



EVENT PERMIT

Ordinance 14-15



GULF COAST BEACH FESTIVAL

COUNTY ADMINISTRATION
OCT 29 PM 4 04

PERMIT NUMBER: TMP2015-00293

Date(s) of Event: October 31, 2015, Festival from 9:00am-9:00pm, Costume Parade/Trick or Treat from 6:00pm-9:00pm

Property Owner: LEE COUNTY

Applicant: SURFERS FOR AUTISM

Contact: DON C RYAN

Description: Festival including surfing, paddle boarding, music, games, etc./Costume Parade and Trick or Treat

Location of event: 1100 ESTERO BLVD FORT MYERS BEACH 33931
CRESCENT BEACH FAMILY PARK/Estero Bkld ***561-445-7154

Will the event be attended by 1000 or more people ? Yes

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

 10-29-15

County Manager Date



Lee County
Southwest Florida

Event Application

Special Event

Use of
County
Property

Alcohol
within Lee
County
Facilities

Film, Video
&
Photography

TMP205-00293

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	5th Annual Gulf Coast Beach Festival
Date(s) of Event / Production:	October 31, 2015
Location(s) of Event:	Crescent Beach Family Park 1100 Estero Blvd
Name of Applicant:	Don C. Ryan
Applicant Address:	7899 Santa Fe Tr. Boca Raton, FL 33987
Applicant Phone Number:	561-445-7154
Contact Person: (If different from applicant)	
Contact Phone Number: (If different from applicant)	
Email Address:	surferforautism@live.com
Estimated Attendance:	1,500 - 2,000
Event Description: Include each activity, when activities take place, etc.	Please see the attached key notes.
Hours of Operation:	9:00 a.m. - 4:00 p.m.
STRAP # of Parcel:	
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? Park **EC**

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: Bollinger

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:

12-15 local restaurants preparing food off site & delivering.

Type of Food being Served: Variety of food being prepared off site

Section II - USE OF COUNTY PROPERTY PERMIT

Organization Sponsoring the Event: Surfers for Autism, Inc.

Fill out this portion for applications for Solicitation in the County Rights-of-Way:

Name of Charity: Surfers for Autism

Address of Charity: 7491 N. Federal Hwy., Boca Raton, FL 33487

Phone Number: 561-445-7154

Non-profit certificate/registration number: Attached

(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):

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

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



Number in Cast: _____ Number in Crew: _____ Number of locals hired: _____

Total budget: _____ Estimate amount spent in Lee County: _____

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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.



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

Print Name of Applicant and Title

Print Name of Witness

Date

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:

Parking in authorized parking areas only.

Deputies (How Many?):

None required.

Fee for Services:

Special Arrangements:

Print Name: Capt. Scott Lucia

Signature: *Capt. Scott W. Lucia*

Title: Detail Unit Commander

Date: 24 August 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:

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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:

Waived

Flammable Vegetation:

None

First Aid Equipment:

call 911 as needed/ Event sponsor to provide first aid

Fire Extinguishing:

comply with guidelines

Special Arrangements:

Print Name:

Ronald L. Martin

Captain Ronald L. Martin

Signature:

Ronald L. Martin

Ronald L. Martin

Title:

PRES. / COV

Fire Marshal

Date:

8/6/15

16-Aug-2015

Digitally signed by Ronald L. Martin
DN: cn=Ronald L. Martin, o=Fort Myers Beach Fire
Control District, ou=Fire Prevention and Investigation
Service, email=rmartin@floridafire.org, c=US
Date: 2015.08.17 09:42:52 -0400

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

N/A

Special Arrangements:

~~See~~ Ft. Myers Beach Fire Department is the primary
EMS response. co-ordinate all medical planning with
Ft. Myers Beach Fire Department

Print Name:

SCOTT M. TRAZ

Signature:

[Handwritten Signature]

Title:

Deputy Director

Date:

8/14/15

Lee County Event Permit Application



DEPARTMENT OF TRANSPORTATION
1500 MONROE STREET
FORT MYERS, FL 33901
(239) 533-8580

Check the appropriate box(es) below:

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

Parking:

No event parking on Lee County maintained road rights-of-way.

Ingress and Egress:

Use all established means of ingress and egress.

Special Arrangements:

Use Lee County Sheriff's Office for assistance with traffic control. Additional comments: The Contractor for the Town of Fort Myers Beach will be instituting a traffic Detour in this area starting Sept 14 for the installation of water & gas lines along Estero Blvd btw Times Square & Crescent St. This work is expected to last until mid October. The event applicant should contact Kaye Molnar of Cella-Molnar (239-337-1071) or David Scafidi of Mitchell & Stark (239 597-2165 at least two weeks prior to the event to confirm the status of the construction work in this area to confirm/review construction status and any specific parking, pedestrian, or vehicular access issues.

Print Name: Bryan Miller

Signature: Bryan D. Miller

Digitally signed by Bryan D. Miller
Date: 2015.09.11 12:50:39 -04'00'

Title: Senior Project Manager

Date: September 11, 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:

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

Illumination:

Parking Areas:

All parking is off site. Use of on-site parking for equipment trailer & emergency vehicles only.

Special Arrangements:

Vendor is responsible for any damages. A thorough walk-through of the park site must be made prior to the event with county representative & event coordinator.

