



EVENT PERMIT

Ordinance 14-15



HEAD & NECK CANCER 5K RUN/WALK

PERMIT NUMBER: TMP2016-00109

Date(s) of Event: April 30, 2016 from 6:00am until 1:00pm (approximate)

Property Owner: LEE COUNTY

Applicant: COMMUNITY CANCER EDUCATION INC Contact: ANN FRANCIS

Description: 5K Run and 2 Mile walk to raise awareness and funds for head and neck cancer

Location of event: 14100 112 BEN C PRATT SIX MILE CYPRESS PKWY FORT MYERS 33912
CENTURY LINK SPORTS COMPLEX AT HAMMOND STADIUM/***239-938-9301

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

Distributed 3/25/14



Lee County
Southwest Florida

Event Application

Special Event

Use of
County
Property

Alcohol
within Lee
County
Facilities

Film, Video
&
Photography

TM2016-00109

Lee County Event Permit Application



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 INFORMATION (All Permit Types)	
Title of Event / Name of Production	Head & Neck Cancer A Hard Thing To Swallow - 5K Run/2 Mile Walk
Date(s) of Event / Production:	Saturday, April 30, 2016
Location(s) of Event:	Century Link Sports Complex at Hammond Stadium 14100 Ben C Pratt Six Mile Cypress Pkwy
Name of Applicant:	Community Cancer Education, Inc dba 21st Century C.A.R.E.
Applicant Address:	4571 Colonial Blvd, Ste 100 Fort Myers, FL 33966
Applicant Phone Number:	239-938-9301
Contact Person: (If different from applicant)	Ann Francis
Contact Phone Number: (If different from applicant)	N/A
Email Address:	Ann.Francis@21co.com
Estimated Attendance:	350
Event Description: Include each activity, when activities take place, etc.	5K Run & 2 Mile walk to raise awareness and funds for Head & Neck cancer
Hours of Operation:	6:00 AM - 1:00 PM (approximate)
STRAP # of Parcel:	30452500000040010
Owner of Premises*:	

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

Lee County Event Permit Application



Fill out the following questions for all permit types:

What is the Zoning Classification of the premises? CF

Are any temporary structures to be installed for the event? ☐ Yes ☒ No Type: _____

Do you have the appropriate permits for the temporary structures? ☐ Yes ☐ No

* For a 'Special Event' and 'Use of County Property' permit, submit a site plan with all proposed facilities and activities identified, including all parking areas.

Insurance Company Insuring the Event: Scottsdale Insurance Company

Note: Certificate of Insurance must be submitted at time of application

Surety Company Bonding this Event (Name and Address): _____

Will Vehicles be Used as Part of This Event?

☐ Yes ☒ No

If yes, automobile coverage must be included on the certificate of insurance.

Will Food be Available at this Event?

☒ Yes ☐ No

If yes, products liability coverage must be included on the certificate of insurance.

Will Alcoholic Beverages be served/consumed at this Event?

☐ Yes ☒ No

If yes, liquor liability coverage must be included on the certificate of insurance.

Name & Address of Organization Providing Food: _____

Food is donated by local businesses

Type of Food being Served: Fruit, Water, Juice, Coffee, Bagels, Muffins

Section II - USE OF COUNTY PROPERTY PERMIT

Organization Sponsoring the Event: 21st Century C.A.R.E.

Fill out this portion for applications for Solicitation in the County Rights-of-Way:

Name of Charity: 21st Century C.A.R.E.

Address of Charity: 4571 Colonial Blvd, Ste 100, Fort Myers, FL 33966

Phone Number: 239-938-9301

Non-profit certificate/registration number: CH22668

(Proof of registration with the Dept. of Agriculture & Consumer Services \$496.405 or proof the organization is exempt from this requirement. \$316.2045)

Section III - SALE/CONSUMPTION OF ALCHOLIC BEVERAGES PERMIT

Is alcohol being sold/consumed on County Property?

☐ Yes ☒ No

If Yes, then a "Lee County Alcohol Permit" is required. Only non-profit organizations can sell alcohol on County Property.

