

EVENT PERMIT



Ordinance 14-15

MARDI GRAS CELEBRATION

PERMIT NUMBER:

TMP2016-00034

Date(s) of Event:

February 9th 2016, 5:00pm-9:00pm

Property Owner:

LEE COUNTY

Applicant:

OUR LADY OF MERCY CHURCH

Contact: ANGELA STEFFAN

No

Description:

Parish function where participants bring appetizers and drinks. Music provided by

participants

Location of event:

131 135 1ST ST W BOCA GRANDE 33921

BOCA GRANDE COMMUNITY CENTER/***904-673-0283

Will the event be attended by 1000 or more people?

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?

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

Tmp2016-00034



Event Application

Check the appropriate box(es) below:

- F SPECIAL EVENT PERMIT
- ▼ USE OF COUNTY PROPERTY PERMIT
- PERMIT TO SEX X NO CONSUME ALCHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
- FILM PERMIT

| Section I - GENERAL INF | FORMATION (All Permit Types) |
|--|---|
| Title of Event / Name of Production | Mardi Gras Celebration |
| Date(s) of Event / Production: | 2/9/16 |
| Location(s) of Event: | Louise DuPont Crowninshield Community House |
| Name of Applicant: | Angela Steffan (Our Lady of Mercy Church) |
| Applicant Address: | P.O. Box 181 Boca Grande, Fl 33921 |
| Applicant Phone Number: | 1-941-964-2254 |
| Contact Person: (If different from applicant) | Angela Steffan |
| Contact Phone Number: (If different from applicant) | 1-904-673-0283 |
| Email Address: | aksteffan@gmail.com |
| Estimated Attendance: | 110 people |
| Event Description: Include each activity, when activities take place, etc. | Parish function, participants to bring appetizers and drinks. Music provided by participants. |
| Hours of Operation: | 5:00p.m 9:00p.m. |
| STRAP # of Parcel: | 14432001000050010 |
| Owner of Premises*: | Lee county Government |

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



${\it Fill out the following questions for all permit types:}\\$

| and the state of t | | | |
|--|----------------|---|----------------|
| What is the Zoning Classification of the premises? Public Facility | | | |
| Are any temporary structures to be installed for the event? ☐ Yes ☐ No Ty | /pe: | | |
| Do you have the appropriate permits for the temporary structures? N/A | Yes | ┌ No | |
| * For a 'Special Event' and 'Use of County Property' permit, submit a site plan with indentified, including all parking areas. | all propose | d facilities ar | nd activities |
| Insurance Company Insuring the Event: T.B.D. | | | |
| Note: Certificate of Insurance must be submitted at time of application | | · · | |
| Surety Company Bonding this Event (Name and Address): N/A | | | · |
| Will Vehicles be Used as Part of This Will Food be Available at this Event? | | oholic Bevera | |
| ☐ Yes ☐ No ☐ Yes ☐ No | ⋉Y | es 🗀 | No |
| If yes, automobile coverage must be Included on the certificate of insurance. | , , , | r liability covera the certificate o | - |
| Name & Address of Organization Providing Food: Participants / Attendees | | | |
| Type of Food being Served: Appetizers / Finger Foods | | · · · · · · · · · · · · · · · · · · · | |
| Section II - USE OF COUNTY PROPERTY PERMIT | •, | | |
| Organization Sponsoring the Event: Our Lady of Mercy Catholic Church | | | |
| Fill out this portion for applications for Solicitation in the County Rights-of-Way: | | | |
| Name of Charity: | | | *. |
| Address of Charity: | | | |
| Phone Number: | | | |
| Non-profit certificate/registration number: | . 🛬 | | |
| (Proof of registration with the Dept. of Agriculture & Consumer Services \$496,405 or proof the organization is | | | 316.2045) |
| Section III - SALE/CONSUMPTION OF ALCHOLIC BEVERAGES PE | * | | |
| Is alcohol being Mc/consumed on County Property? If Yes, then a "Lee County Alcohol Permit" is required. Only non-profit organizations can sell alcohol on County P | ▼ Yes | ┌ No | |
| Non-profit certificate/registration number: Alcohol not being sold (B.Y.O Alcohol). (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 als | o be required; | , please call (239 |) 344-0885 for |