Print Name: Alise Flanjack

Signature: Alise Flanjack

Digitally signed by Alise Flanjack
DN: cn=Alise Flanjack, o=Lee County Parks and Recreation, ou,
email=alise@leecpr.com, c=US
Date: 2015.08.20 10:25:11 -0400

Title: Deputy Director

Date: 8/18/2015

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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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.

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: August 14, 2015



CERTIFICATE OF LIABILITY INSURANCE

SURFE-2

OP ID: DC

DATE (MM/DD/YYYY)

04/02/15

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).

PRODUCER Bollinger Sports & Leisure 101 JFK Parkway Short Hills, NJ 07078-5000 AJ Morgan	800-446-5311 973-921-2876	CONTACT NAME: PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS: INSURER(S) AFFORDING COVERAGE INSURER A: Markel Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	NAIC # 38970
INSURED Surfers for Autism, Inc. Kim Ryan 7899 Santa Fe Trail Boca Raton, FL 33487			

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	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Incl Participants GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	X	3602AH021772	09/09/15	01/01/16	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COM/OP AGG \$ 1,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		3602AH021772	09/09/15	01/01/16	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB EXCESS LIAB DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A				WC STATU-TORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Accident Insurance Full Excess		4102AH021771	09/09/15	01/01/16	Med Max: 25,000 Ded: \$250/Claim

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

The certificate holder is listed as an additional insured on the liability policy. Coverage is provided under this policy only for sponsored/supervised activities of the named insured for which a premium has been paid.

02 MR
02/14/2015

CERTIFICATE HOLDER

LEECOU3

Lee County Board of
County Commissioners
2115 2nd Street
Ft. Myers, FL 33901

CANCELLATION

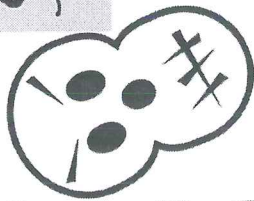
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

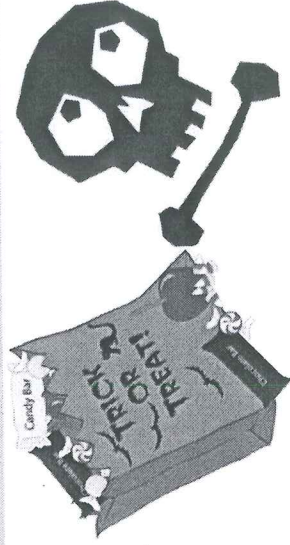
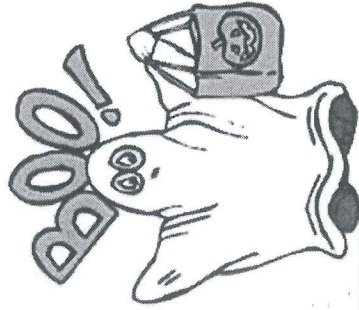
[Signature]

Surfers for Autism Trick or Treat Halloween

October 31, 2015



DRESS UP FOR HALLOWEEN
WITH SFA—PARENTS AND
KIDS!



TRICK OR TREAT

6:00—8:00 PM

ALL THE BUSINESSES IN TIME
SQUARE AND ON SAN CARLO
WILL BE PARTICIPATING IN
TRICK OR TREAT FOR THE
KIDS! ORANGE RIBBON WILL
BE ON THE DOOR.

COSTUME PARADE

8:00 PM

MEET AT THE STAGE IN TIMES
SQUARE FOR A COSTUME PARADE
FOR THE KIDS





Join us at Crescent Bch. Park to celebrate our 5th annual beach festival for children and young adults with exceptionalities. This is a free festival for all to enjoy while supporting a community effort and a great cause.

*Event reception party from 6p to 10p hosted by
Best Western Plus Beach Resort*



The days activities from 9a to 4p will include surfing, paddle boarding, music, games, interactive exhibits, give aways, an amazing raffle and much more. Paint a real fire engine provided by Ft. Myers Bch. Fire Control District.



*Event after party from 6p to 10p hosted by
Pete's Time Out, Time Square*



STREET VIEW LINE

GULF OF MEXICO

Surf / Recreation Zone

REGISTRATION AREA

WATER VIEW

REST 1

FOOD IN STEP

REST 2

REST 3

REST 4

REST 5

REST 6

REST 7

REST 8

REST 9

REST 10

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REST 273

REST

Fire Engine

**Crescent Beach
Family Park**

Nemo's on the Beach

Gulf of Mexico

HIGH TIDE LINE

Surf / Recreation Zone

APPROXIMATELY 180 FEET

REGISTRATION

10X10

RAFFLE/MERCH

10X10

VOULNTEERS

10X10

FOOD/WATER

10X10

FUN & GAMES

10X10

PA/ANNOUNCEMENTS




FIRST AID

SURF / SPONSORS

10 X 10 POP UPS

AUTISM RESOURCES

10 X 10 POP UPS

-  = SURFERS FOR AUTISM TENTS
-  = SPONSOR / RESOURCE TENTS
-  = MEDICAL PROVIDED BY SURFERS FOR AUTISM



SURFERS FOR AUTISM

Dunes / Beach Access

REFERR TO KEY NOTES FOR ALL OPERATIONS INFORMATION

2015 EVENT SITE TENT LAYOUT