Non-profit certificate/registration number: _____

(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 also be required; please call (239) 344-0885 for further details

Type of Production (choose all that apply):

Will any of the following be needed or included*?

* For any marked Yes, provide further details below:

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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: _____
number of rooms x number of nights



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 premises 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.

Ann L. Francis

Signature of Applicant

Ann L. Francis

Print Name of Applicant and Title

3-24-16

Date

Marilyn Skeens

Witness

Marilyn Skeens

Print Name of Witness

3-24-16

Date

Lee County Event Permit Application



LEE COUNTY SHERIFF'S DEPARTMENT
14750 SIX MILE CYPRESS PARKWAY
FORT MYERS, FLORIDA 33912
(239) 477-1199

Check the appropriate box(es) below:

- ☐ SPECIAL EVENT PERMIT
☒ USE OF COUNTY PROPERTY PERMIT
☐ PERMIT TO SELL AND CONSUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
☐ FILM PERMIT

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

Parking:

In authorized parking areas only.

Deputies (How Many?):

None required.

Fee for Services:

Special Arrangements:

Event is taking place within the confines of the park.

Print Name: Capt. Scott Lucia

Signature: *Capt. Scott H. Lucia*

Title: Special Events, Permits and Details

Date: 28 March 2016

Lee County Event Permit Application



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:

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☐ FILM PERMIT

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

Fire Guards (How Many?)

N/A

Fee for Services:

N/A

Flammable Vegetation:

N/A

First Aid Equipment:

Call 911 as needed

Fire Extinguishing:

N/A

Special Arrangements:

If you would like medical coverage or STFD to be on site contact Division Chief Rogers At 239-433-0080

Print Name: James Tanner

Signature: James Tanner

Digitally signed by James Tanner
DN: cn=James Tanner, o=South Trail Fire District, ou=Fire Marshal,
email=jtanner@southtrailfire.org, c=US
Date: 2016.04.14 09:16:22 -0400

Title: Fire Marshal, South Trail Fire District

Date: Apr 14, 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 appropriate box(es) below:

- ☐ SPECIAL EVENT PERMIT
☒ USE OF COUNTY PROPERTY PERMIT
☐ FILM PERMIT

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

Treatment Facilities:

None necessary.

Medical Personnel:

None necessary.

Medical Supplies /
Equipment:

None necessary.

Safety Requirements:

No additional precautions necessary.

Fee for Services

Not applicable.

Special Arrangements:

Please call 911 in the event of an emergency. To arrange special event coverage, contact our office at 239 533-3911.

Print Name: Benjamin Abes

Signature: Benjamin Abes

Digitally signed by Benjamin Abes
DN: cn=Benjamin Abes, o=Lee County Public Safety, ou=Division of Emergency
Medical Services, email=benjamin.abes@leegov.com, c=US
Date: 2016.03.25 20:32:35 -0400

Title: Chief

Date: 03/25/2016

Lee County Event Permit Application



DEPARTMENT OF TRANSPORTATION
1500 MONROE STREET
FORT MYERS, FL 33901
(239) 533-8580

Check the appropriate box(es) below:

- ☐ SPECIAL EVENT PERMIT
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☐ FILM PERMIT

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

Parking:

Park in designated areas. No event parking on or within 10 feet of Lee County maintained road rights-of-way.

Ingress and Egress:

Use all established means of ingress and egress.

Special Arrangements:

Shall use Lee County Sheriff's Office for assistance with traffic control during event duration.*** In the event turn lane closures on Plantation Road or Six Mile Cypress are proposed at the entrance/exits to the Stadium (Sports Complex) the event organizer is responsible for all Maintenance of Traffic signs, barricades, & variable message board signs, in substantial accordance with FDOT Index 600 Series, and shall take all steps to protect the public and participants during use of County road right-of-way.

