

EVENT PERMIT



Ordinance 14-15

EASTER SUNRISE SERVICE

PERMIT NUMBER:

TMP2016-00019

Date(s) of Event:

Sunday, March 27, 2016 from 7am-8am

Property Owner:

LEE COUNTY

Applicant:

Contact: BILLY LYTELL

Description:

Easter Sunrise Service. Church Service with preaching and music.

Location of event:

27954 HICKORY BLVD BONITA SPRINGS 34134

BONITA BEACH PARK/***239-947-1285

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

Check the appropriate box(es) below:

- F SPECIAL EVENT PERMIT
- ₩ USE OF COUNTY PROPERTY PERMIT
- PERMIT TO SELL AND CONSUME ALCHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
- FILM PERMIT

Title of Event / Name of Production	Easter Sunrise Service
Date(s) of Event / Production:	March 27, 2016
Location(s) of Event:	Bonita Beach Park
Name of Applicant:	Bill Lytell, Gospel Baptist Church
Applicant Address:	24861 Old 41 Road Bonita Springs, FL 34135
Applicant Phone Number	239-980-0543 (cell) or 239-947-1285 (church)
Contact Person: If different from applicant)	Wendy Stone
Contact Phone Number: If different from applicant)	239-947-1285 (church)
mail Address:	lytell.b@mygbcs.com or stone.w@mygbcs.com
stimated Attendance:	900
vent Description: clude each activity, when tivities take place, etc.	Easter Sunrise Service (church service with preaching and music)
ours of Operation:	7:00 am to 8:00 am
RAP # of Parcel:	Bonita Beach Park 27954 Hickory Blvd, Bonita Springs, FL 34134
	Lee County Government

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



Fill out the following questions for allpermit types:

What is the Zoning Classification of the	premises? Bonita Beach Park	
Are any temporary structures to be ins	talled for the event? Yes No	Type:
Do you have the appropriate permits for	47.1	-
 For a 'Special Event' and 'Use of Cour indentified, including all parking areas. 		
Insurance Company Insuring the Event:	Guide One	
Note: Certificate of Insurance must be submitted	P213P	
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 🔯 No
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 PRO	OPERTY PERMIT	
Gos Organization Sponsoring the Event:	oel Baptist Church	
Fill out this portion for applications for So	plicitation in the County Rights-of-Way:	
Name of Charity:	dia .	
Address of Charity:		
Phone Number:		
Non-profit certificate/registration number		
(Proof of registration with the Dept. of Agriculture & Cons		vampt from this source
Section III - SALE/CONSUMPTION		
Is alcohol being sold/consumed on County of Yes, then a "Lee County Alcohol Permit" is required. Only	Property? non-profit organizations can sell alcohol on County Pro	⊤Yes ▼ No
Non-profit certificate/registration number: (Required if alcohol is to be <u>SOLD</u> at the event)		
Please note: A permit from the State of Florida Divisi further details	on of Alcoholic Beverages and Tobacco may also	be required; please call (239) 344-0885 for

11:00



Section IV - FILM / VIDEO / PHOTOGRAPHY PERMIT

Type of Production (choose all that apply):	
	V Series / Pilot	TV Commercial
□ Public Service Announcement □ In	dustrial / Documentary	
Will any of the following be needed or inconstruction Street Closure Traffic / Crowd Control Fire or Burning Explosives or Pyrotechnics Animals, Large or Small Construction of Any Kind Large and/or Numerous Veh Helicopters, Boats, etc.	luded*?	Other: ☐ Yes ☐ No
Stunts		┌ Yes ┌ No
Other		T Yes T No
Special Parking Requirements:		
City or County Services Required: (Person	nel, equipment, facilities, etc.)	
The following information is required for loothe industry. If exact figures are not available	cal and state records on produ ble, please estimate as closely	uction in Florida to track the economic impact of as possible.
Number in Cast:	Number in Crew:	Number of locals hired:
Total budget:	Estimate amount spent in Lee C	County:
Hotel room nights:	Number of shooting days:	

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

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.

