

## **EVENT PERMIT**



Ordinance 14-15

## 2017 APR 21 AM II: 선YSTIC FIBROSIS FOUNDATION

**PERMIT NUMBER:** 

TMP2016-00215

Date(s) of Event:

April 29th, 2017 from 5:00am until 12:00pm

Property Owner:

LEE COUNTY

Applicant:

CYSTIC FIBROSIS FOUNDATION

Contact: SHEENA SCOTT

Description:

CYSTIC FIBROSIS FOUNDATION GREAT STRIDES WALK

Fundraising Walk for Cystic Fibrosis. April 29, 2017 5:00am-12:00pm

Location of event:

9190 9398 CORKSCREW PALMS BLVD ESTERO 33928

Estero Community Park

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? No

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



#### **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 INFO   | ORMATION (All Permit Types)   |
|--|---|
| Title of Event / Name of Production  | Cystic Fibrosis Foundation Great Strides Walk   |
| Date(s) of Event /<br>Production:  | April 29, 2017  |
| Location(s) of Event:  | Estero Community Park, 9200 Corkscrew Palms, Blvd.  |
| Name of Applicant:   | Cystic Fibrosis Foundation  |
| Applicant Address:   | 5100 W. Kennedy Blvd., Ste. 195, Tampa, FL 33609  |
| Applicant Phone Number:  | 813-374-9041  |
| Contact Person:<br>(If different from applicant)                           | Sheena Scott  |
| Contact Phone Number:<br>(If different from applicant)                     | 813-374-9041  |
| Email Address:   | sscott@cff.org  |
| Estimated Attendance:  | 200   |
| Event Description: Include each activity, when activities take place, etc. | The CF Foundation's largest national fundraising event is perfect for those who want to be involved at a local level while making an impact nationwide. Get together with family, friends or coworkers to form a walk team, fundraise and take steps to help find a cure. On event day, all participants come together to walk and celebrate. |
| Hours of Operation:  | 5:00 am to 12:00 pm   |
| STRAP # of Parcel:   | 34-46-25-EHOLOOCOLTA  |
| Owner of Premises*:  | 34-46-25-E40100C017A<br>LEE County  |

<sup>\*</sup>Notarized statement from the property owner specifically consenting to the proposed use required.



## Fill out the following questions for allpermit types:

further details

| What is the Zoning Classification of t  | he premises? CF   |                                      |   |
|---|---|--------------------------------------|---|
| Are any temporary structures to be i  | nstalled for the event?   | ⊠ No Type:                           |   |
| Do you have the appropriate permits   | for the temporary structures?   | ┌─ Yes                               | ┌─ No   |
| * For a 'Special Event' and 'Use of Co<br>indentified, including all parking area             |   | site plan with all propose           | ed facilities and activities                                |
| Insurance Company Insuring the Eve  | nt:   |                                      |   |
| Note: Certificate of Insurance must be subm   | itted at time of application  |                                      |   |
| Surety Company Bonding this Event   | (Name and Address):   |                                      |   |
| Will Vehicles be Used as Part of Th   | is Will Food be Available at th                                       |                                      | coholic Beverages be onsumed at this Event?                 |
| ┌─ Yes  | ⊼ Yes   | o                                    | ′es 🔀 No  |
| If yes, automobile coverage must be included on the certificate of insurance.                 | If yes, products liability coverage included on the certificate of in |                                      | or liability coverage must be the certificate of insurance. |
| Name & Address of Organization<br>Providing Food:   | Cystic Fibrosis Foundation, 5100 V                                    | V. Kennedy, Ste., 195, Tamp          | oa, FL 33609  |
| Type of Food being Served: Fruits,  | oackaged snacks, water, gator aid, e                                  | etc.                                 |   |
| Section II - USE OF COUNTY  | PROPERTY PERMIT   |                                      |   |
|   |   |                                      |   |
| Organization Sponsoring the Event:  |   |                                      |   |
| Fill out this portion for applications  | for Solicitation in the County Ri                                     | ghts-of-Way:                         |   |
| Name of Charity: Cystic Fibrosis Fo   | undation  |                                      |   |
| Address of Charity: 5100 W. Kenned  | y, Blvd., Ste 195, Tampa, FL 33609                                    |                                      |   |
| Phone Number: 813-374-9041  |   |                                      |   |
| Non-profit certificate/registration r   |   |                                      | 5216 7045   |
| (Proof of registration with the Dept. of Agricultu  | ire & Consumer Services §496.405 or proof t                           | he organization is exempt from the   | nis requirement, 93 16.2045)                                |
| Section III - SALE/CONSUM   | PTION OF ALCHOLIC BEV   | ERAGES PERMIT                        |   |
| Is alcohol being sold/consumed on if Yes, then a "Lee County Alcohol Permit" is requ          | County Property?<br>lired. Only non-profit organizations can sell :   | — Yes<br>alcohol on County Property. | ⊠ No  |
| Non-profit certificate/registration r (Required if alcohol is to be <u>SOLD</u> at the event) |   |                                      |   |
| Please note: A permit from the State of Flo   | orida Division of Alcoholic Beverages and                             | l Tobacco may also be required       | d; please call (239) 344-0885 for                           |



