



# EVENT PERMIT

Ordinance 14-15



## CITY OF PALMS RIVER RUN

**PERMIT NUMBER:** TMP2015-00369

**Date(s) of Event:** December 5, 2015 from 6:00am until 10:00am

Property Owner:

Applicant: CAROLYN WETZEL

Contact: CAROLYN WETZEL

Description: 10K Run, 2 Mile Walk in Right-of-Way area per approved route

Location of event: ROW N CLEVELAND AVE/PONDELLA RD/N TAMIA NORTH FORT MYERS 33903  
Lee County Right-of-Way area/\*\*239-281-6139

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 12-4-15



**Lee County**  
*Southwest Florida*

## Event Application

Special Event

Use of  
County  
Property

Alcohol  
within Lee  
County  
Facilities

Film, Video  
&  
Photography

TMP2015-003269

# 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	City of Palms River Run
Date(s) of Event / Production:	12/05/15
Location(s) of Event:	Centennial Park to Caloosahatchee Bridge to Pondella Rd to Old US 41 to Edwards Dr
Name of Applicant:	Carolyn Wetzel
Applicant Address:	2635 Sunvale Ct Cape Coral FL 33991-3047
Applicant Phone Number:	239-281-6139
Contact Person: (If different from applicant)	
Contact Phone Number: (If different from applicant)	
Email Address:	ccwetzel@aol.com
Estimated Attendance:	350
Event Description: Include each activity, when activities take place, etc.	10K Run, 2 Mile Walk
Hours of Operation:	6:00 a.m. - 10:00 a.m.
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? \_\_\_\_\_

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: Frazier Insurance Agency, Inc

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: \_\_\_\_\_

Type of Food being Served: \_\_\_\_\_

### Section II - USE OF COUNTY PROPERTY PERMIT

Organization Sponsoring the Event: Fort Myers Track Club

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



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.

Carolyn Wetzel  
Signature of Applicant

Margaret Gaunt  
Witness

CAROLYN WETZEL  
Print Name of Applicant and Title

Margaret Gaunt  
Print Name of Witness

12-3-15  
Date

12-3-15  
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 in authorized parking areas only.

Deputies (How Many?):

One traffic supervisor  
8 Deputies  
4 CSA's

Fee for Services:

Special Arrangements:

Ft. Myers DOT will assist with barricades and signage.

Print Name: Capt. Scott Lucia

Signature: Capt. Scott H. Lucia

Title: Detail Unit Commander

Date: 1 December 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:

- ☐ 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:

N/A

Special Arrangements:

No special arrangements by Fire dept.

Print Name:

David J. Rice

Signature:

*David J. Rice*

Title:

Fire Chief

Date:

12/4/15



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:

N/A

Medical Supplies /  
Equipment:

N/A

Safety Requirements:

N/A

Fee for Services

pl. billed at time of service

Special Arrangements:

call 9-1-1 as needed for emergencies

Print Name: SCOTT TUTTA

Signature:

Handwritten signature of Scott Tutta.

Title:

Deputy Director

Date:

11/14/15

Lee County Event Permit Application



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

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Parking:

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

Ingress and Egress:

Use all established means of ingress and egress. Intersections of public streets shall be controlled by Lee County Sheriff's Deputies and properly trained and attired personnel controlling private driveways shall not overly delay traffic from entering and exiting from these drives.

Special Arrangements:

Shall use Lee County Sheriff's Office for assistance with traffic control. Driver's on the highways are not be be extraordinarily delayed at intersections even if this means slowing some of the runners on occasion. Traffic control personnel are expected to remain at their stations for duration of event. Lane closure on Pondella Road (south side) MOT shall be in substantial compliance with FDOT Index 600 Series and the MUTCD. Lanes shall be re-opened to traffic under the direction of the Sheriff's Office as soon as practicable.

