



EVENT PERMIT

Ordinance 14-15



TAKE STEPS FOR CROHNS/COLITIS

PERMIT NUMBER: TMP2015-00301

Date(s) of Event: November 1, 2015 from 7:30am until 12:30pm

Property Owner: LEE COUNTY

Applicant: MARY JORDAN

Contact: MARY JORDAN

Description: Walk event to benefit the Crohn's & Colitis Foundation of America including registration, activities and closing ceremony

Location of event: 9190 9398 CORKSCREW PALMS BLVD ESTERO 33928
ESTERO RECREATION CENTER ***561-218-2929

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



Lee County
Southwest Florida

Event Application

Special Event

Use of
County
Property

Alcohol
within Lee
County
Facilities

Film, Video
&
Photography

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	Take Steps for Crohn's and Colitis
Date(s) of Event / Production:	November 1, 2015
Location(s) of Event:	Estero Recreation Center 9200 Corkscrew Palms Blvd
Name of Applicant:	Mary Jordan
Applicant Address:	21301 Powerline Road, Suite 301 Boca Raton, Florida 33433
Applicant Phone Number:	(561) 218-2929
Contact Person: (If different from applicant)	Mary Jordan and Tracy Wilbanks
Contact Phone Number: (If different from applicant)	
Email Address:	mjordan@ccfa.org
Estimated Attendance:	300
Event Description: Include each activity, when activities take place, etc.	It is a walk event; we will have registration, activities and then a closing ceremony
Hours of Operation:	7:30 a.m. to 12:30 p.m.
STRAP # of Parcel:	344 025E40100C01A
Owner of Premises*:	Lee County

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

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	Take Steps for Crohn's & Colitis Walk
Date(s) of Event / Production:	November 1, 2015
Location(s) of Event:	Estero Recreation Center/Park
Name of Applicant:	Shannon Primm
Applicant Address:	2250 North Druid Hills Road, Suite 250 Atlanta, Georgia 30326
Applicant Phone Number:	404-982-0616
Contact Person: (If different from applicant)	Katie Keohane
Contact Phone Number: (If different from applicant)	(561) 322-8900
Email Address:	sprimm@ccfa.org
Estimated Attendance:	250
Event Description: Include each activity, when activities take place, etc.	Fundraising walk event including registration, activities and awards.
Hours of Operation:	7:30 am-12:30 pm
STRAP # of Parcel:	
Owner of Premises*:	

*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 indentified, including all parking areas.

Insurance Company Insuring the Event: _____

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: _____

CCFA

Type of Food being Served: Light snacks and Water

Section II - USE OF COUNTY PROPERTY PERMIT

Organization Sponsoring the Event: CCFA (Crohn's and Colitis Foundation of America)

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):

Will any of the following be needed or included*?

* For any marked Yes, provide further details below:



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Downloaded from <http://ajph.org/> on November 10, 2015

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.

Tracy Wilbanks
Signature of Applicant

Tracy Wilbanks, NATLMgr
Print Name of Applicant and Title

10-19-15
Date

Jamie Lee Diaz
Witness

Jamie-Lee Diaz
Print Name of Witness

10/19/15
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 lot at Estero Recreation Center. In authorized parking areas only.

Deputies (How Many?):

Two deputies requested for security at registration.

Fee for Services:

Special Arrangements:

None.

Print Name: Capt. Scott Lucia

Signature: Capt. Scott Lucia

Digitally signed by Capt. Scott Lucia
DN: cn=Capt. Scott Lucia, o=Lee County Sheriff's Office, ou=Special Operations,
email=slucia@sheriffcl.org, c=US
Date: 2015.10.19 12:14:27 -0400

Title: Special Events, Permits and Details

Date: 19 October 2015



Extra Duty Detail Request Form

Please fill out the Extra Duty Request form attached to this document completely. All details are a minimum of four (4) hours with the exception of boat details which are a minimum of six (6) hours and a half hour drive time to and from the detail location. When five (5) or more deputies are assigned to an event, 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.

The current detail rates are:

Security	\$40/hr	Traffic	\$50/hr
Funeral Escort	\$40/hr	Security Supervisor	\$50/hr
Escort	\$40/hr	Traffic Supervisor	\$60/hr
Boat	\$40/hr	Civil Stand-by	\$60/hr
Holiday/Last Minute	\$60/hr	Prisoner Transport	\$60/hr

*Details are charged a \$15 per deputy vehicle rate.
All boat details are charged a \$20 per hour boat rate.*

Extra Duty Details will not be provided to any person, firm or organization whose members, business or operations are of 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 the detail without notice and to recall the deputy(s) when necessary for community safety.