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

| TV Movie or Special  | TV Series / Pilot   | Г  | TV Comme                             | rcial          | X      | Still Photos  |            |
|--|---|--|--------------------------------------|----------------|--------|---------------|------------|
| Public Service Announcemen   | nt   Industrial / Documentary   | у Г  | Other:                               | . <u></u>      |        |               |            |
| ll any of the following be nee   | ded or included*?   |  |                                      |                |        |               |            |
| Street Closure   |   |  | ┌ Yes                                | 区              | No     |               |            |
| Traffic / Crowd Co   | ontrol  |  | ,<br>— Yes                           | ,              | No     |               |            |
| Fire or Burning  |   |  | ,<br>T Yes                           | •              | No     |               |            |
| Explosives or Pyro   | otechnics   |  | r Yes                                |                | No     |               |            |
| Animals, Large or  |   |  | ·<br>Yes                             | -              | No     |               |            |
| Construction of A  |   |  | r Yes                                | •              | No     |               |            |
| Large and/or Nur   |   |  | ,<br>T Yes                           | •              | No     |               |            |
| Helicopters, Boat  |   |  | Yes                                  | •              | No     |               |            |
| Stunts   |   |  | ┌ Yes                                | ×              | No     |               |            |
| Other  |   |  | Yes                                  | X              | No     |               |            |
| •  | ·   |  |                                      |                |        |               |            |
| For any marked Yes, provide We expect approxiately 250 wa Special Parking Requirements   | kers.   |  |                                      |                |        |               |            |
| We expect approxiately 250 wa  | kers.   | cilities, e  | tc.)                                 |                |        |               |            |
| We expect approxiately 250 was Special Parking Requirements City or County Services Requ   | kers.   | rds on p   | roduction in                         | Florid<br>ble. | a to 1 | track the eco | onomic imp |
| We expect approxiately 250 was Special Parking Requirements City or County Services Requ   | kers.  red: (Personnel, equipment, fac  | rds on p   | roduction in<br>sely as possi        | ble.           |        | track the eco | nomic imp  |
| We expect approxiately 250 was Special Parking Requirements City or County Services Requ The following information is the industry. If exact figures                 | kers.  ired: (Personnel, equipment, face) required for local and state reconare not available, please estimates                           | rds on p   | roduction in<br>sely as possi<br>Nui | ble.           | f loca |               |            |
| We expect approxiately 250 was Special Parking Requirements City or County Services Requ The following information is the industry. If exact figures Number in Cast: | kers.  ired: (Personnel, equipment, factories) required for local and state recolute are not available, please estimate.  Number in Crew: | rds on potential representation of the second | roduction in<br>sely as possi<br>Nui | ble.           | f loca | als hired:    |            |

