

## **EVENT PERMIT**



Ordinance 14-15

## FOOD TRUCK WARS

PERMIT NUMBER:

TMP2016-00035

Date(s) of Event:

April 16, 2016 from 11:00am until 6:00pm

Property Owner:

FISCHER FL PROPERTIES I LLC

Applicant:

FOOD TRUCK CRAZY INC

Contact: LIZ OTTS

Description:

40 Gourmet Food Trucks in a festival style atmosphere with live band, kids area and

beer garden in conjunction with Six Bends Harley Davidson and Rotary Club of Ft

Myers South

Location of event:

9501 THUNDER RD FORT MYERS 33913 TOP ROCKER FIELD/\*\*\*407-296-5882

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



## **Event Application**

Special Event

Use of County Property Alcohol within Lee County Facilities

Film, Video & Photography

1mp2016-00035

### **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 IN	FORMATION (All Permit Types)		
Title of Event / Name of Production	FOOD TRUCK Wars		
Date(s) of Event / Production:	Saturday, April 16, 2016		
Location(s) of Event:	Top Rocker Field 9501 Thunder Rd., Ft. Myers 33913		
Name of Applicant:	FOOD TRUCK CRAZY, Inc.		
Applicant Address:	960 Summer Lakes Dr. Orlando, FL 32835		
Applicant Phone Number:	407. 296. 5882	**************************************	
Contact Person: (If different from applicant)	Liz OHS		
Contact Phone Number: (If different from applicant)			
Email Address:	Liz @ Food TRUCK Crazy.com		
Estimated Attendance:	9		
Event Description: nclude each activity, when activities take place, etc.	40 Governet Food trucks in a festival style A with live loand, Kids Area and beer garden. I Conjunction with Six Bends Harley Davidson of Club of Ft. Myers South.	tmosp Ind F	here Rotary
lours of Operation:	11 Am - 6 pm		
TRAP # of Parcel:	22452513240000030		
)wner of Premises*:	Six Benos HARley DAVIDSON		

<sup>\*</sup>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?
Are any temporary structures to be ins	talled for the event? Yes No Type:
Do you have the appropriate permits for	or the temporary structures? N/A Yes No
<ul> <li>For a 'Special Event' and 'Use of Cour indentified, including all parking areas.</li> </ul>	nty Property' permit, submit a site plan with all proposed facilities and activities
Insurance Company Insuring the Event	Covington Specialty Insurance Company
Note: Certificate of Insurance must be submitted	Covington Specialty Insurance Company/ ed at time of application  Nautilus Insurance
Surety Company Bonding this Event (N	ame and Address): Ni
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	Mes No Mes 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:	FOOD Truck Crazy, Inc.
Type of Food being Served: Muti	ple Food Vendors - huge variety of food.
Section II - USE OF COUNTY P	
Organization Sponsoring the Event:	NJA
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 numl	per:
	onsumer Services §496.405 or proof the organization is exempt from this requirement. §316.2045)
	ON OF ALCHOLIC BEVERAGES PERMIT
Is alcohol being sold/consumed on Coun If Yes, then a "Lee County Alcohol Permit" is required.	ty Property?  Only non-profit organizations can sell alcohol on County Property.
Non-profit certificate/registration numb (Required if alcohol is to be <u>SOLD</u> at the event)	
Please note: A permit from the State of Florida C further details	ivision of Alcoholic Beverages and Tobacco may also be required; please call (239) 344-0885 for



