

EVENT PERMIT

Ordinance 14-15

KIWANIS MEDIEVAL FAIRE

PERMIT NUMBER: TMP2015-00380

Date(s) of Event: January 16, 17, 23, 24, 2016 from 9:00am-6:00pm

Property Owner: LEE COUNTY

Applicant: TERRY SHORT

Description: Medieval Faire fundraiser that consists of numerous stages with performers, Entertainers include jugglers, musicians, vocalists, comedy acts, acrobatic acts, three Jousting shows per day and two live chess matches per day. Period food is served at food court area, adult beverages are available at the tavern area.

Location of event: 7330 GLADIOLUS DR FORT MYERS 33908
LAKES REGIONAL PARK/**239-839-8036

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

Will the event be held on County Owned Property ? Yes

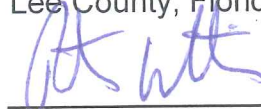
Will there be alcohol consumed or sold at the event ? Yes

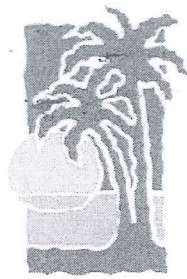
Will a bond be posted for this event ? No

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

 12-21-15
County Manager Date



Lee County
Southwest Florida

Event Application

Special Event

Use of
County
Property

Alcohol
within Lee
County
Facilities

Film, Video
&
Photography

TMP2015-00380

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	Kiwanis Medieval Faire
Date(s) of Event / Production:	January 16th 17th 23h 24th 2016
Location(s) of Event:	Lakes Regional Park 7330 Gladiolus Drive Fort Myers
Name of Applicant:	Kiwanis Club of Riverdale by Terry Short
Applicant Address:	PO Box 50376 Tice Florida 33905, Business: Terry Short 2207 Santiago Ave Fort Myers 33905
Applicant Phone Number:	239 839 8036
Contact Person: (If different from applicant)	Terry Short
Contact Phone Number: (If different from applicant)	239 839 8036
Email Address:	vongraph@comcast.net
Estimated Attendance:	14000
Event Description: Include each activity, when activities take place, etc.	Medieval Faire: Fund raiser that consists of numerous stages with performers entertaining the attendees, Entertainers include jugglers, musicians, vocalists, comedy acts, acrobatic acts, entertainment acts appear all day long on the stages, Faire also has three Jousting shows a day on special field, two live chess matches a day on chess board. Period food is served at food court area, adult beverages are avail to comsume at the tavern area,
Hours of Operation:	9 AM to 6 PM all four days
STRAP # of Parcel:	Lakes Park 26452400000080000
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? Regional Park **CF**

Are any temporary structures to be installed for the event? ☒ Yes ☐ No Type: pavillions

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: Hylant Group (see attached)

Note: Certificate of Insurance must be submitted at time of application

Surety Company Bonding this Event (Name and Address): Kiwanis International Inc

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:

Kelly Concessions (see attached insurance)

Type of Food being Served: Turkey legs, sausage, shepards pie, humus, other period foods

Section II - USE OF COUNTY PROPERTY PERMIT

Organization Sponsoring the Event: Kiwanis Club of Riverdale

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

Name of Charity: Riverdale Kiwanis Foundation

Address of Charity: 2207 Santaigo Ave Fort Myers FL 33905

Phone Number: 239 839 8036

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: 650300371 N36763

(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.

Terry Short
Signature of Applicant

Sandy Wheeler
Witness

Terry Short Chairman
Print Name of Applicant and Title

Sandy Wheeler
Print Name of Witness

Nov 29, 2015
Date

Nov 29, 2015
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:

onsite parking at Lakes Park. over flow parking in Kaga's Lot at entrance to Lakes Park. written permission and insurance coverage for both areas see attached.

Deputies (How Many?):

Two Deputies will be on Faire Grounds from 9 AM to 7 PM

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, email=scott.lucia@lcsos.org, c=US
Date: 2015.12.08 12:44:16 -0500

Title: Special Events, Permits and Details

Date: 8 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
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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.

