

EVENT PERMIT



Ordinance 14-15

PINE ISLAND CLAMJAM FESTIVAL

PERMIT NUMBER:

TMP2015-00398

Date(s) of Event:

January 23-24, 2016 from 10:00am until 5:00pm both days

Property Owner:

WEBB WRIGHT CORP

Applicant:

CENTER FOR ORGANIC & SUSTAINAB

Contact: PAT BURMAN

Description:

Pine Island ClamJam Food & Music Festival

Location of event:

ACCESS UNDETERMINED BOKEELIA 33922 Pine Island Rd to Stringfellow Rd ***239-872-9039

Will the event be attended by 1000 or more people?

Yes

Will the event be held on County Owned Property?

No

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

County Manager

Date

12-21-15



Event Application

Special Event

Use of County Property Alcohol within Lee County Facilities

Film, Video & Photography

1123/14 TMP2015-00398



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 INF	ORMATION (All Permit Types)
Title of Event / Name of Production	Pine Island ClamJam Food & Music Festival
Date(s) of Event / Production:	January 23rd & 24th 2016
Location(s) of Event:	14900 Stringfellow Road, Bokeelia, Florida 33922
Name of Applicant:	Center for Organic & Sustainable Living, Inc.
Applicant Address:	14900 Stringfellow Road, Bokeelia, Florida 33922
Applicant Phone Number:	239-872-9039
Contact Person: (If different from applicant)	Pat Burman, Event Chairman
Contact Phone Number: (If different from applicant)	239-283-0777
Email Address:	Event Chair @ Pinels land Clam Jam. com
Estimated Attendance:	800-1000
Event Description: Include each activity, when activities take place, etc.	Pine Island ClamJam Food & Music Festival January 23rd - 24th, 2016
Hours of Operation:	10:00 AM - 5:00 PM both days
STRAP # of Parcel:	06442201000050030
Owner of Premises*:	William Wright

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



Fill out the following questions for all permit types:

further details

What is the Zoning Classification of the	premises? AG	
Are any temporary structures to be insta	alled for the event? ☐ Yes 🙀 No	Туре:
Do you have the appropriate permits fo	r the temporary structures?	⊤ Yes ▼ No
* For a 'Special Event' and 'Use of Coun indentified, including all parking areas.	ty Property' permit, submit a site plan wi	th all proposed facilities and activities
Insurance Company Insuring the Event:	Helios Insurance Group1409 S. Lamar St., Su	ite 1007, Dallas, TX 75215
Note: Certificate of Insurance must be submitte	d at time of application	
Surety Company Bonding this Event (Na	ame and Address): Lee County Sheriff's Dep	artment
Will Vehicles be Used as Part of This Event?	Will Food be Available at this Event?	Will Alcoholic Beverages be served/consumed at this Event?
├─ Yes	X Yes	▼ Yes
If yes, automobile coverage must be included on the certificate of insurance.	If yes, products liability coverage must be included on the certificate of insurance.	If yes, liquor liability coverage must be included on the certificate of insurance.
Name & Address of Organization Fo	od vendors	
Type of Food being Served: hamburgers	s, hot dogs, greek food, fish, clam chowder	*
Section II - USE OF COUNTY P	ROPERTY PERMIT	
Organization Sponsoring the Event: Cer	nter for Organic & Sustainable Living, INc.	
Fill out this portion for applications for	Solicitation in the County Rights-of-Way	<i>!</i>
Name of Charity:		
Address of Charity:		
Phone Number:		
Non-profit certificate/registration num	ber:	
(Proof of registration with the Dept. of Agriculture &	Consumer Services §496.405 or proof the organization i	s exempt from this requirement. §316.2045)
Section III - SALE/CONSUMPT	ION OF ALCHOLIC BEVERAGES P	ERMIT
Is alcohol being sold/consumed on Cou If Yes, then a "Lee County Alcohol Permit" is required.	nty Property? Only non-profit organizations can sell alcohol on County	▼ Yes
Non-profit certificate/registration num (Required if alcohol is to be <u>SOLD</u> at the event)	ber: N13000000706 FWI/EIN Number 46-186	55341
Please note: A permit from the State of Florida	Division of Alcoholic Beverages and Tobacco may a	also be required; please call (239) 344-0885 for

Page 2

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.