## Section IV - FILM / VIDEO / PHOTOGRAPHY PERMIT NA

TV Movie or Special	Type of Production (choose all that a	pply):					
Public Service Announcement   Industrial / Documentary   Other:  Will any of the following be needed or included*?  Street Closure	TV Movie or Special		<u></u>	TV Comme	rcial —	Still Photos	
Street Closure Traffic / Crowd Control Fire or Burning Explosives or Pyrotechnics Animals, Large or Small Construction of Any Kind Large and/or Numerous Vehicles Helicopters, Boats, etc. Stunts Other Yes No Other For any marked Yes, provide further details below:  City or County Services Required: (Personnel, equipment, facilities, etc.)  City or County Services Required for local and state records on production in Florida to track the economic impact of the industry. If exact figures are not available, please estimate as closely as possible.  Number in Cast: Number in Crew: Number of shooting days:  Number of shooting days:  Number of shooting days:	Public Service Announcement	Industrial / Documentary				2007.710.003	
Traffic / Crowd Control Fire or Burning Explosives or Pyrotechnics Animals, Large or Small Construction of Any Kind Large and/or Numerous Vehicles Helicopters, Boats, etc. Stunts Other Yes No  * For any marked Yes, provide further details below:  City or County Services Required: (Personnel, equipment, facilities, etc.)  The following information is required for local and state records on production in Florida to track the economic impact of the industry. If exact figures are not available, please estimate as closely as possible.  Number in Cast: Number of focals hired: Estimate amount spent in Lee County:  Hotel room nights: Number of shooting days:	Will any of the following be needed o	or included*?					
Traffic / Crowd Control Fire or Burning Fire o	Street Closure			Yes	⊏ No		
Fire or Burning Explosives or Pyrotechnics Animals, Large or Small Construction of Any Kind Large and/or Numerous Vehicles Helicopters, Boats, etc. Stunts Other Pes No  The following information is required for local and state records on production in Florida to track the economic impact of the industry. If exact figures are not available, please estimate as closely as possible.  Number in Cast: Number in Cast: Number in Crew: Number of locals hired: Estimate amount spent in Lee County: Hotel room nights: Number of shooting days:	Traffic / Crowd Control	<b>l</b>		*			
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Animals, Large or Small Construction of Any Kind Large and/or Numerous Vehicles Helicopters, Boats, etc. Stunts Other For any marked Yes, provide further details below:  Special Parking Requirements:  City or County Services Required: (Personnel, equipment, facilities, etc.)  The following information is required for local and state records on production in Florida to track the economic impact of the industry. If exact figures are not available, please estimate as closely as possible.  Number in Cast: Number in Crew: Number of locals hired:  Total budget: Estimate amount spent in Lee County: Hotel room nights: Number of shooting days:	Explosives or Pyrotech	nics			,		
Construction of Any Kind Large and/or Numerous Vehicles Helicopters, Boats, etc. Stunts Other  * For any marked Yes, provide further details below:  Special Parking Requirements:  City or County Services Required: (Personnel, equipment, facilities, etc.)  The following information is required for local and state records on production in Florida to track the economic impact of the industry. If exact figures are not available, please estimate as closely as possible.  Number in Cast: Number in Cast: Number in Crew: Number of locals hired:  Total budget: Estimate amount spent in Lee County: Hotel room nights: Number of shooting days:	Animals, Large or Smal	1		,	,		
Large and/or Numerous Vehicles	Construction of Any Kir	nd			,		
Helicopters, Boats, etc.  Stunts Other Yes No Other Yes No  * For any marked Yes, provide further details below:  Special Parking Requirements:  City or County Services Required: (Personnel, equipment, facilities, etc.)  The following information is required for local and state records on production in Florida to track the economic impact of the industry. If exact figures are not available, please estimate as closely as possible.  Number in Cast: Number in Crew: Number of locals hired:  Estimate amount spent in Lee County: Hotel room nights: Number of shooting days:	Large and/or Numerou	s Vehicles					
Stunts Other Pyes No  * For any marked Yes, provide further details below:  Special Parking Requirements:  City or County Services Required: (Personnel, equipment, facilities, etc.)  The following information is required for local and state records on production in Florida to track the economic impact of the industry. If exact figures are not available, please estimate as closely as possible.  Number in Cast: Number in Crew: Number of locals hired:  Total budget: Estimate amount spent in Lee County:  Hotel room nights: Number of shooting days:	Helicopters, Boats, etc.	30000000000000000000000000000000000000		*	,		
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Number in Cast:  Number in Crew:  Number of locals hired:  Total budget:  Estimate amount spent in Lee County:  Number of shooting days:	City or County Services Required: (F	Personnel, equipment, faciliti	es, etc	)			en e
Number in Cast:  Number in Crew:  Number of locals hired:  Total budget:  Estimate amount spent in Lee County:  Number of shooting days:							
Total budget:  Estimate amount spent in Lee County:  Number of locals hired:  Number of locals hired:  Number of locals hired:	The following information is required the industry. If exact figures are not	d for local and state records of available, please estimate as	on pro s close	duction in Flo ly as possible	orida to tra	ack the econon	nic impact of
Hotel room nights:  Number of shooting days:	Number in Cast:	Number in Crew:		Numb	er of locals	hired:	
	Total budget:	Estimate amount sper	nt in Le	e County:			
	Hotel room nights:	Number of shooting d	ays:				
	number of rooms x number	er of nights					