Print Name: Bryan Miller

Signature: Bryan D. Miller

Digitally signed by Bryan D. Miller  
Date: 2015.12.03 12:35:09 -05'00'

Title: Senior Project Manager

Date: December 3, 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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Illumination:

N/A Doesn't occur on LCPR property

Parking Areas:

N/A Doesn't occur on LCPR property

Special Arrangements:

N/A Doesn't occur on LCPR property

Print Name: Dana Kasler

Signature:

Title:

Date:

Director

12/4/15



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:

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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 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: Mike Figueroa

Signature:

Title: Risk Program Manager

Date: December 3, 2015



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
12/2/2015

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 STAR Insurance - Fort Wayne Office 2130 East Dugont Road Fort Wayne IN 46825 INSURED Road Runners Club of America/2015 and Its Member Clubs 1501 Lee Highway, Suite 140 Arlington VA 22209	CONTACT NAME: Margaret M. Mayers PHONE: (260) 467-5689 FAX: (260) 467-5692 EMAIL: margaret.mayers@starfinancial.com INSURER(S) AFFORDING COVERAGE INSURER A: National Casualty Company NAIC # 11991 INSURER B: Nationwide Life Insurance Co. 56869 INSURER C: INSURER D: INSURER E: INSURER F:
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COVERAGES CERTIFICATE NUMBER: 2015 - 61M A.T. 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.

INSURER	TYPE OF INSURANCE	INSURER (INS/VO)	POLICY NUMBER	POLICY PERIOD (MM/DD/YYYY)	POLICY PERIOD (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Legal Liability to Participant \$1,000,000 GENERAL AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:		KR000000004913200	12/31/2014 12:01 AM	12/31/2015 12:01 AM	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Per occurrence) \$ 500,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ Unlimited PRODUCTS - COMP/OP AGG \$ 1,000,000 Abuse and Molestation \$ 500,000
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		KR000000004913200	12/31/2014 12:01 AM	12/31/2015 12:01 AM	COMBINED SINGLE LIMIT \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB EXCESS LIAB DEF RETENTIONS					EACH OCCURRENCE \$ AGGREGATE \$ PER STATUTE OTHER
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/BOARDER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A				EL EACH ACCIDENT \$ EL DISEASE - EA EMPLOYER \$ EL DAMAGE - POLICY LIMIT \$
B	Excess Medical & Accidental (\$250 deductible/claim)		SPR0000026656100	12/31/2014 12:01 AM	12/31/2015 12:01 AM	Excess Medical \$10,000 AO & Spec Rel Loss \$2,500

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

Lee County Board of County Commissioners, a political subdivision & charter of the State of Florida are NAMED AS AN ADDITIONAL INSURED AS RESPECTS THEIR INTEREST IN THE OPERATIONS OF THE NAMED INSURED.  
DATE OF EVENT(S): 12/03/15 River Run 10k and 2-mile Walk INSURED CLUB/EVENT MEMBER: Fort Myers Track Club, Att'n: Kim Bocelli, PO Box 60131, Fort Myers, FL 33906

OK MR 12/03/15

CERTIFICATE HOLDER 12/05/15 Lee County Board of County Commissioners 2115 Second Street Fort 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 John Lefever/MMA
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ACORD 25 (2014/01)  
INS02K (01/14/11)

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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:

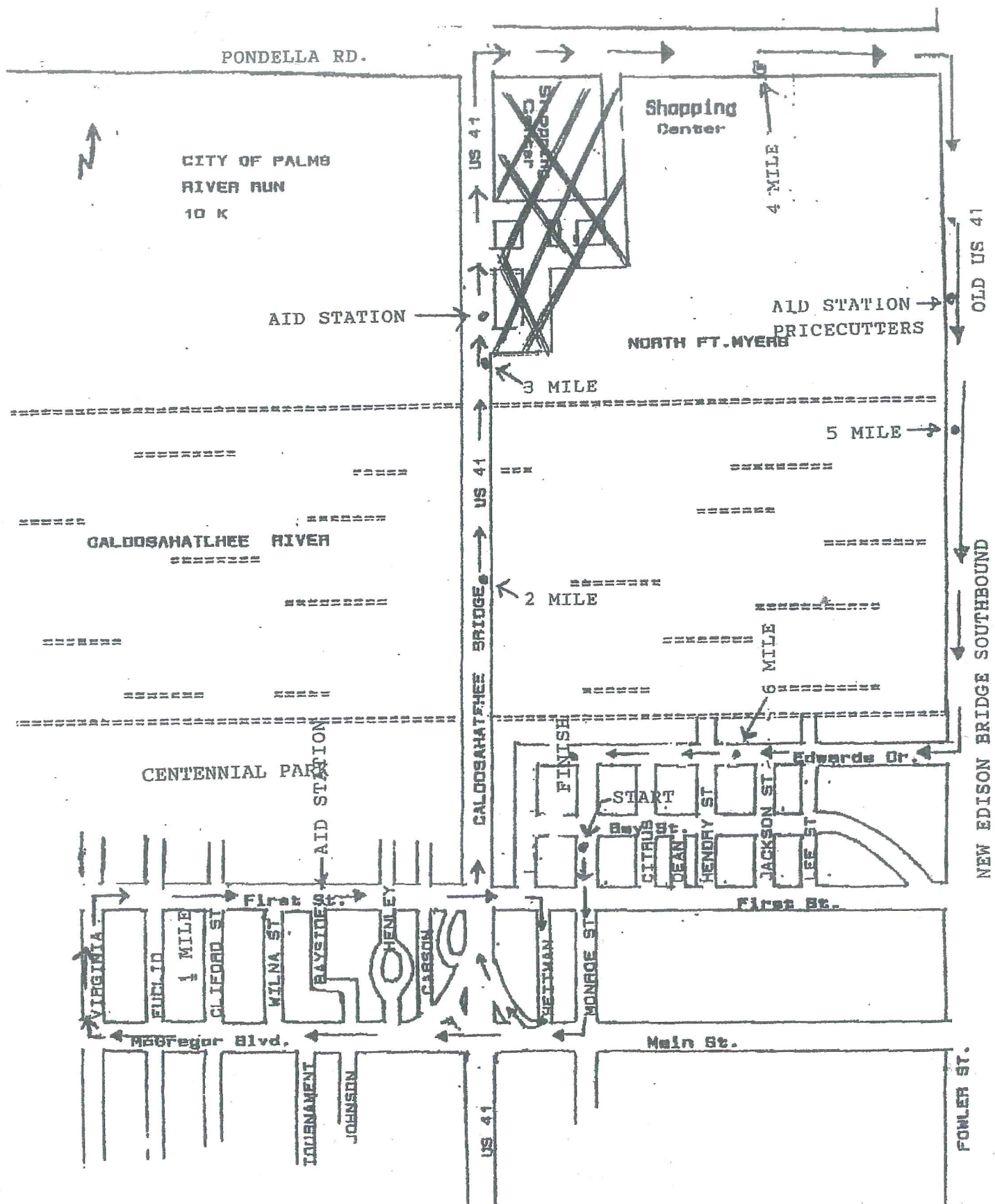
Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_





## RIVER RUN 10 K COURSE

Start on Monroe, just South of Bay St.

South on Monroe to Main .

West on Main / McGregor

North on Virginia.

East on West 1<sup>st</sup> St. to Heitman.

South on Heitman to Main St.

West on Main to North bridge entry.

North over bridge to Pondella.

East on Pondella to old US 41

South on old US 41 over Southbound Edison bridge.

West on Edwards to Finish line, just West of Monroe.

Start: On Monroe 15 ft. South of light pole, on NW corner of Monroe and Bay. PK nailed near curb.

1 Mile On West 1<sup>st</sup>. St. Across from 2180 PK nailed near East bound curb.

2 Mile On North Cleveland bridge, 172 ft. North of light pole # 30.

3 Mile On North Cleveland, 75 ft. South of light pole # B-1-17 or 109 ft. South of Arbys sign. PK nailed near left side of turn lane.

4 Mile On Pondella 106 ft. West of light pole # X366A or the West side of Lee Health Dept. East entrance. PK nailed near East bound curb lane.

5 Mile North side of the Southbound Edison bridge, ft. South of light pole # (NO # ) available !!.

6 Mile On Edwards Drive, 72 ft. East of Fire Hydrant, across from Shuffle board courts. PK nailed near end of parking stripe on East bound lane.

Finish On Edwards, same as Edison P K nail near light pole, just West of Monroe. Same as Edison Finish.

Water Stops ; # 1 On West 1<sup>st</sup>. St. across from The Chart House Restaurant.

# 2 On North Cleveland , near bus stop across from KFC

# 3 South side of Boatland Marina before bridge, past the 5 K turnaround.

Updated 2003



CITY OF PALMS  
RIVER RUN  
2 MILE FUN RUN

NORTH FT. MYERS

US 41

CALOOSAHATCHEE BRIDGE

NEW EDISON BRIDGE

CALOOSAHATCHEE RIVER

CALOOSAHATCHEE RIVER

FINISH

EDWARDS DR

CITRUS

DEAN

HENDRY

JACKSON

BAY

LEE

FIRST ST.