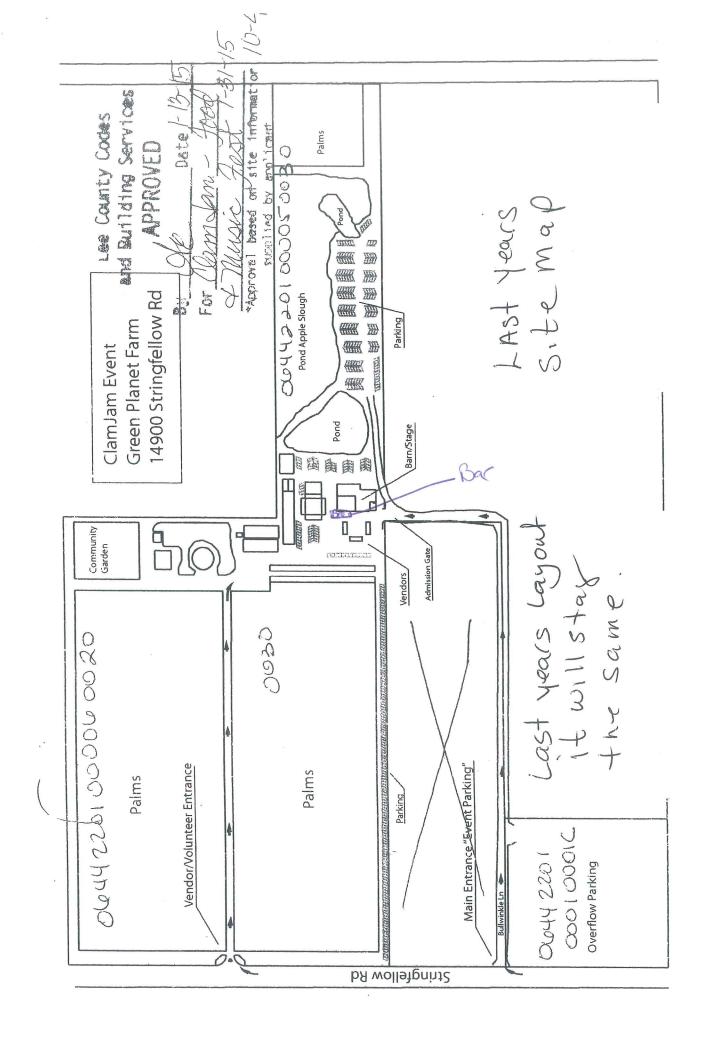
Tatura Burnam
Signature of Applicant

Witness

Print Name of Applicant and Title

Print Name of Witness

**Print Name of W





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

	Title:	Senior Project Manager		
	Signature:	Bryan D. Miller	Digitally signed by Bryan D. Miller Date: 2015.12.04 12:33:01 -05'00'	
	Print Name:	Bryan Miller		
Special Arrangements:	Use Lee County Sh	eriff's Office for assistance	with traffic control as needed.	
Ingress and Egress:	Use all established	means of ingress and egre	SS.	
Parking:	No event parking o	on or within 10 feet of Lee C	County maintained road rights-of-w	vay.
AFTER REVIEWING THE WILL REQUIRE THE APP			W WHAT ARRANGEMENTS Y ENT.	OUR ORGANIZATIO
	/ENT PERMIT DUNTY PROPERTY DISELL AND CONS	PERMIT	RAGES WITHIN LEE COUNTY F	ACILITIES

December 4, 2015

Date:



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

AFTER REVIEWING THE APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION

	(4)		
Check the	appropriate	boxles) below:

SPECIAL EVENT PERMIT

FILM PERMIT

USE OF COUNTY PROPERTY PERMIT

WILL REQUIRE THE APPL	ICANT TO COMPLY WITH FOR THEIR EVENT.
Treatment Facilities:	MA
Medical Personnel:	MA
Medical Supplies / Equipment:	NIA
Safety Requirements:	MIA
Fee for Services	p.l. billed at the of service
Special Arrangements:	Call 9-1-1 as needed for emismios
	Print Name: Scott 7278e Signature: Signature:
	Title: Depty Dive to

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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.