Section IV - FILM / VIDEO / PHOTOGRAPHY PERMIT N/A

| ype of Production (cho- TV Movie or Special | TV Series / F | Pilot | TV Commer | cial | Still Photos | 12 |
|--|---|---|-------------|-------------|---------------|---------------|
| Public Service Annou | ncement Industrial / D | ocumentary $	extstyle 	ext$ | Other: | | | |
| Vill any of the following | be needed or included*? | | | • | | |
| Street Clo | | | Yes | [No | | |
| | rowd Control | | , T Yes | r No | | |
| Fire or Bu | | | _ Yes | , No | | |
| | or Pyrotechnics | | , Yes | ┌ No | | *. · |
| | arge or Small | | Yes | , No | | |
| | on of Any Kind | | Yes | No | | |
| | or Numerous Vehicles | | Yes | , ☐ No | | , , |
| | s, Boats, etc. | | Yes | , No | : | |
| Stunts | | | Yes | ┌ No | | ** |
| Other | | | Yes | ┌ No | 4.1 | |
| * For any marked Yes. | provide further details below | w: | | | | |
| Special Parking Require | ements: | | | | | |
| City or County Service: | s Required: (Personnel, equ | ioment, facilities, e | etc.) | | | |
| | (101001) | | | | | |
| | | | | * · · | | |
| | ion is required for local and gures are not available, plea | | | | ack the econo | omic impact o |
| Number in Cast: | Numb | per in Crew: | Numb | er of local | s hired: | |
| Total budget: | Estim | ate amount spent in | Lee County: | | | |
| Hotel room nights: | Numb | per of shooting days: | | | | |
| numbe | r of rooms x number of nights | • | Pronunc | | | |

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



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

Date

Witness

Print Name of Witnes



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

Check the appropriate box(es) below:

| F SPECIAL EV | | | | | | |
|--|----------------------|-------------------------|---|---------------------------------------|-------------|---|
| • | UNTY PROPERTY | | VEDACES WITHIN | LEE COLINTY EA | CHITIES | |
| | | UME ALCOHOLIC BE | VERAGES WITHIN | LEE COUNTY PA | CILITIES | |
| FILM PERM | 11 | | | - | | |
| AFTER REVIEWING THE WILL REQUIRE THE APPL | | | | ANGEMENTS YO | OUR ORGANIZ | ZATION |
| Parking: | In authorized parki | ing areas only. | | · · · · · · · · · · · · · · · · · · · | | |
| | | | • | | | |
| | | | | | | |
| Deputies (How Many?): | None required. | | | | | *************************************** |
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| • | | | | | | |
| | | | | | | |
| Fee for Services: | | | | | | |
| , | | | · | | | |
| Special Arrangements: | Alcohol is not allov | wed beyond property bo | oundaries, | | | |
| | | | | | | |
| | | * | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | Print Name: | Capt. Scott Lucia | | | | |
| | Signature: | Lucia, Scott | Digitally tigmed by Locia, Scott PM denotes, Scotterfffeel, own ESSO Use emach-Stocia ashe/Meell.org Date 2015/12/4 (0.25:19-05'00' | rs, envlucia, šcoli, | | |
| | Title: | Special Events, Permits | and Details | | | |
| | Date: | 14 December 2015 | | | | |

Mardi Gras - Feb 9th, 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:

- F SPECIAL EVENT PERMIT
- IX USE OF COUNTY PROPERTY PERMIT
- TX FILM PERMIT

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

| | | | A CONTRACTOR OF THE PARTY OF TH | alana masa kamputa 102mk merubian (42mk 22 kK | |
|---------------------------|------------------------|--|--|--|-----------------|
| Fire Guards (Ho Many?) | bw [| | None | | |
| Fee for Service | s: | and the second s | None | | |
| Flammable Ve | getation: | | None | | |
| First Aid Equip | ment: | and the second s | | | |
| | | | None | | |
| Fire Extinguish | ing: | an anakasas a manannan karanga panga p | | - Selderi Litter Berling (1984 for the Selderi Selderi Selderi Selderi Selderi Selderi Selderi Selderi Selderi | |
| | | | None | | |
| Special Arrange | ements: | andres (), hilly no had do a substitution () () () () () () () () () (| <u>а до до до до до до на на село до на </u> | mandet meg en | |
| | committee and a second | | In case of emergenc | y - Dial 911 | |
| • | | | | · | |
| | | Print Name: | C.W. Blosser | | |
| | | Signature: | CAL | | - |
| | 1 | Title: | Fire Chief | | |
| | | Date: | 12/10/2015 | | NAMES OF STREET |
| | • | | | • | |