The Lee County Sheriff's Office will be the only armed personnel at any event where the detail is taking place. Any private security company that is hired to work alongside the Sheriff's Office will be a reputable, licensed and insured company whose employees are State D licensed unarmed security guards. Proof of the signed contract with private security company will be required.

In order to cancel a 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 and ask to have the on-call Detail Coordinator call you.

Unless otherwise specified, full payment of all details must be received one (1) week prior to the start of the event in the form of a cashier's check, money order, business check or cash. The Lee County Sheriff's Office does not accept credit cards or personal checks. **Payments can be sent to: The Lee County Sheriff's Office 14750 Six Mile Cypress Pkwy., Fort Myers, FL 33912 ATTN: Details Unit.**

LEE COUNTY SHERIFF'S OFFICE USE ONLY			
Total Deputy(s) <u>2</u>	Total Hours <u>10</u>	Rate per Hour <u>\$40</u>	Vehicle Rate <u>WAIVED</u>
Total Cost for Detail <u>\$400</u>			
Vender Signature _____		Date _____	



14750 Six Mile Cypress Parkway • Fort Myers, Florida 33912-4406 • (239) 477-1000

LCSO Details Main Phone Number: 239-477-1199			
Vendor Information			
Business Name: <u>Crohn's and Colitis Foundation</u>			
Street: <u>2250 North Druid Hills Road Ste 250</u>			
City: <u>Atlanta</u>		State: <u>GA</u> Zip Code: <u>30326</u>	
Business Contact: <u>Katie Keohane</u>		Phone: <u>561-322-8900</u>	
Email Address: <u>sprimm@ccfa.org</u>			
Event Information			
Detail Location: <u>Estero Community Park</u>			
Street: <u>9200 Corkscrew Palms Blvd</u>			
City: <u>Estero</u>		State: <u>FL</u> Zip Code: <u>33928</u>	
Contact During Event: _____		Phone: _____	
Event Date: <u>11/1/15</u>		Event Time: <u>0730-1230</u>	
Anticipated Crowd Size : <u>250</u>		Type of Event: <u>Walk</u>	
Additional Security Working Detail: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, how many? _____			
Permits Attached: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Alcohol Served: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Detail Information			
Security	<input checked="" type="checkbox"/>	Traffic	<input type="checkbox"/>
Escort	<input type="checkbox"/>	Holiday	<input type="checkbox"/>
Last Minute	<input type="checkbox"/>	Stand-by	<input type="checkbox"/>
Marked Vehicle	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Unmarked Vehicle	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Uniformed Deputy	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Plain Clothes Deputy	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Prisoner Transport <input type="checkbox"/>			
Funeral Escort <input type="checkbox"/>			
Detail Description: 2 uniformed deputies with patrol cars for security and presence near money collection areas.			



14750 Six Mile Cypress Parkway • Fort Myers, Florida 33912-4406 • (239) 477-1000

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:

ANY TENT OVER 900 SQ FEET MUST BE PERMITTED AND INSPECTED.

Flammable Vegetation:

ALL VEGETATION TO BE CUT LOW AND REMOVED IF NEEDED

First Aid Equipment:

CALL 9-1-1 FOR ALL EMERGENCIES.

Fire Extinguishing:

ANY TENT OVER 900 SQ FEET MUST HAVE A 5 OR 4 LB ABC DRY CHEM EXTINGUISHER.

Special Arrangements:

CONTACT EFR FOR INSPECTIONS INVOLVING TENTS OVER 900 SQ FEET. NO COOKING UNDER TENTS.

Print Name:

PHILLIP GREEN

Signature:

Phillip Green

Title:

Fire Marshal

Date:

10/28/2015

Lee County Event Permit Application



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

Check the appropriate box(es) below:

- ☒ SPECIAL EVENT PERMIT
☒ USE OF COUNTY PROPERTY PERMIT
☐ FILM PERMIT

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

Treatment Facilities:

N/A

Medical Personnel:

N/A

Medical Supplies /
Equipment:

N/A

Safety Requirements:

Fee for Services

Patients are billed at the time of service.

Special Arrangements:

Call 9-1-1 for emergencies.