#### 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.

Elizabeth I COOS Signature of Applicant	Staphanie E. Bare Witness
Elizabeth D- Otts  Print Name of Applicant and Title	Stephanie E. Bare Print Name of Witness
2-4-16 Date	2.4.16 Date



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

Check the appropri	iate box(es) b	elow:		
SPECIAL EV	VENT PERMIT			
USE OF CO	UNTY PROPER	TY PERMIT		
		ISUME ALCOHOLIC BEVERAGES WITHIN LEE	E COUNTY FACILITIE	5
FILM PERM			The state of the s	,
AFTER REVIEWING THE WILL REQUIRE THE APP	APPLICATION, LICANT TO CON	PLEASE INDICATE BELOW WHAT ARRANG	GEMENTS YOUR OR	GÁNIZATIOI
Parking:	In authorized p	arking areas only.		
8				
Deputies (How Many?):	None required.			
	None required.			
Fee for Services:				· · · · · · · · · · · · · · · · · · ·
The state of the s	-			
			e de la companya del companya de la companya del companya de la co	
Special Arrangements:	Flow of traffic m	nust not be impeded on Treeline or Daniels Pwk	Y	
		•		
			•	
Addition and the state of the s				
T. January C. Carlon and C. Ca	,			
,				
	Print Name:	Capt. Scott Lucia	•	
entre de la companya	Signature:	Capt. Scott H. Livia	£*	
	Title:	Special Events, Permits and Details		
	Date:	9 February 2016		
	Various	Page   6	According to the second	the contract of the contract o



#### 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 CO	UNTY PROPERTY	PERMIT		
FILM PERM	1IT			
AFTER REVIEWING THE WILL REQUIRE THE APPL			W WHAT ARRANGEMENTS NT.	YOUR ORGANIZATION
Fire Guards (How Many?)	10 certified crowd n	nanagers		
Fee for Services:	55.00 inspection fee	e per tent over 900 sq. ft.		
Flammable Vegetation:	Cleared from aroun	d tents		
First Aid Equipment:	call 911			
Fire Extinguishing:	minimum 2 a 10bc e date inspections.	extinguisher at all tents,al	l food trucks must be NFPA 96 c	ompliant and have up to
Special Arrangements:	None			
	Print Name:	James Tanner		-
	Signature:	James Tanner	Digitally signed by James Tanner DN: cns/ames Tanner, o-South Trail Fire District, ou=Five Marshal, email-janner@southiraffle.org, ceUS Date: 2014.08.25 14:34.49-04/07	_
	Title:	Fire Marshal, South Trail F	Fire District	_
	Date:	February 18, 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	v:	
SPECIAL EV	ENT PERMIT		
S USE OF CO	UNTY PROPERTY P	ERMIT	
FILM PERM	IIT		
		ASE INDICATE BELOW WHAT ARRANG WITH FOR THEIR EVENT.	EMENTS YOUR ORGANIZATION
Treatment Facilities:	None necessary.		
Medical Personnel:	The attendance was	not specified on the permit. We cannot make a	recommendation at this time.
Medical Supplies / Equipment:	None necessary.		
Safety Requirements:	Once the estimated needs for EMS resou	ttendance is known, please contact me at benj ces on site.	iamin.abes@leegov.com to discuss
Fee for Services	Not applicable at this	time. May be applicable to requested/required	d standbys.
Special Arrangements:	Please call 911 in the 239 533-3911.	event of an emergency. To arrange special eve	ent coverage, contact our office at
	Print Name:	Benjamin Abes	
	Signature:	Benjamin Abes  Digitally signed by Benjamin Abes Dit con-Benjamin Abes, cu-Lee County Public Sale Medical Services, conflict-benjamin abes (Medical Services, conflict-benjamin abes) Disposition (Medical Services, conflict-benjamin abes)	ery, ou-Ohvision of Emergency roun, c-oll.S
	Title:	Chief	
	Date:	2/6/2016	
	•		