Signature of Applicant

Print Name of Applicant and Title

Augustistes

1/20/16

Witness

Print Name of Witness

Data

Page | 5



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

Check the appropri	ate box(es) be	low:
SPECIAL EV	ENT PERMIT	
USE OF CO	UNTY PROPERTY	PERMIT
PERMIT TO	SELL AND CONS	UME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
FILM PERM	IIT	
AFTER REVIEWING THE WILL REQUIRE THE APPL	APPLICATION, F LICANT TO COMI	PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION PLY WITH FOR THEIR EVENT.
Parking:	Parking in auth	orized parking areas only.
Deputies (How Many?):	Two deputies fo	r traffic and safety for sunrise service.
Fee for Services:		
Special Arrangements:	Vehicles are not any way.	t to be parked on the right-of-way, blocking driveways, or impeding traffic in
	Print Name:	Capt. Scott Lucia
	Signature:	Capt, Scott K. Lucia
	Title:	Detail Unit Commander
	Date:	25 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 appropriate box(es) below:

SPECIAL	EVENT PERMIT	
₩ USE OF (COUNTY PROPER	RTY PERMIT
FILM PER		
AFTER REVIEWING TH WILL REQUIRE THE APP	E APPLICATION, PLICANT TO COM	, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION IPLY 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:	N/A	
	Print Name: Signature: Title:	Cornel Lee Council Sur Asst-Fire Marshal
	Date:	2-16-16



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

Check the appropriate box(es) below:

F SPECIAL EVENT PERMIT

USE OF	COUNTY PROPERTY PERMIT
FILM PER	RMIT
AFTER REVIEWING TH WILL REQUIRE THE AP	IE APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION PLICANT TO COMPLY WITH FOR THEIR EVENT.
Treatment Facilities:	N/A
Medical Personnel:	IN/A
Medical Supplies / Equipment:	N/A
Safety Requirements:	N/A
Fee for Services	billed @ time of services
Special Arrangements:	call 9-1-1 as needed for emergencies
	Print Name: Scott m Diffe Signature: Aug Awa fun Date: All All All All All All All All All Al



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

Check the appropri	ate box(es) be	elow:		
SPECIAL EV	/ENT PERMIT			
☐ USE OF CO	UNTY PROPERT	Y PERMIT		
PERMIT TO	SELL AND CON	SUME ALCOHOLIC BEVE	RAGES WITHIN LEE COUN	TY FACILITIES
┌ FILM PERN	1IT			
AFTER REVIEWING THE WILL REQUIRE THE APP	APPLICATION, LICANT TO COM	PLEASE INDICATE BELO PLY WITH FOR THEIR EV	W WHAT ARRANGEMENT ENT.	rs your organization
Parking:	No event parking	on County maintained road	rights-of-way.	
Ingress and Egress:	Use all established	d means of ingress and egres	55.	
Special Arrangements:	Use Lee County Sh	neriff's Office for assistance w	vith traffic control as needed.	
	Print Name:	Bryan Miller		
			Digitally signed by Bryan D. Miller	-
	Signature:	Bryan D. Miller	Oale: 2016/01.29 14 1253 -05'00'	
	Title:	Senior Project Manager		
	Date:	January 29, 2016		



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

Check the appropr	iate box(es) below:
F SPECIAL E	VENT PERMIT
	DUNTY PROPERTY PERMIT
	D SELL AND CONSUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
FILM PERI	VIII
AFTER REVIEWING THI WILL REQUIRE THE APP	E APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION PLICANT TO COMPLY WITH FOR THEIR EVENT.
Illumination:	pre-dawn lighting may be required for set up and safety: provided by applicant
Parking Areas:	Parking limited to 95 spaces. Applicant may be required to provide additional parking off site. Agree not to block emergency accesses or roadways / driveways.
Special Arrangements:	We agree traffic control may be required for safety.
	Print Name: Alise Flancack Signature: Alise Flancack Title: Deputy Director Date: 12116

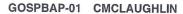
Bonta Beach Sunse Service



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

Check the appropriate box(es) below:

☐ SPECIAL EVE ☐ USE OF COL ☐ PERMIT TO S ☐ FILM PERMI	JNTY PROPERT SELL AND CONS	Y PERMIT SUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
AFTER REVIEWING THE AWILL REQUIRE THE APPLI	APPLICATION, CANT TO COM	PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION PLY WITH FOR THEIR EVENT.
nsurance Requirements:	occurrence to p	neral liability insurance with minimum limits of One Million Dollars \$1,000,000 per rotect against bodily injury and/or property damage relative to applicants use of levent within Lee County.
Special Arrangements:	A Certificate of I Board of County additional insure Subject to proof	
	Print Name:	Mike Figueroa
	Signature:	\mathcal{A}
	Title:	Risk Program Manager
	Date:	January 25, 2016





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/25/2016

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.