VIRGINIA

EUCLID

CLIFFORD

W. FIRST ST.

WILNA

PAVILION

HENLEY

CARSON

HEITZMAN

MONROE

MCGREGOR BLVD.

MAIN ST.

US 41

FOWLER ST.



## RIVER RUN 2 MILE FUN RUN 2005

**Start** East on Edwards, just East of Dean st. or 3 ft. East of fire hydrant and 50 ft. East of PK nail on Edwards and East side of Dean st. Note: This location is 620 ft. East of the finish line.

Go East on Edwards to left onto the Edison bridge North to marked turnaround.

**1 Mile** After turnaround South bound on Edison bridge 310 ft.

Continue South to right onto Edwards dr.

**Finish** West on Edwards to finish line. Same as Edison finish.

**Water stop** On South bound Edison bridge near the 1 Mile mark.



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PRODUCER  
STAR Insurance - Fort Wayne Office  
2130 East Dupont Road

Fort Wayne IN 46825

INSURED  
Road Runners Club of America/2015 and Its  
Member Clubs  
1501 Lee Highway, Suite 140  
Arlington VA 22209

CONTACT NAME: Margaret M. Mayers  
PHONE (A/C No. Ext.): (260) 467-5689 FAX (A/C No.): (260) 467-5692  
E-MAIL: margaret.mayers@starfinancial.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: National Casualty Company	11991
INSURER B: Nationwide Life Insurance Co.	66869
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

## COVERAGES

CERTIFICATE NUMBER: 2015 - \$1M A.I.

## REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	AGGREGATE LIMIT	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 <input checked="" type="checkbox"/> Legal Liability to Participant \$1,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO. JECT <input type="checkbox"/> LOG <input type="checkbox"/> OTHER		KR00000004913200	12/31/2014 12:01 AM	12/31/2015 12:01 AM	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Per occurrence) \$ 500,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ Unlimited PRODUCTS - COMP/OP AGG \$ 1,000,000 Abuse and Molestation \$ 500,000 COMBINED SINGLE LIMIT (Per accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		KR00000004913200	12/31/2014 12:01 AM	12/31/2015 12:01 AM	EACH OCCURRENCE \$ AGGREGATE \$ PER STATUTE <input type="checkbox"/> OTHER <input type="checkbox"/> B.L. EACH ACCIDENT \$ B.L. DISEASE - EA EMPLOYER \$ B.L. DISEASE - POLICY LIMIT \$
	UMBRELLA LIAB EXCESS LIAB DED. RETENTIONS					EACH OCCURRENCE \$ AGGREGATE \$ PER STATUTE <input type="checkbox"/> OTHER <input type="checkbox"/> B.L. EACH ACCIDENT \$ B.L. DISEASE - EA EMPLOYER \$ B.L. DISEASE - POLICY LIMIT \$
	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			
B	Excess Medical & Accident (\$250 deductible/claim)		BPX0000026656100	12/31/2014 12:01 AM	12/31/2015 12:01 AM	Excess Medical \$10,000 AD & Specils Loss \$2,500

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

Lee County Board of County Commissioners, a political subdivision & charter of the State of Florida are NAMED AS AN ADDITIONAL INSURED AS RESPECTS THEIR INTEREST IN THE OPERATIONS OF THE NAMED INSURED.  
DATE OF EVENT(S): 12/05/15 River Run 10k and 2-mile Walk INSURED CLUB/EVENT MEMBER: Fort Myers Track Club, Att'n: Kim Bocelli, PO Box 60131, Fort Myers, FL 33906

## CERTIFICATE HOLDER

12/05/15 Lee County Board of  
County Commissioners  
2115 Second Street  
Fort 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

John Lefever/MMA

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ACORD 25 (2014/01)  
INS025 (2014/01)

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PRODUCER  
STAR Insurance - Fort Wayne Office  
2130 East Dupont Road

Fort Wayne IN 46825

INSURED  
Road Runners Club of America/2015 and Its  
Member Clubs  
1501 Lee Highway, Suite 140  
Arlington VA 22209

CONTACT NAME: Margaret M. Mayers  
PHONE (260) 467-5689 FAX (260) 467-5691  
E-MAIL: margaret.mayers@stazfinancial.com  
ADDRESS: Margaret M. Mayers

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: National Casualty Company	11991
INSURER B: Nationwide Life Insurance Co.	66869
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

## COVERAGES

CERTIFICATE NUMBER: 2015 - \$1M A.I.