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

Check the appropri	ate box(es) bei	low:		
SPECIAL E   ■ The state of the state	ENT PERMIT			
USE OF CO	UNTY PROPERTY	PERMIT		
PERMIT TO	SELL AND CONS	UME ALCOHOLIC BEVE	RAGES WITHIN LEE COUNT	Y FACILITIES
☐ FILM PERN	11T			•
AFTER REVIEWING THE WILL REQUIRE THE APP			W WHAT ARRANGEMENTS ENT.	S YOUR ORGANIZATION
Parking:	No event parking o	on or within 10 feet of Lee (	County maintained road rights-o	f-way.
C		•	,	
Ingress and Egress:	Use all established	means of ingress and egre	SS.	
Special Arrangements:	Use Lee County Sh	eriff's Office for assistance	with traffic control as needed.	
	-			
	<b>T</b>			
	Print Name:	Bryan Miller		
	Signature:	Bryan D. Miller	Digitally signed by Bryan D. Miller Date: 2016.02.05 08:24:47 -05'00'	
	Title:	Senior Project Manger		
	Date:	February 5, 2016		



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

Check the appropri	iate box(es) b	elow:	
SPECIAL EV			
	UNTY PROPER	TY PERMIT	
PERMIT TO	SELL AND CON	ISUME ALCOHOLIC BEVERAGES WITHII	N LEE COUNTY FACILITIES
FILM PERN	<b>NIT</b>	- A	- LL SS STATE MALETINES
AFTER REVIEWING THE WILL REQUIRE THE APP	APPLICATION, LICANT TO CON	PLEASE INDICATE BELOW WHAT ARE IPLY WITH FOR THEIR EVENT.	RANGEMENTS YOUR ORGANIZATION
ج.			
Illumination:			
	N/A		
Parking Areas:			
		;	
	N/A	:	
pecial Arrangements:			
	Not or	Lee Courter Pades & 1	Ree Property and in 00
	hut af	fect our programs or	ree property and will operations
e constant de cons			<i>9</i>
		en en <del>de</del> en	
	Print Name:	Alise Flacuet	
	Signature:	Alie Flak	
	Title:	Denty Director	
	Date:	Feb 8 2016	
Six Bends	and a secret from the order of the second order of the second	The second secon	
		Page 119	The second secon



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

Check the appropriate box(es) below:

* *		
	IT PERMIT	
	NTY PROPERTY	
PERMIT TO SI	ELL AND CONSU	IME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
FILM PERMIT	•	
AFTER REVIEWING THE A	PPLICATION, P CANT TO COMP	LEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION LY WITH FOR THEIR EVENT.
Insurance Requirements:	occurrence to pro	eral liability insurance with minimum limits of One Million Dollars (\$1,000,000) per otect against bodily injury and/or property damage relative to the applicants use of event on Lee County property.
	a control of the cont	
	formation of the company of	
Special Arrangements:	A certificate of in Board of County additional insure	isurance shall be submitted as evidence of the required coverage listing Lee County Commissioners, P.O. Box 398, Fort Myers, Fl 33902 as the certificate holder and as an id.
	J	
	Print Name:	Mike Figueroa
	Signature:	<u></u>
	Title:	Risk Program Manager
	Date:	February 5, 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.