the terms and conditions certificate holder in lieu of	of the policy	/, certa	ain p	olicies may require an	ne polic endors	y(ies) must t ement. A sta	e endorsed. Itement on th	If SUBROGATION IS certificate do	ION IS W pes not c	AIVED onfer i	, subject to rights to the
PRODUCER	oudii ciidoit	SCHICH	11(0).		CONTA						
Church Asset Management, Inc.				NAME: PHONE (A/C, No, Ext): (800) 200-7257 FAX (A/C, No): (866) 608-0600				202 2022			
1500 Wall St. Saint Charles, MO 63303					(A/C, N	o, Ext): (000) 4	200-7257		(A/C, No):	(866)	608-0600
Saint Charles, MO 63303					ADDRESS:						
						INS	SURER(S) AFFOR	RDING COVERAGE			NAIC #
					INSURER A : GuideOne Elite Insurance Company				42803		
INSURED					INSURER B:						
Gospel Baptist Church & Christian School					INSURE	RC:					
24861 Old US 41	Road	ouiui	. 00.	11001	INSURE	BD:					
Bonita Springs,	FL 34135				INSURER E :						
					INSURER F:						
COVERAGES	CER	TIFIC	ATE	NUMBER:	Intoonic			REVISION NUM	/IDED:		
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A X COMMERCIAL GENERAL L	IABILITY					they groupped to have an or an	V. 10 30 Vento	EACH OCCURRENCE		\$	1,000,000
CLAIMS-MADE X	OCCUR	X	1	1265-684		06/14/2015	06/14/2016	DAMAGE TO RENTE PREMISES (Ea occu	ED Irrence)	\$	1,000,000
								MED EXP (Any one p	person)	\$	10,000
								PERSONAL & ADV I	NJURY	\$	1,000,000
GEN'L AGGREGATE LIMIT APPL	ES PER:							GENERAL AGGREG	SATE	s	3,000,000
X POLICY PRO- JECT	LOC							PRODUCTS - COMP		\$	3,000,000
OTHER:	_							TRODUCTO COM	701 7100	\$	-,,,,,,,,
AUTOMOBILE LIABILITY				A Maria de la companione de la companion				COMBINED SINGLE	LIMIT	s	
ANY AUTO								(Ea accident) BODILY INJURY (Pe	r poreon)	\$	
ALL OWNED SCI	HEDULED										
AUTOS AUTOS NON-OWNED							PROPERTY DAMAG		\$		
HIRED AUTOS AU	ros							(Per accident)	-	\$	
IIII IIII III III III III III III III			_							\$	
UMBRELLA LIAB	OCCUR							EACH OCCURRENC	E	\$	
EXCESS LIAB	CLAIMS-MADE							AGGREGATE		\$	
DED RETENTION \$										\$	
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY								PER STATUTE	OTH- ER		
ANY PROPRIETOR/PARTNER/EXE	CUTIVE Y/N	N/A						E.L. EACH ACCIDEN	-	s	
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		N/A						E.L. DISEASE - EA E			
If yes, describe under DESCRIPTION OF OPERATIONS I	pelow							E.L. DISEASE - POLI		s	
								L.L. DISLASE - FOLI	CT LIMIT	3	
DESCRIPTION OF OPERATIONS / LOCA	TIONS / VEHICL	ES (ACC	ORD 1	01, Additional Remarks Schedu	le, may be	attached if more	space is require	ed)			
RE: Easter Sunrise Service -Mai	ch 27, 2016-	at Bon	nita E	Beach Park, 27954 Hickor	ry Blvd.,	Bonita Sprin	gs, FLForn	n CGCG2026, Ad	ditional I	nsured	- Designated
erson or Organization" applies	. "										
							101	4			
								Mfalzel	16		
								011			
CERTIFICATE HOLDER					CANC	ELLATION					
						CO 149 33 1109**** *****					
Lee County Board	d of County	Comm	nissi	oners	THE	EXPIRATION	DATE THE	SCRIBED POLICI EREOF, NOTICE Y PROVISIONS.			
Fort Myers, FL 33	902					, , , ,	••••	*=.			
					AUTHOR	IZED REPRESEN	ITATIVE -	100			
				AUTHORIZED REPRESENTATIVE							

NAMED INSURED: Gospel Baptist Church and Christian School

POLICY NUMBER: 1265-684

COMMERCIAL GENERAL LIABILITY CG 20 26 07 04

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)

Additional Insured:

Lee County Board of County Commissioners

PO Box 398

Fort Myers Florida 33902

Event: Easter Sunrise Service

Date: March 27, 2016

Location : Bonita Beach Park, 27954 Hickory Blvd, Bonita Springs, FL 34134

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

- A. In the performance of your ongoing operations; or
- B. In connection with your premises owned by or rented to you.



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:			
Special Arrangements:			
-1			
Other:			
	199	18 18 20 20 20 20 20 20 20 20 20 20 20 20 20	
,			
	Print Name:		
	C:		•
	Signature:		
	Title:		
	Date:		
	-		