CI	heck	the	app	roprio	ite box	(es)	below:
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- × 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?)	EX
	\swarrow
Fee for Services:	
Flammable Vegetation:	Ø
First Aid Equipment.	First Aid wit located on site.
Fire Extinguishing:	Fire Dept located within 200 ft. All Food vendors need extinguisher.
Special Arrangements:	Fire Dept 1000 ted within 200 ft.
	Print Name Christi R. Kulwicki.
	Signature: Clubli Roman Kulaicki
	Title: Fire Inspector
	Date: 10/0/15



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

Check the approprie	ate box(es) belo	ow:
SPECIAL EV	ENT PERMIT	
,	UNTY PROPERTY	PERMIT
		JME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
FILM PERM		
AFTER REVIEWING THE WILL REQUIRE THE APPI	APPLICATION, P	LEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION LY WITH FOR THEIR EVENT.
		·
Illumination:	N/A	
×		CONTRACTOR OF THE PROPERTY CONTRACTOR CONTRA
Parking Areas:		County Parks property and will not affect any county Parks and Recreation
	operations or prog	rams.
	are semantical and a sail and head to a dark and the half and go at	
Special Arrangements:		
п		
	Action and age of the second	
	Print Name:	Alise Flaniack
		* April Insula Hallingh
	Signature:	Alise Flanjack
	Title:	Deputy Director
,	Date:	Dec-2,2015

ClamJan Jan 23:24, 2016



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

Check the appropriat	te box(es) bel	ow:
	NTY PROPERTY	
▼ PERMIT TO S FILM PERMI		JME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
		LEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION LY WITH FOR THEIR EVENT.
Insurance Requirements:	occurrence to pre	eral liability insurance with minimum limits of One Million Dollars \$1,000,000 per otect against bodily injury and/or property damage relative to applicants use of event within Lee County.
Special Arrangements:	A Certificate of Ir Board of County additional insure	nsurance shall be submitted as evidence of the required coverage listing Lee County Commissioners, P.O. Box 398, Fort Myers, FI 33902 as the certificate holder and as an ed.
	Subject to proof	of insurance.
	Print Name:	Mike Figueroa
	Signature:	
	Title:	Risk Program Manager
	Date:	December 3, 2015

Date:



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

Check the approprio	ate box(es) belo)W:
SPECIAL EV	ENT PERMIT	
USE OF COL	JNTY PROPERTY F	PERMIT
PERMIT TO	SELL AND CONSU	ME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
FILM PERM	IT	
		EASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION Y WITH FOR THEIR EVENT.
Parking:	Parking in autho	rized parking areas only.
Deputies (How Many?):	Two deputies	assigned each day for safety and security 0930-1730 hours.
Fee for Services:		
Special Arrangements:	Traffic will be a	addressed by District units if necessary per District Commander.
	Print Name:	Capt. Scott Lucia
	Signature:	Copt, Sect. N. Lucia
	Title:	Detail Unit Commander
	Date:	7 December 2015