Paper 3

#### Applicant Agreement - Signature Required



#### SECTION 1 - 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         | Sheer Jell<br>Witness                                   |
| van Reid, Executive Director                      | Sheena Scott  |
| Print Name of Applicant and Title                 | Print Name of Witness                                   |
| 7/29/16   | 1-27-16   |
| Date  | Date  |



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

| Check the appropria  | te box(es) belo | ow:  |
|--|-----------------|--|
| F SPECIAL EVE  | ENT PERMIT      |  |
| USE OF COL   | INTY PROPERTY   | PERMIT   |
| PERMIT TO  | SELL AND CONSU  | IME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES                                 |
| FILM PERMI   | Т               |  |
|  |                 |  |
|  |                 | LEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION<br>LY WITH FOR THEIR EVENT. |
| WILL REQUIRE THE APPL  | ICANT TO COMP   | LY WITH FOR THEIR LYLINT.  |
| r  | - 1             | I. C.  |
| Parking:   | Parking in au   | thorized parking areas only.   |
|  |                 |  |
| ļ  |                 |  |
| Deputies (How Many?):  | None            |  |
|  |                 |  |
|  |                 |  |
| Fee for Services:  | None            |  |
| ree for Services.  | NONC            |  |
| Name of the state  |                 |  |
| Special Arrangements:  | None            |  |
|  |                 |  |
| 0000   |                 |  |
| and the state of t |                 |  |
|  |                 |  |
|  |                 |  |
|  | Print Name:     | Capt. Scott Lucia  |
|  | Signature:      | Lapt. Sort H. Lucia  |
|  | Title:          | Special Events, Permits and Details  |
|  | Date:           | 3 August 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:

| X | SPECIAL EVENT PERMIT

| USE OF CO                  | DUNTY PROPERTY PERMIT   |
|----------------------------|---|
| ┌ FILM PERN                | ит  |
|                            | APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATIO ICANT TO COMPLY WITH FOR THEIR EVENT. |
| Fire Guards (How<br>Many?) | N/A   |
| Fee for Services:          | N/A   |
| Flammable Vegetation:      | N/A   |
| First Aid Equipment:       | Contact 911 For Emergencies   |
| Fire Extinguishing:        | Contact 911 For Emergencies   |
| Special Arrangements:      | N/A   |
|                            | Print Name: Scott Danielson  Signature: Lt. Prevention  Date: Aug 1,2016                                    |

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# 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 S 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 / None necessary. Equipment: 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 Digitally signed by Benjamin Abes Benjamin Abes Signature: Date: 2016.07.27 16:45:20 -04'00' Title: Chief Date: 07/27/2016



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

| Check the appropri                          | ate box(es) be      | low:                          |  |                     |
|---|---------------------|-------------------------------|--|---------------------|
| SPECIAL EV                                  | /ENT PERMIT         |                               |  |                     |
| □ USE OF CC                                 | UNTY PROPERTY       | PERMIT                        |  |                     |
|   | * :-                |                               | RAGES WITHIN LEE COUNT   | Y FACILITIES        |
| FILM PERN                                   | ⁄IIT                |                               |  |                     |
| *arrows*                                    |                     |                               |  |                     |
| AFTER REVIEWING THE<br>WILL REQUIRE THE APP |                     |                               | W WHAT ARRANGEMENT   | S YOUR ORGANIZATION |
| Parking:                                    | Park in designated  | areas. No event parking or    | Lee County maintained road ri  | ghts-of-way.        |
|   |                     |                               |  |                     |
| Ingress and Egress:                         | Use all established | l means of ingress and egre   | SS.  |                     |
|   |                     |                               |  |                     |
| Special Arrangements:                       | Use Lee County Sh   | eriff's Office for assistance | with traffic control, as needed.   |                     |
|   |                     |                               |  |                     |
|   |                     |                               |  |                     |
|   |                     |                               |  |                     |
|   | Print Name:         | Bryan Miller                  |  |                     |
|   | Signature:          | Bryan D. Miller               | Digitally signed by Brýan D. Miller<br>Date: 2016.07.29 12:31:37 -04'00' | -                   |
|   | Title:              | Senior Project Manager        |  | _                   |
|   | Date:               | July 29, 2016                 |  | _                   |