Print Name: Scott M Tuttle

Signature: Scott M Tuttle

Digitally signed by Scott M Tuttle
DN: cn=Scott M Tuttle, c=US, ou=Public Safety, email=tuttlesm@leegov.com
Date: 2015.10.27 07:41:18 -0400

Title: Deputy Director

Date: Oct 27, 2015

Lee County Event Permit Application



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

Check the appropriate box(es) below:

- ☒ SPECIAL EVENT PERMIT
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☐ FILM PERMIT

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

Parking:

Parking lot at the park/recreation center will be utilized.

Ingress and Egress:

Use only established accesses and driveways

Special Arrangements:

Use Sheriff or FHP if traffic control is needed on County roads

Print Name: Stephen M. Jansen

Signature: Stephen M. Jansen

Digitally signed by Stephen M. Jansen
DN: cn=Stephen M. Jansen, ou=Lee County Dept. of Transportation and Traffic
Email: sjansen@leegov.net, c=US
Date: 2015.10.21 14:04:17 -0400

Title: County Traffic Engineer

Date: Oct 21, 2015

Lee County Event Permit Application



LEE COUNTY PARKS AND RECREATION
3410 PALM BEACH BOULEVARD
FORT MYERS, FLORIDA 33916
(239) 533-7275

Check the appropriate box(es) below:

- ☒ SPECIAL EVENT PERMIT
☒ USE OF COUNTY PROPERTY PERMIT
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☐ FILM PERMIT

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

Illumination:

N/A

Parking Areas:

Work with On Site staff to utilize park space to ensure event is successful.

Special Arrangements:

Event organizer must provide adequate staff to handle crowd control, parking and event management as well as set up and clean up.

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@leegov.com, c=US
Date: 2015.10.26 17:30:25 -0400

Title: Deputy Director

Date: October 26, 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:

- ☒ SPECIAL EVENT PERMIT
☒ USE OF COUNTY PROPERTY PERMIT
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☐ FILM PERMIT

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

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:

October 28, 2015



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
8/14/2015

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).

PRODUCER The Rubin Group Inc 111 John Street Suite 1900 New York NY 10038		CONTACT Jacqueline Ramsey PHONE (212) 791-4300 FAX (212) 791-0456 E-MAIL jramsey@therubingroup.com ADDRESS	
INSURED Crohn's & Colitis Foundation of America Inc 733 Third Avenue Suite 510 New York NY 10007		INSURER(S) AFFORDING COVERAGE INSURER A: Philadelphia Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES

CERTIFICATE NUMBER: CL1532005563

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	X	PHPK1275242	12/31/2014	12/31/2015	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 20,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED 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 checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000	X	PHUB485384	12/31/2014	12/31/2015	EACH OCCURRENCE \$ 20,000,000 AGGREGATE \$ 20,000,000
	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 <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Lee County Board of County Commissioners is included as an additional insured as required by contract with regards to the Southwest Florida Take Steps Walk on November 1, 2015 at 9200 Corkscrew Palms Blvd, Estero, FL 33928

62 MF
10/22/15

CERTIFICATE HOLDER

Lee County Board of County Commissioners
P.O. Box 398
Fort Myers, FL 33902

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

J Ramsey/JEROM1

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:

N/A

Other:

Print Name:

Signature:

Title:

Date:

Mike Scott
Office of the Sheriff



State of Florida
County of Lee

Extra Duty Detail Request Form

Please fill out the Extra Duty Request form attached to this document completely. All details are a minimum of four (4) hours with the exception of boat details which are a minimum of six (6) hours and a half hour drive time to and from the detail location. When five (5) or more deputies are assigned to an event, 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.

The current detail rates are:

Security	\$40/hr	Traffic	\$50/hr
Funeral Escort	\$40/hr	Security Supervisor	\$50/hr
Escort	\$40/hr	Traffic Supervisor	\$60/hr
Boat	\$40/hr	Civil Stand-by	\$60/hr
Holiday/Last Minute	\$60/hr	Prisoner Transport	\$60/hr

Details are charged a \$15 per deputy vehicle rate.

All boat details are charged a \$20 per hour boat rate.

Extra Duty Details will not be provided to any person, firm or organization whose members, business or operations are of 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 the detail without notice and to recall the deputy(s) when necessary for community safety.

The Lee County Sheriff's Office will be the only armed personnel at any event where the detail is taking place. Any private security company that is hired to work alongside the Sheriff's Office will be a reputable, licensed and insured company whose employees are State D licensed unarmed security guards. Proof of the signed contract with private security company will be required.

In order to cancel a 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 and ask to have the on-call Detail Coordinator call you.