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/02/2015

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, A		ECE			VIII II I			
IMPORTANT: If the certificate holder	s an	ADD	ITIONAL INSURED, the	policy(I	es) must be	endorsed.	If SUBROGATION IS WAIV	ED, subject to
the terms and conditions of the policy,			olicies may require an er	ndorser	nent. A state	ement on thi	s certificate does not confe	or rights to the
certificate holder in lieu of such endors	emei	u(s).		CONTAC	T			
Helios Insurance Group				NAME:			FAX (A/C, No):	
				LAIC, No			(A/C, No):	
1409 S. Lamar St., Suite 1007				PRODUC	ER		and the second s	
Dallas, TX 75215				CUSTON		IDEDIE) ACEOR	DING COVERAGE	NAIC #
INSURED			***************************************	INGLIGE	RA: HCC S		ONING COVERNING	NAIG F
Center for Organic & Sustainable I.	iving	, Inc	2	INSURE		poor.		
Subscribed Event Organizers of Hel				INSURE				
	803 I	110 411	ance Oronb riob.	INSURE				
1409 S. Lamar St., Suite 1007				INSURE	RE:			
Dallas, TX 75215				INSURE	RF:			
COVERAGES CER	TIFIC	ATE	NUMBER:				REVISION NUMBER:	
THIS IS TO CERTIFY THAT THE POLICIES INDICATED. NOTWITHSTANDING ANY RE	OF I	NSUR	ANCE LISTED BELOW HA	VE BEE	N ISSUED TO	THE INSURE	D NAMED ABOVE FOR THE	POLICY PERIOD
CERTIFICATE MAY BE ISSUED OR MAY	PERT	AIN T	THE INSURANCE AFFORD	ED BY	THE POLICIES	S DESCRIBE	HEREIN IS SUBJECT TO A	L THE TERMS,
EXCLUSIONS AND CONDITIONS OF SUCH	POLIC	CIES.	LIMITS SHOWN MAY HAVE	BEEN	EDUCED BY	PAID CLAIMS.		
INSR LTR TYPE OF INSURANCE	ADDL	WAD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	(WW/DD/YYYY)	LIMITS	
GENERAL LIABILITY					03/28/2015	03/28/2016	DAMAGE TO DENTED	1,000,000
X COMMERCIAL GENERAL LIABILITY	X		Policy Number:				PREMISES (Ea occurrence) \$	300,000
CLAIMS-MADE X OCCUR			S097001069					Not Covered
X Host Liquor			Policy ld: 04533					1,000,000
			1 oney tu. 04555					2,000,000
GEN'L AGGREGATE LIMIT APPLIES PER							PRODUCTS - COMP/OP AGG \$	1,000,000
POLICY PRO- LOC	-	-					COMBINED SINGLE LIMIT &	
							(Ea accident)	
ANY AUTO ALL OWNED AUTOS							BODILY INJURY (Per person) \$	
SCHEDULED AUTOS							BODILY INJURY (Per accident) \$	
HIRED AUTOS							PROPERTY DAMAGE (Per accident)	
NON-OWNED AUTOS							\$	
							4	
UMBRELLA LIAB OCCUR							EACH OCCURRENCE \$	
EXCESS LIAB CLAIMS-MADE							AGGREGATE \$	
DEDUCTIBLE							\$	
RETENTION \$							WC STATU- OTH-	
WORKERS COMPENSATION AND EMPLOYERS' LIABRITY Y/N							TORY LIMITS ER	
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT \$	
(Mandatory in NH) If yes, describe under							E L DISEASE - EA EMPLOYEE \$	
DESCRIPTION OF OPERATIONS below	+	-					E L. DISEASE - POLICY LIMIT \$	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC	1 50 6	awaa b	ACORD 104 Additional Remarks	Qahadula	if more energy is	required)		10 10 10
The Certificate Holder is added as	an A	dditi	anal Insured with res	nects t	o our Insur	ed's opera	rions only.	143/12
This coverage is with respect to Cla	m.Ia	m Fe	od & Music Festival	event t	o be held fr	om 01/23/2	2016 to 01/24/2016 at Gr	een Planet Farm
I this coverage is with respect to Cia	1110 0	111 1	JOG OF IVERSIE I COLLIVER	. ,	0 150 1101111 11			
CERTIFICATE HOLDER				CAN	CELLATION			
Lee County BOCC member of Heli	os G	roun		T	1111111			
1500 Monroe St	00.0	e o engi					ESCRIBED POLICIES BE CAN	
				ACC	CORDANCE W	TH THE POLI	EREOF, NOTICE WILL BE CYPROVISIONS.	present Amazgapa 114
Fort Myers, FL 33901							/-	
				AUTHO	RIZED REPRESE	NTATIVE	1-6-66.	
						- Ad	lucie Blan	
						00.0000.50	OPD COPPORATION ALL	rights reserved