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

|   | (239) 533-7275  |
|---|---|
| Check the appropri                          | ate box(es) below:  |
|   | UNTY PROPERTY PERMIT SELL AND CONSUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES  |
| AFTER REVIEWING THE<br>WILL REQUIRE THE APP | APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION LICANT TO COMPLY WITH FOR THEIR EVENT.   |
| Illumination:                               | Organizer to provide own lighting for set up if on the site prior to sunrise.   |
| Parking Areas:                              | Drop off of all supplies and or other equipment may be made utilizing the service road between the chillers and the recreation center. After drop off all vehicles must be moved back to the parking lots. If overflow parking is needed organizer is to contact the management company which is Estero Park Commons Master Association, Inc. 9250 Corkscrew Palms Blvd #8. Contact Person is Karen Edwards, Office Manager, phone number: 239-277-1515. Organizer must receive authorization for usage of their parking lot. |
| Special Arrangements:                       | No Staking of tents into the central green lawn area. All tents must be secured by means of water barrels and or sand bags. If food vendors will be on site then an extra dumpster shall be ordered from Wastepro at organizer's expense.  Print Name:  Alise Flanack  Signature:  Title:  Deputy Director  Date:  Print Name:  Alise Flanack  Director   |
| Great Strides                               | Page 110  |



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

| Check the appropria     | te box(es) below:   |   |
|-------------------------|---|---|
| SPECIAL EVI             | ENT PERMIT  |   |
| ⊠ USE OF COU            | JNTY PROPERTY PERMIT  |   |
| PERMIT TO               | SELL AND CONSUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY  | Y FACILITIES  |
| FILM PERM               | T   |   |
|                         |   |   |
|                         | APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS CANT TO COMPLY WITH FOR THEIR EVENT.   | YOUR ORGANIZATION                                       |
| insurance Requirements: | Commercial general liability insurance with minimum limits of One Million I occurrence to protect against bodily injury and/or property damage relative aforementioned event within Lee County. | Pollars (\$1,000,000) per<br>to applicants use of       |
|                         |   |   |
|                         |   |   |
| Special Arrangements:   | A Certificate of insurance shall be submitted as evidence of the required cov<br>Board of County Commissioners, P.O. Box 398, Fort Myers, FL 33902 as the co<br>additional insured.             | erage listing Lee County<br>ertificate holder and as an |
|                         | Subject to proof of insurance,  |   |
|                         |   |   |
|                         | J   |   |
|                         | Print Name: Mike Figueroa   |   |
|                         | Signature:  |   |
|                         | Title: Bisk Program Manager   |   |
|                         | Date: February 23, 2017   |   |
|                         | ,   |   |

