

EVENT PERMIT



Ordinance 14-15

SECOND ANNUAL HCE 5K

PERMIT NUMBER:

TMP2016-00009

Date(s) of Event:

January 30, 2016 from 6:30am until 10:30am

Property Owner:

LEE COUNTY DIST SCHOOL BOARD

Applicant:

HANCOCK CREEK ELEMENTARY PTSO

Contact: TARA STROUP

Description:

5K race within Lee County right-of-way per approved route.

Location of event:

1601 SKYLINE DR NORTH FORT MYERS 33917

HANCOCK CREEK ELEMENTARY SCHOOL/239-935-9037

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



Event Application

Special Event

Use of County Property Alcohol within Lee County Facilities

Film, Video & Photography



Event Application

Check the (appropriate box(es) below:	
	SPECIAL EVENT PERMIT	
⊼ ſ	USE OF COUNTY PROPERTY PERMIT	
<u></u> Р	PERMIT TO SELL AND CONSUME ALCHOLIC BEVERAGES WITHIN LEE COUNT	Y FACILITIES
F	FILM PERMIT	

Section I - GENERAL INF	ORMATION (All Permit Types)
Title of Event / Name of Production	Second Annual HCE 5K
Date(s) of Event / Production:	January 30, 2016
Location(s) of Event:	Hancock Creek Elementary School property and surrounding neighborhoods
Name of Applicant:	Hancock Creek Elementary PTSO, President Tara Stroup
Applicant Address:	1601 Skyline Drive North Fort Myers, FL 33903
Applicant Phone Number:	995-3600
Contact Person: (If different from applicant)	Tara stroup
Contact Phone Number: (If different from applicant)	239-935-9037 (Tara's cell)
Email Address:	taras@leeschools.net
Estimated Attendance:	500
Event Description: Include each activity, when activities take place, etc.	5Krace within Lee county Right-of-way per approved route
Hours of Operation:	6:30-10:30
STRAP # of Parcel:	15442400000010030
Owner of Premises*:	Lee county school District

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



Fill out the following questions for all permit types:

What is the Zoning Classification of the	premises?	
Are any temporary structures to be insta	alled for the event? Tes 🗵 No	Туре:
Do you have the appropriate permits for	the temporary structures?	Yes X No
* For a 'Special Event' and 'Use of Coun indentified, including all parking areas.	ty Property' permit, submit a site plan wit	th all proposed facilities and activities
Insurance Company Insuring the Event:		the state of the s
Note: Certificate of Insurance must be submitted	d at time of application	
Surety Company Bonding this Event (Na	me and Address):	
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 🔀 No	☐ Yes No	☐ 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 Providing Food:		
Type of Food being Served:		· ·
Section II - USE OF COUNTY P	ROPERTY PERMIT	
Organization Sponsoring the Event: Ha	ncock Creek Elementary PTSO	
Fill out this portion for applications for	Solicitation in the County Rights-of-Way	7
Name of Charity: Hancock Creek Elemen	ntary PTSO	
Address of Charity: 1601 Skyline Drive, N	orth Fort Myers, FL 33903	
Phone Number: 995-3600	* ;	
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	ON OF ALCHOLIC BEVERAGES P	ERMIT
Is alcohol being sold/consumed on Coullif Yes, then a "Lee County Alcohol Permit" is required.	nty Property? Only non-profit organizations can sell alcohol on County	Yes No
Non-profit certificate/registration num (Required if alcohol is to be <u>SOLD</u> at the event)	ber:	
Please note: A permit from the State of Florida further details	Division of Alcoholic Beverages and Tobacco may a	llso be required; please call (239) 344-0885 for



Section IV - FILM / VIDEO / PHOTOGRAPHY PERMIT

	or Special	TV Seri	es / Pilot		TV Comme	rcial	П	Still Pho	otos
Public Serv	vice Announcement	Industri	al / Documentary		Other:				
ill any of the	e following be neede	ed or included	*?						
	Street Closure				☐ Yes	П	Νo		
	Traffic / Crowd Cont	trol			Yes	П	No		
	Fire or Burning				Yes	Г	No		
	Explosives or Pyrote	echnics			☐ Yes	Г	No		
	Animals, Large or Sr	mall			T Yes	П	No		
	Construction of Any	Kind			☐ Yes	٠П	No		
	Large and/or Nume	rous Vehicles			☐ Yes		No		
	Helicopters, Boats,	etc.			☐ Yes		No		
	Stunts				Yes		No		
	Other	×			☐ Yes		No		
				a .	v				
Snecial Park	ing Requirements:				v				
Special Park	ing Requirements:				v				
Special Park	ing Requirements:				V				
Special Park	ing Requirements:	-			V			-	
	ing Requirements: nty Services Require	d: (Personnel	, equipment, facil	ities, e	tc.)			,	
		d: (Personnel	, equipment, facil	ities, e	tc.)				
		d: (Personnel	, equipment, facil	ities, e	tc.)				
City or Cour	nty Services Require					Florid		ack the	economic im
City or Cour		uired for loca	I and state record	s on p	roduction in I		a to tr	ack the	economic im
City or Cour	nty Services Required ng information is req v. If exact figures are	uired for loca e not available	I and state record	s on p	roduction in I sely as possib	le.		ack the	economic imp
City or Cour The followin	nty Services Required ng information is req v. If exact figures are ast:	juired for loca e not available	I and state record	s on p	roduction in l sely as possib Num	le.			economic imp
City or Cour The followin the industry Number in Co	nty Services Required and information is required ast:	uired for loca e not available	l and state record e, please estimate Number in Crew: –	s on p as clos	roduction in l sely as possib Num	le.			economic imp

Applicant Agreement - Signature Required



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 permises 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

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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.