Print Name: Bryan Miller

Signature: Bryan D. Miller

Digitally signed by Bryan D. Miller
Date: 2016.03.25 11:15:31 -04'00'

Title: Senior Project Manager

Date: March 25, 2016

Lee County Event Permit Application



LEE COUNTY PARKS AND RECREATION
3410 PALM BEACH BOULEVARD
FORT MYERS, FLORIDA 33916
(239) 533-7275

Check the appropriate box(es) below:

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☐ FILM PERMIT

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

Illumination:

If needed the event organizer will be responsible for providing temporary lighting.

Parking Areas:

Work with on-site park staff to ensure event parking stays in designated areas. Event organizer must provide staff and traffic control devices to ensure safety.

Special Arrangements:

Work with on-site park staff for event set up and break down to ensure the facility is clean and free of debris.

Print Name:

Alise Flanck

Signature:

Alise Flanck

Title:

Deputy Director

Date:

3/25/16

April 30, 2016
SK run @ LCSC

Lee County Event Permit Application



LEE COUNTY RISK MANAGEMENT
COUNTY ADMINISTRATION BUILDING - 4TH FLOOR
2115 SECOND STREET
FORT MYERS, FLORIDA 33901
(239) 533-2221

Check the appropriate box(es) below:

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Insurance 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.

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, FL 33902 as the certificate holder and as an additional insured.

Subject to proof of insurance.

Print Name: Mike Figueroa

Signature:

Title:

Risk Program Manager

Date:

March 25, 2016

Client#: 1480719

13221STCEN

ACORD CERTIFICATE OF LIABILITY INSURANCEDATE (MM/DD/YYYY)
3/22/2016

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 BB&T-Oswald Trippe and Company 13515 Bell Tower Drive Fort Myers, FL 33907 239 433-4535		CONTACT NAME: Mary Hoshor PHONE (A/C, No, Ext): 239-433-7149 E-MAIL: mhoshor@bbandt.com ADDRESS:		FAX (A/C, No): 866-881-5271
INSURED Community Cancer Education Inc dba 21st Century CARE 4571 Colonial Blvd Ft. Myers, FL 33966		INSURER(S) AFFORDING COVERAGE		NAIC #
		INSURER A: Scottsdale Insurance Company		41297
		INSURER B: United States Liability Insuran		25895
		INSURER C:		
		INSURER D:		
		INSURER E:		
		INSURER F:		

COVERAGES**CERTIFICATE NUMBER:****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.

INSR LTR	TYPE OF INSURANCE	ADDITIONAL SUBROGATION	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> BI/PD Ded:500 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	X	CPS2415380	03/27/2016	03/27/2017	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMPIOP AGG \$Excluded \$ COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ EACH OCCURRENCE \$ AGGREGATE \$ \$ PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$					
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NM) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A				
B	Directors & Officers Liability		NDO1068156B	12/08/2014	12/08/2017	\$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