Mardi Gras - Feb 9th, 2016

Lee County Event Permit Application



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

| Check the appropri | ate box(es) belo | iW: | | • |
|---|------------------------|---------------------|--|-------------------|
| ┌─ SPECIAL E\ ┌─ USE OF CC ┌─ FILM PERN | UNTY PROPERTY F | PERMIT | | |
| | | EACE INDICATE BELOV | AL VALUATI ADDANICENZENTE | VOLD OPCANIZATION |
| WILL REQUIRE THE APPI | | | W WHAT ARRANGEMENTS NT. | YOOK OKGANIZATION |
| Treatment Facilities: | N/A | ., | | |
| Medical Personnel: | N/A | | | |
| Medical Supplies / Equipment: | N/A | | . • | |
| Safety Requirements: | N/A | | | |
| Fee for Services | patients billed at tim | ne of service. | | |
| | | | | |
| Special Arrangements: | call 9-1-1 as needed | for emergencies. | | |
| • | | | | |
| • | Print Name: | Scott M Tuttle | | · |
| | Signature: | Scott M Tuttle | Digital's rigated by Scott thi Trute Discreasces of Trute, outs, our Public Salety, on silventies of planeous on Date: 2014.12.10 144045-42707 | |
| | Title: | Deputy Director | | |
| | Date: | Dec 10, 2015 | | *. *. |
| | | | | |



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

Check the appropriate box(es) below:

SPECIAL EVENT PERMIT

| | | NTY PROPERT | | | | | - | | |
|-----------------------------------|--|---------------------|--|----------------|-------------|---------------------------------------|--------------------------------|-------------------------|---------------|
| 1. 1. | MIT TO S 1 PERMI | SELL AND CONS | SUME ALCO | HOLIC BEVE | RAGES WI | THIN | EE COUNTY F | ACILITIES | |
| | | | * | | | ::: | | | |
| AFTER REVIEWIN WILL REQUIRE TH | | | | | | ARRA | NGEMENTS Y | OUR OR | GANIZATION |
| | | | · - · · · · · · · · · · · · · | | | | · : | | |
| Parking: | P | ark in designated | d areas. No eve | ent parking or | n Lee Count | y maint | ained roads wh | ere parking | is prohibited |
| | | | | | | • | | | |
| Ingress and Egres | s: [| Ise all established | d means of ing | ress and egre | ess. | | | | |
| | | | | | | * | | | |
| Special Arrangem | ents: N | lone. | The second secon | | | | | | |
| | | | | | | | | | |
| | | Print Name: | Bryan Miller | | | | | | |
| | | Signature: | Bryan D. | . Miller | | | yan D. Miller 08:33 -05'00' | | |
| | | Title: | Senior Proje | ct Manager | i | | | | |
| | The state of the s | Date: | December 1 | 6, 2015 | | | | 1. A 1. A 1. A | |
| | | | | | | · · · · · · · · · · · · · · · · · · · | | 1 () 2 () 4 () () | |



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

| Check the appropr | iate box(es) be | low: | | |
|---|--|---|--|--|
| • | DUNTY PROPERTY DISELL AND CONS | | ERAGES WITHIN LEE COUN | ITY FACILITIES |
| AFTER REVIEWING THE WILL REQUIRE THE APP | | | OW WHAT ARRANGEMEN VENT. | TS YOUR ORGANIZATIOI |
| Illumination: | Any additional ligh | iting must be provided by | permit holder. Open flame ca | ndles are prohibited. |
| Parking Areas: | | ed in existing parking area wninshield Community H | s located at the Boca Grande C ouse Parking Lot. | ommunity Park and the |
| Special Arrangements: | must be contained Recreation Directo Permits already gra | inside the Louise DuPont r or Deputy Director appr anted at the Boca Grande | | ouse. Lee County Parks & ning below (2- Alcohol |
| | Permit holder mus | t remove all trash from Co | mmunity House or rent a dum | pster. |
| | Print Name: Signature: | Alise Flanjack Alise Flanjack | Joe Wier Gigzilly signed by Alise Flatakia Ok con-Arise Flatage in a second procession, ou, employee in the second procession, ou, employee in the second procession of t | |
| | Title: | Deputy Director | Supervisor | |