CYSTFIB-01

MATHEWAN

#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 2/20/2017

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 have ADDITIONAL INSURED provisions or 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 Willis Towers Watson Certificate Center Willis of Pennsylvania, Inc. e/o 26 Century Bivd P.O. Box 305191 Nashville, TN 37230-5191 FAX (A/C, No): (888) 467-2378 PHONE (A)C, No. Ext): (877) 945-7378 Appress, certificates@willis.com NAIC # INSURER(S) AFFOROING COVERAGE 20303 INSURER A: Great Northern Insurance Company 20281 INSURER B : Federal Insurance Company INSUREO INSURER C; American Guarantee and Liability Insurance Company 26247 Cystic Fibrosis Foundation 6931 Arlington Road INSURER D 1 Bethesda, MD 20814 INSURER E : INSURER F : REVISION NUMBER: CERTIFICATE NUMBER: COVERAGES THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOWHAVE 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. POLICY EFF POLICY EXP
(MM/QD/YYYY) (MM/QD/YYYY) POLICY NUMBER TYPE OF INSURANCE 1.000,000 X COMMERCIAL GENERAL LIABILITY EACH OCCURRENCE 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurs CLAIMS-MADE X OCCUR 01/01/2017 01/01/2018 3598-2749 χ 10,000 MED EXP (Any one person) 1.000,000 PERSONAL & ADV INJURY 2,000,000 GENERAL AGGREGATE GEN'L AGGREGATE LIMIT APPLIES PER included PRODUCTS - COMPIOS AGG X POLICY PRO-OTHER: COMBINED SINGLE LIMIT (Ea accident) 1,000,000 В AUTOMOBILE LIABILITY 01/01/2017 01/01/2018 ANY AUTO (17)7358-67-86 BODILY INJURY (Per person) SCHEDULED AUTOS BODILY (NJURY (Per accident)
PROPERTY DAMAGE
(Per accident) OWNED AUTOS ONLY A3KASAKK HITES ONLY 5,000,000 EACH OCCURRENCE C X UMBRELLA LIAB OCCUR 5,000,000 AUC 5946566-08 01/01/2017 01/01/2018 CLAIMS-MADE AGGREGATE EXCESS LIAB RETENTION \$ X DED WORKERS COMPENSATION AND EMPLOYERS' LIABILITY X STATUTE 1,000,000 01/01/2017 01/01/2018 (18)7175-00-87 AND PROPRIETOR PARTNER EXECUTIVE OFFICER MEMBER EXCLUDED? (Mandatory in NH) If yas, describe under DESCRIPTION OF OPERATIONS below E.L. EACH ACCIDENT 1,000,000 E.L. DISEASE - EA EMPLOYEE 1,000,000 E.L. DISEASE - POLICY LIMIT DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schodule, may be attached if more space is required)
Chapter: Southwest Florida Event Name: Naples/Ft Myers Great Strides OL MF 2/23/17 Description of Event: Great Strides Walk Event Date: 4/29/2017 Requisition Number: 249958 Lee County Board of County Commissioners is named as an Additional Insured, ATIMA, for General Liability, per written contract or agreement. CANCELLATION CERTIFICATE HOLDER SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZEO REPRESENTATIVE Lee County Board of County Commissioners byn b Shabik

ACORD 25 (2016/03)

P.O. Box 398 Fort Myers, FL 33902

ACORD

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#### 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:       |

| Southwest Florida Chapter                          |   | Naples/Ft. Myers GS  |   |  |              |             |
|--|---|--|---|--|--------------|-------------|
| GS Income  | <del> </del>                            |  |   |  |              |             |
| Walker Income                                      |   | #10.007  | ļ                                       | ļ  | ļ            |             |
| Sponsorship  | <del> </del>                            | \$40,937   |   |  |              |             |
| Total Target Gross                                 |   | \$3,000<br>\$43,937  |   | AL N   |              |             |
| GS Inducements                                     |   |  |   |  |              |             |
| Awards - non fulfillment                           |   | \$50   |   | <u> </u>   |              |             |
| Décor  | <b> </b>                                |  | ļ                                       | <del> </del>                                     |              |             |
| Entertainment                                      |   | \$200  |   | <u> </u>   |              |             |
| Food & Beverage                                    | <del> </del>                            | \$70   |   |  |              |             |
| Fulfillment Prize - T-shirts                       |   | \$450  |   | <del> </del>                                     |              |             |
| Fulfillment Prize - Super Strider Gifts            |   | \$25   |   | <b>-</b>   |              |             |
| Prizes - Walker Incentives                         |   | \$200  |   | <u> </u>   |              |             |
| Permit Fees  | †                                       | \$1,100  |   | <del>                                     </del> |              |             |
| Portable Sanitation                                |   |  |   |  |              |             |
| Rental - stage, tables, chairs, venue              |   | \$240  |   |  |              |             |
| Security   |   |  | <u> </u>                                | 1  |              |             |
| Signage - sponsor, team banners, etc.              |   | \$162  |   |  |              |             |
| T-Shirt Screening                                  |   | \$150  |   |  |              |             |
| Miscellaneous (photographer)                       |   |  |   |  |              |             |
| GS Expenses  |   |  |   |  |              |             |
| Fulfillment Supplies (banners, signage)            |   | \$55   |   |  |              | ****        |
| Meeting  |   | \$155  |   |  |              |             |
| Postage  |   |  |   |  |              |             |
| Printing - brochures, save the date, posters, etc. |   | \$50   |   |  |              |             |
| Rental - Truck                                     |   |  |   |  |              |             |
| Supplies (pens, tape, staplers)                    |   | \$65   |   |  |              |             |
| Travel   |   | \$400  |   |  |              |             |
| Miscellaneous                                      |   |  |   |  |              |             |
| Total Expenses                                     |   | \$3,372  |   |  |              |             |
| NA x 5 x 5 x 5                                     |   |  |   | 0,000  |              |             |
| Total Net  |   | \$40,565   | 100000000000000000000000000000000000000 |  |              |             |
| Expense Percentage                                 |   | 7.67%  |   |  |              |             |
|  | 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - |  | A Contract                              | 13756  | 311 J. 1986. |             |
| Overall Chapter Gross                              | 1,31,323                                |  | 1 1 1 1 1                               | 145 245  |              |             |
| Overall Chapter Net                                |   | in the state of th | . 5                                     |  |              | internation |
| Overall Chapter Expense %                          | <u></u>                                 |  |   |  |              | 7           |