Jac L Stroup Signature of Applicant	Carmen 1. Ocasio
Tara L Stroup PTSO President Print Name of Applicant and Title	Carmen Ocasio Print Name of Witness
1-12-16	1/12/16



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

Check the appropri	ate box(es) bel	ow:
SPECIAL EV	ENT PERMIT	
■ USE OF CO	UNTY PROPERTY	PERMIT
PERMIT TO	SELL AND CONS	JME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
☐ FILM PERM	IIT	
		LEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION LY WITH FOR THEIR EVENT.
Parking:		
Deputies (How Many?):	Deputy is also to en	traffic and to cross participants safely at intersection of Moody Rd. and Skyline Dr. insure that volunteers are properly placed at any intersections where participants will icular traffic including entrances to subdivisions. Locations are specified in block
Fee for Services:		
Special Arrangements:	Moody River Blvd@ Moody River Blvd@	P Hancock Bridge Parkway D Skyline Dr. Jane Lane
√ .	Print Name:	Capt. Scott Lucia
	Signature:	Capt. Scott Lucia Deptally signed by Capt. Scott Loca order County Sheriff's Office our-Special Operations, small-background by Capt. Scott Loca order County Sheriff's Office our-Special Operations, small-background by Capt. Scott Loca order County Sheriff's Office our-Special Operations, small county Sheriff's Operations, small county Sheriff's Operations, small county Sheriff's Operations, small county Sheriff's Operati
	Title:	Special Events, Permits and Details
	Date:	11 January 2016



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 appropri	ate box(es) bel	ow:			
SPECIAL EV USE OF CO FILM PERM	UNTY PROPERTY	PÉ RÍ MIT			
AFTER REVIEWING THE WILL REQUIRE THE APPL				ngements your	ORGANIZATION
Fire Guards (How Many?)	0				
Fee for Services:	0				
Flammable Vegetation:	0				
First Aid Equipment:	0	e .			
Fire Extinguishing:	0	,			
Special Arrangements:	None				
	Print Name:	John Meredith	Digitally signed by John Meerdith Discording Meeddin, own, Fr. Myers Fire	und Banna Cilitrier nu	
	Signature: Title:	John Meredith Assistant Chief	Discordon Mescatin, on N. Ft. Myers Fire a email-jumestification of homestification, of Date: 2015.02.04 1157:98-45100	PRUSE VISUAL, VA.	
	Date:	1/11/2016			



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

Check the appropri	ate box(es) belo	w:		
SPECIAL EV	ENT PERMIT			
r	UNTY PROPERTY P	ERMIT		
FILM PERM	HT ·			
AFTER REVIEWING THE WILL REQUIRE THE APPL			/ WHAT ARRANGEMENTS NT.	YOUR ORGANIZATION
Treatment Facilities:	N/A			
Medical Personnel:	N/A			
Medical Supplies / Equipment:	N/A			
Safety Requirements:	N/A			
Fee for Services	Patients are billed at	time of service.		
Special Arrangements:	Call 9-1-1 as needed	for emergencies.		
	Print Name:	Scott M Tuttle		
	Signature:	Scott M Tuttle	Digitally signed by Scort M Tuttle DN: cn=Scort M Tuttle, c=US, our#ubilc Safety, email=tuttlesm@leegov.com Date: 2016.01.06 15:1351 -05'00'	
	Title:	Deputy Director		-, ,
	Date:	Jan 6, 2016		_



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

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

Check the appropri	iate box(es) be	low:	*	
former	OUNTY PROPERTY O SELL AND CONS		ERAGES WITHIN LEE COUN	TY FACILITIES
AFTER REVIEWING THE WILL REQUIRE THE APP			OW WHAT ARRANGEMENT EVENT.	'S YOUR ORGANIZATION
llumination:	N/A			
Parking Areas:	N/A			· .
Special Arrangements:	Event will not inter	rfere with Parks and Recre	ration program or operations.	
	9			
	Print Name:	Alise Flanjack		
	Signature: Title:	Alise Flanjack Deputy Director	Digitally signed by Alise Flanjack Dit cre-Alise Flanjack ent-set County Paris and Recrestion, ou, email-salkeel/seagor.co.cu.s Dates 2016;01:07 17:27:97 45:99	_
	Date:	Jan. 7, 2016		_



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

Check the appropriate box(es) below:

F SPECIAL EVE	NT PERMIT					
□ USE OF COU	NTY PROPERTY	PERMIT				
PERMIT TO S	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:					
FILM PERMIT	r -					
				RRANGEMENTS	YOUR ORGANI	OITAS
nsurance Requirements:	occurrence to pre	otect against bodily in	jury and/or proper			
¥						
к						7 0 x
Special Arrangements:	Board of County	Commissioners, P.O. B	nitted as evidence of Sox 398, Fort Myers	of the required cov , FL 33902 as the co	erage listing Lee C ertificate holder ar	County nd as an
	*					
	Print Name:	Mike Figueroa				
		- I C		460,000		
	Signature:					
	Title:	Risk Prøgram Manag	er			
	Date:	January 11, 2016				
			a			



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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

	ne terms and conditions of the policy ertificate holder in lieu of such endor								onfer	rights to the
-	DUCER		(0)	7	CONTACT Brittany O'Brien					
Pul	olic Risk Insurance Agency				PHONE (A/C, No, Ext): (386) 252-6176 FAX (A/C, No): (386) 239-4049					
	O, Box 2416				(AIC, No. AIC, No. AI					144.00 (A. C.
					INSURER(S) AFFORDING COVERAGE					NAIC #
Day	ytona Beach FL 321	115			INSURER A Qualified Self-Insurer					
INSL	RED					-		Casualty Corp		15105
The	e School Board of Lee Coun	ty,	Flo	rida;				alty & Surety Co	of.	31194
285	55 Colonial Blvd				INSURE		······································			
				INSURE		***************************************				
For	rt Myers FL 339	966-	101	2	INSURE					
COVERAGES CERTIFICATE NUMBER:CL1562901100 REVISION NUMBER:										
C	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	PER POL	REME FAIN, ICIES	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF AN	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER S DESCRIBE PAID CLAIMS	DOCUMENT WITH RESPE D HEREIN IS SUBJECT T	CT TO	WHICH THIS
NSR LTR	TYPE OF INSURANCE	ADDL	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S	
	x COMMERCIAL GENERAL LIABILITY			In accordance with				EACH OCCURRENCE	\$	200,000
A	CLAIMS-MADE OCCUR			FS 768.25		7/1/2015	7/1/2016	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	
								MED EXP (Any one person)	\$	(4
				(2)				PERSONAL & ADV INJURY	\$	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	300,000
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	*
	OTHER:								\$	
	AUTOMOBILE LIABILITY			In Accodance with				COMBINED SINGLE LIMIT (Ea accident)	\$	
A	x ANY AUTO			F8 768.25		7/1/2015	7/1/2016	BODILY INJURY (Per person)	\$	200,000
	ALL OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$	300,000
	HIRED AUTOS NON-OWNED AUTOS			Section 1				PROPERTY DAMAGE (Per accident)	\$	
									\$	
	UMBRELLA LIAB X OCCUR							EACH OCCURRENCE	\$	2,000,000
В	x EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	4,000,000
	DED RETENTION \$			GLE 405-0961		7/1/2015	7/1/2016	1000	\$	
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							x PER OTH- STATUTE ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$	1,000,000
	(Mandatory in NH) If yes, describe under			TBD		7/1/2015	7/1/2016	E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	DÉSCRIPTION OF OPERATIONS below	-						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
C	Crime			105801487		7/1/2015	7/1/2016	Employee Theft		1,000,000
	.*							*		
	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC CESS Liability Retention \$?								~ al'	l other
	aims, \$500,000 SIR for Worl			a a record and a real security of the contract theretoe are				SO IN THE SECURITY AND ADDRESS OF THE SECURITY		
	quired by written contract									
	currence, offense or loss									
COI	ntract or the Limits of Li	abil	lity	provided by this	poli	cy, which	never is	less, Certificate	of :	Insurance
iss	sued with respect to the H	anco	ock	Creek School Firs	t Ann	aul 5K Ru	in on Jan	uary 30, 2016.		
CE	RTIFICATE HOLDER				CANO	CELLATION				
	Lee County Board of C		_		THE	EXPIRATION	N DATE TH	ESCRIBED POLICIES BE C EREOF, NOTICE WILL E CY PROVISIONS.		and the same of th
	Fort Myers, FL 33902			1. MT	AUTHO	RIZED REPRESE	ENTATIVE	¥		
			(ol 1 2016					Lee-e	£
				0111110	M Mai	ctin/JHOW	AR	Mixing 1		
				5		@19	88-2014 AC	ORD CORPORATION.	All ria	hts reserved



LEE COUNTY VISITOR & CONVENTION BUREAU 2201 SECOND STREET, SUITE 600 FORT MYERS, FLORIDA 33901 (239) 338-3500

Check the appropria	te box(es) bel	ow:	-			
FILM PERMI	TONLY					
AFTER REVIEWING THE APPLICATION				RRANGEMEN'	TS YOUR O	RGANIZATION
Special Arrangements:						,
Other:			y			
	Print Name:					
*	Signature: Title:		2		_	
	Date:					