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/23/2015

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, certificate holder in lieu of such endors	, cert	ain p	olicies may require an er	ndorse	ment. A stat	ement on thi	is certificate does not co	onfer r	ights to the
PRODUCER	001110	.11(3).		CONTA NAME:	СТ				
Helios Insurance Group				NAME: PHONE (A/C, No, Ext): (A/C, No):					
1409 S. Lamar St., Suite 1007				E-MAIL ADDRE					
				PRODU	CER MER ID #:				
Dallas, TX 75215						URER(S) AFFOR	DING COVERAGE		NAIC#
NSURED					RA: HCC S	pecialty			
Center for Organic & Sustainable Living, Inc					RB:				
Subscribed Event Organizers of Hel	lios I	nsur	ance Group Program	INSURE	RC:				
1409 S. Lamar St., Suite 1007				INSURE					
Dallas, TX 75215				INSURE					
COVERAGES CER	TIFIC	CATE	NUMBER:				REVISION NUMBER:		
THIS IS TO CERTIFY THAT THE POLICIES INDICATED. NOTWITHSTANDING ANY RECERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	PERT POLI	REMEI AIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAYHAVE	OF AN ED BY	Y CONTRACT THE POLICIE: REDUCED BY	OR OTHER I S DESCRIBEI PAID CLAIMS.	DOCUMENT WITH RESPECT O HEREIN IS SUBJECT TO	CT TO	WHICH THIS
INSR LTR TYPE OF INSURANCE	INSR	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT		
GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY	X		Policy Number:		03/28/2015	03/28/2016	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300	
CLAIMS-MADE X OCCUR			S097001069						t Covered
X Host Liquor			Policy Id: 04533				PERSONAL & ADV INJURY		00,000
			Folicy Id: 04333				GENERAL AGGREGATE		00,000
GEN'L AGGREGATE LIMIT APPLIES PER							PRODUCTS - COMP/OP AGG	\$ 1,0	00,000
AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	
ANY AUTO							BODILY INJURY (Per person)	\$	
ALL OWNED AUTOS							BODILY INJURY (Per accident)	\$	
SCHEDULED AUTOS							PROPERTY DAMAGE	\$	
HIRED AUTOS							(Per accident)	\$	
NON-OWNED AUTOS								\$	
UMBRELLA LIAB OCCUP	+	+-					EACH OCCURRENCE	\$	
EXCESS LIAB OCCUR CLAIMS-MADE							AGGREGATE	\$	
DEDUCTIBLE								\$	
RETENTION \$								\$	
WORKERS COMPENSATION							WC STATU- OTH- TORY LIMITS ER		
AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE	NI C						E.L. EACH ACCIDENT	\$	
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L DISEASE - EA EMPLOYEE	\$	
If yes, describe under DESCRIPTION OF OPERATIONS below							E.L DISEASE - POLICY LIMIT	\$	
The Certificate Holder is added as a This coverage is with respect to Cla	an A	dditi	onal Insured with resp	pects t	o our Insur	ed's operat	tions only. 2016 to 01/24/2016 at (Green	Planet Farn
CERTIFICATE HOLDER				CAN	CELLATION				
Green Planet Farm member of Heli 14850 Stringfellow Rd Bokeelia, FL 33922	ios G	roup)	SHO	OULD ANY OF	N DATE THE	ESCRIBED POLICIES BE C. EREOF, NOTICE WILL E CY PROVISIONS.		
				AUTHO	RIZED REPRESE	ENTATIVE	0.00		

Lee County Public Resources Dept 2115 Second St Fort Myers, FL 33901

RE: Permission to hold "ClamJam Food & Music Fest

Dear Sir or Madam:

Please be advised that Pat Burnam of Ad & Printcraft and Radikal Productions has permission to obtain permitting for a 2-day special event on the premises of Green Planet Farm (a DBA of Webb Wright Corporation) for January 23 & 24, 2016.

Green Planet Farm consists of the following four contiguous parcels:

- 0644220100006.0010
- 0644220100006.0020
- 0644220100006.0030
- 0644220100005.0030

Signed:	_William E.	Wright, President	Webb	Wright Corporation
Date:				

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS



Detail by Entity Name

Florida Not For Profit Corporation

CENTER FOR ORGANIC AND SUSTAINABLE LIVING, INC.