## 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.

INSTR LTR	TYPE OF INSURANCE	ADDITIONAL INSURED	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 <input checked="" type="checkbox"/> Legal Liability to participant \$1,000,000 GENL AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER		KR00000004913200	12/31/2014 12:01 AM	12/31/2015 12:01 AM	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ Unlimited PRODUCTS - COMP/OP AGG \$ 1,000,000 Abuse and Molestation \$ 500,000 COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		KR00000004913200	12/31/2014 12:01 AM	12/31/2015 12:01 AM	EACH OCCURRENCE \$ AGGREGATE \$ PER STATUTE <input type="checkbox"/> OTHER <input type="checkbox"/> EL EACH ACCIDENT \$ EL DISEASE - EA EMPLOYEE \$ EL DISEASE - POLICY LIMIT \$
	UMBRELLA LIAB EXCESS LIAB DED RETENTIONS WORKERS COMPENSATION AND EMPLOYERS LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NE) If yes, describe under DESCRIPTION OF OPERATIONS below					
B	Excess Medical & Accident (\$250 deductible/claim)		SEK0000026558100	12/31/2014 12:01 AM	12/31/2015 12:01 AM	Excess Medical \$10,000 AD & Specified Loss \$2,500

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

CERTIFICATE HOLDER IS NAMED AS AN ADDITIONAL INSURED AS RESPECTS THEIR INTEREST IN THE OPERATIONS OF THE NAMED INSURED. DATE OF EVENT(S): 12/05/15 River Run 10k and 2-Mile Walk INSURED CLUB/EVENT MEMBER: Fort Myers Track Club, Att'n: Kim Bocelli, PO Box 60131, Fort Myers, FL 33906

## CERTIFICATE HOLDER

12/05/15 City of Fort Myers  
2200 Second Street  
Fort 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

John Lefever/MMA

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ACORD 25 (2014/01)  
IN 8025 (01/14/01)

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USPS - Cape Coral FL (239) 772-7312

Dec/03/2015 8:11:15 AM





# CITY OF FORT MYERS SPECIAL EVENT APPLICATION

LOOK UP DETAIL PAST ~~MEASUREMENT~~ ADD 2 OFFICIALS POSSIBLY.

RACE STARTS 8AM

## SECTION 1 - EVENT TYPE

### Public Event on Private Property

Carnival

Picnic

Festival

Other

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

(please specify)

### Public Event on City Property

Carnival

Festival

Walk/Run

Concert

Parade

Other

<input type="checkbox"/>
<input type="checkbox"/>
<input checked="" type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

(please specify)

### Miscellaneous

Filming Permit

Road Closure

Other

<input type="checkbox"/>
<input checked="" type="checkbox"/>
<input type="checkbox"/>

(please specify)

For Internal Use Only

Permit Submitted

Permit Review Meeting

Notes

## SECTION 2 - GENERAL INFORMATION

Event Date 12-5-15

Name of Event

CITY OF PALMS RIVER RUN

Requested Location

CENTENNIAL PARK

Event Contact

CAROLYN WETZEL

Address

2635 SUNVALE CT

CAPE CORAL FL 33991

Telephone

239-281-6139

Email

CCWETZ@POL.COM

Organization Name

FORT MYERS TRACK CLUB

Non-Profit Status

501 C-3

Tax Exempt #

85-8014943106C-1

Brief Event Description

10K RUN + 2 MILE WALK. RUNNERS RUN FROM MONROE TO MC GREGOR BLVD, W 1ST ST, CALOREA HATCHER BRIDGE, PANDELLA RD TO EDWARDS DR

### SECTION 3 - EVENT LOGISTICS

Event Load In begins on 12-5-15 Time 5:30 AM  
Event Hours 5:30 AM - 10:00 AM Attendance 300  
Event Load Out Completed 12-5-15 Time 10:00 AM

Will your event include: (please check all that apply)