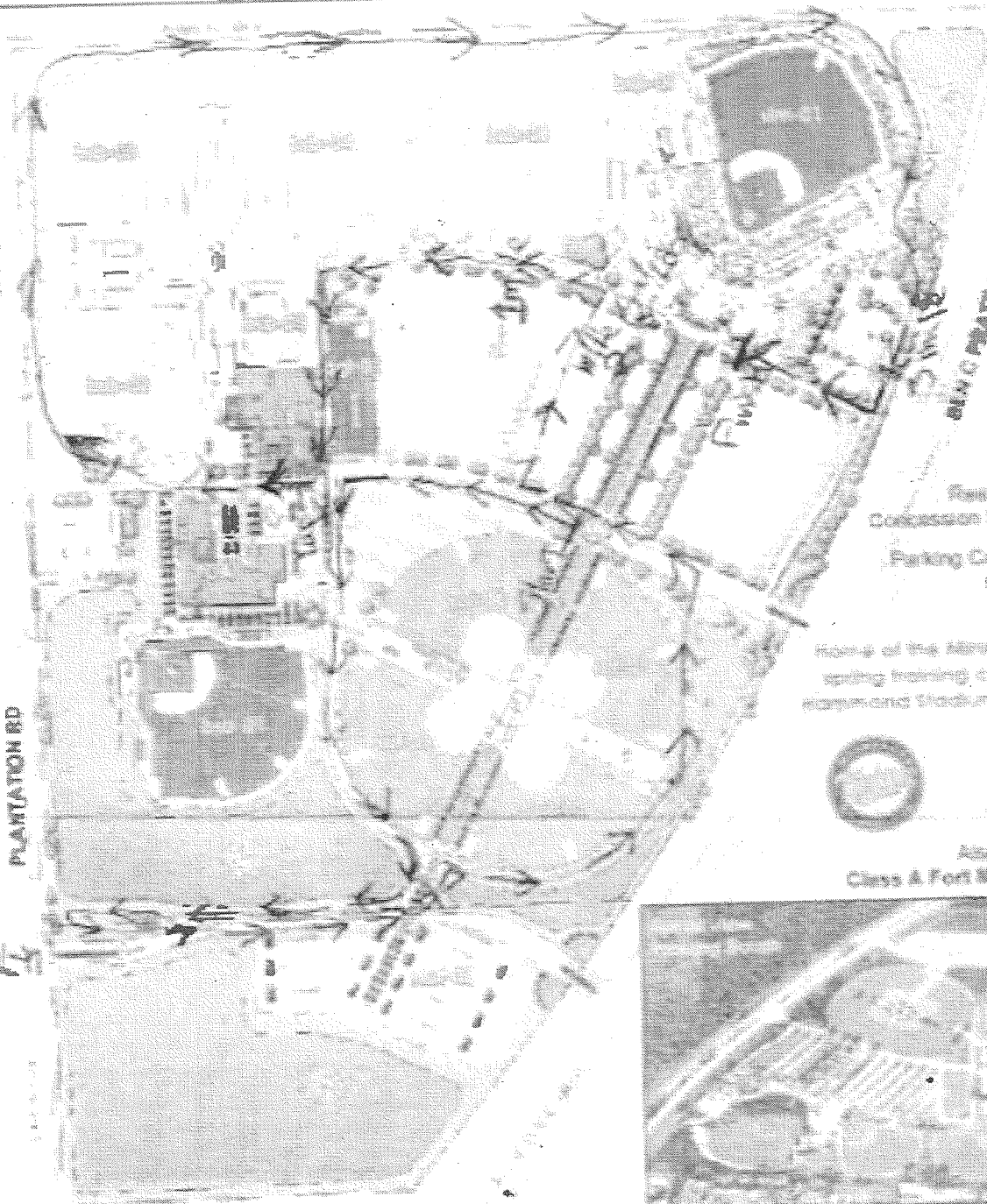
EVENT - APRIL 30, 2016 5K RUN & 2 MILE WALK FOR HEAD & NECK CANCER AWARENESS & FUNDRAISING
 Lee County Board of County Commissioners are included as additional insured for general liability.

OK MF 03/25/16

CERTIFICATE HOLDER**CANCELLATION**

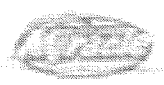
Lee County Board of County Commissioners PO Box 308 Fort Myers, FL 33902	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
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Restrooms Yes
 Concession Stands Yes
 Parking Capacity 1,800
 Softball 400

Home of the Minnesota Twins spring training complex and Hammond Stadium since 1991