Filing Information

Document Number

N13000000706

FEI/EIN Number

46-1865341

Date Filed

01/22/2013

Effective Date

01/20/2013

State

FL

Status

ACTIVE

Principal Address

14900 STRINGFELLOW RD BOKEELIA, FL 33922

Mailing Address

14900 STRINGFELLOW RD BOKEELIA, FL 33922

Registered Agent Name & Address

WRIGHT, WILLIAM E 3481 HIBISCUS DR FORT MYERS, FL 33901

Address Changed: 04/30/2014

Officer/Director Detail

Name & Address

Title D

Roeder, Ava 2929 Bonita St FORT MYERS, FL 33901

Title D

Henkelman, Daniel 7421 Pinehurst Rd Bokeelia, FL 33922

Title D

Krupp, Maritza 2229 Brevard Ave FORT MYERS, FL 33901

Title D

Piazza, Chris 16130 Tortuga St Bokeelia, FL 33922

Title D

Taylor-Manges, Arielle 16130 Tortuga St Bokeeia, FL 33922

Title Executive Director

Wright, William E 3481 Hibiscus Dr Fort Myers, FL 33901

Annual Reports

Report Year	Filed Date
2014	04/30/2014
2014	10/27/2014
2015	04/20/2015

Document Images

04/20/2015 ANNUAL REPORT	View image in PDF format
10/27/2014 AMENDED ANNUAL REPORT	View image in PDF format
04/30/2014 ANNUAL REPORT	View image in PDF format
01/22/2013 Domestic Non-Profit	View image in PDF format

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State of Florida, Department of State

Who do you need to contact?



To assist you with the permitting process, below you will find contact information for sign-off agencies and county contacts, helpful websites, as well as contact information for fire districts and local agencies.

Sign-off Agency Contacts

Sheriff			
Bridget Martin	Detail Coordinator	(239) 477-1098	BMartin@sheriffleefl.org
Public Safety/EMS			
Scott Tuttle	Deputy Director Public Safety/EMS	(239) 533-3916	stuttle@leegov.com
Department of Trans	portation		
Bryan Miller	Sr. Project Manager	(239) 533-8562	millerbm@leegov.com
Randy Cerchie	DOT Director	(239) 533-8573	rcerchie@leegov.com
Parks & Recreation			
Dana Kasler	P&R Deputy Director	(239) 533-7412	dkasler@leegov.com
Risk Management			
	Risk Management	(239) 533-2221	

County Departments

Community Development Division of	F Codes & Building Services
Signs, Tents, Fireworks, Temporary U	Jse Permits, Circus, Fairs, Amusement Rides
Address: 1500 Monroe Street Fort Myers, FL 33901	Contact: Phone: (239) 533-8329 Fax: (239) 485-8340 Hours: 7:30 am to 4:30 pm
Visitor & Convention Bureau	
Film Permits	
Address: 2201 Second Street, Suite 600 Fort Myers, Florida 33901	Contact: Local: (239) 338-3500 Toll-free: (800) 237-6444 Fax: (239) 334-1106

Helpful Websites

Agency	Website
Division of Alcoholic Beverages and Tobacco	http://www.myfloridalicense.com/dbpr/abt/
Visitor & Convention Bureau	http://www.fortmyers-sanibel.com/
Parks & Recreation	http://www.leeparks.org/index.html
Community Development - Permitting	http://www.leegov.com/dcd/BldPermitServ

What do you need to know? (Cont'd.)



Filming in Lee County

A Lee County shoot permit is required when:

- You are producing a feature film, TV special/commercial/pilot/series, industrial film/video or photography shoot that affects public property, equipment or facilities.
- The production is taking place on private property and involves the use of pyrotechnics, explosives or other incendiary devices, firearms, use of gunfire or involves stunts of any kind.
- The production is taking place on public property in unincorporated Lee County.

NOTE: Projects requiring street closures, stunts, special effects and other unusual circumstances should allow substantial lead-time for arrangements and approval. Most locations are available with no permit or location fees. Exceptions may include the City of Sanibel, the town of Fort Myers Beach and state parks.

Contact the Film Office if you have specific questions related to permitting, shoot locations and production related services. Contact us directly at:

Cindy Hinson or Lee Rose Lee County Film Office 2201 Second Street, Suite 600 Fort Myers, FL 33901 (239) 338-3500, (800) 237-6444 (U.S. & Canada)

Fax: (239) 334-1106

Email: CHinson@leegov.com or LRose@leegov.com

Parking

Event organizers are responsible for ensuring there is sufficient parking for event attendees. You will need to coordinate parking arrangements with the Sheriff's Office, the Department of Transportation, and Parks & Recreation. Notation of parking areas is required on the site plan submitted.