#249958



FOUNDATION Chapter Contract Coversheet

Please allow adequate time for contract & insurance approval process. Keep in mind that requisitions with a higher estimated cost require a longer processing time for additional approvals.

| EVENT INFORMATION  | A 1   |
|--|---|
| Chapter: Southwest Florida   | Event Date: April 29th 3017                                   |
| Event Name: Naples / FT Myels Corect Strick  | Third Party Event: Yes ☐ No 🔀                                 |
| Description of Event: Gleat Strides Walk   |   |
| Estimated Number of Participants: 200  | Net Revenue: \$ 40,000  |
|  | ·   |
| PAYMENT  |   |
| Vendor Name: Lee County  | Payment Required Now: \$                                      |
| Total Estimated Cost (Requisition Total): \$   | Cost Per Person: \$   |
| ALCOHOL  |   |
| Alcohol at Event: Yes ☐ No Serving Alcohol: Vendor ☐ Hired Se  | rver Donated Alcohol: Yes No D                                |
| ,  |   |
| INSURANCE  |   |
| Please complete below exactly as vendor requires certificate to read perovide liquor liability/general insurance to bartenders, distributors, cate | er contract. Remember, the Foundation cannot erers or hotels. |
| Certificate of Insurance Holder - This type of certificate does not name the v   |   |
| Name: Lee County Board   |   |
| Address, City, State & Zip: PO. Box 398 F  | + Myers > FL 33902  |
| Additionally Insured - This type of certificate covers the vendor on our policy  | ı. Issued only per written contract.                          |
| Name: Same as  |   |
| Address, City, State & Zip:  |   |
| PREPARED BY: Showna Seatt  | DATE: 7-22-14   |
| Required Documents for Submission:   | /   |
| o Bid Analysis Form – Required for contracts with a full estimated co  | ost of \$5,000 or more.                                       |
| <ul> <li>Pre-Event Budget – Required for contracts with a full estimated or</li> </ul>   |   |
| <ul> <li>Alcohol Service Form – Required to be completed by all vendors:</li> </ul>  | serving alcohol at event.                                     |
|  |   |
| FOR NATIONAL USE ONLY  |   |
| Requisition Number: Date Received:   |   |
| CFF Insurance: Requested ☐ Saved ☐ N/A ☐   |   |
| Comments:  |   |
| Approval:  | Date:   |
| Approval:  | Date:   |
| Approval:  | Date:   |

# Wedding Gazebo 9200 Corkscrew Palms Blvd, Walkers walk Estero, FL 33928 രതാരവുമത 80860 North Pavillion Parking' Stage