12/14/16

Date:

12/8/15



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

| Check the appropria | te box(es) below: |
|--------------------------|--|
| SPECIAL EVE | NT PERMIT |
| USE OF COU | INTY PROPERTY PERMIT |
| PERMIT TO 3 | XXXXXXX CONSUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES |
| FILM PERMI | Т |
| , . | |
| | APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION CANT TO COMPLY WITH FOR THEIR EVENT. |
| | |
| nsurance 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. |
| | |
| | |
| Smanlal Augus assurants. | |
| 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, FI 33902 as the certificate holder and as an additional insured. |
| | Subject to proof of Insurance. |
| | |
| , | |
| | · · · · · · · · · · · · · · · · · · · |
| | Print Name: Mike Figueroa |
| | Slephan A |
| | Signature: |
| | Title: Risk Program Manager |
| | Date: February 4, 2016 |
| | |
| | |

ACORD

CERTIFICATE OF LIABILITY INSURANCE

date (mm/dd/yyyy) 2/4/2016

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.

REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER. IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(les) 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) CONTACT NAME: Arthur J. Gallagher Risk Management Services, Inc. 8333 NW 53rd Street PHONE (A/C, No, Ext): E-MAIL ADDRESS: FAX (A/C, No): Suite 600 Miami FL 33166 INSURER(S) AFFORDING COVERAGE NAIC # INSURER A: Underwriters at Lloyd's London 15792 INSURED INSURER B : LM Insurance Corporation 33600 Diocese of Venice INSURER C Our Lady of Mercy P.O. Box 181 INSURER D Boca Grande FL 33921 INSURER E : CERTIFICATE NUMBER: 1059869184 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. ADDL SUBR POLICY EFF POLICY EXP TYPE OF INSURANCE POLICY NUMBER BP1006814 COMMERCIAL GENERAL LIABILITY A X 4/1/2015 4/1/2016 EACH OCCURRENCE \$2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) CLAIMS-MADE X OCCUR Sincluded MED EXP (Any one person) \$NII PERSONAL & ADV INJURY \$2,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE \$2,000,000 PRO-JECT X POLICY PRODUCTS - COMP/OP AGG \$2,000,000 X OTHER: Host and/or Liquor Liability COMBINED SINGLE LIMIT (Ea accident) AUTOMOBILE LIABILITY 4/1/2015 4/1/2016 BP1006814 \$2,000,000 BODILY INJURY (Per person) Х ANY AUTO SCHEDULED AUTOS NON-OWNED ALL OWNED BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) Х HIRED AUTOS **AUTOS** UMBRELLA LIAB EACH OCCURRENCE \$ OCCUR EXCESS LIAB CLAIMS-MADE AGGREGATE RETENTION \$ nen WORKERS COMPENSATION 4/1/2015 EW5-85N-289881016 4/1/2016 X PER STATUTE AND EMPLOYERS' LIABILITY AND EMPLOYERS' LIABILITY
ANY PROPRIETOR/PARTNER/EXECUTIVE
OFFICER/MEMBER EXCLUDED?
(Mandatory in NH)
If yas, describe under
DESCRIPTION OF OPERATIONS below E.L. EACH ACCIDENT \$500,000 N E.L. DISEASE - EA EMPLOYEE \$500,000 E.L. DISEASE - POLICY LIMIT \$500,000 DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Limits shown for insurer A and B are inclusive of defense and insured retention, Lee County Board of County Commissioners, a Political subdivision & Charter County of the State of Florida, its agents, employees, and public officials are included as Additional Insured on General Liability Policy with respect to Mardi Gras Celebration on February 09, 2016. Host and /or liquor liability coverage included. or NF 2/4/12 CERTIFICATE HOLDER CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. Lee County Board of County Commissioners P.O. Box 398 Ft. Myers FL 33902 AUTHORIZED REPRESENTATIVE Jet Healt