Fire Guards (How Many?)	4 certified crowd managers
Fee for Services:	inspection fee 55.00 per tent over 900 sq.ft
Flammable Vegetation:	cleared from around tents
First Aid Equipment:	call 911 as needed
Fire Extinguishing:	minimum 2a 10bc extinguisher at all pavillions and tents , cooking tents must be NFPA 96 compliant, propane at least 10 feet away from tent and secured as to not tip over, fryers cannot be under the tents, if frying must have purple K extinguisher also. no refueling of generators while running and keep fuel cans at least 10 feet away from operating generator.
Special Arrangements:	camping areas must be kept free of clutter and remain accessible by the Fire Department

Print Name: James Tanner

Signature: James Tanner

Digitally signed by James Tanner
DN: cn=James Tanner, o=South West Fire District, ou=Fire Marshal,
mail=jtanner@swfd.org, c=US
Date: 2015.12.09 09:31:14 -0500

Title: Fire Marshal

Date: Dec 9, 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:

N/A

Fee for Services

Patients are billed at the time of services

Special Arrangements:

Call 9-1-1 for emergencies. Be prepared to direct incoming fire and EMS vehicles to the emergency.

Print Name: Scott M Tuttle

Signature: Scott M Tuttle

Digitally signed by Scott M Tuttle
DN: cn=Scott M Tuttle, o=Lee County, email=stuttle@leegov.com
Date: 2015.12.07 14:38:55 -0500

Title: Deputy Director

Date: Dec 7, 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:

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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:

Park in designated areas. No event parking permitted on or within 10 feet of 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 as needed.

Print Name: Bryan Miller

Signature: Bryan D. Miller

Digitally signed by Bryan D. Miller
Date: 2015.12.07 13:32:12 -05'00'

Title: Senior Project Manager

Date: December 7, 2015

LCSO Details Main Phone Number: 239-477-1199			
Vendor Information			
Business Name: <u>Kiwanis Club of Riverdale</u>			
Street: <u>PO Box 50376</u>			
City: <u>Tice</u>	State: <u>FL</u>	Zip Code: <u>33905</u>	
Business Contact: <u>Terry Short</u>		Phone: <u>239-839-8036</u>	
Email Address: <u>vongraph@comcast.net</u>			
Event Information			
Detail Location: <u>Lakes Regional Park</u>			
Street: <u>7330 Gladiolus Drive</u>			
City: <u>Fort Myers</u>	State: <u>FL</u>	Zip Code: _____	
Contact During Event: <u>Terry Short</u>		Phone: <u>239-839-8036</u>	
Event Date: <u>1/16 & 1/17 1/23 & 1/24</u>		Event Time: <u>0900-1900</u>	
Anticipated Crowd Size: <u>14000</u>		Type of Event: <u>Medieval Faire</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Detail Information			
Security <input checked="" type="checkbox"/>	Traffic <input type="checkbox"/>	Prisoner Transport <input type="checkbox"/>	
Escort <input type="checkbox"/>	Holiday <input type="checkbox"/>	Funeral Escort <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 type="checkbox"/> No		
Detail Description: 2 uniformed deputies for security and presence. Deputies will be out of their vehicles actively patrolling the event and patrolling the parking lots as needed.			



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

Lee County Event Permit Application



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

Check the appropriate box(es) below:

- ☒ SPECIAL EVENT PERMIT
☒ USE OF COUNTY PROPERTY PERMIT
☒ PERMIT TO SELL AND CONSUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
☐ FILM PERMIT

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

Illumination:

Event organizer is responsible to provide temporary lighting, if needed, for the designated park areas after dark for safety and security.

Parking Areas:

Event organizer must follow the designated parking plan as outlined in the License Agreement between Lee County and Kiwanis of Riverdale.

Special Arrangements:

Event organizer must follow specific site details as outlined in the License Agreement between Lee County and Kiwanis of Riverdale.

Print Name: Alise Flanjack

Signature: Alise Flanjack

Digitally signed by Alise Flanjack
DN: cn=Alise Flanjack, ou=Lee County Parks and Recreation, ou=Lee County
email=alfla@scpr.com, c=US
Date: 2018.12.10 13:54:45 -0500

Title:

Date:

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
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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 applicants use of aforementioned event within Lee County.

In addition, Host Liquor Liability insurance will be required with minimum limits of One Million Dollars (\$1,000,000) per occurrence. Should Host Liquor Liability coverage be afforded under the Commercial General Liability policy, minimum acceptable limits will be Two Million Dollars (\$2,000,000) aggregate.