Unless otherwise specified, full payment of all details must be received one (1) week prior to the start of the event in the form of a cashier's check, money order, business check or cash. The Lee County Sheriff's Office does not accept credit cards or personal checks. **Payments can be sent to: The Lee County Sheriff's Office 14750 Six Mile Cypress Pkwy., Fort Myers, FL 33912 ATTN: Details Unit.**

LEE COUNTY SHERIFF'S OFFICE USE ONLY			
Total Deputy(s) <u>2</u>	Total Hours <u>10</u>	Rate per Hour <u>\$40</u>	Vehicle Rate <u>WAIVED</u>
Total Cost for Detail <u>\$400</u>			
Vender Signature <u>Tracy Wilbanks</u>		Date <u>10-19-15</u>	



14750 Six Mile Cypress Parkway • Fort Myers, Florida 33912-4406 • (239) 477-1000



Lee County Parks and Recreation
3410 Palm Beach Blvd.
Fort Myers, FL. 33916
Phone: 239-533-7275

Invoice Number: _____

This permit entitles holder to exclusive use of the following facilities during the hour and date shown below. This permit also serves as a bill. All reservations must be paid for in advance. Refunds of community center rental fees will be made if notification of cancellation is made at least 72 hours before the scheduled use. A refund request must be signed by the renter and permit returned to obtain the refund. The refund policy does not apply to annually scheduled users.

Date issued:

Name: Mary Jordan	Type of Activity: Fundraiser-	
Address: 21301 Powerline Road #301	Organization/Team: Chrohns & Colitis Walk	
City/State/Zip: Boca Raton, FL	Phone Number: 954.347.0465	
mjordan@ccfa.org	Times	
Date: Nov 1 st 2015	From: 6:30 a.m.	To: 1:00 p.m.
Date:	From:	To:
Name of Facility: Estero Comm Park	Bldg. / Field #: Stage & Lawn Area-No. Pavilion-Wedd Gazebo	
Other Comments: \$500.00 Stage & Lawn Area- Deposit (Refundable) , \$500.00 Stage & Lawn Area Fee (Non Refundable) , \$50.00 No. Pavilion Daily Fee, \$50.00 Wedd Gazebo Daily Fee.		
Hours: Daily Fees	Rate:\$500.00 deposit Stage \$500.00 fee Stage \$ 50.00 Gazebo \$ 50.00 No. Pavilion	Total Fee: 1,100.00. \$500.00 deposit is refundable after event. Inspcection.

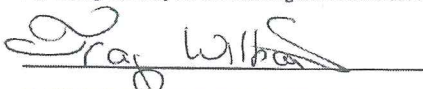
Approved by: Irma Reyes Title: Supervisor Date: 5-21-15

WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK FOR LEE COUNTY PARKS AND RECREATION PROGRAMS/ACTIVITIES PLEASE READ THIS FORM CAREFULLY and be aware that in signing up and participating in Lee County Parks and Recreation program/activities, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your minor child/ward might sustain as a result of participating in any and all activities connected with and associated with Lee County Park programs/activities (including transportation services/vehicle operation, when provided). I recognize and acknowledge that there may be certain risks involved in participating in park programs/activities, and I voluntarily agree to assume the full risk of any injuries, damages or loss, that my minor child/ward or I may sustain as a result of said participation. I further agree to waive and relinquish all claims I or my minor child/ward may have (or accrue to me or my child/ward) as a result of participating in such program/activity against the County, including their respective officials, officers, employees, and volunteers (hereinafter collectively referred as "Parties"). I do hereby fully release and forever discharge the Parties from any and all claims for injuries, damages, or loss that my minor child/ward or I may have or which may accrue to me or my minor child/ward and arising out of, connected with, or in any way associated with these programs/activities.

I indemnify and hold harmless Lee County, any of its employees and/or agents from any and all claims from my use of county property or participation in any county programs. I will further indemnify and "hold harmless" the County, its employees and/or agents from all costs, expenses and liabilities resulting from any claim brought from my child's/children's use of county property and/or participation in county programs to the extent of the County's liability under general law.

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above and, for myself, my heirs, assigns, and my minor child(ren)'s involvement or participation in the program as provided above.

I have read and fully understand the above important information, warning of risk, assumption of risk and waiver and release of all claims. If registering via fax, your facsimile signature shall be substitute for and have the same legal effect as an original form signature.


PARTICIPANT'S SIGNATURE

Tracy Wilben
PRINT NAME OF PARTICIPANT

6-21-15
DATE

ALCOHOLIC BEVERAGES ARE NOT ALLOWED IN PARKS OR FACILITIES