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	INSURER(S) AFFORDING COVERAGE
Bolt Insurance Agency 10 Waterside Dr	INSURER A: Covington Specialty Insurance Company
Ste 202 Farmington, CT 06032	INSURER B: N/A
INSURED	INSURER C:
Food Truck Crazy Inc 960 Summer Lakes Dr	INSURER D: Nautilus Insurance
Orlando, FL 32835	INSURER E: N/A

COVERAGES

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	POLICY NUMBER	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE	LIMITS	
Α	GENERAL LIABILITY	VBA411333 00	. 10/3/2015	10/3/2016	GENERAL AGGREGATE	2,000,000
	venili provinci di sulla di su	O P.P. MAN PARANCE	70 A		PRODUCTS-COM/OP AGG	1,000,000
		hrodnouenouen.	· ·		PERSONAL & ADV INJURY	1,000,000
			ov.		EACH OCCUPRENCE	1,000,000
	, commented to the comment of the co				DAMAGE PREMIRENTED TO YOU	100,000
		C			MED EXPENSE (Any one person)	5,000
В	PERSONAL LIABILITY	,			COMBINED SINGLE LIMIT	7.00 ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (
			0.00	,	MEDICAL PAYMENTS TO OTHERS	
¢	EXCESS LIABILITY				EACH OCCURRENCE	
			The state of the s		AGGREGATE	
D	Excess Liability	AN025101	1/12/2015	10/3/2016	loss event / aggregate	3,000,000
	-		October 151 Marie		uninsured motorists/ acc	1,000,000
						• * •
E	PROPERTY			Addition and the second	BULDING	
	,			Valence de Contractor	CONTENTS	
	1		**************************************	-	BUSINESS INCOME	and the state of t
						<u> </u>

THIS INSURANCE IS ISSUED PURSUANT TO THE FLORIDA SURPLUS LINES LAW. PERSONS INSURED BY SURPLUS LINES CARRIERS DO NOT HAVE THE PROTECTION OF THE FLORIDA GUARANTY ACT TO THE EXTENT OF ANY RIGHT OF RECOVERY FOR THE OBLIGATION OF AN INSOLVENT UNLICENSED INSURER.

SURPLUS LINES INSURERS' POLICY RATES AND FORMS ARE NOT APPROVED BY ANY FLORIDA REGULATORY AGENCY.

DESCRIPTION OF OPERATIONS / SPECIALTY ITEMS

Event, Party, Wedding Planner, Contractors subcontracted work other than construction-related work

or NF 02/05/16

SURPLUS LINES AGENT VIRGINIA CLANCY LICENSE# A206695

13577 FEATHERSOUND DRIVE PO BOX 17069 CLEARWATER, FLORIDA 33762

CERTIFICATE HOLDER

Additional Insured - Lee County 2115 Second Street Fort 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 SIGNATURE

Paginia Care



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

Check the	appropriate	box(es)	below:
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FILM PERMITONLY NA

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

Special Arrangements:		
•		
	TO THE CONTRACT OF THE CONTRAC	
	America Colonia de la Colonia	
Other:		
Other.		
	The state of the s	
	•	
	Print Name:	
	Signature:	
	Title:	
	Date:	
		Page 11

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2/3/2016

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.