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 10, 2015



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/19/2015

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 Hylant Group Inc-Indianapolis 301 Pennsylvania Parkway, #201 Indianapolis IN 46280		CONTACT NAME: Lisa Christenson PHONE (A/C, No, Ext): 317-817-5172 E-MAIL: ADDRESS: kiwaniscert@hylant.com FAX (A/C, No): 317-817-5151		
INSURED KIWAN03 Kiwanis International, All Clubs and Their Members 3636 Woodview Trace Indianapolis IN 46268		INSURER(S) AFFORDING COVERAGE		NAIC #
		INSURER A: Lexington Insurance Company		19437
		INSURER B:		
		INSURER C:		
		INSURER D:		
		INSURER E:		
INSURER F:				

COVERAGES

CERTIFICATE NUMBER: 107174912

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"/> Liquor Liability GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	Y	013136005	11/1/2015	11/1/2016	EACH OCCURRENCE \$2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$500,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$2,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 Liquor Liability \$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		013136005	11/1/2015	11/1/2016	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Aggregate \$3,000,000
	UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED <input type="checkbox"/> 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 <input type="checkbox"/> N/A				WC STATU-TORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Self-Insured Retention		013136005	11/1/2015	11/1/2016	All Claims \$75,000

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

Certificate Holder is named as Additional Insured as respects to General Liability only regarding the following Kiwanis event (setup, take down & rain date(s) during the policy term are included):
January 16 & 17, 2016 and January 23 & 24, 2016 or any future date(s) during the policy term.
Sponsored medieval fair
Kiwanis Club of Riverdale

CERTIFICATE HOLDER**CANCELLATION**

Lee County Board of County Commissioners 2115 2nd Street 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 <i>Judy K. Wilson</i>

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/16/2015

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.

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PRODUCER Hylant Group Inc-Indianapolis 301 Pennsylvania Parkway, #201 Indianapolis IN 46280	CONTACT NAME: Lisa Christenson PHONE (A/C, No, Ext): 317-817-5172 FAX (A/C, No): 317-817-5151 E-MAIL ADDRESS: kiwaniscert@hylant.com
INSURED KIWAN03 Kiwanis International, All Clubs and Their Members 3636 Woodview Trace Indianapolis IN 46268	INSURER(S) AFFORDING COVERAGE INSURER A: Lexington Insurance Company NAIC # 19437 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES

CERTIFICATE NUMBER: 1683606527

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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
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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			013136005	11/1/2015	11/1/2016	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Aggregate \$3,000,000
	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB DED <input type="checkbox"/> 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 <input type="checkbox"/>	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 \$
A	Self-Insured Retention			013136005	11/1/2015	11/1/2016	All Claims \$75,000

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January 16 & 17, 2016 and January 23 & 24, 2016 or any future date(s) during the policy term.
Sponsored medieval fair
Kiwanis Club of Riverdale

CERTIFICATE HOLDER

CANCELLATION

LJK Group, LLC Attn: Elizabeth Kagen 6918 Devonwood Drive Ft. Myers FL 33908	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 <i>Judy K. Wilson</i>
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SECTION 5 - DESCRIPTION OF PREMISES TO BE LICENSED
AB&T AUTHORIZED SIGNATURE REQUIRED

Business Name (D/B/A) or Name of Event

Neatly draw a floor plan of the premises in ink, including sidewalks and other outside areas which are contiguous to the premises, walls, doors, counters, sales areas, storage areas, restrooms, bar locations and any other specific areas which are part of the premises where the event will be held. A multi-story building where the entire building is to be licensed must show the details of each floor.



AGREEMENT BETWEEN
LEE COUNTY PARKS AND RECREATION
AND
KIWANIS CLUB OF RIVERDALE- LEE COUNTY INC.
MEDIEVAL FAIRE AT LAKES REGIONAL PARK

This Agreement is entered into by and between Lee County, a political subdivision of the State of Florida whose mailing address is Post Office Box 398, Fort Myers, Florida 33902, by and through Lee County Parks and Recreation (County); and Kiwanis Club of Riverdale – Lee County, Inc., a Florida not-for-profit corporation whose mailing address is Post Office Box 50376, Fort Myers, Florida 33905 (Kiwanis) who agree as follows:

The County and the Kiwanis agree to permit a Medieval Faire at Lakes Regional Park for two consecutive weekends, which are January 10, 11, 17, and 18, 2015 pending the approval of the Use of County Property Special Events permit to be submitted by the Kiwanis. The Kiwanis must obtain an approved Permit to Sell and Consume Alcoholic Beverages Permit if beer and wine are to be allowed. A copy of the fully executed and approved permits must be given to Parks and Recreation a minimum of one week prior to the event (ie. no later than January 2, 2015). Failure to provide the approved permits will result in cancellation of the event.

1. **Concept.** The County agrees that the Lee County Medieval Faire (Faire) is a product and concept of the Kiwanis of Riverdale (aka Kiwanis Club of Riverdale-Lee County, Inc.). The event in no way gives the County rights to produce, or use its concept, except in conjunction with the Kiwanis.