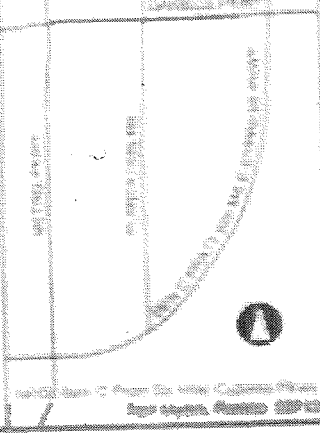


Also home of the Class A Fort Myers Miracle



Field #	DESCRIPTION	Light	Fencing	Baseball	Softball	Baseball	Softball	Baseball	Softball	Baseball	Softball
100-01	Regulation Softball	100	100	100	100	100	100	100	100	100	100
100-02	Large Baseball Field	100	100	100	100	100	100	100	100	100	100
100-03	Large Baseball Field	100	100	100	100	100	100	100	100	100	100
100-04	Large Baseball Field	100	100	100	100	100	100	100	100	100	100
100-05	Large Baseball Field	100	100	100	100	100	100	100	100	100	100
100-06	Softball	100	100	100	100	100	100	100	100	100	100
100-07	Large Baseball Field	100	100	100	100	100	100	100	100	100	100
100-08	Softball	100	100	100	100	100	100	100	100	100	100
100-09	Softball	100	100	100	100	100	100	100	100	100	100
100-10	Softball	100	100	100	100	100	100	100	100	100	100
100-11	Softball	100	100	100	100	100	100	100	100	100	100
100-12	Softball	100	100	100	100	100	100	100	100	100	100
100-13	Softball	100	100	100	100	100	100	100	100	100	100
100-14	Softball	100	100	100	100	100	100	100	100	100	100
100-15	Softball	100	100	100	100	100	100	100	100	100	100
100-16	Softball	100	100	100	100	100	100	100	100	100	100
100-17	Softball	100	100	100	100	100	100	100	100	100	100
100-18	Softball	100	100	100	100	100	100	100	100	100	100
100-19	Softball	100	100	100	100	100	100	100	100	100	100
100-20	Softball	100	100	100	100	100	100	100	100	100	100
100-21	Softball	100	100	100	100	100	100	100	100	100	100
100-22	Softball	100	100	100	100	100	100	100	100	100	100
100-23	Softball	100	100	100	100	100	100	100	100	100	100
100-24	Softball	100	100	100	100	100	100	100	100	100	100
100-25	Softball	100	100	100	100	100	100	100	100	100	100
100-26	Softball	100	100	100	100	100	100	100	100	100	100
100-27	Softball	100	100	100	100	100	100	100	100	100	100
100-28	Softball	100	100	100	100	100	100	100	100	100	100
100-29	Softball	100	100	100	100	100	100	100	100	100	100
100-30	Softball	100	100	100	100	100	100	100	100	100	100
100-31	Softball	100	100	100	100	100	100	100	100	100	100
100-32	Softball	100	100	100	100	100	100	100	100	100	100
100-33	Softball	100	100	100	100	100	100	100	100	100	100
100-34	Softball	100	100	100	100	100	100	100	100	100	100
100-35	Softball	100	100	100	100	100	100	100	100	100	100
100-36	Softball	100	100	100	100	100	100	100	100	100	100
100-37	Softball	100	100	100	100	100	100	100	100	100	100
100-38	Softball	100	100	100	100	100	100	100	100	100	100
100-39	Softball	100	100	100	100	100	100	100	100	100	100
100-40	Softball	100	100	100	100	100	100	100	100	100	100
100-41	Softball	100	100	100	100	100	100	100	100	100	100
100-42	Softball	100	100	100	100	100	100	100	100	100	100
100-43	Softball	100	100	100	100	100	100	100	100	100	100
100-44	Softball	100	100	100	100	100	100	100	100	100	100
100-45	Softball	100	100	100	100	100	100	100	100	100	100
100-46	Softball	100	100	100	100	100	100	100	100	100	100
100-47	Softball	100	100	100	100	100	100	100	100	100	100
100-48	Softball	100	100	100	100	100	100	100	100	100	100
100-49	Softball	100	100	100	100	100	100	100	100	100	100
100-50	Softball	100	100	100	100	100	100	100	100	100	100

CenturyLink Sports Complex TWINE SPRING TRAINING FACILITY



CenturyLink Sports Complex
 Twine Spring Training Facility
 10000 10th Ave S, Suite 100
 Minneapolis, MN 55425
 Phone: 612.345.1234

Lee County Event Permit Application



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:

--

Other:

--

Print Name: _____

Signature: _____

Title: _____

Date: _____