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	INSURER(S) AFFORDING COVERAGE
Bolt Insurance Agency 10 Waterside Dr	INSURER A: Covington Specialty Insurance Company
Ste 202 Farmington, CT 06032	INSURER B: N/A
INSURED	INSURER C:
Food Trück Crazy Inc 960 Summer Lakes Dr	INSURER D: Nautilus Insurance
Orlando, FL 32835	INSURER E: N/A

#### COVERAGES

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

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE	LIMITS	}
Α	GENERAL LIABILITY	VBA411333 00	10/3/2015	10/3/2016	GENERAL AGGREGATE	2,000,000
Balain parameter and the second					PRODUCTS-COM/OP AGG.	1,000,000
	TO A STATE OF THE				PERSONAL & ADV. INJURY	1,000,000
	Marie III		70		EACH OCCURRENCE	1,000,000
					DAMAGE PREM RENTED TO YOU	100,000
					MED EXPENSE (Any one person)	5,000
В	PERSONAL LIABILITY				COMBINED SINGLE LIMIT	
-	EXCESS LIABILITY				MEDICAL PAYMENTS TO OTHERS	
	CAOLOG LIABILITY			atolonomona	EACH OCCURRENCE	
					AGGREGATE	
D	Excess Liability	AN025101	1/12/2016	10/3/2016	loss event / aggregate uninsured motorists/ acc	3,000,000 1,000,000
Е	PROPERTY				BUILDING	
					BUSINESS INCOME	

THIS INSURANCE IS ISSUED PURSUANT TO THE FLORIDA SURPLUS LINES LAW. PERSONS INSURED BY SURPLUS LINES CARRIERS DO NOT HAVE THE PROTECTION OF THE FLORIDA GUARANTY ACT TO THE EXTENT OF ANY RIGHT OF RECOVERY FOR THE OBLIGATION OF AN INSOLVENT UNLICENSED INSURER.

SURPLUS LINES INSURERS' POLICY RATES AND FORMS ARE NOT APPROVED BY ANY FLORIDA REGULATORY

DESCRIPTION OF OPERATIONS / SPECIALTY ITEMS

Event, Party, Wedding Planner, Contractors subcontracted work other than construction- related work

SURPLUS LINES AGENT VIRGINIA CLANCY LICENSE# A206695

13577 FEATHERSOUND DRIVE PO BOX 17069 CLEARWATER, FLORIDA 33762

CERTIFICATE HOLDER

Additional Insured - Lee County 2115 Second Street Fort 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 SIGNATURE



#### Consumer's Certificate of Exemption

DR-14 R. 04/11

#### issued Pursuant to Chapter 212, Florida Statutes

85-8013361132C-9	06/30/2015	06/30/2020	501(C)(3) ORGANIZATION
Certificate Number	Effective Ogte	Exprafion Date	Exemption Category

This centifies that

ROTARY FOUNDATION OF FORT MYERS SOUTH INC 16681 MCGREGOR BLVD STE 104 FORT MYERS FL 33908-3871

is exempt from the payment of Florida sales and use tax on real property rented, transient rental property rented, tangible personal property purchased or rented, or services purchased.



#### Important Information for Exempt Organizations

DR-14 R. 04/11

- You must provide all veridors and suppliers with an exemption certificate before making tax-exempt purchases. See Rule 12A-1.038, Florida Administrative Code (E.A.C.).
- 2. Your Consumer's Certificate of Exemption is to be used solely by your organization for your organization's customary nonprofit activities.
- 3. Purchases made by an individual on behalf of the organization are taxable, even if the individual will be reimbursed by the organization.
- 4. This exemption applies only to purchases your organization makes. The sale or lease to others of tangible personal property, sleeping accommodations, or other real property is taxable. Your organization must register, and collect and remit sales and use tax on such taxable transactions. Note: Churches are exempt from this requirement except when they are the lessor of real property (Rule 12A-1.070, E.A.C.).
- 5. It is a criminal offense to fraudulently present this certificate to evade the payment of sales tax. Under no circumstances should this certificate be used for the personal benefit of any individual. Violators will be liable for payment of the sales tax plus a penalty of 200% of the tax, and may be subject to conviction of a third-degree felony. Any violation will require the revocation of this certificate.
- 6. If you have questions regarding your exemption certificate, please contact the Exemption Unit of Account Management at 800-352-3671. From the available options, select "Registration of Taxes," then "Registration Information," and finally "Exemption Certificates and Nonprofit Entities." The mailing address is PO Box 6480. Tallahassee, FL 32314-6480.