2. **Set up and Breakdown dates.** The Kiwanis will set up the Faire beginning on Tuesday, January 6th, 2015. The Kiwanis, because of the event running through two weekends, will take down and remove all easily damaged props during the weekdays between the event weekends. All large items such as the main ticket booth, castle wall, primary stages, etc. will be left intact, onsite, but may not block any paths, trails, roads, etc. The County will assist where possible. The Kiwanis will completely vacate and return in good condition the property used during the Faire no later than Wednesday, January 21st, 2015 at 12:00 noon.

3. **Park Walkthroughs.** A thorough walk through of the park site **must** be made one week before the event with the site Supervisor to photo document the condition of the facility. All documentation of the condition of the park must be signed off by the County and User Event Coordinator. A Kiwanis representative **must** be available immediately the next day after closing to image document the condition of the facility and again when all features/equipment have been removed. Any damages caused as a result of the Kiwanis' event will be the responsibility of the Kiwanis to repair or replace at the Kiwanis' expense. Failure to compensate the County for any damages may result in future use of the facility being denied.

vendor spaces, food and drink locations and amphitheater.

9. **Disabled parking.** Parking spaces for the disabled will be provided by the Kiwanis at Lakes Park.

10. **Ticket Sales.** The Kiwanis will provide ticket sales and collections at Lakes Park for persons attending the Faire. The County will provide a money count room and a bill counter for the Kiwanis, if requested by Kiwanis.

11. **Dumpster; Trash and Portable Restroom Facilities.** The County will provide up to three personnel per event day and one dumpster receptacle for garbage pick up at the Faire grounds and personnel services as needed to provide standard services at the Park area. The Kiwanis will provide a minimum of 100 disposable type trash cans for the two event weekends (50 per weekend).

The Kiwanis will provide additional portable toilet facilities with service during the Faire. Standard County services will include cleaning fixed restrooms as needed, picking up ground litter as needed and emptying trash cans as needed.

The Kiwanis will be responsible for bagging and disposing in a provided dumpster any waste located within the Faire grounds and vendor overnight areas a minimum of once daily.

12. **Bleachers.** The County will provide as many bleachers as readily available.

13. **Media Materials.** The Kiwanis will be responsible for their own printing services for all Faire related posters, programs, fliers, etc.

14. **Event Promotion.** The County will provide assistance with advertising and promotion where possible.

15. **Event Coordination.** The Kiwanis will contact, contract with, and provide miscellaneous vendors, (including food and drink), entertainment acts, etc. for the Faire. The Kiwanis will be responsible for putting the Faire together completely with all the trappings and be responsible for scheduling, appearances and timing of the entertainment. Alcoholic beverage sales will be allowed if approved in accordance with applicable State and local regulations (i.e. FS s. 561.422; Special Events Permit provisions, LCO 06-26, s. 4.3; and, temporary alcohol permit requirements, LDC 34-1264).

16. **Entertainer Safety.** The Kiwanis will provide and insure that all acts (animal and human) are safe and properly secured from danger or injury to Faire patrons, park visitors and staff.

17. **Invitees.** The Kiwanis will invite those persons whom they feel will enhance the Faire and reserve the right to refuse entrance or appearance to any person who they

employment during the duration of the use of the Lakes Regional Park facilities. Neither County nor any of its officers, agents or employees will be liable under this agreement for claims, actions, damages, and liability cost expense, including those arising from bodily injury, death and/or property damages or any other lawful expense, including, but not limited to, attorney's fees and court costs resulting from the negligence of Kiwanis or any of its officers, agents or employees. This agreement is in accordance with the general laws of the State of Florida and subject to the limitations as set out in Section 768.28, Florida Statutes.

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IN WITNESS WHEREOF, the Parties hereto have caused this Agreement to be executed on the day written above by their respective officers, therein duly authorized.

Witness: Mary Beth Krause
Print Name: Mary Beth Krause

Witness: Alise Flayjack
Print Name: Alise Flayjack

By: [Signature]
Name: George J. Short
Title: Rep. Short, V.P.
Entity Name:

LEE COUNTY PARKS AND
RECREATION

Witness: Mary Beth Krause
Print Name: Mary Beth Krause

Witness: Alise Flayjack
Print Name: Alise Flayjack

By: [Signature]
☐ David W. Harner, II, Director
☒ Dana Kasler, Deputy Director

APPROVED AS TO FORM FOR THE
RELIANCE OF LEE COUNTY ONLY

By: [Signature]
Office of the County Attorney