT
FILM PERM	IT	
AFTER REVIEWING THE WILL REQUIRE THE APPL	APPLICATION, PLE	EASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION WITH FOR THEIR EVENT.
Treatment Facilities:	N/A	
Medical Personnel:	N/A	
Medical Supplies / Equipment:	N/A	
Safety Requirements:	N/A	
Fee for Services	Patients are billed at	the time of service.
Special Arrangements:	Will stand by with Al	va Fire Department subject to call.
	Print Name:	Scott M Tuttle
	Signature:	Scott M Tuttle Specification for Section And Section Specification and Spe
	Title:	Deputy Director
	Date:	8/14/2015



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

Check the appropri	ate box(es) be	low:		
SPECIAL EV	ENT PERMIT			
⋉ USE OF CO	UNTY PROPERTY	PERMIT		
PERMIT TO	SELL AND CONS	UME ALCOHOLIC BEVERA	GES WITHIN LEE COUNTY	FACILITIES
FILM PERM	IIT			
,				
		PLEASE INDICATE BELOW PLY WITH FOR THEIR EVEN		YOUR ORGANIZATION
n 11	N	iddin 10 foot of los Cou		F
Parking:	No event parking o	on or within 10 feet of Lee Cou	inty maintained road rights-of	i-way.
	The second secon			
Ingress and Egress:	Use all established	I means of ingress and egress.		
	A CONTRACTOR CONTRACTO			
Special Arrangements:	None.			
	reconstitutions			
	ORANA ARIA MARIA			
	And the second s			
		PLE One		
		NO.		
	Print Name:	Rnyan Millor		
	rillit Name.	- Diyan Miller		
	Signature:	Bryan D. Miller	Digitally signed by Bryan D. Miller Date: 2015.08.21 08:38:41 -04'00'	
	Title:	Senior Project Manager		
	Date:	August 21, 2015		,



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

Check the appropri	ate box(es) bel	low:		
= SPECIAL EV	ENT PERMIT			
√ USE OF CO	UNTY PROPERTY	PERMIT		
100			ERAGES WITHIN LEE COUNT	Y FACILITIES
FILM PERM				
1 12000 2000				
AFTER REVIEWING THE WILL REQUIRE THE APP	APPLICATION, F LICANT TO COMI	PLEASE INDICATE BELC PLY WITH FOR THEIR E	OW WHAT ARRANGEMENTS VENT.	YOUR ORGANIZATION
Illumination:	None; event is duri	ing daylight hours.		
Parking Areas:	parking lot and ald	ong the 1st section of the l safety vest at all times. Ins	small section of management ar norse trail called Sunburn Meado ure fire lanes are not obstructed :	w. Volunteers parking cars
Special Arrangements:	your choice. All tra event. Set up for th	ish and course markings at ne event may start after 12	ain and pay for port-o-lets by cor re to be picked up and removed a pm the day prior to the event. 1 for security during set up, race o	at the conclusion of this camper or tent may be
	Print Name:	Alise Flanjack	James Eash	
	Signature:	Alise Flanjack	Digitally signed by Albe Planyack (Dit cowAlse Planyack, order Cozency Parks and Recreation, ou. emails-skepletegor, com, cn US Cuerc 2015;09:18 19:23:523-04:00	-
	Title:	Deputy Director	P/R Supervisor	_
	Date:	9/18/15	9/18/15	-



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

Check the appropriate box(es) below:

☐ SPECIAL EVE	NT PERMIT	
☑ USE OF COU	NTY PROPERTY	PERMIT
MC 125		UME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
FILM PERMI		
1 (((((((((((((((((((•	
		LEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION PLY WITH FOR THEIR EVENT.
Insurance Requirements:	occurrence to pr	eral liability insurance with minimum limits of One Million Dollars (\$1,000,000) per otect against bodily injury and/or property damage relative to the applicants use of event on Lee County property.
Special Arrangements;		surance shall be submitted as evidence of the required coverage listing Lee County Commissioners, P.O. Box 398, Fort Myers, Fl 33902 as the certificate holder and as an d.
,	Print Name:	Mike Figueroa
	Signature:	- N
	Title:	Risk Program Manager
	Date:	September 24, 2015

13. Mar. 1. 8



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 9/20/2015

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). CONTACT FRANCIS L. DEAN & ASSOCIATES OF FLORIDA, LLC. PHONE (A/C, No, Ext): E-MAIL ADDRESS: (352) 854-6380 FAX (A/C, No): (877) 671-3326 6027 SW 54TH ST STE 200 infofl@fdean.com OCALA, FL 34474-5547 www.fdeanfl.com INSURER(S) AFFORDING COVERAGE (877) 671-3326 21113 United States Fire Insurance INSURER A : SPORTS AND RECREATION PROVIDERS ASSOCIATION (PURCHASING GROUP) AND INSURER B INSURED INSURER C : David Berger-Gone Riding, Inc. INSURER D : 10915 S.W. 58th Avenue Road INSURER E Ocala, FL 34476 INSURER F : REVISION NUMBER: USP193184 CERTIFICATE NUMBER: COVERAGES THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. ADDL SUBR (MM/DD/YYYY) LIMITS POLICY NUMBER TYPE OF INSURANCE (MM/DD/YYYY) LTR GENERAL AGGREGATE \$2,000,000.00 GENERAL LIABILITY \$2,000,000.00 PRODUCTS - COMPIOP AGG X COMMERCIAL GENERAL LIABILITY \$1,000,000.00 PERSONAL & ADV INJURY X OCCUR CLAIMS-MADE 11/23/2015 11/22/2015 \$1,000,000.00 EACH OCCURRENCE SRPGP-101-0715 12:01 AM 12:01 AM FIRE DAMAGE (Any one fire) \$300,000.00 GEN'L AGGREGATE LIMIT APPLIES PER: MED EXP (Any one person) \$5,000.00 POLICY COMBINED SINGLE LIMIT \$ AUTOMOBILE LIABILITY (Ea accident) BODILY INJURY (Per person) \$ ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS BODILY INJURY (Per accident) S PROPERTY DAMAGE (Per accident) NON-OWNED \$ HIRED AUTO AUTOS EACH OCCURRENCE \$ UMBRELLA LIAB OCCUR AGGREGATE \$ CLAIMS-MADE **EXCESS LIAB** RETENTION \$ DED EACH OCCURRENCE \$ GENERAL AGGREGATE \$ EACH OCCURRENCE \$ GENERAL AGGREGATE 5 DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) The Certificate holder is added as an additional insured but only with respect to liability arising out of operations of the named insured during the policy period.

Covered Activity: Cycling Event-Florida State Championship Series #8

CERTIFICATE HOLDER

CANCELLATION

OLIVIII IOATE HOLDER	VAROLLLATION
Lee County Board of Commissioners P.O. Box 398 Ft. Myers, FL 33901	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
	Francis L. Dean

ACORD 25 (2010/05) v141120.001

© 1988-2010 ACORD CORPORATION. All rights reserved.

The ACORD name and logo are registered marks of ACORD