*Vendors		Food _____ Merchandise _____ Other _____
*Amusement Rides		Company Providing Equipment _____
*Tents		
Portable Stage		City _____ Other _____
*"Built" Stage		Company constructing stage _____
Electrical Source		Generator _____ On Site _____
*Banners		
*Road Closures	X	Roads to be closed <u>EDWARDS DR</u>
Temp. Fencing		
Barricades	X	
Amplified Music	X	Type of Music <u>OUR OWN SOUND SYSTEM</u>
*Alcohol		

\* = may need additional permits and/or inspections

1. Additional Permits such as; Road Closure Permit, Tent Permit, Banner Permit, Business Tax Receipts must be submitted at least 30 days prior to your event. These permits are included in your Special Event Handbook
2. Refundable Deposits, Rental Fees, Permit Fees and a percentage of City Services Estimates are due prior to your event. The remaining balances for City Services provided will be billed to you after your event. Your Refundable Deposit will be returned after all invoices are paid.
3. Please submit the \$25 Application Fee and your preliminary Site Plan with your Application. Please show Road Closures, Vendors, Fencing, Tents, Stage(s), Amusement Rides and Alcohol Sales points on your Site Map.
4. Events with an anticipated attendance of 1,000 people or more will need Emergency Services Personnel; which will consist of Fort Myers Fire Department, Lee County EMS or a combination of both.

The undersigned shall satisfy all governmental requirements for this event; shall be responsible for obtaining any and all necessary permits for this event from City, County, State, or Federal departments and shall make all arrangements directly with such departments; shall pay any fees or charges in connection with this special event; shall remove all structures, trash, or other evidence of the event when this permit expires; must provide name(s) of contractor(s) and telephone number(s) in writing for all contracted services prior to approval; and further agrees that such event shall be held in accordance with all City or County ordinances and State or Federal statutes.

Carolyn Wetzel      CAROLYN WETZEL      12-20-15

Authorized Agent Signature

Print Name

Date

PLEASE ENCLOSE YOUR NON-REFUNDABLE APPLICATION FEE PAYABLE TO:  
The City of Fort Myers

Mail to:

Special Events Coordinator/Recreation Division  
P.O. Box 2217  
Fort Myers, FL 33902  
239.321-7530





## City of Fort Myers

Public Works/ Engineering

2200 Second Street

Fort Myers, Florida

33902

Phone: 239-321-7445

Fax: 239-344-5943

www.cityftmyers.com

# Barricade Invoice for Special Event Permit

Applicant	Fort Myers Track Club
Event Name	City of Palms River Run
Event Address	Centennial Park, Caloosahatchee Bridge, and back to park
Date of Event:	December 5, 2015 From 8:00am to 10:00am

Date Requested	Item	Prices per Each	Quantity	= Total	Date Needed
12/5/15	8-Ft French Barricade	\$.050 X 8 FT. = \$4.00	4	\$12.00	Need set up by 600AM Dec. 5th
	6-Ft French Barricade	\$0.50 X 6 FT. = \$3.00			
	Yellow French Barricades	\$0.50 X 4 FT. = \$4.00			
	Orange French Barricade	\$0.50 X 4 FT. = \$4.00			
	Type 3 Plastic w/Light	\$0.50 X 6 FT. = \$3.00	70	\$210.00	Reopen road 10:00am
	Cones/ Single Barricade	\$0.50 X 4 FT. = \$1.00	175	\$175.00	
	Road Closure Signs	\$0.50 X 4 FT. = \$2.00	20	\$40.00	
	Detour Signs	\$0.50 X 4 FT. = \$2.00	20	\$40.00	
	Local Traffic Only Signs	\$0.50 X 4 FT. = \$2.00			
	Directional Event Parking Sign	\$0.50 X 4 FT. = \$2.00			
	Handicap Parking Sign	\$.050 X 4 FT. = \$2.00			
	9ft. Flex-Blade Event Parking	\$0.50 X 4 FT. = \$2.00			
	Message Boards	\$75.00 each			
	Barricade Delivery and Set Up	\$40.00 per Hour	4	\$160.00	

Total	\$637.00
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To: Tom O'Malley  
Dept: PW- Traffic Division

G.L. Acct. # 106-0921-369-0100

From: Dawn Fellows  
Dept: PW- Engineering

Revised 10/19/15